



INCEPTION REPORT

# Evaluation of the UNFPA Support to Adolescents and Youth 2008-2015

Inception Report, Volume 1

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## List of 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

# 1 INTRODUCTION

## 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).<sup>2</sup> 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.

The evaluation ToRs are presented in Annex 12.

## 1.2 Scope of the Evaluation

The evaluation covers the period 2008-2015, 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. As both a retrospective and forward looking assessment, the results and lessons learned of the evaluation will inform on past and current support to adolescents and youth as well as on key strategic orientations, gaps and opportunities for future UNFPA support in this area.

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 Purpose and structure of the Inception Report

The purpose of the inception report is to provide a methodological and organizational basis for conducting the evaluation.

The inception report takes into account the feedback and suggestions from the Evaluation Manager, the Evaluation Reference Group (ERG), external adolescents and youth experts, as well as the lessons learned during the Egypt pilot case study.

The structure of the Inception report is as follows:

- **Chapter 1** presents the objectives and scope of the evaluation.
- **Chapter 2** outlines the global context of and response to adolescents and youth, followed by an overview of UNFPA mandate in the area of adolescents and youth.
- **Chapter 3** presents an overview of UNFPA strategic focus on adolescents and youth as mapped out in UNFPA strategic documents and frameworks. It also describes the process of reconstruction of the intervention logic and theory of change for UNFPA support to adolescents and youth based on UNFPA strategic documents over the various programming cycles. Finally, this chapter presents a preliminary financial analysis of UNFPA support to adolescents and youth for the period under evaluation.
- **Chapter 4** presents the evaluation methodology including the evaluation approach, evaluation questions, methods and tools, sampling methodology, limitations to data collection and mitigation strategies, analysis framework and the evaluation phases.
- **Chapter 5** describes the next steps in the evaluation process, namely the data collection, analysis and reporting and management response and dissemination of evaluation results according to a detailed work plan. It also describes the team composition and quality assurance mechanisms.

## 2 The global context of adolescents and youth and UNFPA support

### 2.1 Global context of adolescents and youth

The world has more young people than ever before and a large number of them are adolescents in 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. In many developed countries, young people are marrying later and having fewer children. This same trend is slowly but steadily emerging in a number of developing countries as well.

The main health issues of adolescents and youth include early pregnancy and childbirth, HIV and other infectious diseases, violence, mental health, harmful drinking, tobacco and drug use, malnutrition and obesity, and unintentional injuries. Young peoples' human rights have advanced, but building on the achievements and safeguarding these rights—including particularly sexual and reproductive health and reproductive rights of young girls—remains a major concern.

Despite positive developments in some countries and regions there is still significant morbidity and mortality among adolescents. According to data published by WHO an estimated 1.3 million adolescents died in 2012, largely from preventable or treatable causes, including HIV/AIDS (a significant cause of adolescent death). While estimated AIDS-related deaths have declined in younger children, they did not for adolescents (see Figure 1) (UNICEF, 2015). The distribution of the burden of disease is also very uneven. Regions with the highest numbers of adolescents living with HIV are sub-Saharan Africa and South Asia. Nearly 80% of adolescents living with HIV are from 14 countries (see Figure 2) (UNICEF, 2015).

Figure 1: Estimated number of AIDS-related deaths, 2000-2012

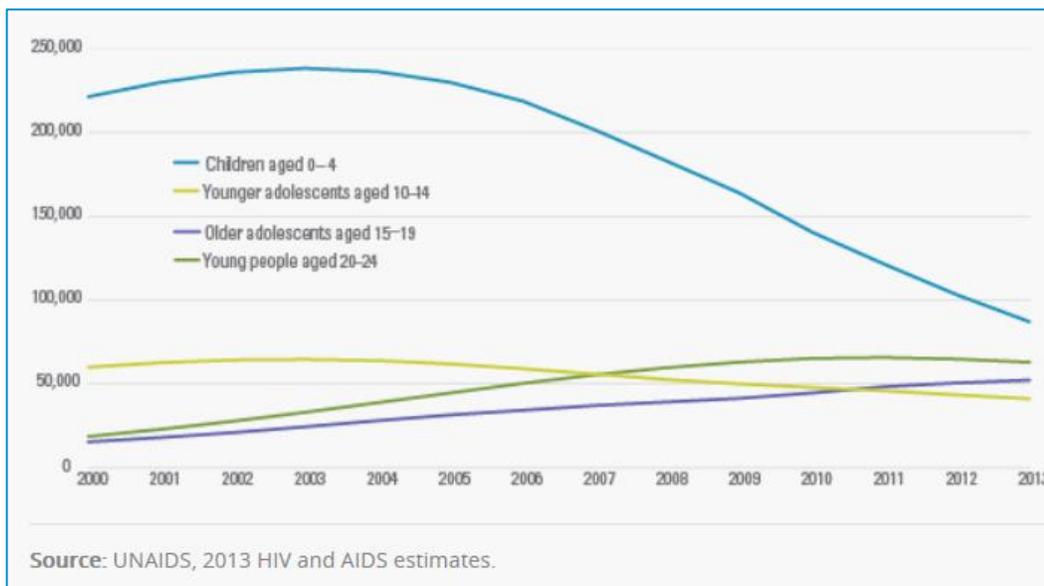
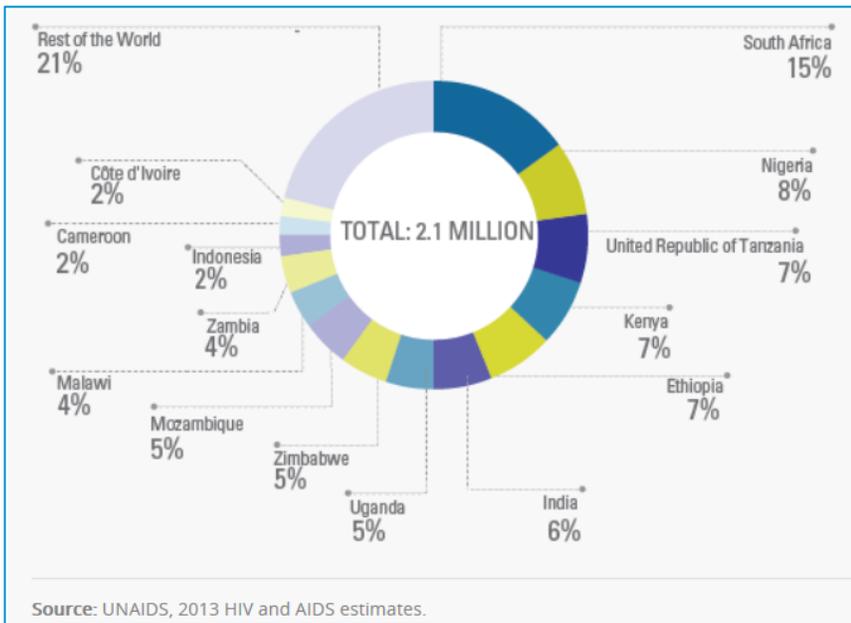


Figure 2: Percentage of adolescents living with HIV in selected countries, 2013



Early marriage is practiced in all regions of the world and threatens the health and wellbeing of adolescent girls. Nearly half of all women ages 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 (see Figure 3) (PRB, 2013).

Figure 3: Percentage of women (ages 20-24) married by 15 or 18

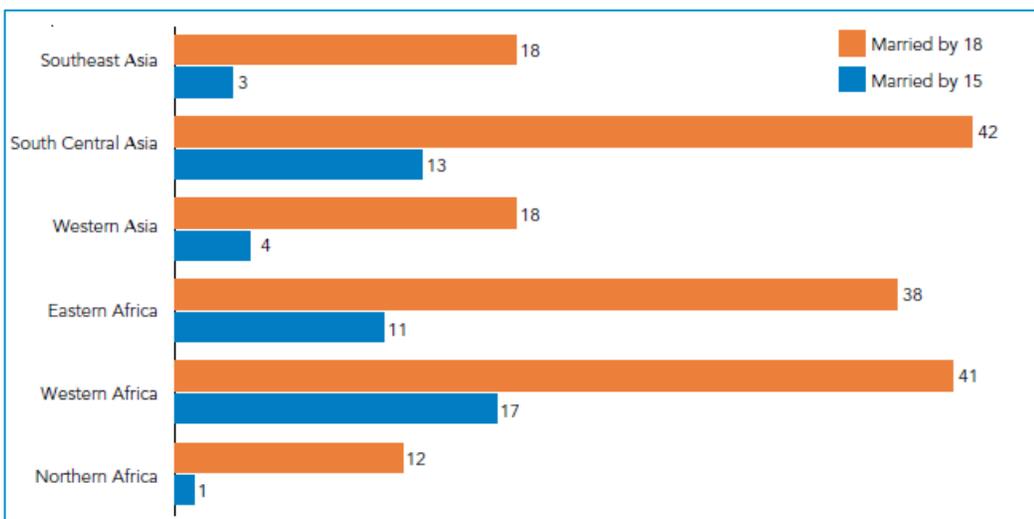
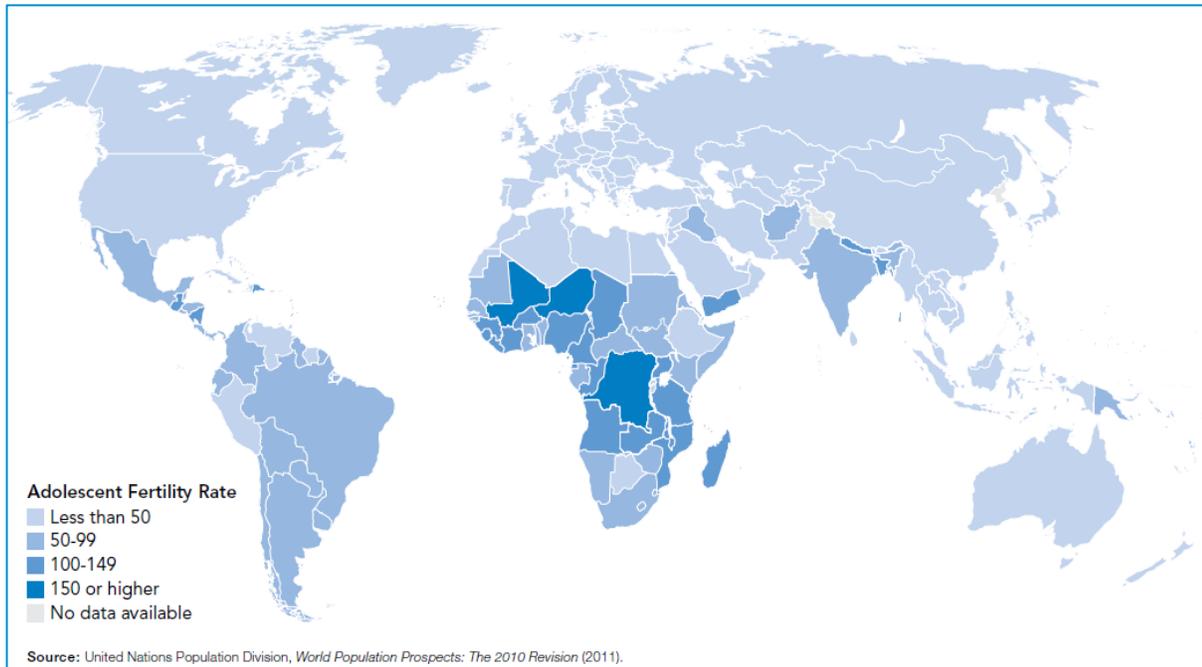


Figure 4 (PRB, 2013) below shows that although the number of births among adolescent girls is declining globally, adolescent childbearing remains common in many countries, particularly in sub-Saharan Africa.

Figure 4: Adolescent fertility rates worldwide



According to data published by WHO an estimated 22 million unsafe abortions occur every year, including 3 million unsafe abortions among young women ages 15 to 19 (annual). Young women under the age of 25 account for approximately half of all abortion related deaths (WHO, 2014a).

Globally, it is estimated that between 100 million to 140 million girls and women alive today have undergone some form of female genital mutilation<sup>1</sup> (FGM). If current trends continue, 15 million additional girls between ages 15 and 19 will be subjected to it by 2030. FGM is a deeply entrenched social and cultural norm in many countries<sup>2</sup> with devastating medical, social, emotional, legal and economic repercussions for young girls and women.

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% of adolescent girls experience violence by a partner (WHO, 2014c).

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 sexual and reproductive health education and information, or youth friendly sexual and reproductive health services, especially through government-led initiatives. As the data presented above shows, very limited progress has been achieved overall in reducing adolescent pregnancy, HIV infection in adolescents, child marriage, and the harmful practice of FGM.

Challenges also remain in elevating youth participation into genuine engagement and action. Huge discomfort persists around discussing adolescent sexual and reproductive health issues. Political momentum is increasing

<sup>1</sup> A practice that involves altering or injuring the female genitalia for non-medical reasons. It is internationally recognized as a human rights violation. FGM has been internationally recognized 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 FGM (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.

<sup>2</sup> Demographic perspectives on FGM, UNFPA and UNFPA.org

as the needs of the largest generation of young people become a force that has to be reckoned with. Recently there has been an increased global recognition and political support on the issue of adolescent girls.

### *The demographic dividend<sup>3</sup>*

The total number of young people today is higher than it has ever been – there are about 1.8 billion people between ages 10 and 24 – and it is expected to increase until about 2070, according to moderate population projections. 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, and their ranks will increase by another 60 per cent by the middle of this century. These rising numbers of young people, accompanied by falling fertility rates, offer a critical window of economic opportunity.

*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-age 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 realized.*

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. This includes encouraging decent employment, investing in education, and ensuring access to adequate nutrition and health – including unrestricted and universal access to sexual and reproductive health care.

With their surging populations of young people, the least developed countries have the greatest opportunity to realize a demographic dividend. But they also confront the greatest challenges to doing so. There is a large gap between the demands that countries place on young people and the opportunities provided to them.

## **2.2 The global response to adolescents and youth**

The global response to adolescents and youth is driven by concerns related to public health, human rights and economic investment. There is also consensus about the cost of not investing in adolescents and youth. The 1994 International Conference on Population and Development (ICPD) continues to be viewed as a landmark event by most advocates working in the field of adolescent sexual and reproductive health. At ICPD, commitments were made to young people, in terms of their education and service needs, to enable them have a positive and responsible 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 Program of Action.

In the last 20 years since ICPD, a growing body of evidence has been generated on effective interventions and promising approaches. These programs and projects have been implemented in many low- and middle income countries by NGOs and government bodies with support of UNFPA and other multilateral and bilateral donors as well as private foundations.

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<sup>3</sup> State of the World Population 2014 (Foreword and Chapter 1) and UNFPA.org

Currently the field of adolescents and youth sexual and reproductive health and reproductive rights is led by the work of a handful of technical and implementing organizations and agencies in collaboration with UNFPA. They are supported by a group of bilateral donors and a few private foundations. Many international NGOs and regional and thematic networks are supporting the political agenda to secure adolescents and youth sexual and reproductive health.

While advocacy and activism have forged ahead through more united and collective efforts internationally, research activities on adolescents and youth sexual and reproductive health remain compartmentalized and often narrow. In the last 20 years, many of the traditional sexual and reproductive health organizations have investigated why adolescents' and young people have less access to care, and the social, cultural and political barriers they face. This research is either based in academic institutions (where the results remain largely theoretical or unavailable to program managers) or the research has been conducted as operations or implementation research to inform a specific program. Significant gaps in adolescents and youth programming have emerged, such as the work on child marriage and sexual and reproductive health of very young adolescents (10-14 years). The UN (WHO, UNICEF, UNFPA) and others are taking up these issues in a systematic way. However, further research that examines young people's sexual and reproductive health holistically— where their lifestyle, opportunities and challenges are addressed in an integrated manner, as well as within the varied and interlinked sexual and reproductive health outcomes that affect them, is needed.

In September 2015, the General Assembly adopted the '2030 Agenda for Sustainable Development' containing 17 sustainable development goals (SDGs) and targets that constitute a framework for development for the next 15 years. The Agenda, that will come into effect in January 2016, builds on the MDGs adopted 15 years before and seeks to complete what the MDGs did not achieve, particularly in reaching the most vulnerable. 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.

### **2.3 UNFPA mandate in the area of adolescents and youth**

Over the last 30 years, UNFPA has worked in the area of adolescents and youth focusing historically on sexual and reproductive health education and information and services. During that time, the increasing global emphasis on poverty reduction has slowly expanded the focus towards a broader 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 and reproductive rights including for adolescents and youth. In this document, the vulnerability of being young and facing social, economic and health challenges was highlighted as issues for strategic priority and investment. The Position Statement concludes 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 and can lead to serious poverty reduction. Since then, UNFPA became increasingly preoccupied with meeting the needs of adolescents and youth as a target group in their own right, and by 2006 UNFPA put forward their first strategic guidance document on adolescents and youth – the UNFPA Framework for Action on Adolescents and Youth (UNFPA, 2006a).

UNFPA has the unique mandate of monitoring progress on the implementation of the ICPD Program 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 ICPD Program 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 (UN, 2012f), documents achievements from 1994-2014 and makes recommendations on what remains to be done. The report from these processes, also referred to as “ICPD beyond 2014 Global Report” was presented as the “Framework of Actions for the follow-up to the Program of Action of the International Conference on Population and Development beyond 2014” (UN, 2014e). The report places emphasis and priority on the 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 development is addressed under one of the thematic pillars of population and development<sup>4</sup>.

Beyond the review processes, UNFPA has used its unique role in monitoring progress of the implementation of ICPD to advance adolescents and youth issues in the political arena. One strategy in recent years has been to support youth members on government delegations as well as in the ICPD Beyond 2014 and the post MDG agenda processes. An example of this strategy was the Youth Summit in Bali in 2013 year which helped set the ICPD Beyond 2014 agenda. Youth were also instrumental – with the support of UNFPA – at the Commission on Population and Development in 2013 where significant human rights language for adolescents and youth was included for the first time in an international consensus resolution.

*At the CPD, 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.” (UN, 2012a)

UNFPA is mandated to advance adolescents and youth sexual and reproductive health, participation and leadership, and wellbeing – what in this report is referred to as the “adolescents and youth agenda” – at global, regional and country level through political participation, advocacy, service and data interventions. The mandate of UNFPA for the advancement of the adolescents and youth is anchored in UNFPA strategic plans and adolescents and youth frameworks.

UNFPA support countries in realizing the demographic dividend by means of working with policymakers to encourage increased investment in young people, eliminating the barriers to economic and social empowerment facing young people – especially adolescent girls, who too often suffer discrimination and inequality at all levels.

Guided by the 2030 Agenda for Sustainable Development, UNFPA will support<sup>5</sup> adolescents and youth through working with partners especially on goal 3 ‘Ensure healthy lives and promote well-being for all at all ages’; goal 4 ‘Ensure inclusive and equitable quality education’; goal 5 ‘Achieve gender equality and empower all women and girls’<sup>6</sup>.

<sup>4</sup> A/69/62 February 2014

<sup>5</sup> <http://www.unfpa.org/sdg>

<sup>6</sup> Transforming our world: the 2030 Agenda for sustainable development A/70/L.1

### 3 UNFPA strategy and theory of change

This chapter identifies the main elements of the intervention logic of UNFPA support to adolescents and youth and provides an outline of the main elements of the theory of change (ToC) behind the logic of intervention. These elements were tested during the pilot mission to Egypt and the mission to Nicaragua and will subsequently be tested in the various field missions to case study countries. The present inception report includes a first approximation to the theory of change, whereas the final evaluation report will present a complete reconstruction, which will incorporate the nuances identified during the data collection and analysis phases.

The evaluation of UNFPA support to adolescents and youth covers the period 2008-2015, which corresponds to three programmatic periods embedded in three specific planning documents: the UNFPA Strategic Plan 2008-2011, Mid-term Review of the Strategic Plan 2012-13 and the UNFPA Strategic Plan 2014-2017 and two adolescents and youth strategies (2006 and 2012).

These planning documents and strategies constitute the aggregated results framework for the evaluation and contain the elements that constitute the intervention logic and the strategy that have guided the goals of UNFPA support to adolescents and youth from 2008 to 2015. As there are several frameworks against which the work of UNFPA is evaluated; medium-term outcomes that correspond to the broader period<sup>7</sup> under review have been developed to facilitate the reconstruction of a ToC (see ToC chart medium-term outcomes 2008-2014+). Furthermore, due to changing results frameworks terminology and approach during the 7 years under evaluation, the elements of the intervention logic and terminology utilized in the ToC reflect the those of the Strategic Plan 2014-2017, to ensure the current evaluation exercise is relevant to current and future UNFPA interventions, while attempting to be as inclusive as possible of previous terms used by UNFPA in previous planning and strategic documents.

The following section presents a snapshot of the programmatic evolution of UNFPA support to adolescents and youth.

#### 3.1 Overview of UNFPA Strategic Focus on Adolescents and Youth

This section provides an overview of the Strategic Plans and relevant frameworks (see Table 2) for the period under evaluation that guided UNFPA support to adolescents and youth at global, regional and country levels. In the following section, the key Strategic Plans and frameworks are reviewed as listed in Table 1.

Table 1: 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)
UNFPA Strategic Plan (2014-2017)

##### 3.1.1 UNFPA Framework for Action on Adolescents and Youth (2006)

<sup>7</sup> The broader outcomes have been elaborated to facilitate evaluation of the previous strategic plan (2008-2012), the mid-term review (2010-2011) and the adolescents and youth strategy documents (2006 and 2012) for the period.

Building on the ICPD mandate, and the MDG consensus in 2005, the UNFPA Framework for Action on Adolescents and Youth (adolescents and youth) (UNFPA, 2006a) directed UNFPA work towards a more comprehensive approach to holistically 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 in the Framework by emphasizing policy engagement to support program development. Through increased political dialogue at all levels, there was the hope that additional resources could be made available for adolescents and youth within existing thematic areas such as maternal health, HIV and education. At this time, the sexual and reproductive health community was focused on inter-sectoral strategies and linkages between programs for greater synergy and complementarity between programs and services, particularly sexual and reproductive health and HIV services. Attention within the Framework on synergies, linkages and integration of programming for adolescents and youth within existing structures reflected this trend.

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 2 below.

Table 2: The four keys of the UNFPA Framework on Adolescents and Youth (2006)

<b>The four keys of the UNFPA Framework on Adolescents and Youth (2006)</b>	
<i>KEY 1 Supportive policy making that applies the lens of population structure and poverty dynamics analyses</i>	Focus public policy on young people and incorporate their issues in national MDG-based development and poverty reduction strategies through better use of data, especially demographics and diagnostics that help to contextualize social vulnerability as lived by adolescents and youth.
<i>KEY 2 Gender-Sensitive, Life-Skills-Based Sexual and Reproductive Health (sexual and reproductive health ) Education</i>	Through policy dialogue and advocacy, support educational interventions that promote sexual and reproductive health education, gender equality and skills building approaches for both in and out of school youth so they can turn knowledge into practice. Use country level financing mechanisms such as sector wide approaches (SWAPs), and poverty reduction strategies (PRs) to support these measures.
<i>KEY 3 Sexual &amp; Reproductive Health Services</i>	Promote a core package of health and sexual and reproductive health services and commodities that include contraception, HIV prevention, and maternal health services.
<i>KEY 4 Young People's Leadership and Participation</i>	Work to identify and support institutional mechanisms that create meaningful space for young people's input into policy and programming processes. Build capacities and leadership so that their participation and advocacy is rights-based and effective. Work with peer educators and youth movements for communications, advocacy and action on issues of concern such as HIV/AIDS and age at marriage.

The framework called for greater support for policy dialogue and partnerships. Programming was focused on ensuring an essential package of interventions (education, sexual and reproductive health, livelihoods), building a strong evidence base, supporting families and society, increasing young people's participation, program management and coordination.

Components policy level	Components programming level
<ul style="list-style-type: none"> <li>• Policy dialogue</li> <li>• Policy analysis</li> <li>• Partnerships and alliances</li> </ul>	<ul style="list-style-type: none"> <li>• Essential package of social protection interventions (education, sexual and reproductive health services, and livelihood)</li> <li>• Evidence base</li> <li>• Support of families and society</li> <li>• Young people's participation in policy dialogue, programme planning and implementation</li> <li>• Programme management</li> <li>• Programme coordination</li> </ul>

### 3.1.2 UNFPA Strategic Plan 2008-2011

The 2008-2011 UNFPA Strategic Plan 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, sexual and reproductive health and reproductive 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 utilizing data and analysis to identify the most vulnerable and marginalized adolescents and youth, including adolescent girls.

### 3.1.3 Mid-Term Review of the Strategic Plan (2012-2013)

In 2011, the Midterm Review of UNFPA Strategic Plan examined the changing context within which UNFPA operated, and reviewed the progress, achievements and challenges in the implementation of the Strategic Plan (2008-2010). The Review presented a revised strategic direction and results frameworks for the years 2012-2013 to help strengthen the focus of the organization and prioritize key issues. As a result of the Review, adolescents and youth issues were addressed in four out of seven outcomes (UNFPA, 2011).

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, comprehensive sexual and reproductive health education and information 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 marginalized adolescents and youth, in particular adolescent girls.

### 3.1.4 UNFPA Strategy on Adolescents and Youth (2012)

The 2012 adolescents and youth Strategy brings emphasis and clarity to priorities laid out in 2006 based on findings of the 2010 Assessment and the Mid-Term Review of the Strategic Plan (2008-2011) conducted in 2011. It also reflects a mounting international consensus as reflected in the Resolution of the 2012 United Nations Commission on Population and Development (UN, 2012a) that monitors progress on ICPD. The CPD consensus in 2012 emphasized the imperative to invest in adolescents and young people as “whole persons” with human rights and State obligations to ensure that youth development is a priority across all sectors (UNFPA, 2011).

The 2012 Strategy used this consensus language by adopting an integrated approach to policy and advocacy and programming that addresses the whole person. The Strategy is based on 4 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; and tailoring actions to national and local contexts. The strategy also sets out the contributions of UNFPA to the advancement of adolescents and youth in five strategic prongs as presented in Table 3.

Table 3: Strategic prongs of the UNFPA Strategy for adolescents and youth (2012)

The five strategic prongs of the UNFPA Strategy on adolescents and youth (2012)
<b>PRONG 1.</b> Enable evidence-based advocacy for comprehensive policy and program development, investment and implementation
<b>PRONG 2.</b> Promote comprehensive sexuality education
<b>PRONG 3.</b> Build capacity for sexual and reproductive health service delivery (including HIV prevention, treatment and care)
<b>PRONG 4.</b> Take bold initiatives to reach marginalized and disadvantaged adolescents and youth, especially girls
<b>PRONG 5.</b> Promote youth leadership and participation

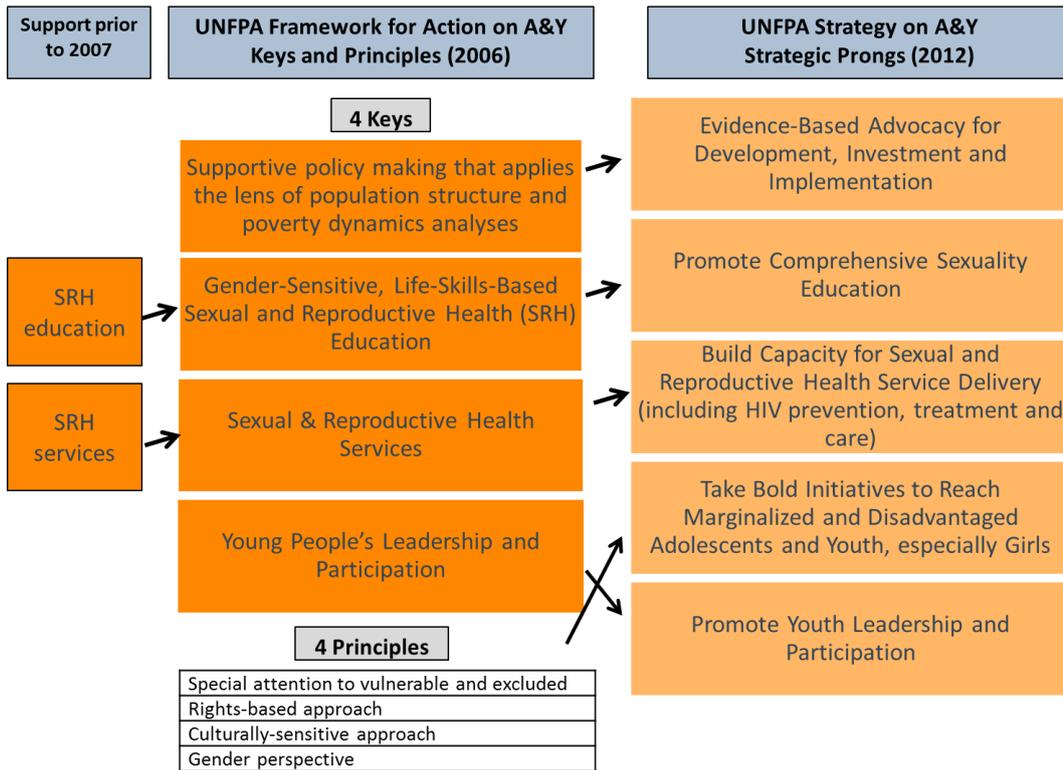
The strategic prongs build and more explicitly define the four Keys of the 2006 Framework on adolescents and youth. In 2006, reaching the most vulnerable was an overarching principle focusing on the socially excluded. In the 2012 Strategy on adolescents and youth, the issue was more clearly defined and gained a stronger focus by placing outreach to marginalized 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 program 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 more explicit as comprehensive sexuality education (CSE). This new emphasis was accompanied by an inter-agency document entitled the International Technical Guidance on Sexuality Education (ITGSE) that defines CSE and incorporates the commitments of UNFPA to reducing gender inequalities. The ITGSE notes: “In order to be effective at reducing sexual risk behavior, curricula need to examine critically and address these gender inequalities and stereotypes” (UNFPA, 2014e). 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 prominent in the 2006 Framework on adolescents and youth.

