



COUNTRY NOTE

Evaluation of UNFPA Support to Adolescents and Youth (2008-2015)

Nicaragua

2016



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List of abbreviations and acronyms

ACAPOL	National Police Academy
AMUNIC	Municipalities Association of Nicaragua
AWB	Alto Wangki Bocay Adolescents & Youth
AIDS	Acquired Immune Deficiency Syndrome
APRO	UNFPA Asia & the Pacific Regional Office
ASRO	UNFPA Arab States Regional Office
AWP	Annual Work Plan
CAJ	Centre for the Administration of Justice
CEPRESI	Centre for Education and HIV / AIDS Prevention
CO	UNFPA Country Office
COAR	UNFPA Country Office Annual Reports
CPAP	Country Programme Action Plan
CPD	Country Programme Document
CSO	Civil Society Organisation
OECD-DAC	Development Assistance Committee of the Organisation for Economic Cooperation and Development
EECARO	UNFPA Eastern Europe and Central Asia Regional Office
ENDESA	Nicaraguan Survey of Demography and Health
EQ	Evaluation Question
ESARO	UNFPA East & Southern Africa Regional Office
FfA	UNFPA Framework for Action on Adolescents and Youth
FGD	Focus Group Discussion
FGM/C	Female Genital Mutilation/Cutting
FP	Family Planning
GBV	Gender-Based Violence
HIV	Human Immunodeficiency Virus
HQ	UNFPA Headquarters
ICPD	International Conference on Population and Development
IDEUCA	Institute of Education of the University of Central America

INIDE	National Institute for Development Information
INGO	International Non-Governmental Organisation
IP	Implementing Partner
LAC	Latin America & the Caribbean
LACRO	UNFPA Latin America & the Caribbean Regional Office
MCN	Nicaragua Communal Movement
M&E	Monitoring & Evaluation
MDG	Millennium Development Goal
MH	Maternal Health
MINED	Ministry of Education
MoF	Ministry of Finance
MINSA	Ministry of Health
MINJUVE	Ministry of Youth
MTR	Mid-term Review of the UNFPA Strategic Plan (2012-2013)
NGO	Non-Governmental Organisation
PAHO	Pan-American Health Organisation
PE	Puntos de Encuentro Foundation
PRS	Poverty Reduction Strategy
RACN	Northern Caribbean Autonomous Region (Región Autónoma del Caribe Norte)
RACS	Southern Caribbean Autonomous Region (Región Autónoma del Caribe Sur)
RO	UNFPA Regional Office
SDG	Sustainable Development Goal
SGBV	Sexual and Gender-Based Violence
SP I	UNFPA Strategic Plan 2008-2011
SP II	UNFPA Strategic Plan 2014-2017
SRH	Sexual and Reproductive Health
SWAp	Sector-Wide Approach
ToC	Theory of Change
ToR	Terms of Reference
UN	United Nations
UNAIDS	The Joint United Nations Programme on HIV/AIDS
UNAM	National Autonomous University of Nicaragua
UNDAF	United Nations Development Assistance Framework
UNDP	United Nations Development Programme

UNESCO	United Nations Educational, Scientific and Cultural Organisation
UNIV UPOLI	Polytechnic University of Nicaragua
UNFPA	United Nations Population Fund
UNGA	General Assembly of the United Nations
UNICEF	United Nations Children’s Fund
UNS	United Nations System
UN Women	United Nations Entity for Gender Equality and the Empowerment of Women
URACCAN	University of the Autonomous Regions of the Nicaraguan Caribbean Coast
VCT	Voluntary Counselling and Testing
WCARO	UNFPA West & Central Africa Regional Office
WHO	World Health Organisation
YFHS	Youth-Friendly Health Services

Structure of the case study note

Chapter 1, the introduction, outlines the purpose and objectives of the evaluation of UNFPA support to adolescents and youth 2008-2015 and the purpose and objectives of the country case studies. The chapter also sets out the scope of this particular case study.

Chapter 2 describes the methodology of the case study. It presents the case study selection rationale (process and criteria), case study design and case study process. It elaborates on data collection and analysis methods as well as limitations.

Chapter 3 presents the country context and background information to provide a better understanding of the context in which UNFPA interventions are designed and implemented in support of adolescents and youth.

Chapter 4 presents an overview of UNFPA response in the area of adolescents and youth in the country. The overview of the response by UNFPA describes the programmatic and financial support provided over the period under evaluation.