In sum, the 2012 Strategy is strongly based on the previous adolescents and youth Framework for Action (2006) but adds a stronger focus on reaching poor, marginalized, and underserved youth, especially girls as shown in Figure 5 and 6 below (UNFPA, 2014i). The Strategy also articulates the organization’s cross-sector approach to promote the comprehensive development of young people worldwide. In working towards high quality outcomes along the five prongs described above, UNFPA works in partnership with other UN organizations, governments, national and international NGOs and underpinned by the voices and demands of

young people themselves. In the area of HIV and AIDS for example, UNFPA is the convener within the Joint United Nations Program on HIV/AIDS (UNAIDS) around the issue of HIV and young people. In support of the UNAIDS Outcome Framework (2009-2011) and the subsequent UNAIDS Strategy (2011-2015), UNFPA articulated its commitment and programmatic focus to addressing the HIV-related needs of young people, including young populations at risk for HIV, in terms of mitigating the burden of the epidemic and ensuring access to information and services.

Figure 5: Evolution of UNFPA priorities in adolescent and youth programming



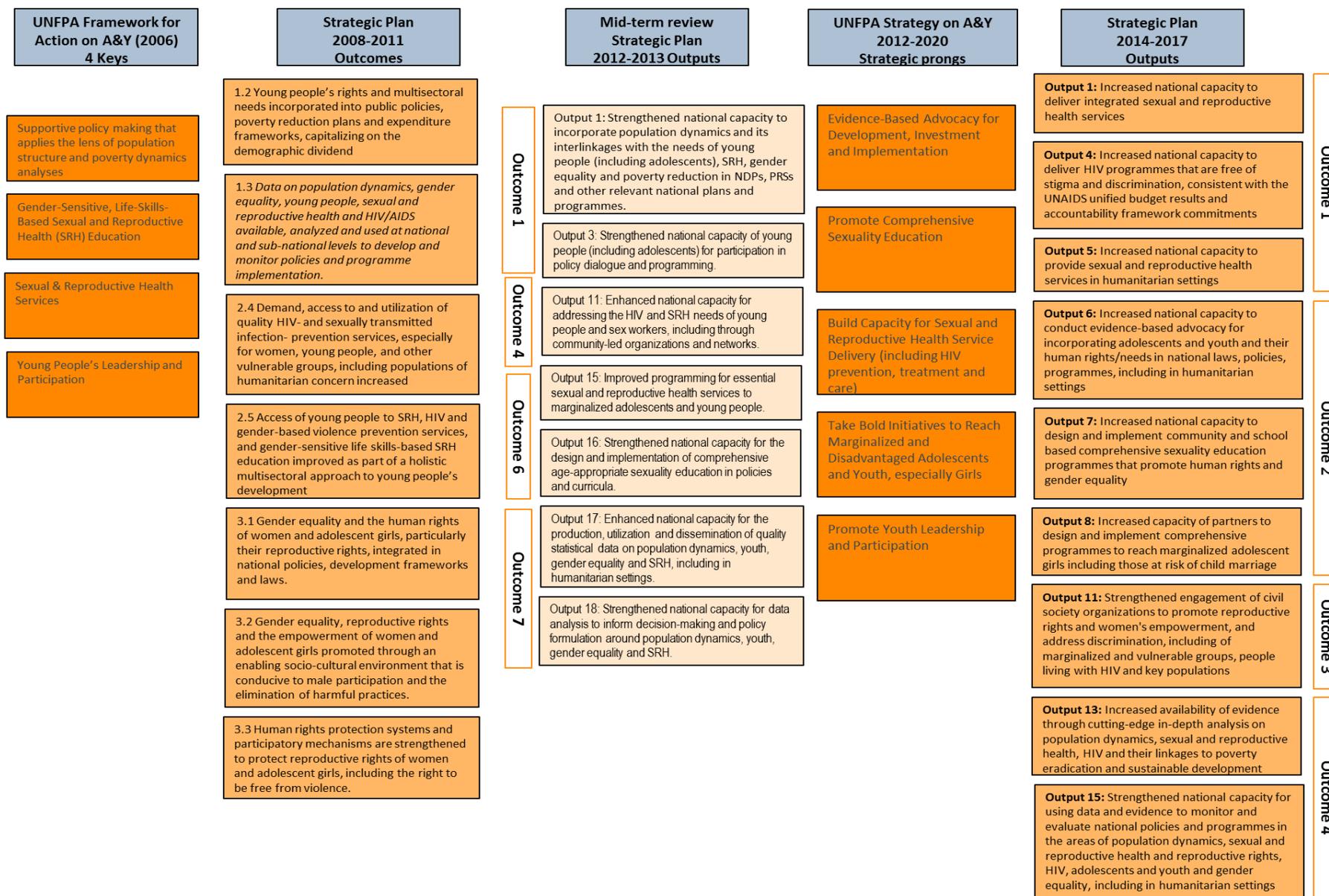
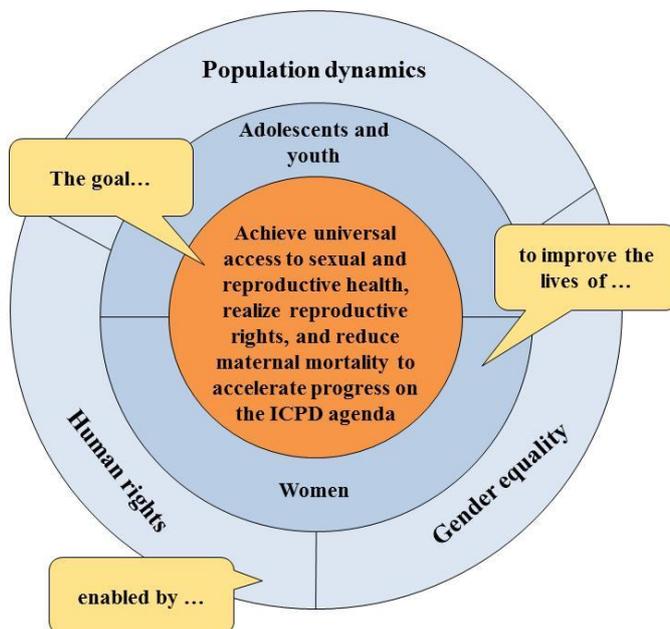


Figure 6: Overview of adolescents and youth related outcomes and outputs in the UNFPA Policy Framework

### 3.1.5 UNFPA Strategic Plan 2014-2017

The Strategic Plan reaffirms the refocusing presented under the midterm review (visually represented in the bull's eye in Figure 7) which places women, adolescents and youth as key beneficiaries of UNFPA support. The most vulnerable and marginalized, particularly adolescent girls are prioritized under the plan with the objective of improving their health and their ability to participate in the decision-making process on the issues that affect their lives. UNFPA aims to achieve universal access to sexual and reproductive health, the realization of reproductive rights and the reduction of maternal mortality to accelerate progress on the ICPD agenda through an enhanced focus on family planning, maternal health and HIV&AIDS. Three key factors underpin UNFPA support under the new Plan, namely human rights, gender equity and population dynamics (UNFPA, 2014k).

Figure 7: The bull's eye



Out 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 programs]”, including “...increased availability of comprehensive sexuality education and sexual and reproductive health services” (UNFPA, 2014k, 2014p, 2014r, 2014t, 2014v, 2014x). Outcome 3 addresses the need for “[advanced gender equality, women’s and girl’s empowerment, and reproductive rights, including for the most vulnerable and marginalized women, adolescents and youth]” (UNFPA, 2014k, 2014p, 2014r, 2014t, 2014v, 2014x). Support to adolescents and youth is also addressed across outcomes 1 and 4 of the Strategic Plan and is specified under several outputs.

The Strategic Plan also proposes the development of a strengthened results framework, a new business model and improvements in the funding arrangements. Table 4 below shows the “modes of engagement”, which gives guidance on how UNFPA engages in different country contexts. For instance, for countries with the highest need and low ability to finance their own interventions (colored in red), UNFPA will offer a full package of interventions covering all four modes of engagement (see

Table 5) (UNFPA, 2014k). This new color coding or quadrant classification for country program scope has been established across all country offices.

Table 4: UNFPA modes of engagement

UNFPA modes of engagement	
A/P	Advocacy and Policy Dialogue/Advice
KM	Knowledge Management
CD	Capacity Development
SD	Service Delivery

Table 5: 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

## 3.2 Theory of Change for Adolescent and Youth

### 3.2.1 Theory of Change Reconstruction Process

This sub-chapter describes the intervention logic of UNFPA support and an approximation to the theory of change as reconstructed from UNFPA planning documents and frameworks and is represented in a diagram (see Figure 8). The documents used for reconstructing the ToC are summarized in Table 1 (Key UNFPA Frameworks and Strategic Plans).

To construct a first approximation to the theory of change, the following ingredients have been used: the types of intervention strategies or modes of engagement to support adolescents and youth, the principles guiding UNFPA interventions, the elements of the intervention logic, the type and level of expected changes and the external factors that influence and determine the causal links depicted in the theory of change diagram.

The typology of intervention strategies or modes of engagement for the support to adolescents and youth are:

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 (e.g. National Strategies, media campaigns etc.)
4. Knowledge development and management; design and dissemination of guidance and tools
5. Facilitation of partnerships and coordination, including South-South and triangular collaboration
6. Mainstreaming of adolescents and youth issues within programmatic areas

The intervention strategies in the ToC correspond to the modes of engagement/operation under the Strategic Plan 2014-2017. They encompass the core activities which are more narrowly/specifically defined in the earlier Strategic Plan and adolescents and youth Frameworks.

The principles guiding UNFPA support to adolescents and youth include human rights, gender equality, cultural sensitivity and support to the vulnerable and marginalized.

The intervention logic is inferred from the review of the aforementioned planning documents and strategic frameworks and is composed of five levels depicting the resource required (inputs) to undertake activities/ implement interventions and the effects or changes that this will entail (outputs, outcomes and impact). The elements of the intervention logic are the following:

<b>Inputs</b>
UNFPA human and financial resources, administrative arrangements, systems, implementing partners, agreements and contracts with implementing partners, external consultants.
<b>Activities</b>
Carrying out relevant types of interventions under the different modes of engagement.
<b>Outputs</b>
The immediate or short-term improvements generated once the activities have been completed. Outputs are generally fully attributable to the country office interventions. The main outputs in the ToC stem from the planning documents covering the period under evaluation. Outputs are interdependent and contribute to one – or often – several outcomes. They are valid for the whole period under evaluation as they encompass variations in outputs over this time. Table 6 presents the outputs defined in the Strategic Plans and MTR. The Table shows, for example, that the output “strengthened national capacity to make comprehensive adolescents and youth sexual and reproductive health services available including HIV&GBV care and treatment” is reflected in output 11 and 15 of the Mid-Term Review as well as in output 4 and 5 of the current Strategic Plan.
<b>Outcomes</b>
These are short and medium-term changes in conditions/ effects. There are 2 levels of outcomes/level of effects in the ToC (corresponding to wider and/or longer term outcomes).  “Outcomes are short-term and medium-term effects stemming from UNFPA program outputs combined with interventions from other development actors. They correspond to tangible improvements compared to the baseline situation of target beneficiaries. They imply an improvement in the quality of life of beneficiaries and/or the extent to which beneficiaries do things differently (in a better way)” (UNFPA, 2013a). Five encompassing areas of expected change (see medium-term outcomes 2008-2014+ in Figure 8) derived from the outcomes/keys/prongs related to adolescents and youth stipulated in the Strategic Plans and adolescents and youth Frameworks. These areas of expected change are broadly specified to allow them to include variations in expected outcomes over the period under evaluation. They also correspond to the broader outcomes of the current Strategic Plan 2014-2017 (see also Table 6 on the allocation of outcomes and outputs in the ToC).
<b>Impact</b>
Long-term changes on the population in terms of improvements in their conditions.

As it will be explained in Chapter 4, the evaluation will neither cover the assessment of this second level of outcomes, nor the assessment of the impact level. The scope and focus of the evaluation will be at the output and outcome level, that is, at the short-term and medium-term changes.

For a full picture of the theory of change, assumptions or hypotheses and contextual factors were identified and added to the ToC.

**Assumptions or hypotheses** are key events or conditions that must occur for the causal link to happen. Between each link in the logical model, there are a number of assumptions including conditions, key events, risks, and

mechanisms that enable or hinder the causal link to be realized. The pathways between the activities, outputs and outcomes form the basis of the reconstructed ToC. The ToC shows five pathways from activities to outputs to outcomes which are interlinked. These pathways will be tested during the course of the evaluation (see also Evaluation Matrix available in Annex 2).

It is important to note that while most outputs and outcomes are interlinked and interdependent. The hypotheses were selected as some of the most important conditions that lie within the change pathways but others exist and may be equally important. This will be tested in the evaluation process.

Between UNFPA's modes of intervention or activities and the outputs lay additional hypotheses or assumptions that can influence achievement of outputs. Assumptions identified include whether the momentum for investing in adolescents and youth increases or is sustained; that assets building approaches that will be tested through the interventions can be scaled up as a proof of concept and whether the policy and political environment improves through the activities. Barriers between activities and outputs are similar to those between outputs and outcomes. Issues such as persistent socio-cultural barriers and norms that fail to recognize the sexual and reproductive health needs and rights of adolescents and youth; and entrenched gender inequalities that continue to jeopardize adolescent girls' health and rights and increase their vulnerability to violence and harmful practices. An additional risk that threatens the program's success is the tendency to continue to implement approaches that have marginal or no effect – particularly in reaching the most marginalized youth<sup>8</sup>. The capacity to analyze program effect, and make changes when things are not working as well as expected requires flexibility and commitment which may not be present. The relative effectiveness of the program activities will also depend on how well such assumptions can be overcome and risks mitigated through the program.

**Contextual or external factors** are influences, events or circumstances, beyond the control of the program, that may inhibit the causal link from happening and which may thus affect the ability of the program to achieve the intended outputs and outcomes.<sup>9</sup> The change pathways are influenced by external factors in countries and regions. External factors may include political, social, environmental and economic changes or crisis that impact on the ability of UNFPA to achieve its objectives. Key assumptions exist about the stability of such external factors to enable the implementation of activities and achievement of Outputs (see below). The global development agenda may also act as a facilitating or restrictive external factor that may create opportunities (e.g. increased funding, priority, partnerships for adolescents and youth) or restrict the capacity of UNFPA and partners to implement effectively their adolescents and youth program (e.g. changes in donor priorities; exiting of key funding partners for political, or economic reasons).

### **Principles**

Underlying and supporting the ToC are UNFPA principles of human rights, gender equality, attention to cultural sensitivity, and inclusion of the most vulnerable and marginalized, especially adolescent girls. It is also assumed that achievement of the outputs and outcomes requires additional and consistent efforts on these cross-cutting issues. The validity and usefulness of the issues as facilitators to achieving the stated outputs and outcomes will also be tested.

### **Pathways in the theory of change**

For the purposes of the evaluation, the TOC has been sub-divided into five change pathways to facilitate testing of the specific hypotheses within each discreet change pathways. Recognizing the obvious linkages and connections between activities, outputs and outcomes horizontally as well as vertically, all pathways and their

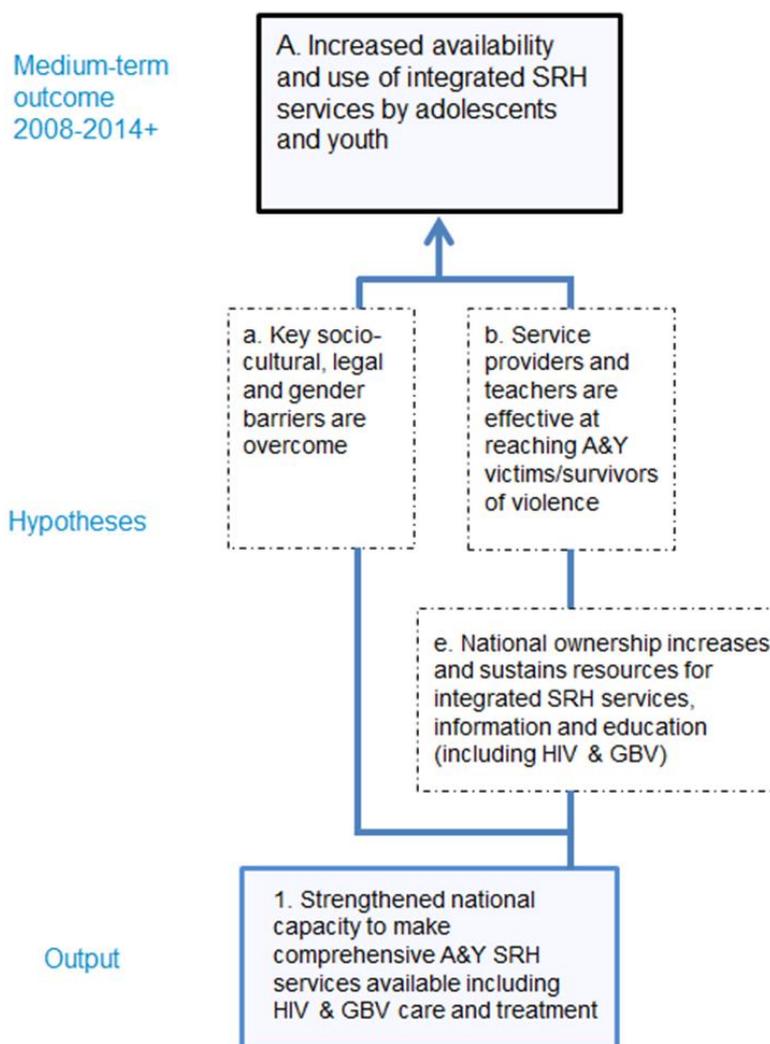
<sup>8</sup> Annex 2 to the UNFPA Strategic Plan, 2014-2017: p. 10.

<sup>9</sup> Blamey, A., & Mackenzie, M. (2007). Theories of change and realistic evaluation: Peas in a pod or apples and oranges. *Evaluation*, 13(4), 439–455

components will be considered and ultimately reconstructed as a unified TOC during the analysis phase of the evaluation.

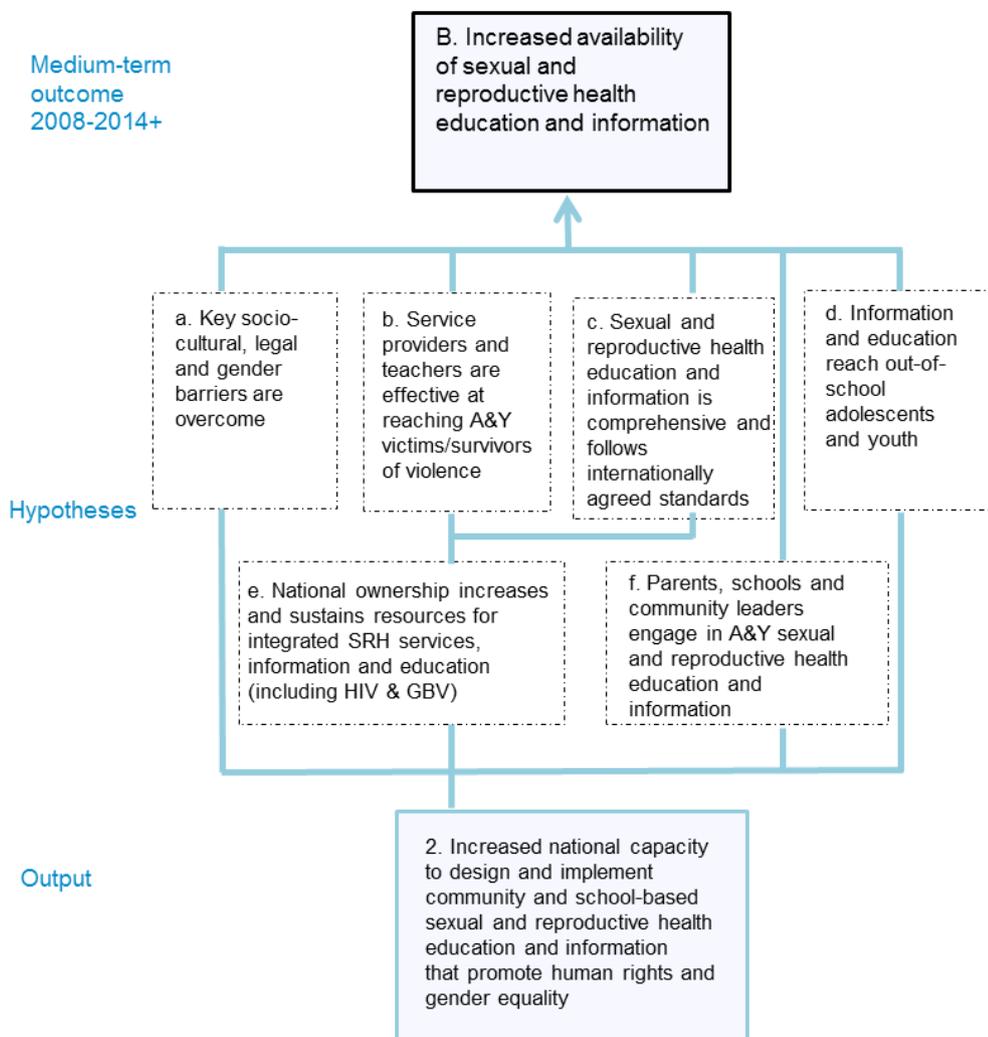
**Pathway 1: Output 1 to Outcome A: Services**

Comprehensive, integrated (including HIV and GBV) quality sexual and reproductive health services are available and used by adolescents and youth if there is sufficient national capacity to put them in place. UNFPA will contribute to creating the capacity at national level which should in turn create national ownership to sustain support (including local resources) for adolescents and youth sexual and reproductive health services. For the services to reach their target populations, and deliver quality integrated care, socio-cultural, legal and gender barriers will have to be overcome to deliver evidence based services to international standards for A&. UNFPA will have to build capacity, facility service delivery, advocate for policy change, share knowledge information and technical guidance and standards, facilitate partnerships and mainstream the services for adolescents and youth in other programs and through other sectors and partners.



**Pathway 2: Output 2 to Outcome B: Sexual and reproductive health information and education**

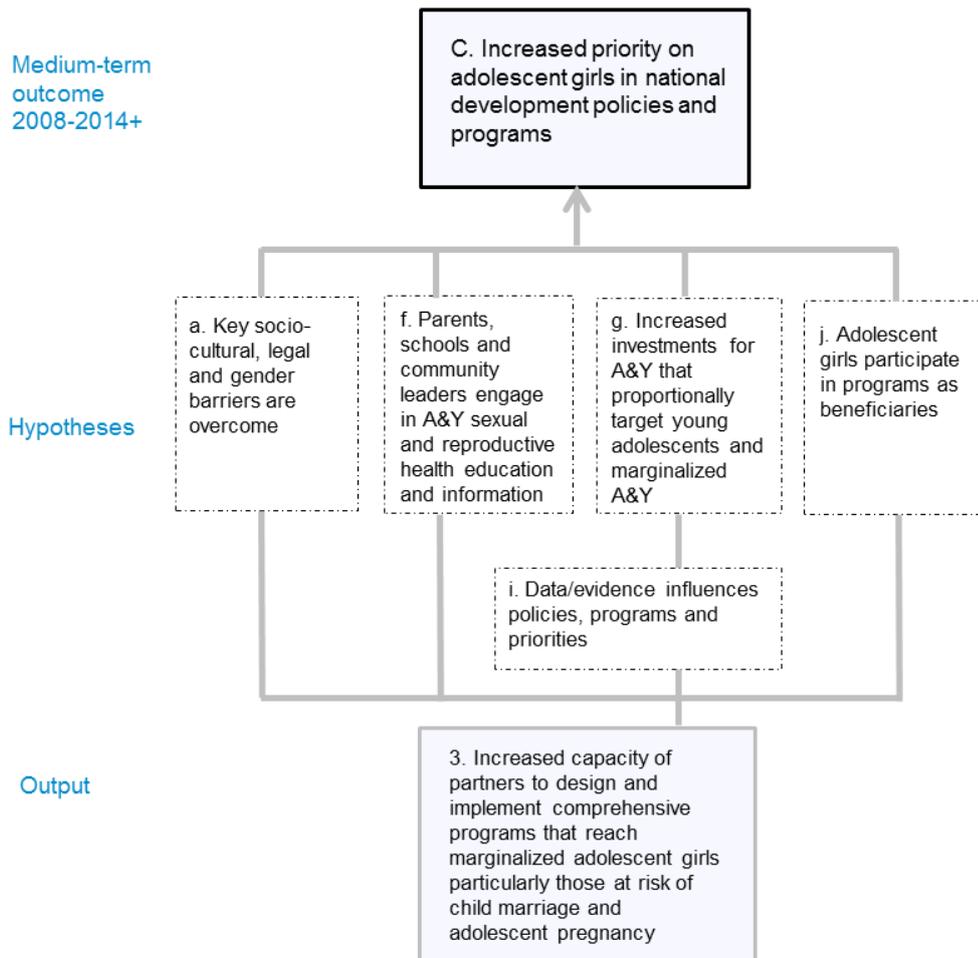
Sexual and reproductive health education and information is only available to adolescents and youth if the barriers to access are overcome. Sociocultural and legal barriers such as parental consent laws or stigma as well as gender issues can hinder adolescents and youth from accessing sexual and reproductive health education and information. The engagement of parents, schools and community leaders in sexual and reproductive health education and information for adolescents and youth can increase access. UNFPA investments in increasing national capacity to design and implement community and school-based sexual and reproductive health education and information will only sustain if resources for it will be set aside and if programs succeed in reaching all adolescents and youth, including also out-of-school, the most marginalized, unmarried adolescent girls etc. This again requires that service providers and teachers are effective in reaching adolescents and youth and that the sexual and reproductive health education and information they provide is comprehensive and of quality by following internationally agreed standards.



**Pathway 3: Output 3 to Outcome C: Adolescent girls**

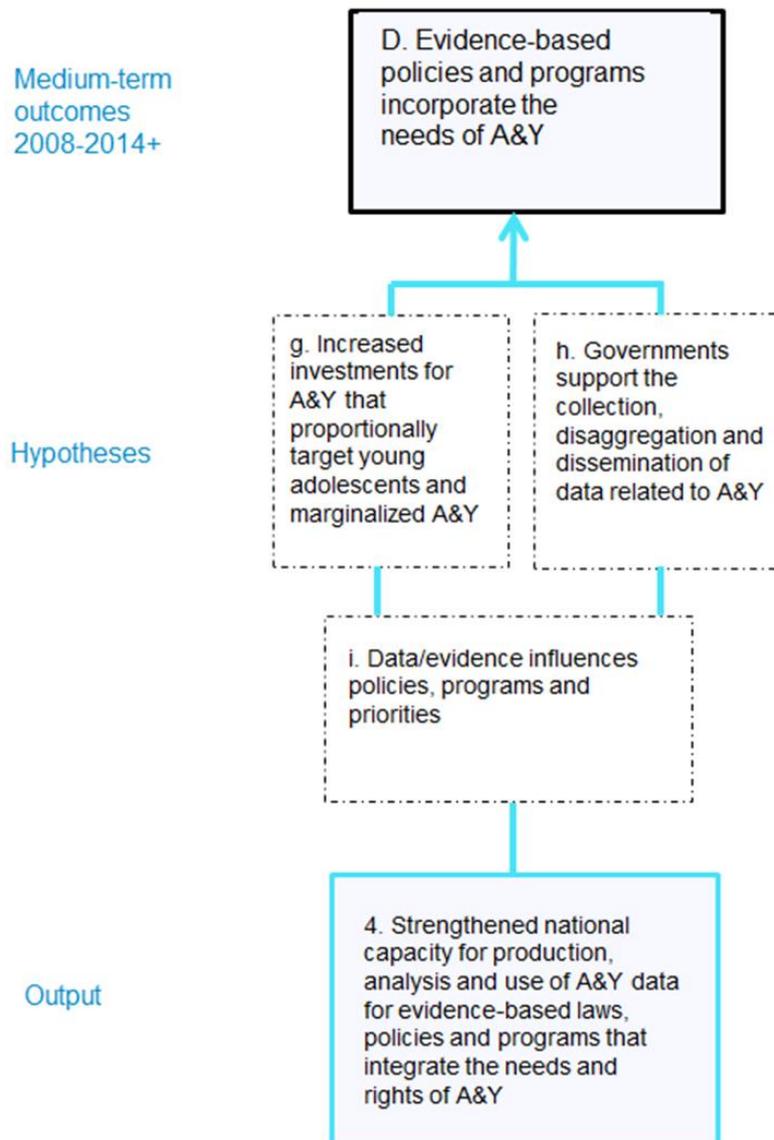
In order to improve the wellbeing and healthy development of adolescent girls, their needs must gain increased attention and priority in national development policies and programs. This specific needs requirement is presumed to be most effectively done through data or evidence if available in a disaggregated format to

highlight the case of girls. It is also done through capacity development and dissemination, as well as through engaging in advocacy and policy dialogue and mainstreaming adolescent girls' issues into other programmatic areas, UNFPA is building the capacity of partners to design and implement comprehensive programs to meet the needs and reach marginalized adolescent girls, especially those at risk of child marriage and early pregnancy. For this to happen, increased investments in adolescents and youth that proportionally target young and marginalized adolescents are needed. Again, social, legal and gender issues can prevent adolescent girls' issues from receiving greater prominence on the agenda of national stakeholders. Engaged communities, schools and families as well as adolescent girls' meaningful participation as beneficiaries of targeted projects play a key role in raising awareness and political priority for girls' issues in national policies and programs.