Chapter 5 on findings contains the main analysis supported by underlying evidence structured along the evaluation criteria and associated key evaluation questions and assumptions.

Chapter 6 presents action points for UNFPA Côte d'Ivoire for the area of adolescents and youth for the current and forthcoming programme cycle.

Chapter 7 presents key issues or considerations based on the findings of the case study to inform the overall aggregate analysis for the thematic evaluation.

The **annexes** include key country data, the stakeholder map, the portfolio of UNFPA adolescents and youth interventions, and the list of people and documents consulted.

1 Introduction

1.1 Purpose, objectives and scope of the Evaluation of UNFPA Support to Adolescents and Youth 2008-2015

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). 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 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.

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
- 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 human 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.

The evaluation covers interventions directly relevant to adolescents and youth financed from core and non-core resources.

1.2 Objectives of the country case study

The purpose of the country case study is to provide a more in-depth analysis of adolescents and youth support at country level, identifying successes and challenges, and allowing the capture of best practices. Country case studies illustrate the range and modalities of UNFPA support under the adolescents and youth component within a specific country context. Case studies represent a key source of data and inform and provide input to the thematic evaluation report. The country case study does not constitute a programme level evaluation.

The case study focusses on three specific areas:

- Implementation of the UNFPA results framework at country level. The case study assess how well global strategic priorities as defined in the UNFPA strategy documents have been translated into strategic priorities, actions and sustainable results at country level;
- Coordination and partnerships for programming at country level. The case study assesses whether regional and country coordination and partnerships in adolescents and youth have helped to develop country technical capacity, dialogue and a policy environment for advancing adolescents and youth issues in the country; and
- Support to countries from UNFPA Regional Offices and HQ. The case study assesses UNFPA Regional Office (RO) support for UNFPA country offices (COs) for the implementation of the adolescents and youth component.

1.3 Scope of the Nicaragua case study

This country case study covers UNFPA adolescents and youth interventions in Nicaragua during the period 2008 to 2014, with a stronger emphasis on recent years due to the learning aspect of the thematic evaluation of UNFPA support to adolescents and youth. It covers UNFPA work for the benefit of and in collaboration with adolescents and youth with a particular emphasis on activities and partners. Selected sites visited for data collection purposes included Managua, Estelí, Jinotega, El Cua, and Bilwi (previously known as Puerto Cabezas) in the Northern Caribbean Autonomous Region (RACN) and Bluefields and Corn Island in the Southern Caribbean Autonomous Region (RACS) as a representative sample of country office activities in the country.

2 Methodology

2.1 Country case study selection

Case study selection was purposeful based on a multi-indicator needs assessment including health and development indicators for all UNFPA programme countries grouped by region to provide a general overview of the status of development in the country, and specifically, the situation of adolescents and youth.

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

Table 1: Multi-indicator needs analysis (no expenditure figures included)

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%

The health and development data was combined with country office expenditure on adolescents and youth programming to provide better insight into resource allocation relative to country needs.

Table 2: 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 at least some secondary education (% aged 25 and above), female, 2005-2012	3%
Population with at least some secondary education (% aged 25 and above), male, 2005-2012	3%
Human Development Index, 2013	7.2%
Gender Inequality Index, 2013	7.2%
Government effectiveness, 2012, rank	6%

Additional criteria further informed the purposeful selection of country case studies, which included:

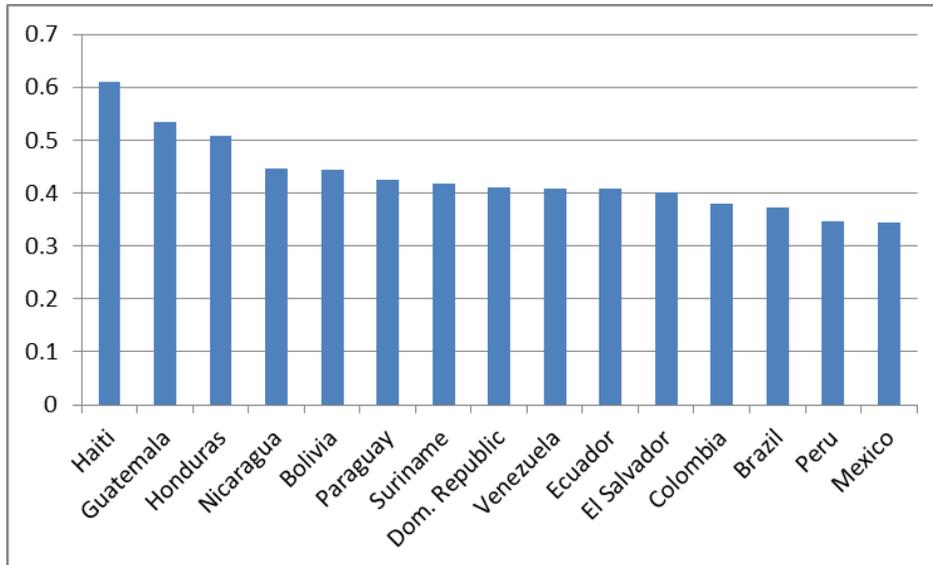
- UNFPA country quadrant classification
- Recent country programme evaluation in the country/identification of case study implementation risks or limitations (example Ebola, crisis situation, no Representative in country, etc.)
- Existence of joint programmes in the area of adolescents and youth in the country
- Diversity of the programme/prongs or areas of the strategy implemented in the country
- Levels of programme implementation (national – regional and municipal level)
- Scale up or intensification of support in certain areas of adolescents and youth support
- Level of government support in the area of adolescents and youth
- “Delivering as One” modality
- Country case studies selected for a parallel corporate thematic evaluation

Furthermore, selected case studies should be illustrative for their respective regions as either a big country with a robust programme or a smaller country with greatest need.

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

Nicaragua was selected for the Latin American and Caribbean region. As per the needs indicator analysis (health and development indicators) in Figure 1 below, the country ranked among the highest in need in the region.

Figure 1: Needs Indicator Analysis for LACRO (no expenditure data)



When health and development indicators were combined with UNFPA investment data, Nicaragua placed at the top, underscoring important investment by UNFPA (as per the graph below).

Figure 2: Needs indicator analysis LACRO (includes expenditure data)

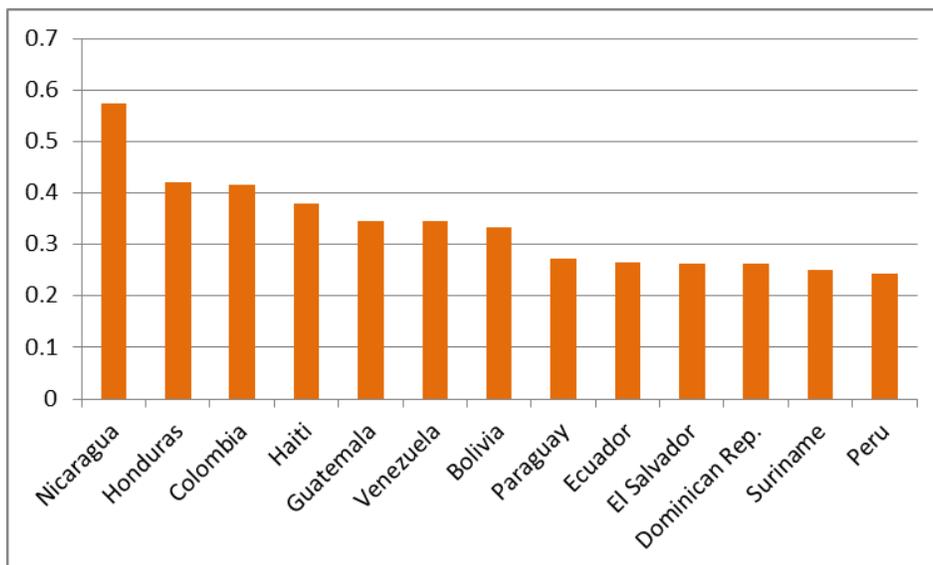


Table 3: Countries selected for case study visits

Countries Selected for case study visits
Côte d'Ivoire (Western and Central Africa)
Egypt (Arab States)
Ethiopia (Eastern and Southern Africa)
Kyrgyzstan (Eastern Europe and Central Asia)
Nepal (Asia and the Pacific) – converted to desk study due to earthquake
Nicaragua (Latin America and the Caribbean)

UNFPA country quadrants - modes of engagement by setting

The country quadrant classification is a UNFPA system, which groups countries on the basis of their ability to finance their own interventions and level of need. The model provides guidance for how UNFPA should engage in different country contexts (in a particular country).¹

In terms of country quadrant, Nicaragua falls within the orange quadrant. As such, UNFPA support focuses on advocacy and policy dialogue/advice, knowledge management, and capacity development.