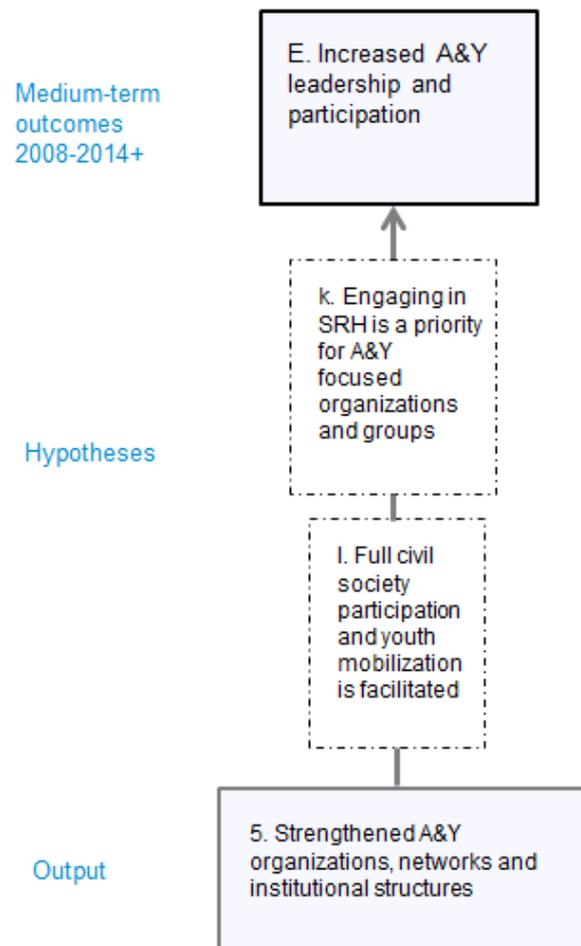
**Pathway 4: Output 4 to Outcome D: Data**

UNFPA aims to strengthen national capacities for the production, analysis and use of data on adolescents and youth to enact evidence based laws and policies and to implement programs, which integrate the needs and rights of adolescents and youth. UNFPA will do this by investing in knowledge and capacity development, facilitating partnerships and coordination, particularly South-South and triangular collaboration, and engaging in advocacy and policy dialogue and advice. However, strengthened national capacity will only translate into increased priority on adolescents and youth, especially adolescent girls, and the incorporation of their needs into evidence-based policies and programs if data and evidence have an influence on policy making and program design. Increased priority also depends on resource allocation for implementation. Once national capacities are built, governments need to put in place effective systems for the collection of data related to adolescents and youth, its disaggregation and dissemination if it is to have an effect at policy level.



**Pathway 5: Output 5 to Outcome E: Youth leadership and participation**

All UNFPA modes of engagement, (except investments in service delivery, commodity security, BCC and health systems strengthening) contribute to strengthened adolescents and youth organizations, networks and institutional structures that may lead to increased adolescents and youth leadership and participation. However, the hypothesis that lie in the pathway from strengthened adolescents and youth organizations to increased adolescents and youth leadership (in the context of Leadership and participation as an outcome that contribute to the goal related to ICPD implementation and sexual and reproductive health R of adolescents and youth) critically depends upon those organization’s focus. Adolescents and youth organizations and groups may have other focus areas they engage in rather than sexual and reproductive health and reproductive rights. Lack of priority on sexual and reproductive health issues among adolescents and youth organization would be a critical barrier for creating effective youth leadership and participation for ICPD implementation as well as for incorporating adolescents and youth issues into policies and programs related to sexual and reproductive health.

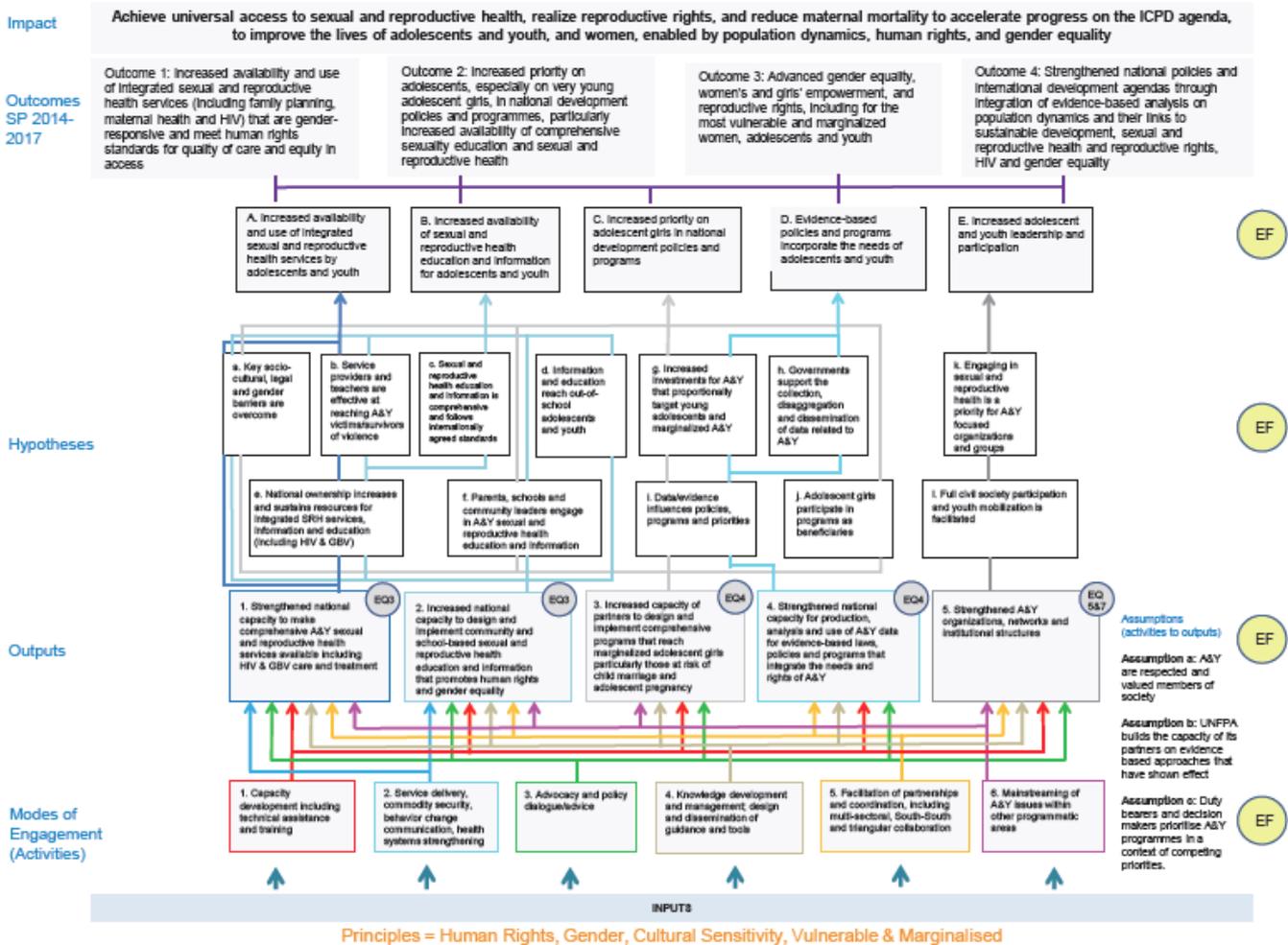


All outputs described in this section may lead to the outcomes desired but careful consideration and assessment will be made during the evaluation to determine whether the hypotheses, as implied in the change pathway, hold true. Throughout the data collection phase of the evaluation, the hypotheses will be tested and validated. Based on the results, a reconstructed theory of change and change pathways will be presented in the final report.

Table 6: Allocation of outcomes and outputs in the reconstructed Theory of Change

Outputs and outcomes in the reconstructed theory of change						
Level	ToC	adolescents and youth FfA 2006	Strategic Plan 2008-2011	MTR 2012-2013	Strategy adolescents and youth 2012	Strategic Plan 2014-2017
<b>Medium-term adolescents and youth Outcomes 2008-2014+</b>	Increased availability and use of integrated sexual and reproductive health services by adolescents and youth	Key 3	Outcome 2.2, 2.4 & 2.5	Outcome 4 & 6	Prong 3	Outcome 1 & 2
	Increased availability of sexual and reproductive health education and information	Key 2	Outcome 2.5	Outcome 6	Prong 2	Outcome 2
	Increased priority on adolescent girls in national development policies and programs		Outcome 3.1, 3.2, & 3.3	Outcome 4	Prong 4	Outcome 2
	Evidence-based policies and programs incorporate the needs of adolescents and youth	Key 1	Outcome 1.2 & 1.3	Outcome 1, 5 & 7	Prong 1	Outcome 1 & 4
	Increased adolescents and youth leadership and participation	Key 4	Outcome 3.3	Outcome 1	Prong 5	Outcome 2 & 3
<b>adolescents and youth Outputs</b>	Strengthened national capacity to make comprehensive adolescents and youth sexual and reproductive health services available including HIV & GBV care and treatment			Outputs 11, 13 & 15		Outputs 1, 3, & 4
	Increased national capacity to design and implement community and school-based sexual and reproductive health education and information that promote human rights and gender equality			Outputs 11 & 16		Output 7
	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			Output 15		Output 8
	Strengthened national capacity for production, analysis and use of adolescents and youth data for evidence-based laws, policies and programs that integrate the needs of rights of adolescents and youth			Outputs 17 & 18		Output 15
	Strengthened adolescents and youth organizations, networks and institutional structures			Outputs 3 & 14		Output 6 & 11

Figure 8: Reconstructed Theory of Change for UNFPA adolescents and youth interventions (2008-2014)



The ToC will be used as an analytical tool during the evaluation, representing the expected processes of change. Specifically, effectiveness and sustainability will be assessed within the change pathways from inputs (modes of engagement) to outcomes, with consideration of external factors that may affect the capacity of the program to achieve its objectives (see colored arrows in Figure 8). Efficiency and management of UNFPA’s inputs will be assessed and considered in other key evaluation questions (see Annex 2). Relevance, Partnership and Cooperation will also be assessed, as appropriate, within the context of the change pathways, again with consideration of external factors.

### 3.3 UNFPA financial support to adolescents and youth

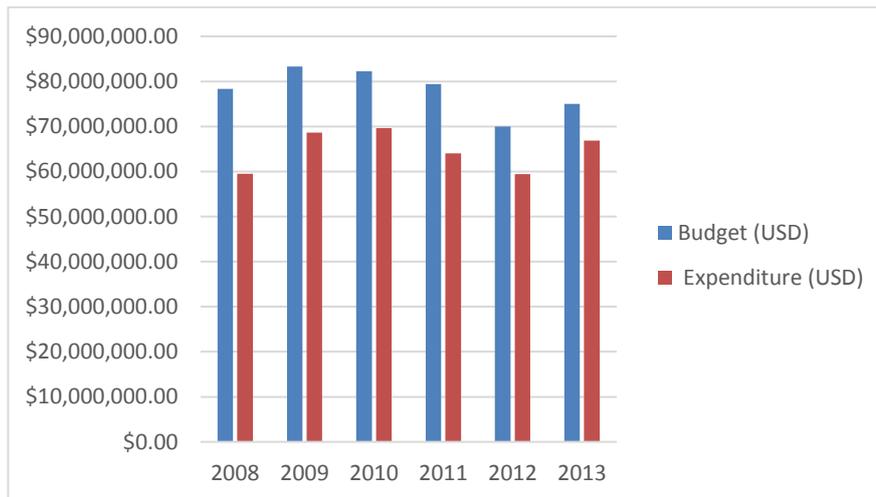
The amount of UNFPA financial support adolescents and youth interventions was calculated based on data from Atlas. The Atlas platform, launched in 2004, is a financial and, to a lesser extent, programme management tool that provides basic data (mostly on budget, expenditure and implementation rates) on the work of UNFPA at country, regional and global level<sup>10</sup>. The preliminary financial analysis is separated into 2 distinct periods, 2008-2013 and 2014 given the changes in reporting since introduction of the GPS system in 2014.

<sup>10</sup> For further general information on Atlas, as well as specific information on methodology used to determine projects in support of adolescents and youth, please see Annex to the inception report.

### 3.3.1 Financial Support to adolescents and youth from 2008-2013

The total amount budgeted for UNFPA adolescents and youth support over the period 2008-2013 was \$468.4 million. Total UNFPA expenditure on adolescents and youth (expenditure at country, regional and HQ levels) within the period under evaluation was \$388.1 million, with the amount spent varying over time (Figure 9). The total amount budgeted for adolescents and youth over the same time period was \$468.4 million. The comparison of budget and expenditure indicates relatively strong implementation rates throughout this period (83%) as presented in see Figure 10.<sup>11</sup>

Figure 9: Total amount budgeted and spent in support of adolescents and youth from 2008-2013

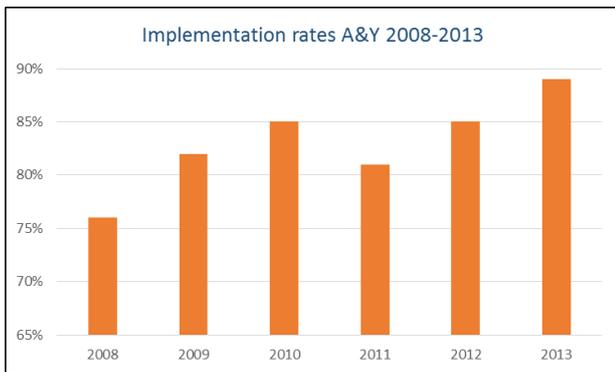


Source: Atlas (generated June 10, 2014)

Figure 10: Implementation Rates

Year	Budget	Expenditure	Implementation Rate
2008	\$78,365,853	\$59,519,760	76%
2009	\$83,345,778	\$68,668,884	82%
2010	\$82,235,547	\$69,655,404	85%
2011	\$79,428,563	\$64,007,600	81%
2012	\$69,991,471	\$59,406,194	85%
2013	\$75,023,171	\$66,886,197	89%
Total	\$468,390,383	\$388,144,040	83%

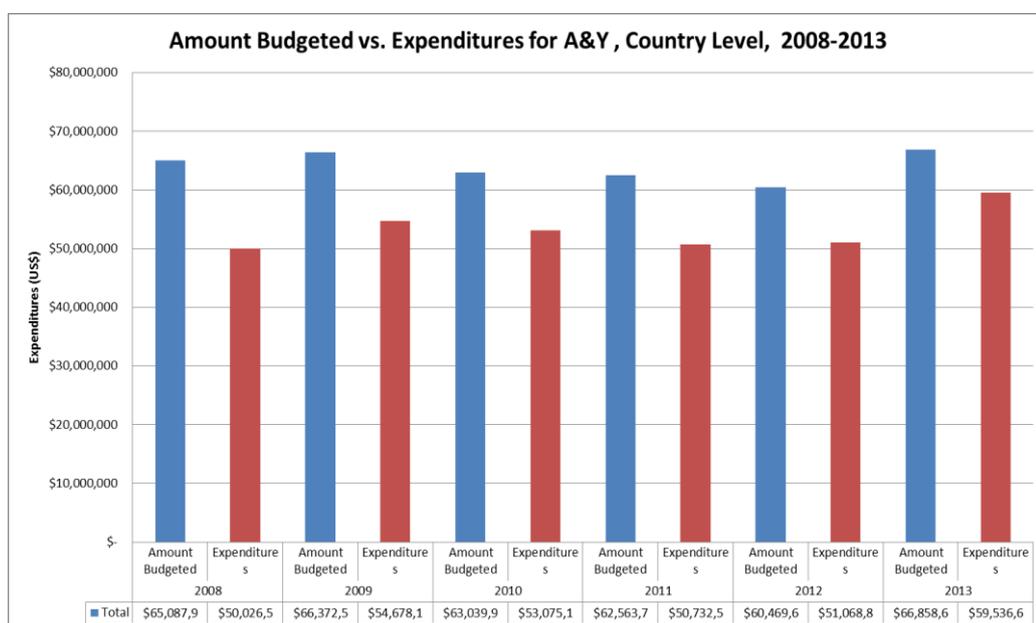
<sup>11</sup> It should be noted that the amount budgeted cannot be directly compared to the amount spent due to, inter alia, differences in the source of the data. Budgeted amounts derive from general commitment control figures while expenditure amounts originate from general ledger (figures adjusted by finance on a yearly basis). Additionally, in 2012, UNFPA moved from recording expenditure on a cash basis to the International Public Sector Accounting Standard (IPSAS) – complicating comparing expenditure prior to 2012 with expenditure after 2012.



Source: Atlas (generated June 10, 2014)

Figure 11 presents budget and expenditure on adolescents and youth interventions at country level for 2008-2013.

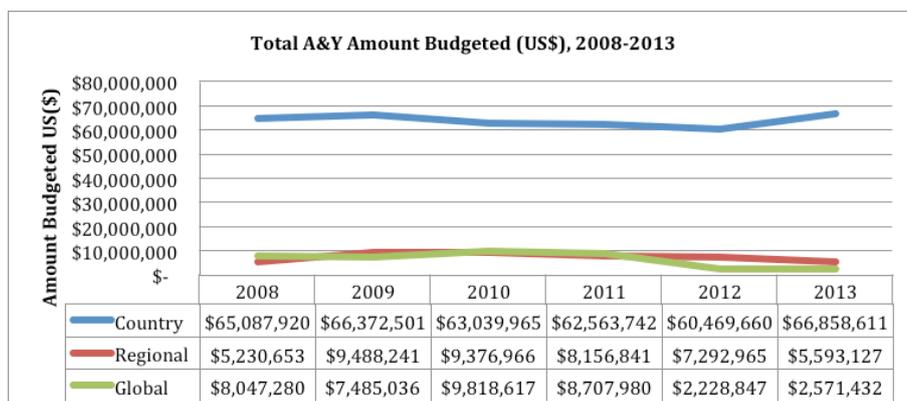
Figure 11: adolescents and youth budget and expenditure (Country Level) 2008-2013



Source: Atlas (generated June 10, 2014)

From 2008-2013, adolescents and youth budget at the country and regional levels remained relatively stable, while adolescents and youth amounts budgeted at the global level decreased (Figure 12).

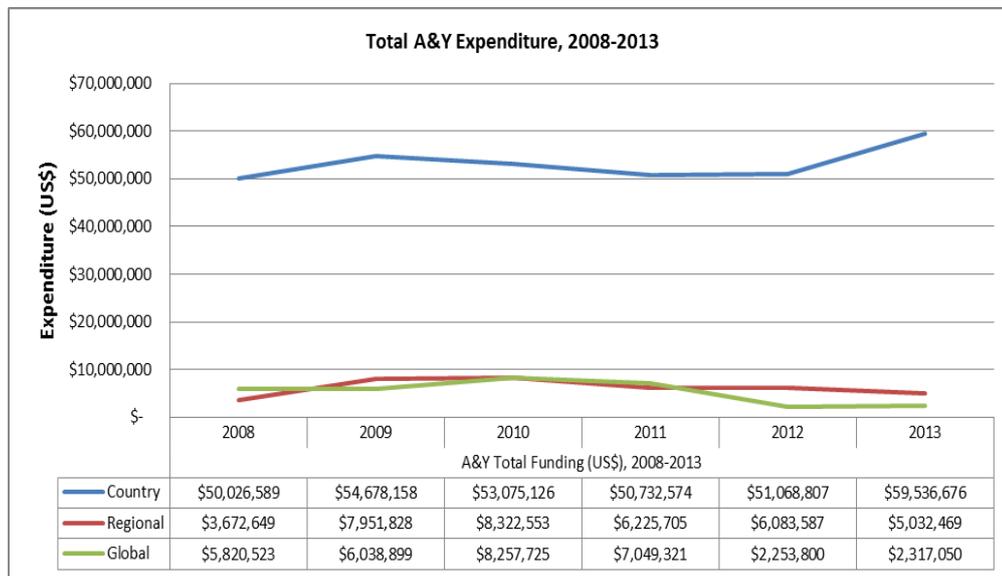
Figure 12: Trends in adolescents and youth Amount Budgeted, 2008-2013



Source: Atlas (generated June 10, 2014)

Over the same period, adolescents and youth expenditure at the country and regional increased over time and on the aggregate, while expenditure at HQ level decreased on the whole (Figure 13).

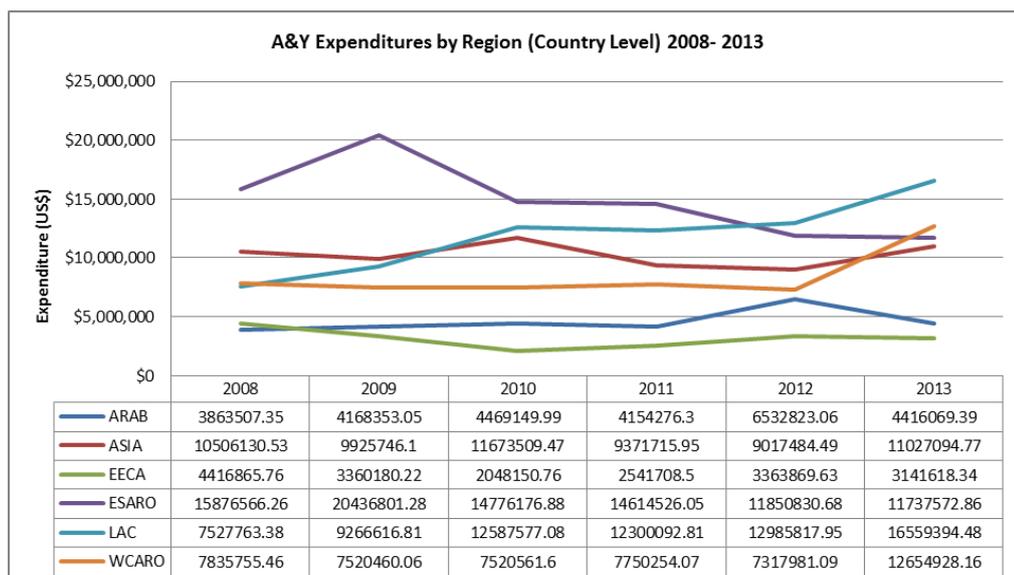
Figure 13: Trends in adolescents and youth Expenditure, 2008-2013



Source: Atlas (generated June 10, 2014)

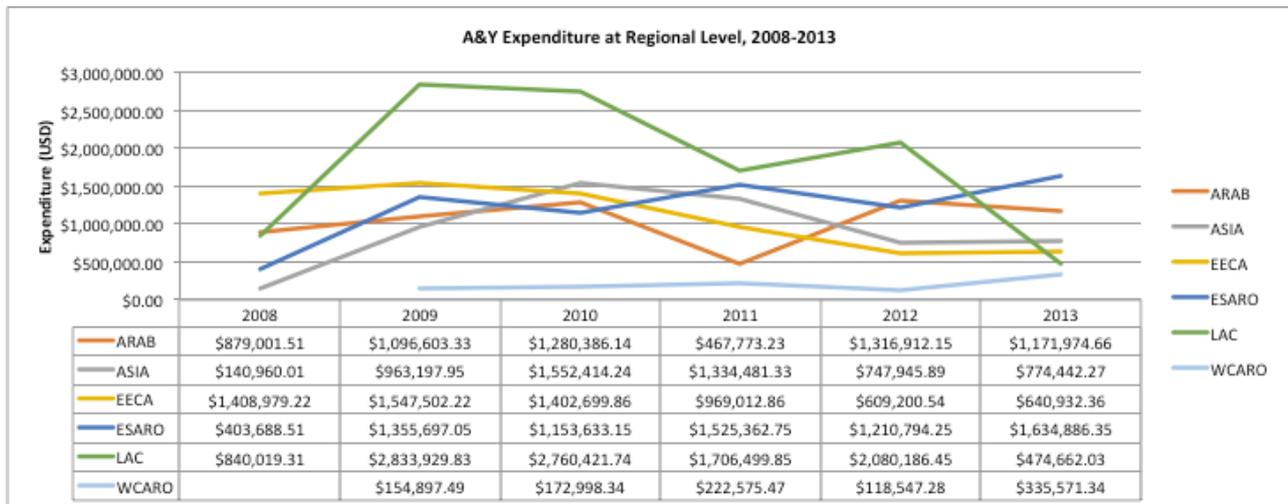
Adolescents and youth country level expenditure (grouped by region) from 2008-2013 decreased in Eastern and Southern Africa (ESA) and Eastern Europe and Central Asia (EECA), while the Arab States, Western and Central Africa (WCA), Latin America and the Caribbean (LAC), and Asia and the Pacific (AP) witnessed increases (Figure 14).

Figure 14: Trends in adolescents and youth expenditure at country office level grouped by region 2008-2013



Source: Atlas (generated June 10, 2014)

Figure 15: Trends in adolescents and youth expenditure at regional level (regional offices), 2008-2013



Source: Atlas (generated June 10, 2014)

Figure 15 captures expenditure in support of adolescents and youth at the regional level (regional and sub-regional offices) from 2008-2013. Adolescents and youth expenditure fluctuated over time for all regions, with Eastern and Southern Africa witnessing the largest increase in adolescents and youth expenditure, followed by Asia, Arab States, and Western and Central Africa. The largest decrease in adolescents and youth expenditure was seen in LAC and EECA, respectively.

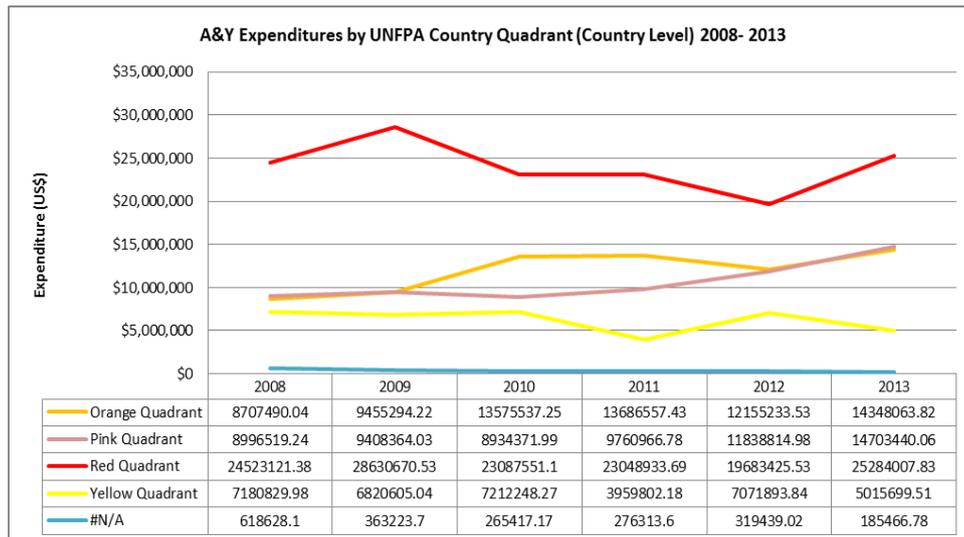
A comparison of expenditure levels in 2008 with those in 2013 reveals an increase in expenditure on the whole – from \$3,672,648.56 in 2008 to \$5,032,469.01 in 2013. However, when disaggregated by year, expenditure varies quite significantly, with increases seen from 2008-2010 and decreases witnessed between 2010 - 2013. From 2008 to 2010 adolescents and youth expenditure rose steadily, with expenditure more than doubling from 2008 to 2009, where it peaked at \$8,322,553.47. From 2010 to 2013, expenditure amounts fell year on year, reaching \$5,032,469.01 in 2013, the lowest expenditure amount during the 6 year period.

Figure 16 illustrates the total adolescents and youth expenditure at country level by UNFPA country quadrant<sup>12</sup> (UNFPA current country classification system which categorizes countries based on ability to finance and need). Over time, total adolescents and youth expenditure was highest in the red quadrant, comprised of countries with high unmet need and low ability to finance. Expenditure in red quadrant countries on the aggregate has been increasing – particularly since 2012 – reflective of current UNFPA strategy to focus on countries with the highest need and lowest ability to finance.

There is also sharp growth in adolescents and youth expenditure in pink and orange quadrant countries. Adolescents and youth expenditure by quadrants shows a decrease in adolescents and youth expenditures in yellow quadrant countries from 2008-2013.

<sup>12</sup> UNFPA's Country Quadrants were introduced only with UNFPA's current strategy (2014-2017) as a way of classifying the different countries UNFPA operates in based on financial capacity (GNI) and need (Based on weighted index of selected indicators).

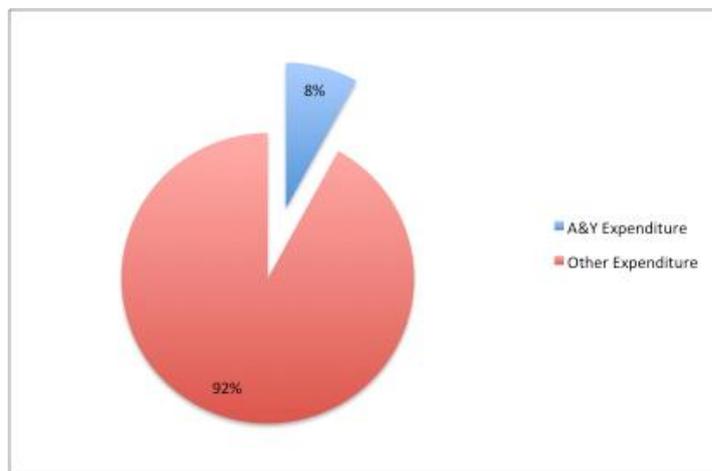
Figure 16: Trends in adolescents and youth Expenditures by Country Quadrants (Country Level) 2008-2013



Source: Atlas (generated June 10, 2014)

Figure 17 captures total adolescents and youth expenditure (at country, regional, and HQ level) as a percentage of total UNFPA expenditure.<sup>13</sup> The amount spent on adolescents and youth, as noted above, is \$388.1 million or roughly 8% of \$4,850,265,866.17 (total UNFPA expenditure from 2008-2013).<sup>14</sup>

Figure 17: Expenditure on adolescents and youth as a percentage of total UNFPA Expenditure

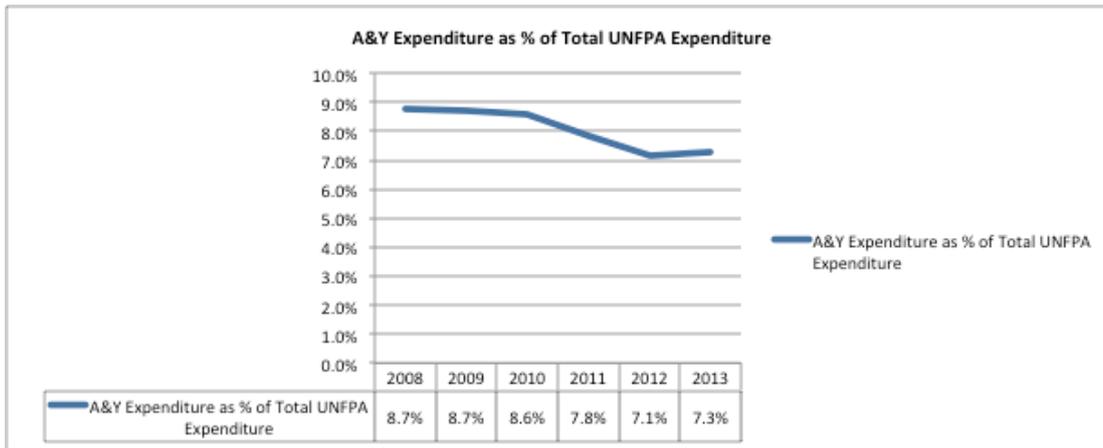


Source: Atlas (generated June 10, 2014)

Figure 18: adolescents and youth expenditure as percentage of total expenditure over time 2008-2013

<sup>13</sup> This includes both programmatic and management expenditure.

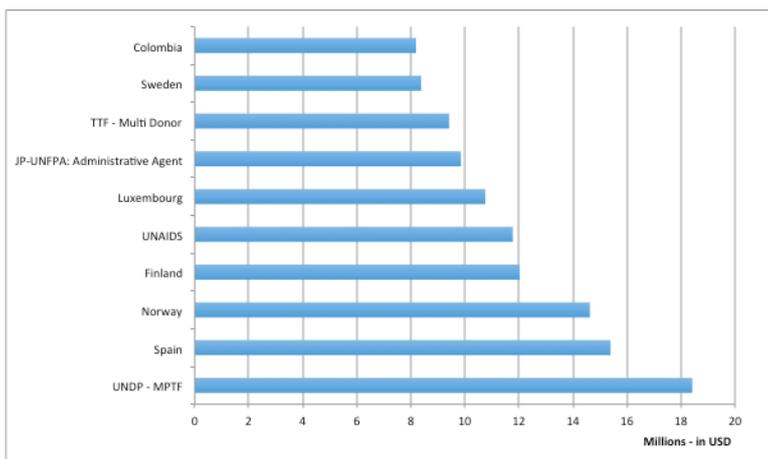
<sup>14</sup> Total UNFPA expenditure was calculated by summing all expenditure reported in Atlas from 2008-2013 at country, regional and HQ level.



Total adolescents and youth expenditure as a percentage of total UNFPA expenditure (country, regional and HQ level) by year is shown in Figure 18. As illustrated, adolescents and youth expenditure as a percentage of total UNFPA expenditure decreased on the whole – dropping from 8.7% in 2008 to 7.3% in 2013. A year by year analysis shows slight variations however: though the percentage held nearly steady from 2008-2010, 2011 witnessed a drop from 8.6% to 7.8%. A further decline occurred from 2011 to 2012 (from 7.8% to 7.1%), but the percentage increased slightly to round off the period, with adolescents and youth expenditure as a percentage of total UNFPA expenditure reaching 7.3% in 2013.

While the number of adolescents and youth donors decreased during this period, adolescents and youth non-core expenditure increased during this period at all levels. Figure 19 shares the top 10 non-core donors on the aggregate (at country, regional and global level) by expenditure. UNDP-MPTF stands as the largest source of non-core funding for adolescents and youth, followed by Spain, Norway and Finland respectively. Non-core donors listed in the chart are, in certain cases, the original source of funding (i.e. Spain) and, in other cases, denote a multi-donor arrangement, with an administrative agent.<sup>15</sup> In multi-donor funds, financial contribution is not attributed to one donor or another, but rather pooled.

Figure 19: Top 10 non-core funding sources by expenditure for adolescents and youth from 2008-2013

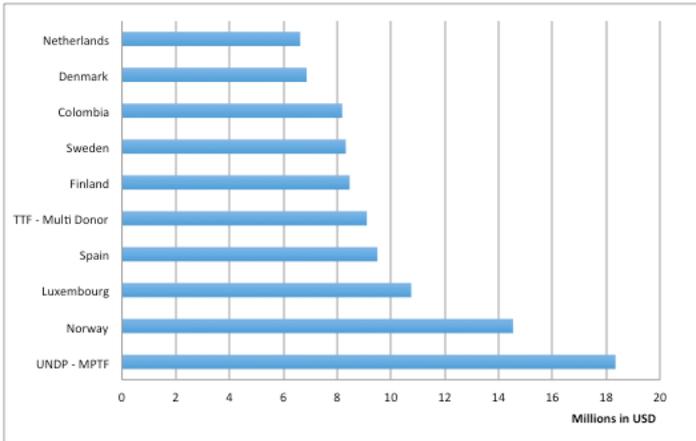


Source: Atlas (generated June 10, 2014)

The top non-core donors for adolescents and youth at country level are (Figure 20): Norway, Luxembourg, Sweden, and Spain. Norway, in particular, though the 10<sup>th</sup> largest donor to UNFPA overall, is the 2<sup>nd</sup> largest donor to adolescents and youth during this period. It is interesting to note that a greater amount of non-core funding has, over the time period, been channeled through multi-donor or agency funds.

<sup>15</sup> Entity responsible for administrating the funds received from the original source.

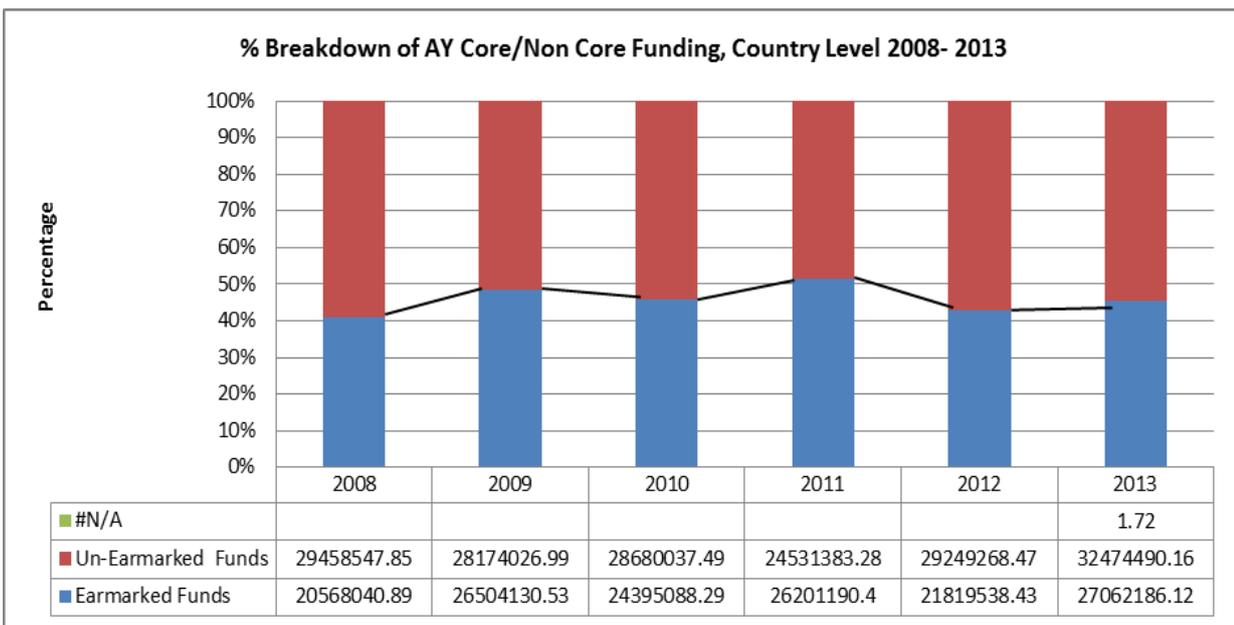
Figure 20: Top 10 adolescents and youth Non-Core Donors, Country Level, 2008-2013



Source: Atlas (generated June 10, 2014)

The decreasing trend in core funding overall for UNFPA is seen, too, in funding for adolescents and youth at the country level: total core funding for adolescents and youth as a percentage of total adolescents and youth funding fell from 57% in 2008 to 55% in 2013. However, compared to total UNFPA expenditure, a greater proportion of adolescents and youth expenditure is funded through non-core funding (Figure 21).

Figure 21: Trends in adolescents and youth Expenditures by type of funding, 2008-2013



Source: Atlas (generated June 10, 2014)

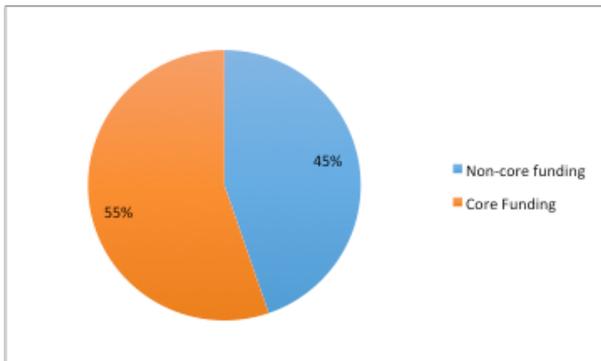
Figure 22 shows total expenditure on adolescents and youth from 2008-2013 broken down into core and non-core resources. A majority of expenditure for adolescents and youth is core at 55%, while the remaining expenditure on adolescents and youth is non-core (45%). Table 7 presents the nominal amount of core and non-core funding in US dollars.

Table 7: Type of Funding – Core vs Non-Core

Type of Funding	Expenditure
Non-Core Funds	\$173,641,104.02
Core Funds	\$214,502,934.36
Grand Total	\$388,144,038.38

Source: Atlas (generated June 10, 2014)

Figure 22: Breakdown of type of expenditure in support of adolescents and youth (on the aggregate)



Source: Atlas (generated June 10, 2014)

### 3.3.2 Financial Support to adolescents and youth 2014

Analysis for expenditure in 2014 was based on expenditure under outcome 2, outputs 6-7-8, the adolescent and youth specific outcomes. Expenditure figures utilizing this methodology do not present a full picture of expenditure on adolescents and youth since business units report expenditure on adolescents and youth under other strategic plan outcomes. The final evaluation report will present financial analysis utilizing different methodologies to try to capture not only targeted (outcome 2) but mainstreamed expenditure on adolescents and youth (outcomes 1-3-4).

Figure 23 presents total programme expenditure in 2014 for all programme countries under Strategic Plan Outputs 6-7-8 by country quadrant<sup>16</sup>. Expenditure across outputs 6-7-8 was highest in the red quadrant, reaching \$23,045,363. Interestingly, pink quadrant countries – those, on the aggregate, with the lowest need and highest ability to finance – displayed the second highest expenditure (\$11,166,988). Following closely behind, output expenditure in the orange quadrant equalled \$10,890,546, while the lowest level of expenditure – \$5,336,147 – was seen in the yellow quadrant.

Figure 23: Total expenditure 2014 country level Strategic Plan Outputs 6-7-8 by country quadrant

<sup>16</sup> Country quadrants, introduced in the 2014-2017 UNFPA Strategic Plan, categorizes UNFPA program countries into “color quadrants” based on the combination of need and ability to finance.<sup>16</sup> Red quadrant countries, on the whole, have the highest need and lowest ability to finance, while those that fall within the pink quadrant generally have the lowest need and greatest ability to finance. Yellow and orange quadrant countries fall in between, with yellow quadrant countries exhibiting a slightly higher ability to finance and lower need than orange quadrant countries. See Annex 4 of the 2014-2017 UNFPA Strategic Plan for a list by quadrant of the countries in which UNFPA operates (including listing all of the countries contained in each multi-country programme)

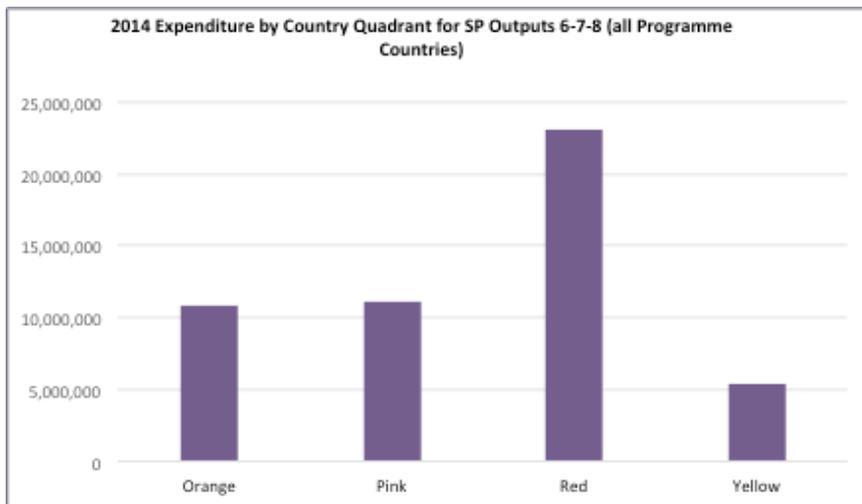


Figure 24 further disaggregates 2014 expenditure under country quadrants by Strategic Plan Outputs 6-7-8 for all programme countries. Expenditure under Strategic Plan Output 6 and 7 occurred in all four quadrants, while Output 8 expenditure was seen in orange, pink and red quadrants (no expenditure was recorded in the yellow quadrant).

On the whole, total expenditure under Strategic Plan Output 6 (*Adolescents and Youth: Increased national capacity to conduct evidence-based advocacy for incorporating adolescents and youth and their human rights/needs in national laws, policies, programmes, including in humanitarian setting*) was the greatest among the three outputs totaling \$38,737,952. Expenditure under output 6 varied across quadrants, with the highest amount spent in the red quadrant (\$18,276,314) and the lowest in the yellow quadrant (\$4,599,955).

Expenditure on Output 7 (*Sexuality Education: Increased national capacity to design and implement community and school based comprehensive sexuality education (CSE) programmes that promote human rights and gender equality*) followed behind at \$8,672,929, with expenditure varying by quadrant, as well: expenditure on output 7 was highest in the orange quadrant (\$3,534,714), followed by expenditure in the red quadrant (\$2,355,672), and, in third – with only slightly less expenditure than in the red quadrant – the pink quadrant (\$2,046,351). The lowest expenditure under Output 7 was seen in the yellow quadrant (\$736,192).

Unlike Strategic Plan Output 6 and 7, expenditure under Output 8 (*Marginalized girls: Increased capacity of partners to design and implement comprehensive programmes to reach marginalized adolescent girls including those at risk of child marriage*) occurred in only three of the four quadrants (no expenditure was seen in the yellow quadrant). Total expenditure under Output 8 totaled \$3,028,162, the lowest of the three outputs. Disaggregating by quadrant reveals that expenditure under Output 8 was highest in the red quadrant (\$2,413,377), followed by \$583,536 in the orange quadrant and, finally, \$31,249 in the pink quadrant.

Figure 24: Expenditure 2014 by Strategic Plan Outputs 6-7-8 programme countries by country quadrants

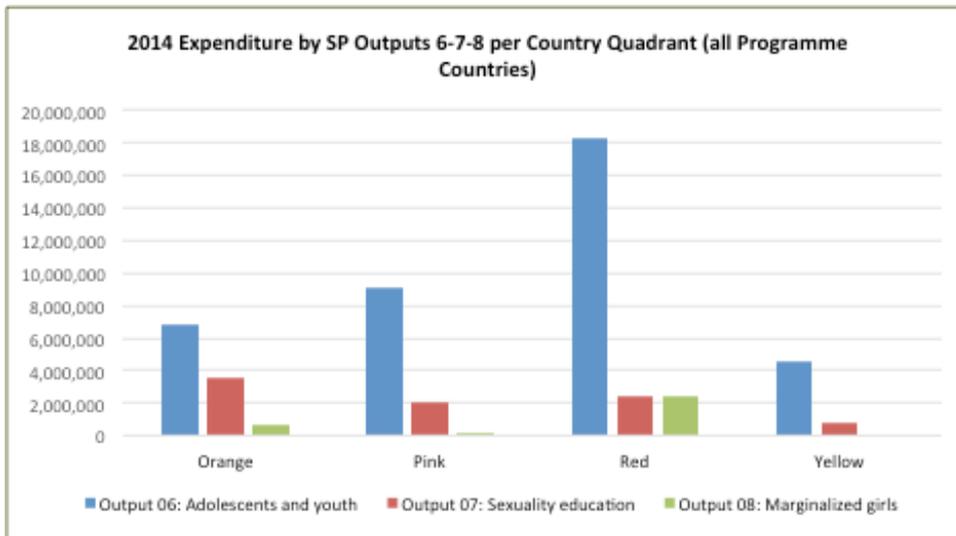
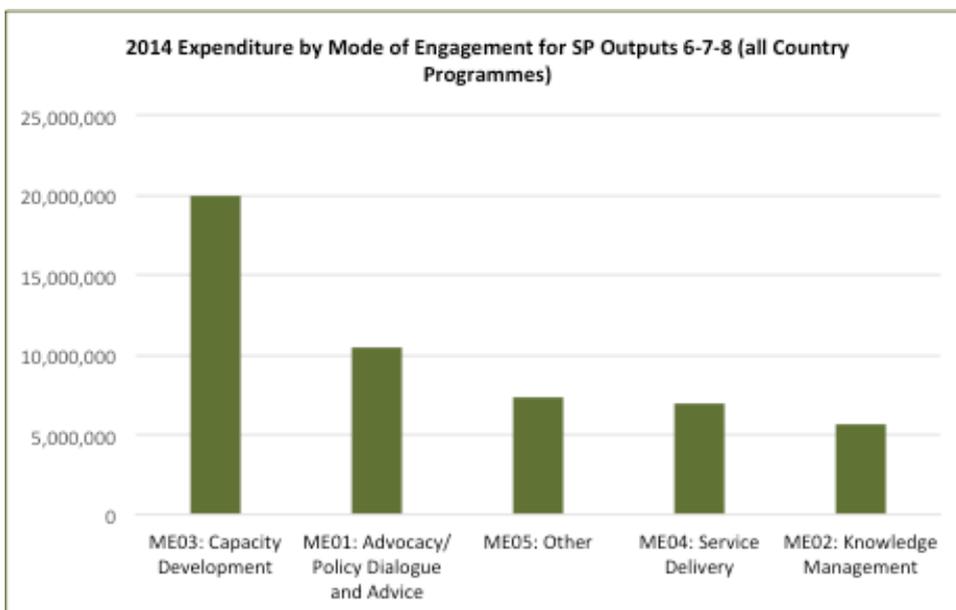


Figure 25 illustrates expenditure by mode of engagement (Ministry of Education) under Strategic Plan Output 6, 7 8 for all programme countries in 2014.

Output expenditure was the highest (by a significant margin) in capacity development (\$19,922,266) – with expenditure twice as much as the amount spent under the Ministry of Education category with the second highest expenditure (advocacy/policy dialogue and advice at \$10,511,712). Output expenditure in “Other” totalled \$7,295,067, the third highest, while expenditure on service delivery equalled \$7,010,432. Knowledge management had the lowest level of expenditure across Ministry of Education categories at \$5,699,566.

Figure 25: Expenditure by mode of engagement Strategic Plan Output 6, 7, 8 country level 2014



As noted in Annex 4 of the UNFPA Strategic Plan 2014-2015, the country quadrant classification system determines the mix of modes of engagements in a given context, with country programmes with the highest need and lowest ability to finance often employing the full range of support while those in low need settings often focus on one Ministry of Education – advocacy and policy dialogue/advice, for example. More specifically:

- In the highest need settings, UNFPA often delivers a full range of interventions, from advocacy and policy dialogue/advice, knowledge management, and capacity development to service delivery.
- In high need settings, UNFPA generally does not focus on service delivery but will be involved in the other three programme strategies.
- In medium need settings, UNFPA typically concentrates on advocacy and policy dialogue/advice and knowledge management.
- In low need settings, UNFPA is generally focused solely on advocacy and policy dialogue/advice.

Figure 26 and 27 disaggregate mode of engagement by country quadrant, depicting the amount spent under each Ministry of Education by country quadrant for Strategic Plan Outputs 6-7-8. Expenditure in 2014 occurred under all five modes of engagements in all country quadrants, though the amount across quadrant varied. As data on expenditure by Ministry of Education for 2015 comes in, an increased focusing of modes of engagements by needs setting (as detailed in the four bullets above) is expected.

Output 6-7-8 expenditure under capacity development was the highest on the whole (as noted above). Disaggregating by quadrant reveals that the most was spent in the red quadrant (\$7,738,295.96) followed by the orange quadrant (\$6,271,177.72). Expenditure within the pink and yellow quadrants was roughly half: \$3,382,916.72 in pink and \$2,529,875.22 in yellow.

The second highest expenditure on the whole occurred under Ministry of Education advocacy/policy dialogue and advice, the large majority of which occurred in the pink and red quadrants: \$4,445,225.18 and \$3,507,355.97 respectively. \$1,666,769.82 was spent in the orange quadrant, while expenditure within the yellow quadrant registered \$892,361.28, the lowest among the four quadrants.

The “Other” Ministry of Education category – the Ministry of Education category with the third highest expenditure on the whole – had the following expenditure spread across quadrants: the red quadrant witnessed the highest expenditure at \$3,211,332.99, followed by the orange quadrant (\$1,985,407.18) and then the pink quadrant (which was only slightly less than orange at \$1,523,560.64). The lowest amount of expenditure on “Other” (by far) occurred in the yellow quadrant (\$574,766.50).

Expenditure under the Ministry of Education of service delivery – the 4<sup>th</sup> highest expenditure on the whole – was considerably higher in the red quadrant, with expenditure levels dropping significantly in the remaining quadrants. \$6,110,370.71 was spent on service delivery in red quadrant countries – nearly 20 times the amount spent in the yellow quadrant (\$305,459.15), the quadrant with the second highest amount spent on service delivery. Expenditure in the orange and pink quadrants was quite similar (and roughly the same as the amount spent in yellow): \$304,093.54 and \$290,508.20 respectively.

Total output expenditure on knowledge management – the lowest on the whole – clocked in at \$5,699,566.08. Total expenditure was spread relatively evenly across the red, pink and yellow quadrants, with expenditure in the orange quadrant markedly lower. Expenditure in the red quadrant – the highest – equaled \$2,478,007.12. Expenditure in the pink and yellow quadrants was comparable, with \$1,524,776.80 spent in the pink quadrant and slightly less (\$1,033,684.90) in the yellow. \$663,097.26 was spent in the orange quadrant – the lowest amount.

Figure 26: Expenditure by mode of engagement and country quadrant for Strategic Plan outputs 6-7-8

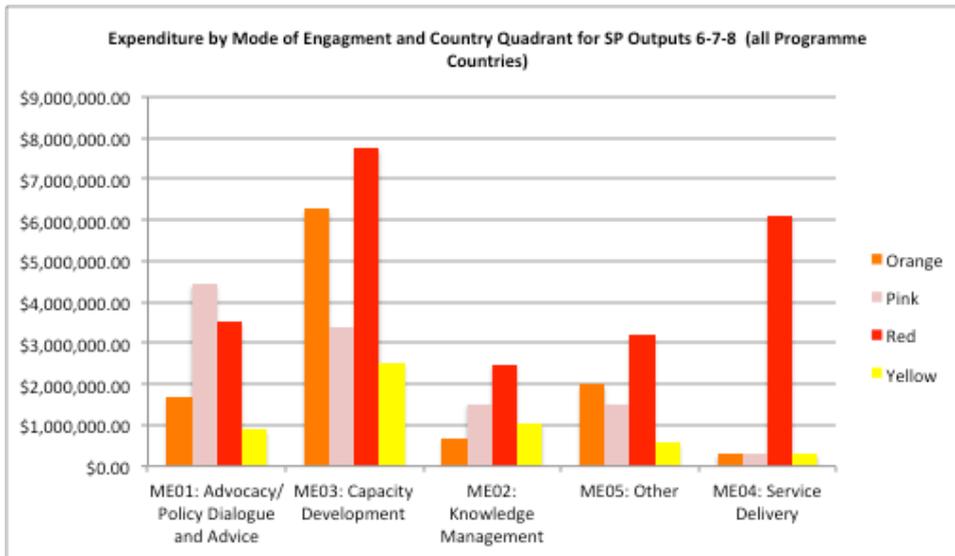


Figure 27 breaks the data down slightly differently, illustrating the amount spent under each mode of engagement by quadrant. An examination of the top three modes of engagements by expenditure reveals the following:

- Within the red quadrant, expenditure on capacity development was the highest (\$7,738,295.96) followed by service delivery (\$6,110,370.71) and, with the third highest expenditure, advocacy/policy dialogue and advice (\$3,507,355.97)
- Within the pink quadrant, advocacy/policy dialogue and advice was the Ministry of Education with the highest expenditure, totalling \$4,445,225.18, followed by capacity development (\$3,382,916.72) and, in third, knowledge management (\$1,524,776.80).
- Within the orange quadrant, capacity development was the highest expenditure \$6,271,177.72). “Other” followed, with expenditure of \$1,985,407.18, and advocacy/policy dialogue and advice rounded off the three, with the third highest expenditure totally \$1,666,769.82.
- Finally, capacity development also dominated the yellow quadrant (the quadrant with the least amount of expenditure overall) – with an expenditure of \$2,529,875.22. Knowledge management followed, registering an expenditure of \$1,033,684.90, while advocacy/policy dialogue and advice saw the third highest level of expenditure, at \$892,361.28

Figure 27: Expenditure by mode of engagement within country quadrant for Strategic Plan outputs 6-7-8

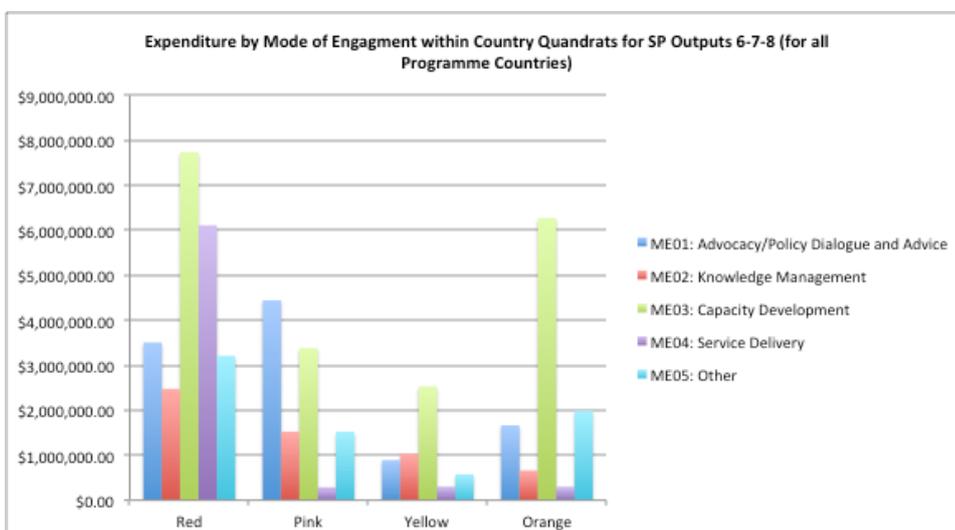


Figure 28 captures expenditure by intervention area for Strategic Plan Output 6, 7, and 8 across all countries. The top three intervention areas by expenditure fall under Strategic Plan Output 6. The intervention area with the highest expenditure (\$13,355,699.41) is IA 22 – *Supporting development of multi-sectoral agenda to promote human rights and development, including the rights of adolescents to sexual and reproductive health and sexual and reproductive health and reproductive rights education and information*. Following this, expenditure on IA25 (*Other*) – falling under Strategic Plan Output 6, as well – registered the second highest expenditure at \$13,099,333, while youth led organization (IA 24) listed the third highest expenditure (\$9,552,958.25), among those listed.