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

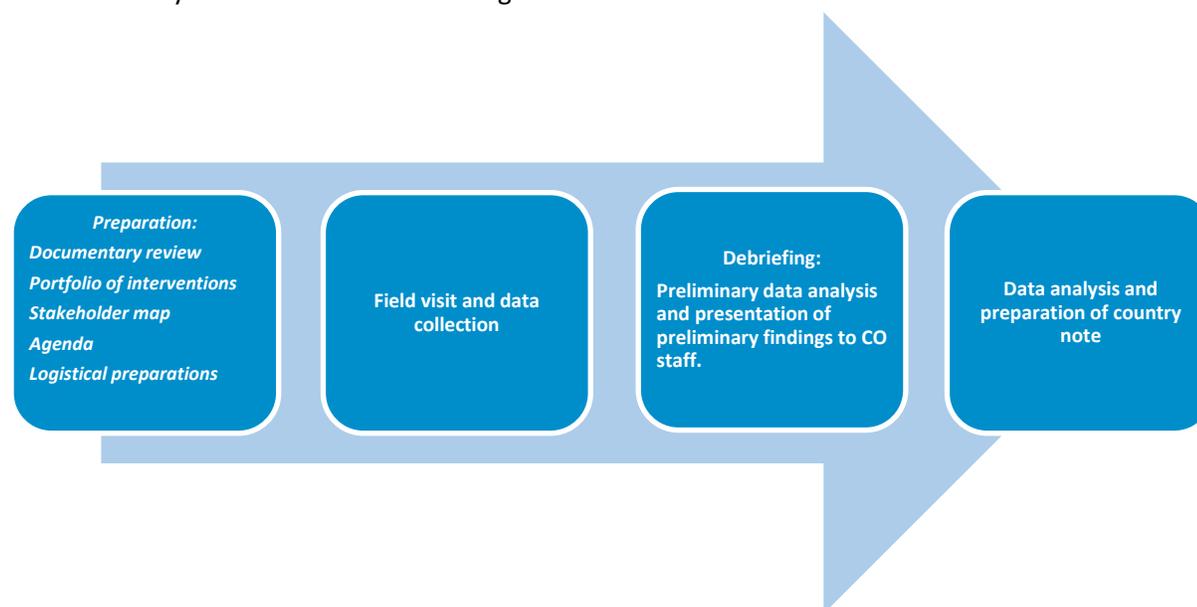
¹ UNFPA Strategic Plan 2014-2017. For example, in countries that have the highest needs and low ability to finance their own interventions (coloured red in the matrix above), UNFPA should be prepared to offer a full package of interventions, from advocacy and policy dialogue/advice through knowledge management and capacity development to service delivery. However, in countries with low need and high ability to finance their own programmes (coloured pink in the matrix above), UNFPA should focus on advocacy and policy dialogue/advice.

Table 5: UNFPA 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

2.2 Case study process

The case study was conducted in four stages:



1. *Preparation:* Review of key documents from 15 February - 1 March 2015 with preparation of a stakeholder map (see Annex 2); compilation of a country binder including key country information and summaries of the most important documents for the evaluation team; and logistical preparations.
2. *Data collection:* Mission to Nicaragua 1-11 March 2015: At the outset, the evaluation team met with the UNFPA Nicaragua CO to inform staff about the purpose, objectives, scope and evaluation methodology, and to be briefed on UNFPA adolescents and youth-related activities. A discussion was also held on the country context with an assessment of how difficult it is to work on adolescents and youth issues (see Section 3.5). Following the briefing, interviews were conducted with UNFPA staff and a briefing was held with the Government on the evaluation process and the agenda for the week. The team subsequently divided into

two sub-teams. Interviews and group discussions were conducted in Managua, Esteli, Chinandega, El Cua, and Blue Fields and Corn Island in the Southern Atlantic Autonomous Region (RACS) and Puerto Cabazes in the Northern Atlantic Autonomous Region (RACN).

3. *Debriefing*: Preliminary data analysis and presentation of preliminary findings at a debriefing session held at the UNFPA Nicaragua office (11 March 2015).
4. *Data analysis and report drafting*: A review of preliminary findings, further analysis and drafting of the final report was conducted following the mission until submission in November 2015.

Data collection and analysis was undertaken by a five-person team comprised of an international team leader, an expert consultant on adolescents and youth in Latin America, and two national consultants (including a youth consultant). An evaluation analyst from the UNFPA Evaluation Office also participated in the mission (see page ii).