The remaining amounts are significantly less, ranging from \$518,234.70 on IA32 (*Other*) to \$2,729,961.63 under IA23 (*Analysis, research and assessments: Conducting analysis, research and assessments to understand the situation of young people to identify the most marginalized and/or analyze existing laws and policies affecting them*).

Figure 28: Expenditure by intervention area for Strategic Plan outputs 6-7-8

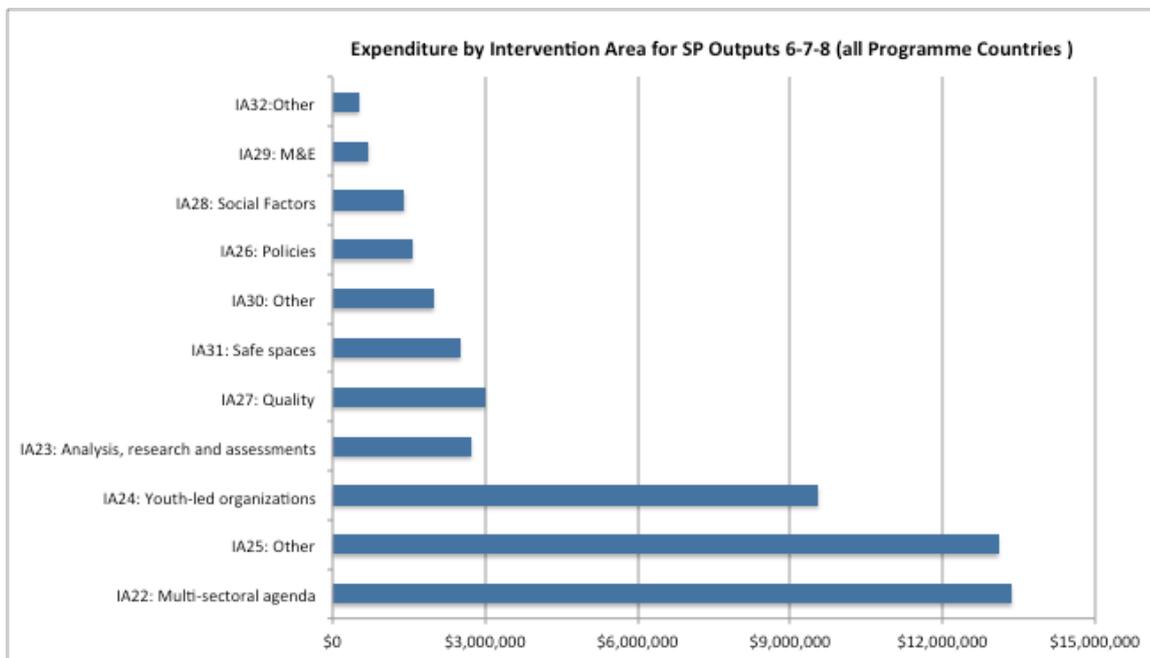


Figure 29 captures the amount spent under Strategic Plan Output 6-7-8 under each mode of engagement.

Though the amount of expenditure varied, expenditure under Strategic Plan Output 6-7-8 occurred in all five Ministry of Education categories.

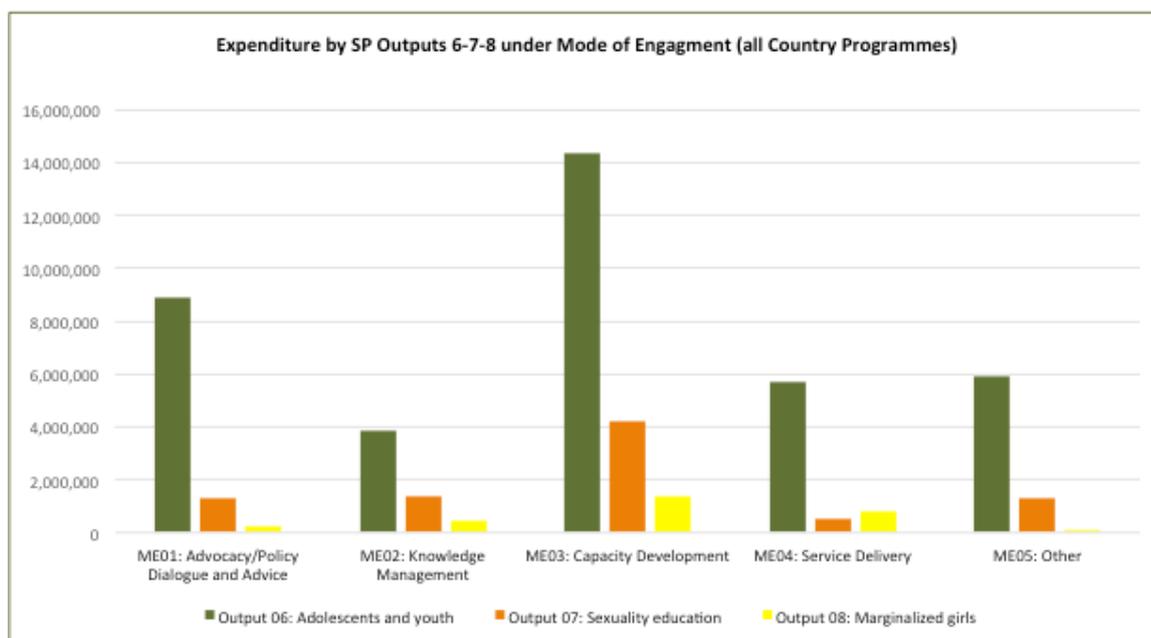
Total expenditure under Strategic Plan Output 6 - *Adolescents and Youth: Increased national capacity to conduct evidence-based advocacy for incorporating adolescents and youth and their human rights/needs in national laws, policies, programmes, including in humanitarian settings* - was the highest by a significant margin at \$38,737,952. Broken down by Ministry of Education, \$14,341,995 was spent under capacity development, followed by \$8,901,064 on advocacy/policy dialogue and advice. “Other” and service delivery occupied the third and fourth highest expenditure respectively, with \$5,898,092 spent under the former and \$5,713,345 on the latter. The least was spent on knowledge management (\$3,883,456).

Total expenditure under Strategic Plan Output 7 - *Sexuality Education: Increased national capacity to design and implement community and school based comprehensive sexuality education programmes that promote human*

*rights and gender equality* - followed at \$8,672,929. Expenditure was spread across all modes of engagement, as well, with expenditure levels under capacity development the highest (at \$4,194,180). Knowledge management followed, with expenditure of \$1,368,305. With the third highest expenditure, advocacy / policy dialogue and advice registered at \$1,333,266, with “other” cataloguing \$1,283,754. Service delivery rounded off the five Ministry of Education categories, totaling \$493,424, considerably lower than the others.

Strategic Plan Output 8 had the lowest level of aggregate expenditure across the three outputs (\$3,028,162), but, like the other outputs, had expenditure across all five modes of engagement categories. As with Strategic Plan Output 6 and 7, the majority of Strategic Plan Output 8 expenditure fell under capacity development, which recorded an expenditure of \$1,386,091. Expenditure under service delivery (\$803,662) and knowledge management (\$447,805) occupied the second and third highest levels of expenditure respectively. \$277,382 was spent under advocacy / policy dialogue and advice, while \$113,222 – the lowest amount – was spent on the “other” Ministry of Education category.

Figure 29: Expenditure by Strategic Plan outputs 6-7-8 under mode of engagement



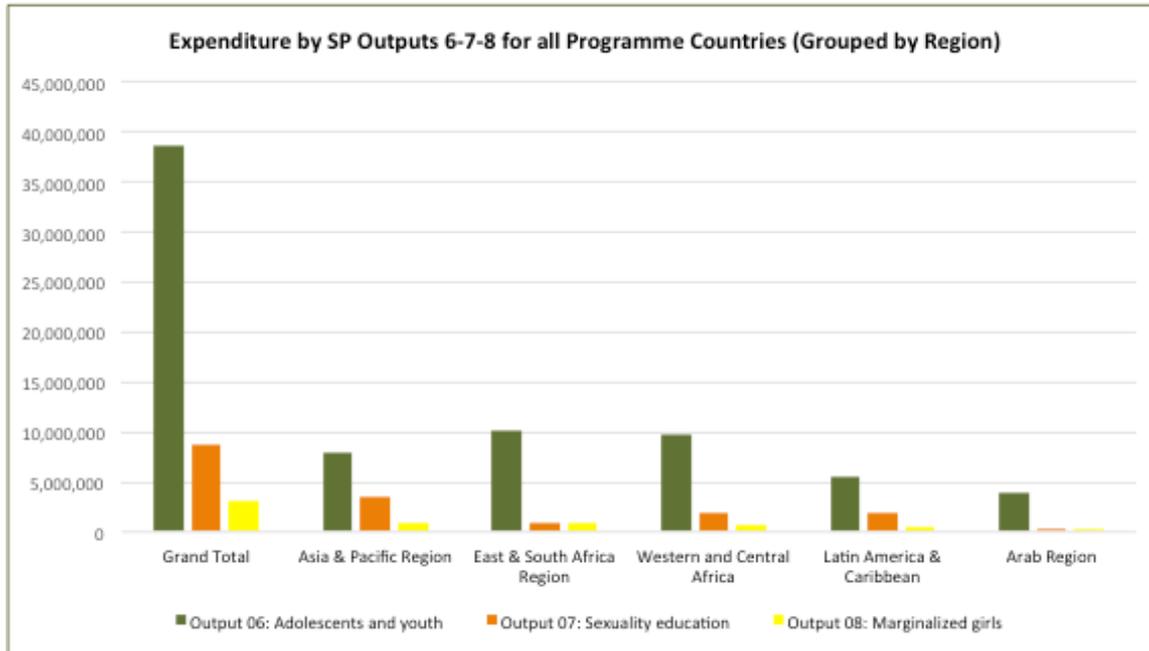
At UNFPA, there are six regional groupings, under which countries are categorized: the Arab region, Asia Pacific (AP), Eastern and Southern Africa, Eastern Europe and Central Asia (EECA), Latin America and the Caribbean (LAC), and Western and Central Africa (WCA).

Figure 30 breaks down expenditure under Strategic Plan Output 6-7-8 by countries (grouped by region). Examining the expenditure levels by regions reveals that spending under Output 6 was highest in the East and South Africa region (\$10,069,923), followed closely by West and Central Africa (\$9,629,974). Eastern Europe and Central Asia saw the lowest level of spending under, \$1,622,207 spent under Output 6 within that region.

Output 7 expenditure was highest in the Asia Pacific Region (\$3,545,195), followed by Latin America and the Caribbean (\$1,876,345). Though expenditure in EECA was quite low, expenditure under Strategic Plan Output 7 was the lowest in the Arab region (\$285,829).

Expenditure under Strategic Plan Output 8 was the highest in Asia Pacific at \$880,007. Eastern and South Africa - with the second highest expenditure - followed closely behind, with expenditure of \$824,878. Output 8 expenditure was noticeably low in the Arab region at \$15,549. In fact, this was the lowest amount spent under all three outputs across all regions.

Figure 30: Expenditure by Strategic Plan outputs 6-7-8



### 3.4 Past assessments and reviews of UNFPA support to adolescent and youth

In 2010, UNFPA conducted an assessment of adolescent and youth programming for the period 2008-2010 (UNFPA, 2010a). It aimed to review regional and country level program interventions to inform adolescents and youth programming beginning in 2011. The Assessment specifically explored the effectiveness of the adolescents and youth Framework of 2006 in guiding regional and country level technical support and capacity building of regional and national institutions including government ministries. Results of the Assessment informed the development of the 2012 adolescents and youth strategy.

The Assessment was conducted through a desk review, semi-structured telephone interviews with key individuals and stakeholders, email correspondence and participation in an Asia workshop in Kathmandu in October 2010. The geographical scope included all regions, ten core countries and 15 thematic countries. The assessment aimed to:

1. Assess the degree to which Framework for Action (FFA) has been operationalised and used to design programme interventions at the country level;
2. Describe the nature of adolescent and youth interventions being implemented at different levels of UNFPA programmes in each of the four FFA keys;
3. Assess the effectiveness of strategies developed to achieve the youth-related outcomes of the strategic plan in each of the four keys;
4. Assess the degree to which the FFA and related adolescent and youth programmes have adequately addressed gender, human rights, and culture issues;
5. Analyze facilitating factors for and constraints to effective programming and delivery of adolescent and youth programmes across the four keys;
6. Describe the most common approaches to partnerships, capacity development and technical support to adolescent and youth initiatives at the global, regional and country levels;
7. Make recommendations for strengthening country-level adolescent and youth programmes and strengthening programme and technical support for the country level efforts.

Country and regional programme evaluations addressing the adolescents and youth programme components have been conducted during the period under evaluation.

## 4 EVALUATION METHODOLOGY

### 4.1 Evaluation approach

The evaluation will utilise a theory of change approach taking into consideration UNFPA planning documents and other strategic frameworks. The evaluation will focus on the output and outcome levels. The Theory of Change (ToC) reflects the conceptual and programmatic approach taken by UNFPA over the period under evaluation including the most important implicit assumptions underlying the change pathway. The ToC will be reconstructed at the inception phase of the evaluation and tested during the field and data collection phase.

The evaluation will utilize a mixed methods approach. Quantitative methods will encompass compiling and analysing quantitative secondary data through relevant reports, financial data, indicator data, and using descriptive statistics to quantify and assess the results of the on-line survey. Quantitative data will be used to assess trends in programming, investment and outcomes at country level, regionally and globally. This information will be complemented by qualitative methods for data collection consisting of document review, interviews, focus group discussions, and observations through case studies visits.

Qualitative methods for the analysis of the data will include content analysis, validation techniques and testing the causal assumptions. Data will be disaggregated by relevant criteria (wherever possible): age, gender, marginalized and vulnerable, etc. Contribution analysis will be used to assess causal links and triangulation will be applied in order to guarantee the reliability and robustness of findings and will consist in cross-referring different sources of data and data collection methods.

A key aspect of the evaluation will be to document lessons learned from success stories. Identifying such positive stories will allow showcasing what has worked in countries in adolescents and youth programming and how those experiences can be replicated and built upon in future strategies and plans.

#### 4.1.1 Guiding Principles

The evaluation will follow UNEG Norms and Standards for Evaluation in the UN system and abide by UNEG Ethical Guidelines and Code of Conduct. Anonymity and confidentiality of individual informants will be protected as required by the ethical procedures of the country and UNEG.

The evaluation will be transparent, inclusive, participatory, and will integrate both gender and human rights perspectives.

Transparency will be assured through clear communication with stakeholders at all stages of the evaluation with respect to its purpose, the criteria applied, and the intended use of the findings.

The evaluation will have a participatory approach and will integrate the views of beneficiaries. Participation of beneficiaries is a key component of the evaluation methodology. The evaluation team will include a youth leader for each field country case study as an active member of the evaluation team. Beneficiaries' perspectives and views will also be sought in interpreting the findings to enhance the credibility and quality of results (e.g. eRoundtable).

The evaluation will follow the guidance on the integration of gender equality and human rights principles in the evaluation focus and process as established in the UNEG Handbook, Integrating Human Rights and Gender Equality in Evaluation - Towards UNEG Guidance.

The team composition, stakeholder groupings, data collection methods and the analytical approach have been selected to ensure the principles underlie the entire evaluation process.

Special attention will be paid to ensure a gender and human rights based approach is embedded into the data collection and analysis. The evaluation process will show sensitivity to gender, beliefs, culture and customs of all stakeholders. Both rights holders and duty bearers are included as informants with acknowledgement of their responsibilities and entitlements stated

## 4.2 Proposed evaluation questions

This section presents the evaluation questions and sub-questions and assumptions to be assessed, including the indicators and data collection methods. The assumptions narrow evaluation questions further by specifying what evaluators should focus upon and what they should check precisely when attempting to answer the question. Data collection will concentrate on gathering evidences linked to those assumptions (and counter-assumptions). For each evaluation question, the rationale for selection and the limitations are provided.

The Evaluation Matrix in Annex 2, which is the central tool of the evaluation's analytical framework, contains all the evaluation questions. The matrix is intended as a framework for the collection and analysis of data and presents the evaluation questions by evaluation criteria and breaks them down into assumptions (aspects to focus upon), indicators associated to these assumptions, sources of information and sources and tools for data collection. The Evaluation Matrix is aligned with the reconstructed Theory of Change (see section 3.3) and includes the questions relevant to testing its validity. The column on sources of information links the evaluation questions with the stakeholder mapping and paves the way for the production of the Informants Protocol, the tool that links the evaluation matrix with the data collection protocols. In terms of scope, the evaluation matrix covers the entire evaluation, that is, all three levels of UNFPA support (country, regional and global).

The Evaluation Matrix has been developed based on inputs received from the first meeting of the Evaluation Reference Group (ERG), consultation with individual ERG members and UNFPA staff from the Technical Division, external international adolescents and youth experts, and results of the pilot Case Study in Egypt.

### EQ 1: Alignment with UNFPA Strategic Plans and strategies, national priorities and responsiveness to changing contexts

*To what extent was support to adolescents and youth, particularly the most marginalized and vulnerable, at global, regional and country levels, aligned with UNFPA policies and strategies, partner government priorities and commitments and plans, the rights and needs of adolescents and youth and responsive to local contexts?*

*How relevant and responsive has the leadership of UNFPA been at all levels in aligning and advancing adolescents and youth policy, programming and evidence generation in accord with global, regional and national needs and priorities?*

**Rationale for inclusion:** UNFPA is mandated to work with countries to achieve common objectives as laid out in the Strategic Plan approved by the Executive Board. Strategic approaches to implementing the Strategic Plan and fulfilling the Results Framework are further elaborated in the adolescents and youth strategy documents. At all levels within the organization, activities and approaches should align with the EB approved mandate.

At international level, UNFPA strategies, priorities, interventions and activities should be informed by the latest evidence, and reflect the evolving global consensus on best practice for advancing adolescents and youth sexual and reproductive health within the framework of implementing ICPD and supporting the implementation of the MDGs (and future SDGs). As an advocate and leader, the strategies and priorities of

UNFPA should reflect and influence the international adolescents and youth agenda as reflected in partner priorities and programs. Likewise the evolving global consensus and resolutions should, in turn, influence UNFPA strategic priorities, plans and programs. At regional and country level, UNFPA priorities in adolescents and youth should legitimize attention to adolescents and youth and align with regional and country needs and priorities related to adolescents and youth

Programming of interventions is most successful when strategies at country level reflect and align with nationally identified needs and priorities. Governments and national civil society organizations are commonly recognized as the most appropriate partners at regional and country level, thus activities need to reflect a common understanding of problems and solutions in order for the program to be successfully implemented and sustained locally. If the UNFPA intervention design for adolescents and youth programming is tailored to national needs and context, there is a better chance that interventions will be appropriately and successfully implemented. Chances for success improve when adolescents and youth themselves are involved in the needs assessment as well as in the design and implementation of programs that affect them. UNFPA must ensure that national dialogue, plans and commitments include meaningful participation of various stakeholders including young people.

Country and regional context may change however whether due to political, economic, humanitarian, or environmental crisis and it is critical in such circumstances that UNFPA appropriately respond. Such circumstances require flexibility, sometimes creativity, and overall, an appropriate and rapid response to maintain the coherence of program activities, priorities and investments. How UNFPA reacts when fundamental changes occur will determine the continued relevance of their program.

**Limitations:** For UNFPA’s adolescents and youth program interventions to remain relevant they need to be aligned with local partners’ priorities, programs and needs. Engaging with national governments, local partners and youth stakeholders requires they are interested, facilitated, and permitted to engage in a meaningful way. Limits to engagement can reduce coordination and the effectiveness of programs UNFPA and partners may be trying to support. Reflection of global and regional priorities on national agendas may take longer than expected and may be more difficult to observe in the context of an evaluation. National governments have a multitude of development priorities. Even when there is agreement on needs and commitment to improving the health and well-being of adolescents and youth, national constituents may impede the government in working on these issues.

EQ1. To what extent was support to adolescents and youth, particularly the most marginalized 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		
Assumptions to be assessed	Indicators	Sources of information
A1.1: UNFPA support is aligned with UNFPA policies and strategies in the area of adolescents and youth  <b>[Internal alignment]</b>	IND 1.1.1 Share of country programs where UNFPA support is in line with the strategic and programmatic stipulations and principles set forth in UNFPA policies and strategies (UNFPA Strategic Plans for the period, CPD and CPAP and adolescents and youth strategic frameworks).	<i>UNFPA documentation</i> <ul style="list-style-type: none"> <li>• UNFPA Country Program Documents (CPD)</li> <li>• UNFPA Country Program Action Plans (CPAP)</li> <li>• Annual Work Plans (AWP)</li> <li>• Country office Annual Reports (COARS)</li> <li>• SIS Planning document</li> <li>• Past evaluations</li> </ul> <i>Interviews/FGD stakeholders/Survey</i>

<p>A1.2: UNFPA support is aligned with national priorities and needs in the area of adolescents and youth</p> <p><b>[External alignment nationally]</b></p>	<p>IND 1.2.1 Evidence that UNFPA has conducted an accurate identification of adolescents and youth needs (needs assessment), in particular for the most vulnerable and marginalized including adolescent girls (10-14 and 15-19), and taken those needs into account for program design.</p> <p>IND 1.2.2 Evidence that UNFPA support corresponds to the needs of adolescents and youth as identified in plans and strategies (central and local government level).</p> <p>IND 1.2.3 Evidence that UNFPA support reflects an understanding of needs determined by adolescents and youth organizations and other civil society organizations.</p>	<p><i>UNFPA documentation</i></p> <ul style="list-style-type: none"> <li>• UNFPA strategic and policy frameworks</li> <li>• UNFPA Country Program Documents (CPD)</li> <li>• UNFPA Country Program Action Plans (CPAP)</li> <li>• Annual Work Plans (AWP)</li> <li>• Country office Annual Reports (COARS)</li> <li>• SIS Planning document</li> <li>• Past evaluations</li> </ul> <p><i>Other documentation</i></p> <ul style="list-style-type: none"> <li>• National Strategic Planning documents (National development plans, Plans of line Ministries)</li> <li>• National Strategies for adolescents and youth</li> <li>• Other relevant reports such as NGO and government progress reports</li> <li>• Peer reviewed scientific literature/studies/surveys</li> </ul> <p><i>Interviews/FGD stakeholders/Survey</i></p>
<p>A1.3: In its support to adolescents and youth, UNFPA has been able to appropriately respond and address changing contexts while maintaining the coherence of programs.</p> <p><b>[Responsiveness]</b></p>	<p>IND 1.3.1 Evidence of the quality of the response (flexibility, timeliness, appropriateness) of UNFPA to changes in national needs and priorities or major changes in context (political, economic and social) while maintaining coherence of programs as set out in programming documents.</p>	<p><i>UNFPA documentation</i></p> <ul style="list-style-type: none"> <li>• Annual Work Plans (AWP)</li> <li>• UNFPA Country Program Documents (CPD)</li> <li>• UNFPA Country Program Action Plans (CPAP)</li> <li>• Country office Annual Reports (COARS)</li> <li>• SIS Planning document</li> <li>• Budget revisions</li> <li>• Past evaluations</li> </ul> <p><i>Other documentation</i></p> <ul style="list-style-type: none"> <li>• Other relevant reports such as the NGO and government progress reports</li> <li>• Peer reviewed scientific literature/studies/surveys</li> <li>• Social networks, blogs, forums (Internet)</li> </ul> <p><i>Interviews/FGD stakeholders/Survey</i></p>

## EQ 2: Cross cutting issues: Human Rights, culture, gender, marginalized adolescents and youth

*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 prioritized the most marginalized and vulnerable adolescents and youth, particularly young adolescent girls in its interventions?*

**Rationale for inclusion:** UNFPA priorities and strategic prongs are guided by key principles including human rights, cultural sensitivity, and a gender perspective. These cross cutting issues are central to the UNFPA mandate and are integrated in all aspects of policy development and programming for adolescents and youth. Historically, and increasingly, UNFPA has identified reaching out to the vulnerable and excluded, especially girls, as a fundamental and morale imperative. Integrating these cross cutting issues should help to change gender and sexual norms to facilitate adolescents and youth access and use of information and services. At country level, UNFPA supports partners to recognize the human rights of adolescents and youth in the national strategies, policies and programs, and as part of that effort, they should in turn, see these principles reflected in national guidance, policy and service approaches. By focusing on rights and inclusion as an explicit objective in all programs and services they support, space should be created and bridges built for effective multi-stakeholder participation including meaningful participation of the most vulnerable and marginalized adolescents and youth, especially girls.

**Limitations:** UNFPA advocates for these cross cutting issues as central and fundamental to effective programming for adolescents and youth, yet many at country and regional level may not agree on all principles or in how they should be integrated and applied in specific contexts. The success of UNFPA in integrating these issues will likely depend on their partners’ willingness and interest in sharing these common principles, but also on how UNFPA presents the principles and incorporates them into their work with countries.

Marginalized, disenfranchised and vulnerable youth may not be interested, willing or trusting enough to participate in a solicited activity that they do not find meaningful to them. UNFPA will have to increase their knowledge base (through data collection) and work closely with the target populations to appreciate their needs, and design and implement programs that are meaningful to them.

EQ2. 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 prioritized the most marginalized and vulnerable adolescents and youth, particularly young adolescent girls in its interventions?		
Relevance		
Assumptions to be assessed	Indicators	Sources of information
<p>A 2.1: Human rights-based approaches have been incorporated into adolescents and youth strategies and programs at global, regional and national level.</p> <p>[HRBA]</p>	<p>IND 2.1.1 Evidence that the rights of adolescents and youth to information, health services and participation are explicitly addressed in UNFPA adolescents and youth interventions.</p> <p>IND 2.1.2 Evidence that UNFPA has raised awareness and supported partners to integrate human rights of adolescents, including adolescent girls, in the design and implementation of interventions.</p>	<p><i>UNFPA documentation</i></p> <ul style="list-style-type: none"> <li>• Annual Work Plans (AWP)</li> <li>• UNFPA Country Program Documents (CPD)</li> <li>• UNFPA Country Program Action Plans (CPAP)</li> <li>• Country office Annual Reports (COARS)</li> <li>• Past evaluations</li> </ul> <p><i>Other documentation</i></p> <ul style="list-style-type: none"> <li>• Other relevant reports such as the NGO and national progress reports</li> <li>• Peer reviewed scientific literature/studies/surveys</li> <li>• Documentation from implementing partners</li> </ul> <p><i>Interviews/FGD stakeholders /Survey</i></p>
		<p><i>UNFPA documentation</i></p>

<p>A2.2: UNFPA programs incorporate gender responsive approaches and address gender barriers in relation to adolescents and youth.</p> <p><b>[Gender]</b></p>	<p>IND 2.2.1 Evidence that UNFPA has advocated for- and developed the capacity of partners and designed interventions with the aim of identifying and reducing gender barriers for adolescents and youth, particularly for adolescent girls.</p>	<ul style="list-style-type: none"> <li>• Annual Work Plans (AWP)</li> <li>• UNFPA Country Program Documents (CPD)</li> <li>• UNFPA Country Program Action Plans (CPAP)</li> <li>• Country office Annual Reports (COARS)</li> <li>• Past evaluations</li> </ul> <p><i>Other documentation</i></p> <ul style="list-style-type: none"> <li>• Other relevant reports such as the NGO and national progress reports</li> <li>• Peer reviewed scientific literature/studies/surveys</li> </ul> <p><i>Interviews/FGD stakeholders /Survey</i></p>
<p>A2.3: UNFPA uses and supports partners in the integration of culturally sensitive approaches in adolescents and youth interventions.</p> <p><b>[Cultural sensitivity]</b></p>	<p>IND 2.3.1 Evidence of adaptation of strategies, guidelines and programmatic approaches that facilitate consideration and integration of cultural views and perspectives in the design and implementation of programs.</p> <p>IND 2.3.2 Evidence of support to partners for the integration of cultural views and perspectives in the design and implementation of programs.</p>	<p><i>UNFPA documentation</i></p> <ul style="list-style-type: none"> <li>• Annual Work Plans (AWP)</li> <li>• UNFPA Country Program Documents (CPD)</li> <li>• UNFPA Country Program Action Plans (CPAP)</li> <li>• Country office Annual Reports (COARS)</li> <li>• Past evaluations</li> </ul> <p><i>Other documentation</i></p> <ul style="list-style-type: none"> <li>• Other relevant reports such as the NGO and national progress reports</li> <li>• Peer reviewed scientific literature/studies/surveys</li> </ul> <p><i>Interview/FGD stakeholders/Survey</i></p>
<p>A2.4: UNFPA has prioritized interventions that identified and included adolescents and youth, particularly the most vulnerable and marginalized, especially adolescent girls.</p> <p><b>[Marginalized and vulnerable]</b></p>	<p>IND 2.4.1 Evidence that mechanisms are in place to identify and facilitate the meaningful participation of adolescents and youth, particularly the most marginalized and vulnerable in program design and implementation at country, regional and global level.</p> <p>IND 2.4.2 Evidence of an increased visibility for UNFPA as a prominent convener on issues pertinent to adolescent and youth, particularly adolescent girls and their rights.</p>	<p><i>UNFPA documentation</i></p> <ul style="list-style-type: none"> <li>• Annual Work Plans (AWP)</li> <li>• UNFPA Country Program Documents (CPD)</li> <li>• UNFPA Country Program Action Plans (CPAP)</li> <li>• Country office Annual Reports (COARS)</li> <li>• Past evaluations</li> </ul> <p><i>Other documentation</i></p> <ul style="list-style-type: none"> <li>• Other relevant reports such as the NGO and national progress reports</li> <li>• Peer reviewed scientific literature/studies/surveys</li> <li>• Documentation from conferences on adolescents and youth</li> </ul> <p><i>Interview/FGD stakeholders/Survey</i></p>

### EQ 3: Services, sexual and reproductive health 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 information and integrated services (including contraceptives, HIV and GBV) for adolescents and youth?*

**Rationale for inclusion:** UNFPA supports countries through its activities to implement the ICPD PoA and its follow up consensus documents. As a result, UNFPA approaches have evolved over the period. Adolescents and youth strategies and plans of UNFPA initially prioritized adolescents and youth as a cross-cutting issue that was integrated into key thematic areas of the Strategic Plan (2008-2011). The Midterm Review elevated the priority of adolescents and youth services and education where it has remained with greater definition in the adolescents and youth Strategy of 2012-2020 and the current Strategic Plan (2014-2017). Through these strategic priorities for adolescents and youth, UNFPA has explicitly sought to promote and protect the sexual and reproductive rights of adolescents and youth by calling for adolescent and youth friendly health services (including GBV and HIV services), sexual and reproductive health information and education provision including sexual and reproductive health and reproductive rights education and information, and the need for the creation of an enabling environment for adolescents and youth policy and programming at country level to implement services and sexual and reproductive health and reproductive rights education and information. These strategic outputs and outcomes reflect global consensus and priority as defined in international consensus documents (UN, 2010), Action Plans (UN, 2013c) Declarations (UN, 2013a), Resolutions (UN, 2012a, 2014a) and Operational Reviews (UN, 2014e).

In order for adolescents and youth to exercise their rights related to their sexual and reproductive health, services need to be in place, and comprehensive sexual and reproductive health education and information need to be provided. Marginalized and vulnerable youth must have equal access to information and services and policies and programs must create an enabling environment for meeting these needs. Through the capacity building and facilitation of national ownership and partnership of stakeholders and implementing partners, including the meaningful partnership of adolescents and youth – the target beneficiaries – UNFPA contributes to progress made towards these outcomes. These outcomes however are only aspirational unless key barriers and assumptions are tackled and overcome.

**Limitations:** The effectiveness of programs is central to the overall evaluation of the contribution of UNFPA to advancing the adolescents and youth agenda globally, regionally and at country level. The organization's capacity to implement its priority activities to achieve outputs and contribute to the outcomes however depends to a great extent on the social, cultural, political and environmental context in which they are working at all levels. Socio-cultural, legal and gender barriers or lack of support from parents, schools and community leaders can limit the use of available services and the availability of sexual and reproductive health and reproductive rights education and information. There needs to be an enabling legal, policy and programmatic environment in which these services can be accessed and used without restriction. Integrated and comprehensive services and sexual and reproductive health education and information requires adherence to international standards and a generally willingness to address critical issues such as HIV and GBV victims/survivors effectively. It also requires extra efforts to reach young people who are not in school with information and education. Finally increasing availability of sexual and reproductive health education and information and services depends on increased and sustain national ownership and resources for such service and education programs.

Adolescents and youth sexual and reproductive health education and information are some of the most controversial topics to work on in many settings. Views differ considerably between countries and regions and even within countries on what is appropriate information for young people to receive, for example. To some degree, obstacles can be overcome through capacity building and facilitating national stakeholders and implementers to take ownership of program activities and define for themselves with support best approaches to providing for the sexual and reproductive health R needs of young people. Despite best efforts, detailed strategic planning, partnering and effective resource allocation, challenges, particularly at country level may impede effective implementation. Policy change is often needed to assure access to

services and education by adolescents and youth. Mitigation of these potential obstacles should be considered and planned for in the design phase of the program.

EQ3. 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 (including sexual and reproductive health education and information) and integrated services (including contraceptives, HIV and GBV) for adolescents and youth?		
Effectiveness, Sustainability		
Assumptions to be assessed	Indicators	Sources of information
<p>A3.1: UNFPA contributed to an increase in the availability and use of quality, integrated and sustainable sexual and reproductive health services (including contraceptives, HIV &amp; GBV) for adolescents and youth.</p> <p>[Services] (Outcome A)</p>	<p>IND 3.1.1 Evidence that UNFPA has developed the capacities of partners and supported service delivery in countries/regions to increase availability of integrated sexual and reproductive health services including HIV and GBV for adolescents and youth.</p> <p>IND 3.1.2 Evidence that patterns of use for sexual and reproductive health services for adolescents and youth have changed (Outcome A)</p> <p>IND 3.1.3 Evidence that UNFPA supported partners in program countries for the development of guidelines, protocols and standards for health care workers for the delivery of quality, integrated sexual and reproductive health services for adolescents and youth. (Output 1)</p> <p>IND 3.1.4 Evidence that UNFPA has developed the capacity of service providers to support adolescents and youth survivors/victims of gender-based violence. (Output 1 to Hypothesis b to Outcome A)</p> <p>IND 3.1.5 Evidence of UNFPA's contribution to reduce socio-cultural, legal, and gender barriers to help create an enabling environment for sustainable, integrated sexual and reproductive health services. (Activity 3,4,5,6 to Output 1 to Hypothesis a to Outcome A)</p> <p>IND3.1.6 Evidence of UNFPA advocacy and policy dialogue with partners to increase the availability and use of sexual and reproductive health services by adolescents and youth. (Activity 3 to Output 1 to Outcome A)</p>	<p><i>UNFPA documentation</i></p> <ul style="list-style-type: none"> <li>• UNFPA strategic and policy frameworks</li> <li>• UNFPA Country Program Documents (CPD)</li> <li>• UNFPA Country Program Action Plans (CPAP)</li> <li>• Annual Work Plans (AWP)</li> <li>• Country office Annual Reports (COARS)</li> <li>• UNFPA monitoring data, i.e. progress reports, annual reports, etc.</li> <li>• Past evaluations</li> </ul> <p><i>Other documentation</i></p> <ul style="list-style-type: none"> <li>• National Strategic Planning documents (National development plans, Line Ministries' plans)</li> <li>• National Strategies for adolescents and youth</li> <li>• Other relevant reports such as the NGO and national progress reports</li> <li>• Trend data for the period showing utilization of services.</li> <li>• Peer reviewed scientific literature/studies/surveys</li> </ul> <p><i>Interviews/FGD stakeholders/Survey</i></p>

	<p>IND 3.1.7 Evidence that UNFPA supported partners to address sexual and reproductive health services for adolescents and youth multi-sectorally and mainstreamed into other services. (Activity 5 and 6 to Output 1)</p> <p>IND 3.1.8 Number of countries that have laws and policies that allow adolescents (regardless of marital status) access to sexual and reproductive health services (including contraceptives, HIV and GBV). (Activity 3 to Output 1 to Hypothesis a to Outcome A)</p> <p>IND 3.1.9 Evidence that UNFPA supported activities have increased ownership and sustainability (or potential sustainability) at national level (including improvement in policy environment, increased investment, replication, scaling up, and taking responsibility) for the availability of quality and integrated sexual and reproductive health services for adolescents and youth as a result of UNFPA support. (Output 1 to Hypothesis e to Outcome A)</p> <p>IND 3.1.10 Evidence of the use of multi-sector partnerships to increase sustainability and ownership. (Activity 5 to Output 1 to Hypothesis e to Outcome A)</p>	
<p>A3.2: UNFPA contributed to an increase in the availability and sustainability of sexual and reproductive health education and information for adolescents and youth.</p> <p><b>[Education/information]</b> (Outcome B)</p>	<p>IND 3.2.1 Evidence that UNFPA has developed the capacities of partners in countries to design and implement community and school based sexual and reproductive health education and information in alignment with international standards. (Activity 1,2,4 to Output 2)</p> <p>IND 3.2.2 Evidence of UNFPA's contribution to ensuring that national sexual and reproductive health education and information curricula are aligned with international standards. (Output 2 to Hypothesis c)</p> <p>IND 3.2.3 Number of countries in which national sexual and reproductive health education and information curricula are aligned with international standards. (Hypothesis c to Outcome B)</p>	<p><i>UNFPA documentation</i></p> <ul style="list-style-type: none"> <li>• UNFPA strategic and policy frameworks</li> <li>• UNFPA Country Program Documents (CPD)</li> <li>• UNFPA Country Program Action Plans (CPAP)</li> <li>• Country office Annual Reports (COARS)</li> <li>• Annual Work Plans (AWP)</li> <li>• UNFPA monitoring data, i.e. progress reports, annual reports, etc.</li> <li>• Past evaluations</li> </ul> <p><i>Other documentation</i></p> <ul style="list-style-type: none"> <li>• National Strategic Planning documents (National development plans, Line Ministries' plans)</li> <li>• National Strategies for adolescents and youth</li> <li>• Other relevant reports such as the NGO and national progress reports</li> <li>• Trend data on behavior change including condom use, delayed sexual debut; age at first pregnancy;</li> </ul>

	<p>IND 3.2.4 Evidence of UNFPA’s contribution to reductions in socio-cultural, legal, and gender barriers; facilitation of the engagement of parents, teachers and communities in sexual and reproductive health and reproductive rights education and information, and contribution to reaching in and out-of-school young people with sexual and reproductive health education and information.</p> <p>(Output 2 to Hypothesis d and f to Outcome B)</p> <p>IND 3.2.5 Evidence that sexual and reproductive health education and information activities have increased use of sexual and reproductive health services or changed sexual risk behaviors (i.e. adolescent pregnancy rates, uptake of condom use at last sex; etc.) as documented over the period in national or subnational epidemiological data. (Activity 3 to Output 2 to Hypothesis a, d &amp; f to Outcome B)</p> <p>IND 3.2.6 Evidence of UNFPA’s contribution to increasing the percentage of young women and men aged 15-24 who correctly identify ways of preventing the sexual transmission of HIV and who reject major misconceptions about HIV transmission (female/male). Availability of trend data. (Output 2 to Hypothesis d to Outcome B)</p> <p>IND 3.2.7 Evidence that UNFPA supported sexual and reproductive health education and information interventions were addressed multi-sectorally and mainstreamed into other programs and services, including more effectively addressing GBV for in and out-of-school adolescents and youth. (Activity 5 &amp; 6 to Output 2 to Hypothesis e, d and f to Outcome B)</p> <p>IND 3.2.8 Evidence that UNFPA supported activities have increased ownership and sustainability at national level (including improvement in policy environment, increased engagement and investment, replication, scaling up, and taking responsibility) for the availability of sexual and reproductive health education and information as a result</p>	<p>knowledge about HIV prevention.</p> <ul style="list-style-type: none"> <li>Peer reviewed scientific literature/studies/surveys</li> </ul> <p><i>Interview/FGD stakeholders/Survey</i></p>
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	of UNFPA support. (Activities 1-6 to Output 2 to Hypothesis e to Outcome B)	
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**EQ 4: Evidence-based policies and programs with specific priority for adolescent girls**

*To what extent has UNFPA contributed data for evidence-based policies and programs 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 programs?*

**Rationale for inclusion:** UNFPA is uniquely positioned to facilitate the collection and analysis of data to identify the needs of adolescents and youth in regions and countries, and to help local stakeholders use the data to define priorities and identify the most marginalized, including and in particular, the vulnerability of adolescent girls. Inherent in the international priorities including the Cairo Program of Action (UNFPA, 2014a) is the empowerment of adolescents and youth especially girls to make informed, independent choices about their sexual and reproductive health and wellbeing. Unless data is made available that examines the unique challenges adolescents and youth face, particularly girls, their plight will not be taken seriously and prioritized.

Through strategic use of data, UNFPA can influence public opinion which in turn can change policy, or help to meet the needs of adolescents and youth for services and education. Local partners often struggle to have nationally accurate data on adolescents and youth. UNFPA is uniquely positioned to fill this information gap to the benefit of adolescents and youth, particularly girls. There is an urgent need for more information (data) on the actual needs, expectations, and behaviors of young people, and the importance of engaging adolescents and youth, and youth-led organizations to meet these needs.

Data shows that adolescents and youth most in need are adolescent girls. Gender barriers limit their opportunities to education and often put them in a position for early marriage, childbearing before they are physically and emotionally ready. Subject to high rates of violence, some young girls enter their sexual and reproductive life too soon and unwantedly. Special attention is needed to better document the conditions of adolescent girls and prioritize their needs particularly in development policies and programs.

**Limitations:** Information can be threatening to some constituencies in countries, particularly those that do not recognize the rights and needs of adolescents and youth, particularly girls when considered independent from their families. Increased priority on adolescent girls thus necessitates the engagement of parents, schools and community leaders to eliminate social, cultural and gender barriers to empowerment of girls, and to enable adolescent girls to engage in programs that are aimed to support them.

While UNFPA can facilitate data collection and analysis, dissemination and use of data that is perceived as contrary to local values or beliefs can quickly be restricted. Advocacy, strategic partnerships and politics may be required to make information widely available. A focus on girls may threaten gender norms, and call into question legal, play or regulations that infringe on the rights of girls specifically. These external factors must be mitigated to advance the sexual and reproductive health R rights of adolescents and youth, especially girls. Importantly, national government and other stakeholders must value data and what it says about the needs of adolescent and youth. Increased investment is needed for better data collection that can be disaggregated and use for decision-making including increased emphasis and priority on programing for girls.



EQ 4. To what extent has UNFPA contributed to evidence-based policies and programs 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 programs?		
Effectiveness, Sustainability		
Assumptions to be assessed	Indicators	Sources of information
<p>A4.1 UNFPA contributed to increasing the priority given to adolescent girls in national development policies and programs. (Outcome C&amp;D)</p> <p><b>[Priority given in policies and programs for adolescent girls]</b></p>	<p>IND 4.1.1. Evidence that UNFPA has developed capacities of partners to design and implement comprehensive programs, engaged in advocacy and policy dialogue, and developed the knowledge base (through data, information, development of best practices and guidance documents) for an increased prioritization and investment in marginalized adolescent girls (particularly those at risk of child marriage and adolescent pregnancy) at country level in national development policies and programs. (Activity 1, 3 &amp; 4 to Output 3 &amp; 4 to Hypothesis i, g &amp; j to Outcome C)</p> <p>IND 4.1.2 Evidence of UNFPA support to building capacities of partners to analyze laws, policies and barriers affecting adolescents and youth and their rights in line with international standards. (Activity 1 to Output 3 to Hypothesis i to Outcome C)</p> <p>IND 4.1.3 Evidence that UNFPA developed/ is developing evidence-based programs (and scaling-up successful models) for marginalized adolescent girls particularly in the areas of child marriage and adolescent pregnancy. (Activity 1 &amp; 4 to Output 3 to Hypothesis g &amp; i to Outcome C)</p> <p>IND 4.1.4 Evidence that UNFPA utilized partnerships and mainstreaming to facilitate the engagement and participation of adolescent girls (as beneficiaries) and the support for their participation among parents, schools and communities. (Activity 5 to Output 3 to Hypothesis f &amp; j to Outcome C).</p> <p>IND 4.1.5 Evidence that UNFPA-supported participation of adolescent girls in programs increased the priority given to their needs and rights in national laws, policy, strategies and programs. (Activity 3 to Output 3 to Hypothesis j to Outcome C)</p> <p>IND 4.1.6 Number of countries that have health, social and economic asset-building programs that reach adolescent girls (Output 3 to Hypothesis j to Outcome C)</p>	<p><i>UNFPA documentation</i></p> <ul style="list-style-type: none"> <li>• UNFPA strategic and policy frameworks</li> <li>• UNFPA Country Program Documents (CPD)</li> <li>• UNFPA Country Program Action Plans (CPAP)</li> <li>• Annual Work Plans (AWP)</li> <li>• Country office Annual Reports (COARS)</li> <li>• UNFPA monitoring data</li> <li>• Past evaluations</li> </ul> <p><i>Other documentation</i></p> <ul style="list-style-type: none"> <li>• National Strategic Planning documents (National development plans, Line Ministries' plans)</li> <li>• National Strategies for adolescents and youth</li> <li>• Other relevant reports such as the NGO and national progress reports</li> <li>• Peer reviewed scientific literature/studies/surveys</li> </ul> <p><i>Interviews/FGD stakeholders/Survey</i></p>
<p>A4.2: Capacity was strengthened for</p>	<p>IND 4.2.1 Evidence that UNFPA has strengthened national capacities of</p>	<p><i>UNFPA documentation</i></p> <ul style="list-style-type: none"> <li>• UNFPA strategic and policy frameworks</li> </ul>

<p>collection, analysis and use of disaggregated adolescents and youth data.</p> <p><b>[Evidence-based advocacy /Data]</b></p>	<p>government and partners for the collection, analysis, and use of adolescents and youth data to influence the development of policies and multi-sector programs and investments that incorporate the needs of adolescents and youth, particularly adolescent girls. (Activity 4 to Output 4 to Hypothesis i &amp; h to Outcome D)</p> <p>IND 4.2.2 Evidence that UNFPA is using disaggregated data to better focus and target their support for adolescents and youth, especially the most vulnerable and marginalized. (Hypothesis g, i &amp; h to Outcome D)</p>	<ul style="list-style-type: none"> <li>• UNFPA Country Program Documents (CPD)</li> <li>• UNFPA Country Program Action Plans (CPAP)</li> <li>• Country office Annual Reports (COARS)</li> <li>• Annual Work Plans (AWP)</li> <li>• UNFPA monitoring data, i.e. progress reports, annual reports, etc.</li> <li>• Past evaluations</li> </ul> <p><i>Other documentation</i></p> <ul style="list-style-type: none"> <li>• National Strategic Planning documents (National development plans, Line Ministries’ plans)</li> <li>• National Strategies for adolescents and youth</li> <li>• Other relevant reports such as the NGO and national progress reports</li> <li>• Peer reviewed scientific literature/studies/surveys</li> </ul> <p><i>Interviews/FGD stakeholders/Survey</i></p>
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**EQ 5: adolescents and youth participation and leadership**

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

**Rationale for inclusion:** We are currently living in a generation with the largest group of young people in history. Some countries have well over half of their population under 30 years of age. There is an urgent need to build capacities and offer opportunities to these young people so they can create a better life for themselves, and for their families. They are a vital resource that needs to be focused positively to ensure good health, positive decision making, opportunity, and inclusion.

UNFPA is uniquely mandated to monitor progress on ICPD, and has the complementary, and challenging task of advancing sexual and reproductive health R for adolescents and youth. UNFPA has a particular role to play in advocating for adolescents and youth participation and leadership at country, regional and global levels. UNFPA investment in strengthening adolescents and youth organizations, networks and organizational structures will in turn build capacities of adolescents and youth themselves for meaningful participation and leadership in all matters that affect them. How well UNFPA uses its position largely affects how effectively the global adolescents and youth sexual and reproductive health agenda can be implemented. Investment in adolescents and youth leadership and participation generally will have a lasting impact of their sexual and reproductive health R in future.

**Limitation:** UNFPA may be constrained in some countries to sustainably push for adolescents and youth leadership, participation and empowerment, especially for marginalized and vulnerable adolescents and youth, and adolescent girls, for other political, economic or contextual factors outside of their control. The participation of young people can be threatening to national stakeholders, particularly governments, if their views differ radically from the adult perspectives about everything from citizenship, democracy, opportunity, to sexual and reproductive health R. To increase adolescents and youth mobilization, participation and

leadership, their advocates in civil society must be facilitated, and engaged in sexual and reproductive health issues. Government may want to limit participation and leadership to control adolescents and youth voice and power. UNFPA must balance advancing the position of adolescents and youth with government interests and even restrictions while keeping true to their mandate of youth empowerment within the ICPD agenda.

EQ 5. To what extent has UNFPA contributed to increasing adolescents and youth leadership, participation and empowerment, especially for marginalized and vulnerable adolescents and youth, particularly adolescent girls?		
Effectiveness, Sustainability		
Assumptions to be assessed	Indicators	Sources of information
<p>A5.1: UNFPA contributed to develop the capacities of youth advocates, strengthening adolescents and youth organizations, networks, and institutional structures that promote the leadership &amp; participation of adolescents and youth. (Output 5 to Outcome E)</p> <p><b>[adolescents and youth participation and leadership for sexual and reproductive health]</b></p>	<p>IND 5.1.1 Evidence that UNFPA has facilitated, through capacity development, advocacy, knowledge sharing, and partnerships, the skills training of youth advocates, the strengthening of adolescents and youth organizations and networks and the establishment of institutional structures to increase youth mobilization, leadership and participation at all levels. (Activities 1,3,4,5 to Output 5 to Hypothesis I to Outcome E)</p> <p>IND 5.1.2 Evidence of UNFPA support to representatives of youth organizations in planning, implementation, monitoring and evaluation of local, national, regional and global policies and programs. (Output 5 to Hypothesis k to Outcome E)</p> <p>IND 5.1.3 Evidence that increased support by UNFPA to strengthen civil society participation and youth mobilization results in greater priority given to sexual and reproductive health by adolescents and youth and their organizations and groups (Activity 5 to Output 5 to Hypothesis I &amp; k to Outcome E)</p> <p>IND 5.1.4 Evidence that UNFPA has developed capacity of partners to identify and facilitate the meaningful participation of adolescents and youth, particularly the most marginalized and vulnerable in program design and implementation. (Activity 1 to Output 5 to Hypothesis I to Outcome E)</p>	<p><i>UNFPA documentation</i></p> <ul style="list-style-type: none"> <li>• UNFPA strategic and policy frameworks</li> <li>• UNFPA Country Program Documents (CPD)</li> <li>• UNFPA Country Program Action Plans (CPAP)</li> <li>• Country office Annual Reports (COARS)</li> <li>• Annual Work Plans (AWP)</li> <li>• UNFPA monitoring data</li> <li>• Past evaluations</li> </ul> <p><i>Other documentation</i></p> <ul style="list-style-type: none"> <li>• National Strategic Planning documents (National development plans, Line Ministries' plans)</li> <li>• National Strategies for adolescents and youth</li> <li>• Other relevant reports such as the NGO and national progress reports</li> <li>• Peer reviewed scientific literature/studies/surveys</li> </ul> <p><i>Interviews/FGD stakeholders/Survey</i></p>

## EQ 6: Available, optimized and efficient use of resources, and management

*To what extent were resources (human, financial, administrative) available, optimized and utilized to achieve the expected results in relation to UNFPA support to adolescents and youth?*

**Rationale for inclusion:** Coherence and flexibility between global strategies and how resources (financial and human) are made available, optimized and used at all levels is determined by how efficiently UNFPA uses them for policy development and programming. This is readily apparent through the review of how resources have been allocated over time and how they have been distributed between targeted and mainstreamed activities within the country and regional programs. Optimization involves the minimization of transaction costs by expedient use of available resources without delays. Resource distribution plays a significant role in ensuring that the strategic priorities of UNFPA including reaching the most vulnerable and marginalized are achieved. To make those decisions, and facilitate appropriate distribution of funds between programs, UNFPA staff must be familiar with the adolescents and youth program, and have the skills needed to navigate the budget terrain to ensure efficient use of available resources, and when necessary, leveraging funds to fill funding gaps and new needs. Putting in place skilled human resources in regional and Country offices is critical to achieving success.

Ensuring efficiency within the program requires not only skillful management of resources, but also ensuring the best use of resources available. Rationale use of resources within the workflows also requires close attention to the growing body of knowledge available as evidence of what works and what does not work in achieving program objectives. In particular, attention to monitoring and evaluation data can inform existing programs to be more effective and efficient, while greater support and cooperation between global, regional and Country offices to efficiently provide training, translation, adaptation and support on technical issues contributes to reducing the need for external – often costly – expertise, when significant knowledge and expertise exists in-house.

Translating global guidance and support to regional and country levels, however, often requires strengthening Country office capacity to address adolescents and youth issues in new thematic areas. Getting the Regional office and partners to take up this role may require strengthening regional dynamics (of partners and beneficiaries) to support adolescents and youth programming at country level and ensure ownership and the durability of effects. This will require that the global and Regional office assist countries to adapt and implement global guidance and approaches for better adolescents and youth programming. Efficient use of all technical and other resources includes using existing tools and support available within UNFPA as thoroughly as possible to limit additional expense and time allocation required to implement programs.

Within UNFPA and in partnership with other programs, one way to achieve efficiency in program implementation is by mainstreaming adolescents and youth into other existing programs such as maternal and neonatal health, family planning or HIV/AIDS programs. Furthermore, to support comprehensive multi-sectoral interventions and innovations with replication potential at country level, programs must share best practice and relevant information. When successful models are identified, UNFPA must support scale-up by means of advocacy and technical support. Through effective partnership mechanisms that engage multiple stakeholders including representatives of marginalized and vulnerable adolescents and youth groups, greater ownership and sustainability of successful programs can be achieved.

**Limitations:** Control of financial allocations and disbursements may not be possible for adolescents and youth country program officers, especially if the CO is facing other priorities. Likewise, staff posting and securing of qualified adolescents and youth program officers in some countries and regions may be more

difficult than in others depending on availability among other factors. Collaboration between countries and regions, as well as among other development partners for efficiency gains relies on external partners' willingness and interest in collaborating. It also requires the elimination of unnecessary administrative barriers for the efficient programming of available resources in a timely manner. Efforts must be made to secure cooperation and cohesion between potential partners to ensure efficient use of resources. When resources are limited, staff may reduce funds for monitoring, sharing and documentation of best practice. These reductions however break the program implementation cycle and the learning opportunity the monitoring and evaluation of a project or program can have to inform future replication or scale-up.