2.3 Methodological framework

2.3.1 Methodological approach

The evaluation utilised a theory-based approach involving analysis of UNFPA planning documents and other strategic frameworks, which reflect the conceptual and programmatic approach taken by UNFPA, including the most important implicit assumptions underpinning the change pathways. These documents constitute the aggregated results framework and contain the intervention logic and the strategy that have guided the goals of UNFPA support to adolescents and youth from 2008 to 2015. The theory of change of UNFPA support to adolescents and youth was reconstructed at the inception phase of the evaluation.² The evaluation team tested the theory of change in each country case study to assess the ways in which the UNFPA support adolescents and youth contributed to, or was likely to contribute to, change. The theory of change is reflected in the evaluation matrix³, which presents the seven evaluation questions by evaluation criteria (relevance, effectiveness, sustainability, efficiency and added criteria of partnership, coordination and added value). It also lays out the assumptions underlying each evaluation question, the indicators associated with these assumptions, sources of information and sources and tools for data collection. The evaluation matrix for the thematic evaluation comprises three levels of analysis: national, regional and global. The country case studies address the national level of the evaluation matrix.⁴ The evaluation questions and the underpinning assumptions are the same across all case studies, but indicators may vary given the specificities of each country determined by the country context and the specific UNFPA modalities of support.

The case study was inclusive, participatory, and integrated both gender equality and human rights perspectives⁵. The case study process was sensitive to gender, beliefs, culture and customs of all stakeholders. The team ensured a clear communication with stakeholders with respect to the case study's purpose, the criteria applied, and the intended use of the findings. The case study has ensured the participation of adolescents and youth as

² See inception report for the thematic evaluation.

³ See inception report for the thematic evaluation.

⁴ Some of the questions in the evaluation matrix contain a regional and global dimension. This is not addressed in case studies but rather in the evaluation report.

⁵ In line with UNEG guidance.

active members of the evaluation team and integrated the views and perspectives of beneficiaries. The voices of programme beneficiaries were captured by:

- Integrating adolescents and youth into the case study team (a youth leader for each field country case study)
- Conducting focus groups during country visits with beneficiaries

Evaluation questions and criteria are shown in Table 6 below.

Table 6: Evaluation questions and criteria

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

The evaluation matrix, the theory of change and methodological instruments including interview guides can be found in Volume II of the main Evaluation Report.

2.4 Approach to data collection and analysis

The case study followed a mixed methods approach, consisting of the following data collection methods:

1. Document review: A thorough document review was conducted (see Annex 7). Key sources included relevant UNFPA corporate strategies, the Nicaragua country programme document (CPD), the Country Programme Action Plan (CPAP), country office annual work plans (AWPs) and annual reports (COARs), mid-term reviews, evaluations and monitoring data. Further documentation, such as training manuals developed in cooperation

with the UNFPA CO and outreach materials (in Spanish), was collected from stakeholders and reviewed while in Nicaragua.

2. Interviews: The evaluation team met with UNFPA staff members; representatives of the UN country team (UNCT); donors; non-governmental, government representatives; and beneficiaries including adolescents and youth leaders. Interviewees were selected purposely based on a stakeholder mapping (see Annex 2). Interviews were conducted using semi-structured in-depth methods.

3. Focus group discussions: conducted with adolescents and youth leaders.⁶

A total of 104 stakeholders were consulted of which 31 were adolescents and youth beneficiaries (see Table 7 below and Annexes). At the outset, stakeholders were informed about the evaluation and scope of interviewing and either written or oral consent was obtained.

Table 7: Types and number of stakeholders consulted

Types and numbers of stakeholders consulted (n=104; adolescents and youth =31)						
UNFPA	UN Staff	Government Partners	Donors	International NGOs	National NGOs, CSOs, Academia	Adolescents and youth Beneficiaries
17	4	29	1	2	20	31
<p>Definition of categories: UNFPA: all UNFPA staff UN Staff: staff from any other UN organisations Government Partners: including local and central levels and service providers Donors: including bilateral donors and foundations International NGOs: including international NGOs and CSOs National NGOs, CSOs and Academia: national NGO, CSO or academic institution including universities Adolescents and youth beneficiaries: including adolescents and youth leaders, volunteers, and youth led organizations</p>						

3. Direct observation: Site visits were made in Managua, Estelí, Jinotega, El Cua, and Bilwi (Puerto Cabezas) in the Northern Caribbean Autonomous Region (RACN) and Bluefields and Corn Island in the Southern Caribbean Autonomous Region (RACS).