EQ6: To what extent were resources (human, financial, administrative) available, optimized and efficiently utilized to achieve the expected results in relation to UNFPA support to adolescents and youth?		
Efficiency, Management		
Assumptions to be assessed	Indicators	Sources of information
<p>A6.1 Human and financial resources for adolescents and youth support were available and optimally (transaction costs, transaction time) used during the period under evaluation</p> <p><b>[Financial and human resources]</b></p> <p><i>(Note: the term "resources" includes human, financial, expertise, advice and guidance, staff time, institutional arrangement and systems, administrative costs, etc.)</i></p>	<p>IND 6.1.1 Evidence that the resources were available; transaction costs and administration were minimized; evidence that the resources were received on time, and well executed to meet the planned objectives at country, regional and global levels for targeted or mainstreamed adolescent and youth support through the period 2008-2014.</p> <p>IND 6.1.2 Evidence of resource utilization patterns including implementation rates; evidence of problems associated with utilization due to administrative constraints or deficiencies at UNFPA level, problems with absorption capacity of counterpart institutions, or other issues.</p> <p>IND 6.1.3 Evidence that UNFPA has put in place skilled human resources at all levels to facilitate programming and implementation for adolescent and youth interventions.</p>	<p><i>UNFPA documentation</i></p> <ul style="list-style-type: none"> <li>• UNFPA Atlas financial information</li> <li>• Country office Annual Reports (COARS)</li> <li>• ToR of program officers in adolescents and youth</li> <li>• Information on human resources</li> <li>• Documentation of human resource trend data registering staff with &lt;5 years vs. &gt;5 years in the adolescents and youth position or with adolescents and youth responsibilities.</li> </ul> <p><i>Other documentation</i></p> <ul style="list-style-type: none"> <li>• Annual reports from implementing partners, audit reports and monitoring reports</li> </ul> <p><i>Interviews/Survey</i></p>

<p>A6.2: UNFPA has adequate systems (including monitoring and evaluation) to gather data, evidence and lessons learned at all levels on multi-sectoral, innovative, successful, replicable models/programs to support the design and implementation of UNFPA interventions in the area of adolescents and youth.</p> <p><b>[Learning organization]</b></p>	<p>IND 6.2.1 Evidence that adequate systems are in place that enable integrated access to and management of finances and access to substantive information for monitoring and reporting purposes.</p> <p>IND 6.2.2 Evidence that UNFPA collects, analyses, uses and disseminates data, scientific evidence and lessons learned to improve adolescents and youth interventions.</p> <p>IND 6.2.3 Evidence of UNFPA collecting good practices and successful models, and using them to inform the design and replication of similar interventions in other settings.</p>	<p><i>UNFPA documentation</i></p> <ul style="list-style-type: none"> <li>• UNFPA Atlas financial information</li> <li>• Country office Annual Reports (COARS)</li> <li>• ToR of program officers in monitoring and evaluation</li> <li>• Information on human resources</li> <li>• Documentation of human resource trend data registering staff with &lt;5 years vs. &gt;5 years in the adolescents and youth position or with adolescents and youth responsibilities.</li> <li>• Past evaluations</li> </ul> <p><i>Other documentation</i></p> <ul style="list-style-type: none"> <li>• Annual reports from implementing partners, audit reports and monitoring reports</li> <li>• Peer reviewed and grey literature</li> <li>• Local and regional reports, publications and documentation</li> </ul> <p><i>Interviews/Survey</i></p>
<p>A6.3: UNFPA global and Regional offices have provided sufficient advice, guidance and training to COs to facilitate work flows, and build their capacity to plan, implement, monitor and mainstream adolescent and youth interventions.</p> <p><b>[Translation and mainstreaming]</b></p>	<p>IND 6.3.1 Evidence that UNFPA adolescents and youth strategic priorities are reflected in other UNFPA thematic strategic and program approaches and documents when referring to adolescents and youth (i.e. concurrence between strategic approaches that involve youth in the various thematic areas).</p> <p>IND 6.3.2 Evidence that UNFPA global and Regional offices have developed the capacity of UNFPA Country offices to adapt and implement adolescents and youth interventions as outlined in the Strategic Plan through the provision of technical assistance, guidance, generic documentation that can then be adapted to the local context in terms of training, planning, implementation, mainstreaming and monitoring and evaluation.</p> <p>IND 6.3.3 UNFPA (HQ and RO levels) have produced guidance and provided support to CO to incorporate human rights, gender responsive and</p>	<p><i>UNFPA documentation</i></p> <ul style="list-style-type: none"> <li>• UNFPA strategic and policy frameworks</li> <li>• UNFPA Country Program Documents (CPD)</li> <li>• UNFPA Country Program Action Plans (CPAP)</li> <li>• Country office Annual Reports (COARS)</li> <li>• Annual Work Plans (AWP)</li> <li>• Past evaluations</li> </ul> <p><i>Other documentation</i></p> <ul style="list-style-type: none"> <li>• Reports and websites of partners and donors</li> <li>• Peer reviewed scientific literature</li> <li>• UN and partner agencies /banks reports/documents</li> </ul> <p><i>Interviews/Survey</i></p>

	culturally sensitive approaches into programming in the area of adolescents and youth [Translation]	
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**EQ 7: Partnership, coordination and comparative advantage**

*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 program countries for advancing adolescents and youth policies and programs?*

**Rationale for inclusion:** UNFPA is a global leader in policy-development and programming for adolescents and youth with a focus on their sexual and reproductive health and reproductive rights. Since 1994, UNFPA was mandated to monitor and advance the implementation of ICPD annually through the Commission on Population and Development among other global, regional and national mechanisms (UNFPA, 2014a). In this capacity, UNFPA is mandated to provide technical assistance, advocate for, and monitor the full implementation of the Cairo Program of Action in which adolescents and youth sexual and reproductive health and rights are fundamental (UN, 2014e; UNFPA, 2014a).

UNFPA is uniquely positioned to advance the international debate and consensus on the need to improve the health, development and opportunities for adolescents and youth. UNFPA plays this role on behalf of, and in partnership with WHO, UNESCO, UNICEF, UN Women and others sister UN organizations. In recent years, emphasis on youth participation, leadership, youth friendly health services, sexual and reproductive health education and information, and a special focus on adolescent girls and other marginalized and vulnerable populations are among the issues UNFPA has fought for, and largely advanced on the global agenda.

UNFPA’s global advocacy, strategic guidance and actions should be reflected in UN and donor partner adolescents and youth portfolios. Likewise, the integration of the cross cutting principles listed above, should also give impetus for other partners and stakeholders to priorities these issues with similar importance and commitment.

In its leadership role, UNFPA is expected to facilitate coordination and implementation through its convening power, technical assistance, south-south and triangular cooperation and national capacity building for greater ownership and sustainability. UN Development Assistance Frameworks (UNDG, 2010), the United Nations System-wide Action Plan on Youth (Youth-SWAP) (UN, 2012j) and other mechanisms (OECD, 2008) to ensure UN and donor coherence all call for greater efficiency gains within and between donors collectively to make use of limited resources.

Coordination and partnership on national programs and approaches with government and other stakeholders is also critical to sustainability. UNFPA strengthens country capacities by putting partners in the driving seat of interventions and building coalitions of actors to ensure that progress on the adolescents and youth agenda is a common objective. Coordination and sustainability also can benefit from strategic use of regional resources through South-South or triangular cooperation (UNDP, 2014) to maximize program implementation.

As the technical UN agency charged with advocating and supporting implementation, UNFPA can hold a comparative advantage to facilitate the creation of an enabling policy environment and assist governments and other partners to better adapt strategies and approaches as needed. UNFPA should play this role on behalf of the adolescents and youth community at all levels, and key stakeholders have come to rely on them to play that role.

**Limitations:** The heightened focus of UNFPA strategic approaches should be apparent at country level through the support not only of UNFPA but also other international partners. A limitation in observing this political influence may be that the timing of international partner’s agenda setting may not allow for the reflection of their commitments into their strategic priorities in the short term. Evidence of UNFPA’s leadership or influencing thus may be difficult to observe, and or to make a contributory link because UNFPA is not the only advocate for adolescents and youth programming.

In country, UNFPA partners with the government and other stakeholders. This partnership may be collaborative or more challenging based on the political, social or religious climate around adolescents and youth programming. How well UNFPA overcomes such challenges will heavily affect the outcome of their efforts. In some contexts, past or historic controversies or conflicts related to adolescents and youth programming may render progress difficult.

EQ7: 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 program countries for advancing adolescents and youth policies and programs?		
Partnership, Coordination, Comparative Advantage		
Assumptions to be assessed	Indicators	Sources of information
<p>A7.1: UNFPA has provided technical and political leadership for advancing the global, regional and national adolescents and youth agendas.</p> <p><b>[UNFPA leadership and visibility]</b></p>	<p>IND 7.1.1 Evidence that UNFPA has influenced recent advances in the global agenda for adolescents and youth such as the explicit inclusion of UNFPA priority issues into the CPD or CSW resolutions, the UNGASS, SDGs and the regional consultative process leading up to the post MDGs.</p> <p>IND 7.1.2 Evidence of new concepts and frameworks, as agreed in international consensus documents, reflected in UNFPA documents and publications.</p> <p>IND 7.1.3 Evidence that UNFPA priorities are shared by other stakeholders through common aims, objectives and approaches.</p> <p>IND 7.1.4 Evidence of an increased visibility for UNFPA as a prominent convener on issues pertinent to adolescents and youth, and particularly adolescent girls and their rights.</p>	<p><i>UNFPA documentation</i></p> <ul style="list-style-type: none"> <li>• UNFPA strategic and policy frameworks</li> <li>• UNFPA Country Program Documents (CPD)</li> <li>• UNFPA Country Program Action Plans (CPAP)</li> <li>• Country office Annual Reports (COARS)</li> <li>• Annual Work Plans (AWP)</li> <li>• Past evaluations</li> </ul> <p><i>Other documentation</i></p> <ul style="list-style-type: none"> <li>• Reports and websites of partners and donors</li> <li>• Peer reviewed scientific literature</li> <li>• UN and partner agencies /banks reports/document</li> </ul> <p><i>Interviews/Survey</i></p>

	<p>IND 7.1.5 Evidence that UNFPA has provided technical and political leadership to advance the regional and national adolescents and youth agenda. Evidence that UNFPA actively participates on regional and national task forces, teams or other mechanisms related to adolescents and youth strategic priority setting, programming and funding.</p> <p>IND 7.1.6. Evidence of missed opportunities for UNFPA for greater visibility and to advance the adolescents and youth agenda.</p> <p>IND 7.1.7 List of UNFPA’s comparative strengths and advantages in working on adolescents and youth as perceived by stakeholders.</p>	
<p>A7.2: UNFPA has facilitated coordination, multi-sectoral partnerships, and South-South collaboration by promoting and utilizing synergies at country, regional and global levels.</p> <p><b>[Partnership and coordination]</b></p>	<p>IND 7.2.1 Evidence of UNFPA support / promotion of the use of existing donor coordination mechanisms (or their establishment when necessary), pooling of resources, and interaction amongst partners for support of adolescents and youth initiatives (at country, regional and global level).</p> <p>IND 7.2.2 Evidence that UNFPA has managed and facilitated fundraising, leveraging, and synergies among government, partners, donors and others to support adolescents and youth interventions at all levels.</p> <p>IND 7.2.3 UNFPA has contributed to the coordination of stakeholders' efforts, use of participatory approaches, facilitated multi-sectoral partnerships and limited overlap between UNFPA supported activities and those of other donors to advance adolescents and youth at regional and country levels. (Evidence of coherent division of labor for the advancement of adolescents and youth.)</p> <p>IND 7.2.4. Evidence of relevant stakeholders at global, regional and national level that perceive UNFPA as a key partner in the area of support to adolescents and youth.</p>	<p><i>UNFPA documentation</i></p> <ul style="list-style-type: none"> <li>• UNFPA strategic and policy frameworks</li> <li>• UNFPA Country Program Documents (CPD)</li> <li>• UNFPA Country Program Action Plans (CPAP)</li> <li>• Country office Annual Reports (COARS)</li> <li>• Annual Work Plans (AWP)</li> <li>• Past evaluations</li> </ul> <p><i>Other documentation</i></p> <ul style="list-style-type: none"> <li>• UN and partner agencies /banks reports/documents</li> <li>• Reports and websites of partners and donors</li> <li>• Peer reviewed scientific literature</li> </ul> <p><i>Interviews/Survey</i></p>

	IND 7.2.5. Evidence that UNFPA promoted opportunities for South - South cooperation to facilitate the exchange of knowledge and lessons learned to develop capacities in program countries for more effective policies and programs in adolescents and youth.	
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### 4.3 Methods and Tools

Data will be collected for each evaluation question using both qualitative and quantitative methods. For each evaluation question and sub-question, there are at least three different methods from which information will be collected. An overview of which methods will provide data for each evaluation question is available in the evaluation matrix. This will allow for triangulation and therefore validation of data.

Data collection methods are summarized below. In Annex 3 and 4, protocols for each method and the respective data collection tools are presented. Interview guides are available for each target stakeholder group (see stakeholder mapping below).

#### 4.3.1 Stakeholder Mapping

**Six categories of stakeholders** have been identified as priority groups from which information will be sought:

1. **UNFPA Staff** including adolescents and youth focal points and other key staff working on adolescents and youth programming at all levels (country, regional, global);
2. **Member States** (including case study country governments, countries with strong adolescents and youth programmes, and donor countries)
3. **UN Organizations** at global, regional and national level.
4. **Implementing Partners** (international and local NGOs and others stakeholders that are UNFPA funding recipients).
5. **Adolescents and youth Stakeholder Organizations** (non-beneficiary). These stakeholders include (but are not limited to) the private donor community, international NGOs, academia.
6. **Beneficiaries including adolescents and youth leaders**, volunteers, and youth led organizations (adolescents and youth playing a role in UNFPA programs).

A global review of adolescents and youth stakeholders has been done for the purposes of this Inception report. A specific mapping of stakeholders by grouping will be done for each case study. This information will be presented in each specific country case study report, and then collectively presented in the Final Report. For more information on the stakeholder mapping please see Annex 8.

#### 4.3.2 Document Review

Document review constitutes one of the most important data sources for the evaluation which includes 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 (thematic, CPEs and RPEs) and reports. All documents will be reviewed and relevant information extracted into a document analysis table by evaluation question it pertains to and by level of analysis (global, regional or country level). Results of the document review will serve as the basis of

the case studies and will complement analysis of the results of the online survey. A document extraction table will be used for the development of each country case study report (for country or region specific documentation), and then comprehensively for the Final Report as an analysis tool.

#### **4.3.3 Financial Data Collection**

A study of the UNFPA financial information on adolescents and youth implementation based on Atlas was conducted by the Evaluation Office in the preparatory phase of the evaluation. Atlas is a program and financial management tool that provides information on UNFPA interventions. For the purpose of this study, youth and adolescent projects/activities were defined as activities that were either coded with a youth or adolescent code, had a youth or adolescent related implementing partner or fund code, or a project title that was youth or adolescent related. Activities were also coded as youth and adolescent activities, based on a youth and adolescent keyword search. For these activities, many of which were embedded as part of non-identified youth and adolescent projects, only specific adolescent and youth activities were included.

Adolescents and youth interventions spanned numerous UNFPA outcome codes throughout the 2008-2013 periods as outcome codes changed with each new Strategic Plan.

For the purposes of the evaluation, the financial data will be used to indicate trends in spending over the period. Financial data will therefore be analyzed and reported separately within the final report and also used as secondary data in the analysis of program efficiency, effectiveness and sustainability.

#### **4.3.4 Global, Regional and Country Case Studies**

The field and desk studies will provide a more in-depth view of adolescents and youth programs, successes and challenges, and will allow to capture best practices. UNFPA selected the case studies (field and desk) based on programs which offer the greatest learning potential for adolescents and youth programs in future (see section for case study selection methodology). The field case study methodology includes site visits, documentary review, interviews and focus groups. Desk case studies will use similar data collection methods as the field case studies, however interviews will be limited and conducted virtually (e.g. email, Skype, telephone). At global and regional level, interviews will be conducted either in regions, New York, or at international meetings where a meeting can be arranged between the evaluators and the stakeholder. Given the mobility of international staff, this will afford the team more opportunity and efficiency gains in meeting numerous stakeholders in a short period of time.

#### **Global Case Study**

The global case study aims to capture the role UNFPA HQ plays in advancing the adolescents and youth agenda globally, particularly in terms of policy influencing, strategic partnerships and leadership, and importantly, on the translation process of global guidance to multiple stakeholders including partners, regions, and country programs. The global case study will focus on the role of UNFPA as a global leader in advancing the adolescents and youth agenda as set forth in the ICPD and its follow up documents such as in the CPD 2012, as well as other global and regional consensus documents. The relevance, effectiveness and sustainability of UNFPA efforts will be assessed by the degree to which they have contributed to influencing partner government, international organizations, donors, academia, and NGOs to take up the issues highlighted in the global adolescents and youth consensus, evidence base and documentation of best practices. Results of the case study will also reflect on how the MDGs have influenced UNFPA's activities related to adolescents and youth and how, in turn, UNFPA efforts are now being reflected in the SDGs.

Specifically, the global level case study will focus on four specific areas of operation:

- Implementation of the UNFPA results framework at global level. The case study will assess how well global strategic priorities as defined in the UNFPA planning and strategic documents (see Table 2) have been supported by HQ and had an effect on the global adolescents and youth agenda and its implementation.
- Coordination and partnerships for programming at global level. The case study will assess whether adolescents and youth programming and partnerships developed and advanced by HQ has helped to create technical capacity, dialogue and a favorable policy environment for advancing adolescents and youth issues internationally and within regions and countries.
- Advocacy and normative work. The case study will assess UNFPA HQ's contribution to advancing adolescents and youth Human Rights and the full implementation of ICPD for adolescents and youth as a global priority. Special attention will be paid to how UNFPA worked with partners (bilateral and other international stakeholders) to advocate for greater attention, priority, and funding for adolescents and youth leadership, participation and sexual and reproductive health R. UNFPA's normative efforts to advance adolescents and youth should be reflected in how adolescents and youth programming is done globally.
- Support to regions and countries directly and through south-south and triangular cooperation. The case study will assess HQ's support to regions and countries for the implementation of their adolescents and youth objectives through technical assistance, and capacity building for the implementation of UNFPA's adolescents and youth strategies over the period of investigation (2008-2014).

The case study will be looking into whether a balance was achieved between these areas of operation, and the contribution of HQ's programmatic and normative support to regions (and countries) for advancing adolescents and youth issues globally. For more information on the global case study protocol, see Annex 3.4.

### **Regional and country case studies**

At regional and country level, the case study will focus on three specific areas:

- Implementation of the UNFPA results framework at regional/country level. The case study will assess how well global strategic priorities as defined in the UNFPA strategy documents (see Table 2) have been translated into strategic priorities, actions and sustainable results at regional/country level.
- Coordination and partnerships for programming at regional/country level. The case study will assess whether regional/country adolescents and youth coordination and partnerships has helped to creating a regional/country technical capacity, dialogue and a policy environment for advancing adolescents and youth issues in the region and within countries.
- Support to countries/regions directly and through south-south and triangular cooperation. The case study will assess RO support to COs and their partners for the implementation of their adolescents and youth objectives through technical assistance, and building capacity. It will also assess support from sub-regional office to COs to implement the adolescents and youth Strategies over the period of investigation (2008-2014).

The case studies will be looking into whether a balance was achieved between these areas of operation, and the contribution of RO/CO programmatic and support in advancing adolescents and youth issues in the region/country.

The analysis of the selected three regional case studies and nine country case studies (6 field/3 desk) will be informed by an analysis of the specificities of the local context. This will be done with the regional and country offices to establish a common yet differentiated understanding of the relative difficulty of implementing adolescents and youth programs in specific regions. This information will help the evaluation team better appreciate the relative success of the programs in the region and in countries. See Annex 3.3 for the Regional Case Study Protocol, and Annex 3.1 and 3.2 for the Country Case Study Protocol (desk/field).

All case studies (field and desk), will be informed by:

- an in-depth document review covering strategic documents, annual reports, past evaluations and assessments, portfolio of interventions, financial information, articles and other written materials from UNFPA and other stakeholders that report on the UNFPA adolescents and youth program in the country.
- Focus Groups Discussions (FGDs) with adolescents and youth leaders at country level will be done to contextualize and validate findings from other sources. Special attempts will be made to involve marginalized or vulnerable adolescents and youth leaders that are targeted by the program.
- Interviews with key stakeholders among UNFPA staff, partner organizations, implementing partners and other stakeholders will be organized to inform the evaluation.
- Observations will be conducted in key UNFPA supported services in each field case study to assess alignment of services to national and UNFPA standards for the provision of youth friendly services and sexual and reproductive health education and information.

Regional case studies will also be conducted using the document review method and interviews through live and/or virtual data collection methods.

Table 9 provides an overview of the expected number of stakeholders to be interviewed (approximately 52 stakeholders at global level, 171 stakeholders at regional level, and 473 stakeholders at country level for a total of 696 stakeholders to be consulted globally of which 229 will be adolescents and youth beneficiaries (30%).

<i>Level</i>	GLOBAL LEVEL					Number of Stakeholders*
<i>Method</i>	1. Interviews	2. Interviews	3. Interviews	4. Interviews	5. Interviews	
<i>Participants</i>	UNFPA HQ and selected RO staff	EB members; UN Organizations	Implementing partners (international NGOs, networks)	Other adolescents and youth stakeholders (Non-beneficiary)	adolescents and youth leaders from global networks	
<b>Total interviews, sample</b>	<b>17</b>	<b>16</b>	<b>8</b>	<b>4</b>	<b>6</b>	<b>51</b>
<i>Level</i>	REGIONAL LEVEL 2 field desk case studies / 1 desk case study					Number of Stakeholders*

<i>Method</i>	1. Interviews	2. Interviews	3. Interviews	4. eRoundtables		
<i>Participants</i>	UNFPA Regional office staff	EB members; UN Organizations	Regional Implementing partners	adolescents and youth Leaders		
<b>Total interviews &amp; roundtable participant, sample</b>	<b>30</b> (10 x 3 ROs)	<b>18</b> (6 x 3 ROs)	<b>18</b> (6 x 3 ROs)	<b>126</b> (7 eRoundtables by language group x 18 participants each)		<b>192</b>
<i>Level</i>	<b>COUNTRY LEVEL</b> 6 field case studies / 3 desk case studies					<b>Number of Stakeholders*</b>
<i>Method</i>	1. Interviews	2. Interviews	3. Interviews	4. FGDs	5. Online Survey	
<i>Participants</i>	UNFPA Country office staff	UN organizations, government, adolescents and youth stakeholder organizations	Implementing partners (INGOs, NGOs, CBOs)	adolescents and youth Leaders	All COs (through the adolescents and youth officer)	
<b>interviews per case study</b>	6 per field/ 2 per desk case study	16 per field case study	6 per field case studies	3 FGDs x 8 participants per field case study	na	
<b>Total, all case studies</b>	<b>36</b> (field); <b>6</b> (desk)	<b>96</b> (field)	<b>36</b> (field)	<b>144</b> (field)	<b>129</b>	<b>441</b>
<b>Grand total number of stakeholders to be consulted N= 640 ( 252 adolescents and youth )</b>						
<i>*Numbers represent minimum number of stakeholders to be consulted</i>						

Table 8: Overview of data collection tools

#### 4.3.5 Global Online Survey

The aim of the online survey is to gain an overview of the status of adolescent and youth programs across all UNFPA countries and to document key lessons learned. The survey is fully aligned with the other data collection instruments and will complement the data collected from the country, regional and global case studies.

To ensure the views of all UNFPA country offices are taken into account, an invitation to participate in this online survey will be sent to all UNFPA country offices.

The content of the questionnaire covers all questions of the evaluation matrix, with a specific focus on the country setting. At the end of the survey the country office will be asked to provide contact details of youth leaders (involved in UNFPA activities) from their countries who would be suitable to participate in the Youth eRoundtables.

A web-based tool (SurveyMonkey®) will be used to manage the data collection process; the questionnaire will be available in English, Spanish and French. Data will be analyzed using STATA and excel graphics. For more information, see Annex 4.7.

#### 4.3.6 eRoundtables

Virtual roundtables with youth leaders from all UNFPA regions will be conducted using the open-source platform Moodle. The roundtables have the purpose to: i) validate the assumptions as outlined in the evaluation matrix through the voices of youth and adolescents themselves; ii) collect success stories and lessons learnt; iii) gather recommendations from youth leaders; iv) and, if available, share photos, videos and other documents illustrating their work in countries and regions supported by UNFPA. The eRoundtables will serve as a validation tool for the findings from the document review, interviews and FGDs conducted for the case studies and the survey. For a full overview of the protocol and preliminary discussion guide, see Annex 4.8.

A total of 258 youth leaders (gender balanced) per region by language group will be contacted to participate in these eRoundtables. It is anticipated to convene the following roundtables: Latin America and the Caribbean Region (1 English, 1 Spanish), Asia and the Pacific Region (1 English), East and Southern African Region (1 English), Eastern Europe and Central Asian Region (1 Russian), West and Central African Region (1 French) and Arab States Region (1 Arabic). A total of seven closed discussion forum will be established (representing each region and language) while each forum will be led by a youth moderator of the respective region. It is expected that one roundtable will take approximately two hours. In total a 24-hour timeframe will be set for all roundtables, delivering all contributions of the participants the very next day. The findings will complement results from the case studies and will reflect the voice of youth leaders from all regions. See Annex 4.8 for more details.

## 4.4 Case Study Sample Selection

The Evaluation Office conducted an analysis for the case study selection in the preparatory phase which included a multi-indicator needs assessment of all UNFPA country offices grouped by regions. The health and development indicators were selected in consultation with Technical Division (TD) to provide a general overview of the status of development in the country, and specifically, the situation of adolescents and youth. Weights were assigned proportional to the estimated importance of the indicator.

Table 9: Multi indicator needs analysis

INDICATOR	Weight
Gini Coefficient, 2003-2012	10%
Proportion of population 15-24 years (%), 2010	5%
Population of 15-24, Both Sexes, Combined, 2010, Estimates Thousands	5%
Adolescent birth rate (number of births per 1,000 girls 15-19 years), National	12%
HIV prevalence (%), National, 2009	12%
Contraceptive prevalence (%), National	12%
Population with at least some secondary education, (% aged 25 and above), Female, 2005-2012	5%
Population with at least some secondary education, (% aged 25 and above), Male, 2005-2012	5%

Human Development Index, 2013	12%
Gender Inequality Index, 2013	12%
Government effectiveness, 2012 rank	10%

Countries were first ranked according to the Multi-Indicator Needs Analysis and subsequently according to needs. Figure 31 provides an example of the needs assessment ranking for the Arab States region (ASRO).

Figure 31: Needs Indicator Analysis without expenditure data (ASRO example)

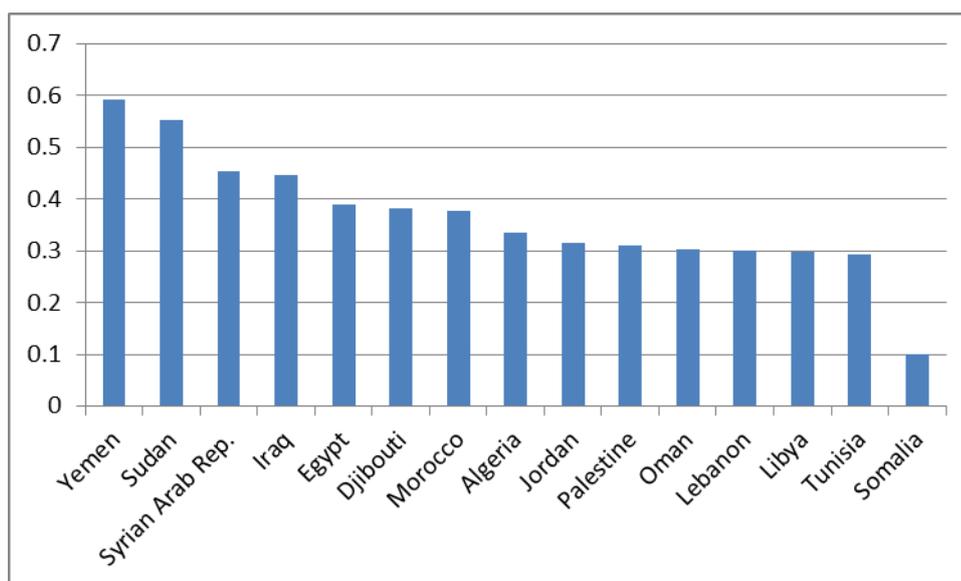
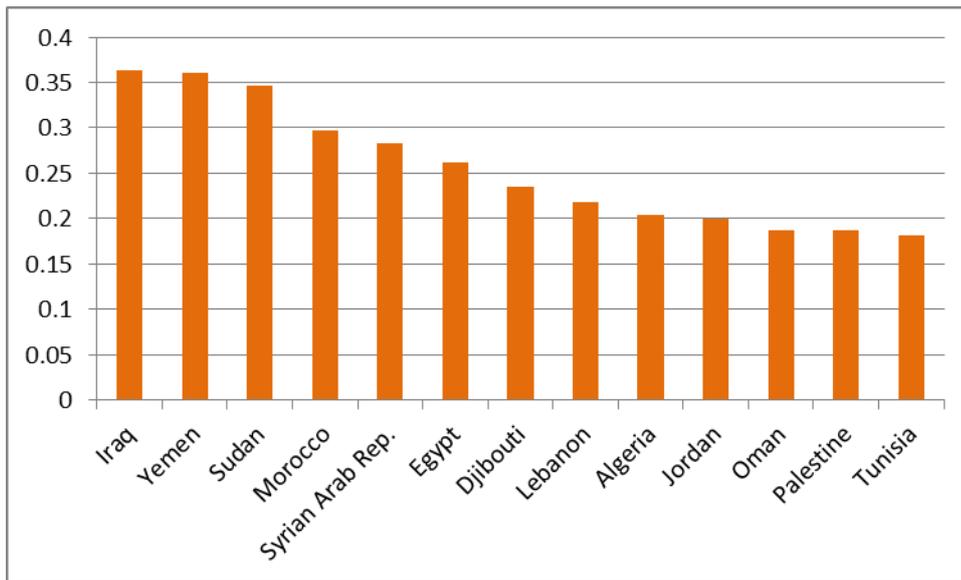


Table 10: Multi-Indicator Analysis (expenditure figures included)

INDICATOR	Weight
Expenditure on adolescents and youth 2012-2013 (U6 code only)	20%
Expenditure on adolescents and youth 2008-2011	20%
Gini Coefficient, 2003-2012	6%
Proportion of population 15-24 years (%), 2010	3%
Population of 15-24, Both Sexes, Combined, 2010, Estimates Thousands	3%
Adolescent birth rate (number of births per 1,000 girls 15-19 years), National	7.2%
HIV prevalence (%), National, 2009	7.2%
Contraceptive prevalence (%), National	7.2%
Population with some secondary education, (% aged $\geq$ 25), Female, 2005-2012	3%
Population with some secondary education (% aged $\geq$ 25), Male, 2005-2012	3%
Human Development Index, 2013	7.2%
Gender Inequality Index, 2013	7.2%

Based on an expenditure analysis conducted using the UNFPA ATLAS database, countries' expenditure was calculated for adolescents and youth programming (see description of the financial analysis methodology described in Annex 11). Expenditure measures were added to the needs assessment and given greater proportional weight (see Table 10). Relative weights were assigned based on consultation with Technical Division. The combined indicator table (including the expenditure data) was then ranked offering insight into the distribution of UNFPA resource allocation. This ranking was the presented for countries by region. In this example, Egypt remained in 5<sup>th</sup> position after inclusion of expenditures for the region.

Figure 32: Needs Indicator Analysis with expenditure data (ASRO example)



Additional criteria further informed the purposeful selection of country case studies, which included whether the country programme had recently been evaluated, was currently a case study country for another concurrent evaluation (family planning and the census) and whether the CO expressed an interest in having the evaluation in their country. The exercise was done for all regions and countries where UNFPA has an adolescents and youth program.

Furthermore, case studies selected should be illustrative for the region as either a big country with a robust program, or a smaller country with greatest need. The case studies selected are presented in the table below.

Table 11: Selected case studies

Country Case Studies	
<i>Field</i>	<i>Desk</i>
Egypt (pilot) (ASRO)	Lao PDR (APRO)
Kyrgyzstan (EECARO)	Mozambique (ESARO)
Ethiopia (ESARO)	Niger (WCARO)
Nicaragua (LACRO)	
Nepal (APRO)	
Ivory Coast (WCARO)	
Global and Regional Case Studies	
<i>Field</i>	<i>Desk</i>
APRO (Bangkok)	ESARO (Johannesburg)
LACRO (Panama)	
Global (New York)	

## 4.5 Data Collection Limitations

While the evaluation aims to cover all research questions equally and thoroughly, data limitations may limit the generalizability of results. Table 12 outlines potential data limitations that may be encountered and mitigation strategies that could be considered.

Table 12: Data source limitations and mitigation strategies

Data Source	Limitations	Mitigation strategies
Document review	The quality and completeness of documentation provided at global and regional level varies. Country documentation is sometimes in local languages making assessment difficult. A thorough review will allow a better assessment of the documentation available. Some country level activities, particularly those implemented years ago have not been well documented nor evaluated leaving gaps in institutional knowledge on the program in case study countries.	The Evaluation and Country offices will be solicited to provide additional documentation or explanations as needed. Additional literature will be sought external to UNFPA to provide alternative sources of information where data gaps exist or require external validation
Financial Analysis	The Atlas System has considerable limitations. It has changed codes over the period with specific coding for adolescents and youth implemented only half way through the evaluation period. Atlas is self-reported data and thus may be biased or contain errors and is not standardized in reporting.	While Atlas data undoubtedly contains some errors, the volume of data is sufficient to provide trend data and patterns of expenditure. Atlas results will be cross checked with country offices in field case studies offering an opportunity to check the validity of the data.
Online survey	Response to the survey by Country offices may be uneven or incomplete. Analysis across countries and regions will depend on response rates. Information provided will also depend on the experience of the adolescents and youth program officer answering the survey questionnaire.	The evaluation team will follow up and solicit additional information should countries not report or provide too little information. adolescents and youth officers/focal points will be asked to gather information from various colleagues should he/she not have the answers at hand.
Case studies	The quality of the desk and field case studies depends on the availability of documentation and stakeholders to be interviewed.	The evaluation office and the evaluation team will make all efforts to communicate effectively with the ROs and COs to facilitate the organization of the interviews needed.
eRoundtables	Roundtable participation is voluntary. After being invited, they will be asked to participate actively. The quality of the discussions will depend on their engagement.	The evaluation team will encourage and solicit participation actively. If necessary, ROs and COs will be asked to also encourage involvement.

## 4.6 Analysis Framework

The proposed methodology aims to ensure that credible answers can be provided to the evaluation questions based on verifiable evidence. To facilitate understanding of UNFPA's strategies a Theory of Change (TOC) has been elaborated to explain the change pathways of UNFPA's strategic approaches from activities to outputs and ultimately the medium-term outcomes it hopes to contribute to. The TOC is a representation of the organization's concept of how change occurs, and underlies intervention design (UNEG 2011). The Theory of Change as conceptualized for this evaluation, builds on the TOC developed for the current UNFPA Strategic Plan (2014-2017) and the UNFPA Strategy on Adolescents and Youth (2012-2020); the TOC attempts to incorporate the primary strategic directions put forward in the previous strategic plans and strategies<sup>17</sup>.

Guided by the current Strategic Plans and informed by past strategies and plans, this reconstruction of the TOC focuses the evaluation questions on change pathways including assumptions inherent within the logical model. This reconstruction includes five pathways following the current Strategic Plan's primary outcomes. The TOC proposed is a working tool to better understand how the various activities or modes of engagement for the period 2008 to 2014 are expected to contribute to outputs and ultimately outcomes and to investigate how effectively results are achieved (and risks mitigated; assumed barriers overcome) through UNFPA's contribution and support at all levels. In short, the TOC maps the logical pathway of how UNFPA works to achieve its outcomes and outputs with the modes of operations it employs. This necessarily includes how UNFPA will intervene, at which levels, what external and internal factors have to be considered, and ultimately how UNFPA expects change to happen over time. (See Chapter 3 for more information on UNFPA Strategies and the TOC.)

A **contribution analysis** will be used to identify changes in adolescents and youth programming, policy and the enabling environment and UNFPA's contribution to those changes over the period in accord with the distinction between attribution and contribution made in the UNEG Standards for Evaluation. Contribution analysis helps to reduce uncertainty about the contribution an intervention is making. It helps to understand why results did or did not occur, and the roles played by the intervention and other influencing factors. (UNEG 2005)

Evaluation questions set within the change pathway will be tested to assess where change has taken place and where activities have yielded perhaps other unexpected/unintended (positive or negative) effects. In the process, the evaluation will assess UNFPA's contribution to the change observed along the pathways: when UNFPA's contribution is unclear, additional evidence and investigation will be gathered to clarify how change is happening or not. The results of the investigation will allow to test the reconstructed TOC and the assumptions therein. Judgment will be based on data responding to the indicators set forward in the Evaluation Matrix. By triangulating all data from all sources, a comprehensive picture should emerge on the validity of the reconstructed TOC, and UNFPA's contribution to the change observed.

The analysis process of the evidence gathered will result in:

- a synthesis of achievements, lessons learned, and challenges at global, regional and country level;
- a validated TOC
- an understanding of UNFPA's contribution to the outcomes in the five change pathways;
- an appreciation of how the observed changes occurred.

Throughout the analysis process, recognition will be given to the complementarity and interdependence of the modes of operation and how they can have multiple effects at all stages of the change pathway. Actions

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<sup>17</sup> UNFPA Strategic Plan (2008-2011); Mid-term Review of the Strategic Plan (2012-2013), UNFPA Strategy on Adolescents and Youth (2012)

at global level can effect change at regional and Country office, and innovation and key lessons learned in one country can resonate and influence action and response upstream.

Results of the analysis and specifically UNFPA’s contribution to observed changes in the change pathways will tell the story of UNFPA’s relative achievements in advancing the adolescents and youth agenda as envisioned in its Strategic Plans and strategies. The analysis will shed light, not only on achievements at outcome level but also along the change pathway. Successful approaches in implementation of activities or mode of operation, how they help or hinder achievement of outputs, overcome barriers, or facilitate an enabling environment for change to occur will be captured. Through this process, the analysis will be able to identify which factors have yielded the greatest achievements, which critical enablers were needed for the achievements, and how risks and constraints were overcome most effectively. Together, a picture of how appropriate, and effective UNFPA’s strategies and approaches have been since 2008 will become clear which will allow the evaluation team to identify approaches which have strengthened contributions in the past, and can improve the TOC for the future.

Table 13: Evaluation questions by level and DAC criteria

Evaluation Questions	Level	Criteria
<p><b>EQ 1: Leadership, and alignment with strategies and responsiveness to changing contexts</b> To what extent was support to adolescents and youth, particularly the most marginalized 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?</p>	Global, Regional, Country	Relevance
<p><b>EQ2. Cross cutting issues: Human Rights, culture, gender, marginalized adolescents and youth</b> 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 prioritized the most marginalized and vulnerable adolescents and youth, particularly young adolescent girls in its interventions?</p>	Global, Regional, Country	Relevance
<p><b>EQ3: Services, education and information</b> 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 (including sexual and reproductive health education and information) and integrated services (including contraceptives, HIV and GBV) for adolescents and youth?</p>	Regional, Country	Effectiveness Sustainability
<p><b>EQ 4. Evidence-based policies and programs with specific priority for adolescent girls</b> To what extent has UNFPA contributed to evidence-based policies and programs 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 programs?</p>	Regional, Country	Effectiveness Sustainability
<p><b>EQ 5. adolescents and youth participation and leadership</b> To what extent has UNFPA contributed to increasing adolescents and youth leadership, participation and empowerment, especially for marginalized and vulnerable adolescents and youth, particularly adolescent girls?</p>	Global, Regional, Country	Effectiveness Sustainability

<p><b>EQ6: Available, optimized and efficient use of resources, and management</b></p> <p>To what extent were resources (human, financial, administrative) available, optimized and utilized to achieve the expected results in relation to UNFPA support to adolescents and youth?</p>	Global, Regional, Country	Efficiency, Management
<p><b>EQ7: Partnership, coordination and comparative advantage</b></p> <p>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 program countries for advancing adolescents and youth policies and programs?</p>	Global Regional, Country	Partnership  Coordination  Comparative Advantage

#### 4.6.1 Overall Analysis Steps and Deriving Lessons Learned

The analysis will be done in two broad analytical steps during the data collection phase of the evaluation. Visualization of the analysis process can be seen in Figure 33 below.

The **first level of analysis** will take place during data collection (individual desk and field case studies based on the document review and field visits), an online survey and analysis of financial data. Each case study will be analyzed separately resulting in preliminary findings for the country, region or global case study presented as separate, stand-alone, case study data collection points. Data collected from documentation, in-depth interviews, focus group discussions will be summarized in an extraction matrix for each case study. Data will be inputted by evaluation question and sub-question according to the judgment criteria or indicator requested. The extraction matrix for each case study forms the basis for the analysis. In the analysis of evidence by sub-question, triangulation of information will be done to identify the emerging findings (see Section 4.9.5 for more information on triangulation below). The findings will be presented in stand-alone country case study notes. Evidence from regional case studies will be presented in evidence tables.

Case study notes and evidence tables (regional case studies) will be shared with the country and regional offices respectively to clarify any factual mistakes or misinterpretations. Once complete, results from all of the individual case study notes and regional evidence tables will be analyzed comparatively. Summarized findings from the country and regional case studies will then be validated by the eRoundtable discussions among adolescents and youth leaders. Results of the global case study will be validated through the document review and cross referencing with documentation of partners. The descriptive analyses of the country survey data and the financial analysis will also be combined and then summarized by region and sub region to allow for better contextualization of the findings. As mentioned previously, this phase will test the ToC in the various cases studies and reflect assessment of the context in which the studies take place.

**Analytical interim products** for the first level of analysis will be:

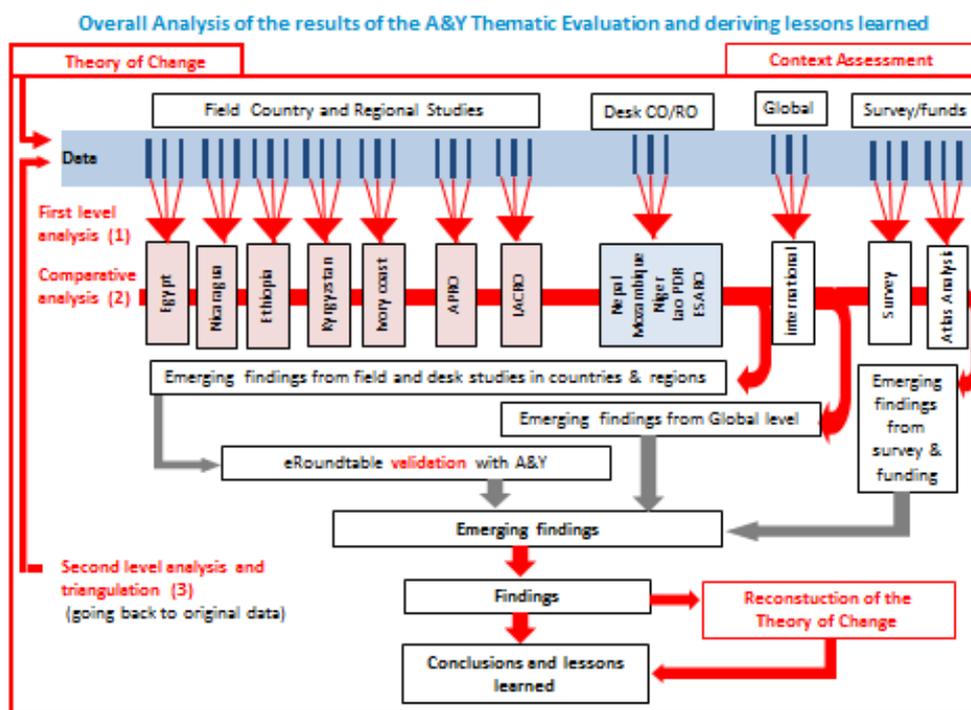
- Country case study notes (field)
- Country case study evidence tables (desk)
- Regional case study evidence tables (field and desk)
- Global case study extraction matrix
- Descriptive analysis of survey results
- eRoundtable completed extraction matrix
- Descriptive analysis of Atlas financial results
- Meta-analysis of findings of CPEs, RPEs, thematic evaluations (FGM, MHTF, Maternal Health, etc.)

The aim of the **second level analysis** is to triangulate the evidence from the various interim products into emerging findings. This step will be undertaken at an analysis workshop to be conducted at the end of the data collection phase. In this step, a review of the ToC will be done to assess and validate the reconstructed ToC making changes as necessary (for example the strength and relevance of the assumptions within each pathway, the external factors). Data from all sources will be further triangulated. The evaluation matrix containing all evaluation questions will be completed placing the evidence under each evaluation question and assumption (with their respective indicators). The strength of the evidence under each assumption will be assessed and evidence gaps identified. After the analysis workshop, evidence gaps and further data collection needs will be addressed.

**Analytical product** of the second level analysis will be:

- Completed evaluation matrix
- Testing and final reconstruction of the ToC
- Findings of the evaluation and emerging areas of recommendations
- Lessons learned from the findings will be drawn out.

Figure 33: Visualization of the analysis process



#### 4.6.2 Context Assessment

Contextual factors affect success and failure of programs in small and significant ways in some settings. External factors ranging from political and economic upheaval to religious and cultural beliefs about sexuality, especially related to adolescents and youth impact on programming as risks and, sometimes, opportunities. Agenda setting theory has defined multiple external and internal factors that determine why

an issue (and even more so, a sensitive issue such as adolescents and youth sexual and reproductive health) gets taken up or a program implemented or not. Jeremy Shiffman argues, for example, that “the rise, persistence and decline of a global health issue can be explained by the way its policy community--the network of individuals and organizations concerned with the problem--comes to understand and portray the issue and establishes institutions that can sustain this portrayal. When policy communities develop convincing ideas and strong institutions, attention and resources may follow the connection is always mediated by social interpretations” (Schiffman, 2009).

While these contextual factors can negatively affect implementation, they do not necessarily do so uniformly. Some significant advances in sexual and reproductive health have been made in what may appear as highly restrictive environments (e.g. implementation of sexual and reproductive health education and information in Nigeria (Huaynoca, Chandra-Mouli, Yaqub Jr, & Denno, 2013) or removal of restrictions on abortions in Mexico (Mondragon y Kalb et al., 2011)).

To evaluate the relative difficulty of the context in which UNFPA is working, an assessment will be made during field country case studies and from data provided in the survey instrument. In addition. An in-depth context analysis will be conducted through a literature review as preparation for each case study. Factors to assess context have been established for this purpose (see Table 14). Assessments will be done in consultation with the country offices of UNFPA during the briefing sessions. A score will be given by consensus per issue category to facilitate comparison between countries within a region. The purpose of the scoring is to ensure that programs that have managed to succeed in their activities despite a limiting or restrictive environment are accordingly recognized for the additional efforts and achievements compared to programs that may have implemented more activities with greater coverage in a country that is facilitative. Countries with fewer restrictions are considered to operate in a less difficult circumstance and thus accordingly, are more likely to achieve expected results.

As such an assessment cannot possibly account or measure all factors across regions, the scores will be used only to assess how countries within the same region are doing in comparison to their neighboring countries in the same region. Scores are indicative and subjective and thus will be used neither as an organizing strategy for the data analysis nor as a defining feature in the measure of program achievement. The scores will be additional information to be triangulated with the qualitative results.

Table 14: Factors to assess the context

Contextual Factors	Weight Scale
Laws, policies and regulations restrict adolescents and youth access to services	3 = Heavily restrictive/ limiting  2 = Moderately restrictive / limiting; positive change has occurred in last 5 years  1= Not very restrictive / limiting; open to positive change  0 = Facilitative
Social, cultural, religious norms impede adolescents and youth access to information related to sexuality and sexual and reproductive health	
Economic, political, environmental or internal (crisis in government; war/conflicts; public health crisis; other) stress factors restrict adolescents and youth program implementation directly or indirectly	
Historical or current social, economic and ethnic discrimination of specific populations limit access to some marginalized or vulnerable adolescents and youth groups	
Social, cultural, or religious restrictions on adolescents and youth (especially girls) participation limits meaningful engagement by adolescents and youth in programs	
Changing laws and policies to create an enabling environment for sexual and reproductive health programming for adolescents and youth is possible.	

### 4.6.3 Analysis of Survey and Financial Data

Descriptive statistics will be used to present the results of the online survey data, and the assessment of financial data derived from Atlas. When possible, composite indicators will be constructed to facilitate comparison and presentation across countries and regions. It is anticipated that the final report will contain tables presenting survey data related to the enabling environment for programming for adolescents and youth which would include indicators related to laws and policies; quality and comprehensiveness of services with indicators related to the extent to which YFHS and sexual and reproductive health education and information address the full package of recommended interventions; and adolescents and youth participation and leadership – again with a selection of indicators related to the inclusion of adolescents and youth in the design, implementation and evaluation of programs that affect them. The final analysis and presentation of the data will be decided based on the availability of data received through the survey.

### 4.6.4 Financial Data Analysis

For the purposes of the evaluation, the financial analysis of Atlas will explore trends in the following areas at all levels (global, regional and national). Specifically, analysis of the following financial data will be reviewed, and depending on the quality of the data, further analyzed to reflect patterns and trends.

- Budget and expenditure at activity and project levels
- Aggregated expenditure data by region and globally
- Disaggregated funding data by source including leveraged funds
- A “global” snapshot of how countries and regions compare to one another 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

The financial data will be used to assess the efficiency of country and regional programs, as well as patterns of expenditure by modes of operation. This information will be compared against current portfolio plans (quadrants) to assess patterns of expenditure by modes of operation over the evaluation period and specifically, how aligned past and current programming is with country the new quadrants. As many countries are required to change their funding portfolio, it will be important to review patterns of expenditures and the percentages of programs which are in line with the new guidelines.

#### **4.6.5 Triangulation of Data**

The evaluation will collect information from a range of sources using various methods. To increase the reliability of individual data sources, and to ensure maximum validity of results, findings will be compared and contrasted between different sources. Information gathered will be collated, scored, weighted and then qualitatively contrasted with all the relevant data from all methods for each evaluation question. All data from each source will be detailed in evaluation results matrices for transparency and oversight as the background summative evidence behind the case study notes and the document review.

Triangulation of evidence will be done continuously throughout the data collection and analysis process. Data from the document review, for example, will serve as the basis for comparison against data collected through interviews, observations and focus groups discussion. The online survey data will be compared against country results frameworks and information received from regional offices.

#### **4.6.6 Validation**

The initial evidence emanating from the regional and country case studies will be validated in the eRoundtables with adolescents and youth leaders to collect their interpretation on the evidence and issues that emerged within their region. This discussion will be an important validation exercise.

The validation process includes internal team meetings, briefing- and debriefing meetings at the end of the case study visits and meetings with the Evaluation Reference Group. Together, these validation mechanisms will contribute to testing and building a body of evidence around the hypothesized causal pathways in the ToC. Finally, the validation process will be carefully monitored through the quality assurance mechanisms set up for the evaluation to strengthen the credibility and evidence base of the findings.

## 5 NEXT STEPS

This Inception report concludes the second phase of the evaluation. The next phase will focus on field visits and data collection, which will take place at global, regional and country levels. This section sets out the steps for the next phases of the evaluation, describes the team composition and task distribution and introduces the approach to quality assurance of the evaluation deliverables. A detailed work plan reflects the timing of tasks to be completed in phases 3-6 of the evaluation.

### 5.1 Data Collection Phase

Data collection will be done between February and September 2015 covering the global, regional and country levels through a number of desk and field case studies, including an online survey and a global eRoundtable discussion as outlined in more detail below.

#### Field case studies

The following field case studies (regional and country) involving field visits will be carried out:

- Egypt (December 2014 – pilot case study)
- Nicaragua (March 2015)
- Kyrgyzstan (May 2015)
- Ethiopia (May 2015)
- Nepal (July 2015)
- Ivory Coast (July 2015)
- ASRO - Bangkok (June 2015)
- LACRO - Panama (June 2015)

The field case studies listed above will be conducted according to the field case study protocols. The summarized protocols are available in Annex 3 and will involve the following next steps:

- Comprehensive document reviews according to the document review protocol available in Annex 4.1. The information from the document review will also be used in preparation for the in-country and regional office data collection.
- Adaptation of data collection tools if necessary.
- In-country or regional data collection using the tools available in Annex 4, including briefing and debriefing meeting with the country/regional office.
- Drafting of the case study reports and evidence tables.

#### Desk studies (global, regional and country)

The following desk-based studies (global, regional and country) will be conducted:

- Mozambique
- Niger
- Lao PDR
- Johannesburg (ESARO)
- (UNFPA HQ)

The desk case studies listed above will be conducted according to the desk case study protocol, the regional office case study protocol and the global case study protocol available in Annex 3 and will involve the following steps:

- Comprehensive document review according to the document review protocol available in Annex 4.1;
- Skype or telephone interviews with selected UNFPA staff using the data collection tools available in Annex 4;

### **Global Online survey**

The online survey will cover all UNFPA country offices. The next steps involved are:

- Information and contacting of country offices with support from the EM;
- Finalization of the survey instrument (see Annex 4.7) and developing the survey tool on an online platform (survey monkey);
- Data collection, including follow-up with non-respondents;
- Data cleaning and extraction;
- Analysis and interpretation.

### **eRoundtables**

The global eRoundtable discussions will be organized according to the protocol available in Annex 4.8.

## **5.2 Reporting Phase**

The reporting phase includes the following steps:

- Upon completion of data collection, a 4-day analysis workshop will be held to consolidate and analyze the data and define findings and emerging areas of recommendations (evaluation team and evaluation manager).
- These findings and emerging areas of recommendations would then be discussed in a reference group meeting to obtain feedback.
- Finalization of the case study reports and drafting of the evaluation report (draft).
- Presentation of the draft evaluation report to the reference group.
- Drafting of the final evaluation report.

## **5.3 Team Composition and Distribution of Tasks**

The tasks will be carried out by the core evaluation team led by adolescents and youth expert Adriane Martin Hilber (AMH) and assisted by evaluation experts Alison King (AKZ), Urs Zollinger (UZO) & Kate Molesworth (KMO). Katherine Ba-Thike (KBT), Eugenia Acuña (EAC), and additional permanent staff of the Swiss TPH will support the evaluation: Christina Biaggi, Carolyn Blake, Leah Bohle, Jana Gerold, David Winters, Florence Sécula and Marie-Eve Soder and a youth & communication expert, Faith Nassozi (Uganda).

National adolescents and youth sexual and reproductive health expert consultants, youth experts and translators will be contracted to support data collection during the field case studies.

The work plan below (Table 15) details the activities to be carried out during data collection, reporting and dissemination phases of the evaluation and indicates the timing of each tasks and the team members involved.

Table 15: Work plan

Workplan UNFPA - Evaluation 2015-2016		2015																																																				2016							
Task	Responsible Person (Person supporting)*	Weeks																																																											
		January	February	March	April	Mai	June	July	August	September	October	Nov	Dec	Jan	Feb																																														
		1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	32	33	34	35	36	37	38	39	40	41	42	43	44	45	46	47	48	49	50	51	52	1	2	3	4	5	6	7	8
<b>Field Case Studies</b>																																																													
Egypt	AMH, BOL																																																												
Nicaragua	AMH, EAC																																																												
Kyrgyzstan	AMH, FSE																																																												
Ivory Coast	DAW, BLC																																																												
Ethiopia	KMO, JGE																																																												
<b>Regional Case Studies / Global Case Study</b>																																																													
APRO (with field visit)	KBT (BOL, STU)																																																												
ESARO	AMH (BLC)																																																												
LACRO (with field visit)	EAC (AMH)																																																												
Global (NY)	AMH (BLC)																																																												
<b>Country Desk Studies</b>																																																													
Mozambique	BLC (AMH)																																																												
Nepal	BOL (KMO)																																																												
Lao	JGE (KBT)																																																												
Niger	FSE (BLC)																																																												
<b>Online Survey</b>																																																													
Set up and data collection	JGE, BOL																																																												
Data Cleaning & Analysis	JGE, SME, BOL																																																												
<b>eRoundtable with Youth</b>																																																													
Preparation & Conducting Roundtables	BOL, FNK																																																												
Consolidation of results	BOL, FNK																																																												
<b>Data Analysis (Internal) and Workshop NY</b>																																																													
SCIH Internal Data Analysis	ET																																																												
Presentation of results of data collection	AMH																																																												
Data Analysis Workshop NY	AMH																																																												
<b>Reporting/Dissemination</b>																																																													
Final Inception Report	ET																																																												
Draft Case Study Notes (country and regional)	ET																																																												
Draft Final Report	ET																																																												
Presentation of Draft Final Report	AHM																																																												
Final Report	ET																																																												
Management response to final report	AMH																																																												
Presentation of Eval. Results & Recomm. to Ex.B	AMH																																																												

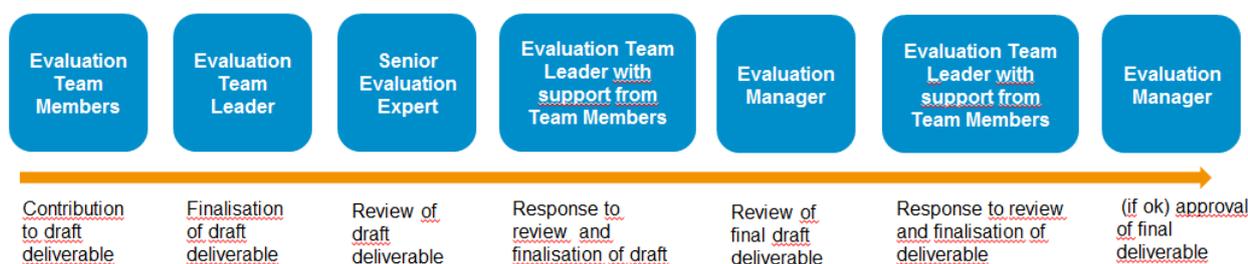
\* ET: Evaluation Team, AMH: Adriane Martin Hilber, UZO: Urs Zollinger, AKI: Alison King, KBT: Katherine Ba-Thike, EAC: Eugenia Acuña, FSE: Florence Sécula, STU: Christina Biaggi, BOL: Leah Bohle, FNK: Faith Nassozzi Kyateka, BLC: Carolyn Blake, JGE: Jana Gerold

## 5.4 Quality Assurance

As part of its standard operating procedures, the Swiss TPH conducts internal quality control on all products before external dissemination. The senior evaluation experts (UZO) on the team will ensure quality at each stage of the evaluation process and conduct internal quality assurance of each evaluation deliverable (see Figure 35 below). The review of all evaluation products such as the draft report and final report will be done using the Evaluation Quality Assessment Grid (EQA) provided in Annex 5 of the Evaluation TOR (see Annex 12). By conducting quality assessments throughout the evaluation process, Swiss TPH will ensure that quality is built with the aim of producing a final report that complies with the required standards and meets the information needs of the target users.

The workflow below shows the internal quality assurance process to be applied for each evaluation deliverable.

Figure 34: Quality assurance workflow for evaluation deliverables



Quality assurance will be conducted during the data collection process led by the Team Leader or a senior team member while in the field. Special attention will be given to ensure that confidentiality of information and that data and records are kept in safe keeping to data analysis.

Bias can also enter in when selecting stakeholders. Selection of stakeholders to be interviewed and primary documentation to be assessed will be done prior to the start of data collection for the Global case study to reduce selection bias that can significantly affect the quality and credibility of the assessment. When replacement of stakeholders is required in the field, the Team Leader or other senior member of the team in the field will do the selection based on previously agreed criteria to ensure balance and representation within the sample.

The evaluation team understands that in addition to its own internal quality assurance mechanisms, the first level quality assurance by UNFPA will be done by the Evaluation Manager at specific points in the evaluation. The Evaluation Reference Group will also provide qualitative review of key products to further ensure the accuracy of data, and validity of interpretations of the data collected as noted in the ToR. The final oversight will rest with the Director of the Evaluation Office for the quality assurance of the final report.