Sites were visited from a selection of services and implementing partners of UNFPA support, aiming to include both rural and urban locations and mix of cultural diversity. At the sites, youth-friendly clinics and NGO activities with adolescents and youth were observed.

Methods for Data Analysis

⁶ See Volume II of the thematic evaluation for interview guides.

The evaluation matrix guided data analysis for the case study. Data was structured under each evaluation question, assumption and indicator. Findings were formulated by triangulating evidence and organised under each assumption and question.

Qualitative and quantitative methods were utilized to analyse data. Evidence from data collection methods was coded and a country spread sheet was created (assisted by an evidence sorting database) allowing the systematic analysis of evidence by assumption in the evaluation matrix. Content analysis was used to identify emerging common trends, themes and patterns for each evaluation question. Content analysis was also used to highlight diverging views and opposing trends. Contribution analysis was applied using the reconstructed theory of change (ToC) and its pathways to assess UNFPA contribution to changes over the period. During the field mission the theory of change was tested to understand influencing factors that contribute to changes. Alternative assumptions identified for each pathway of change.

Financial data was analysed to assess patterns of expenditure by modes of operation over the evaluation period. The financial analysis is separated into two distinct periods, 2008-2013 and 2014, given the changes in reporting since introduction of the GPS system in 2014.

Methods to ensure reliability and validity

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

- Cross checking of different sources of information by comparing evidence generated through different stakeholder (UNFPA country office, ministries, civil society etc.)
- Cross checking evidence from different methods of data collection (document review, interviews, group discussions, direct observation)

Triangulation by different data collection methods is referenced in footnotes by listing the method and/or stakeholder category from which the information was derived. If only one method and/or stakeholder category is listed, then no less than three stakeholders from that category have shared the same or similar opinion.

The evaluation applied internal and external validation techniques. External validation consisted of a debriefing workshop in Egypt at the end of the field visit in which preliminary findings and action points were shared, discussed and validated with country office staff. The revision of the first draft of this report by the country office to identify factual errors and omissions was also part of the external validation process. Internal validation took place through a review process among evaluation team members and the Evaluation Office at the analysis workshop and during the production of draft versions of this country note.

Limitations and Mitigation Strategies

The main limitations of the case study as well as steps taken to mitigate them include:

Table 8: Case study limitations and mitigation strategies

Limitations and mitigation strategies	
Limitation	Mitigation strategy

<p>Changes in government policies and funding reductions resulted in the closing of a number of long-term projects and the reduction of implementing partners. As a result, the team was not able to fully witness the largest programmes that were implemented in the period under review.</p>	<p>The evaluation team engaged with adolescents and youth beneficiaries of former programmes; former staff members, and former IPs to learn about the past programmes, which allowed for the inclusion of programme results and challenges. Documentation was also reviewed of the programmes to increase the information on these subsequently closed programmes.</p>
<p>UNFPA work with the most marginalised adolescents and youth was conducted in remote regions that the team could not visit during the mission</p>	<p>The evaluation team travelled to the autonomous regions to learn about how the country programme was implemented for indigenous and Afro-descendant adolescents and youth, including the most marginalised. Local regional representatives and academics shared the results of work in more remote regions, which was included in the analysis. Documentation review further allowed for the analysis of these efforts.</p>
<p>All interviews with government implementing partners were observed by a representative of the government, possibly limiting the potential for candid discussion.</p>	<p>The observer did not speak during the Ministry interviews. Despite her presence, it appears some Ministry officials spoke candidly. It cannot be known to what degree the observer's presence limited the dialogue and thus the results of the interviews.</p>
<p>In recent years, political pressures have limited the ability of CSOs and NGOs to work in the country and as such, UNFPA has reduced their role in Fund-supported projects. As a result, the evaluation team did not meet some former IPs that had played a big role in UNFPA adolescents and youth programming.</p>	<p>The evaluation team sought out former NGO IPs and managed to speak to a number of them, despite their current lack of relationship with UNFPA. Other organisations were not available. Through documentation and project evaluations, additional information from these CSO- and NGO- led projects was obtained to further complement the interview data collected.</p>

3 Situation analysis of adolescents and youth in Nicaragua

3.1 Demographics

Nicaragua has a population of approximately six million people and the population density is 50 habitants per square kilometre, which is relatively low compared with that of other Central American countries.⁷ Although 58.5 per cent of the population is concentrated in urban areas, the country has a larger rural population than some other countries in the region.⁸

Nicaragua is a young country with almost 50 per cent of the population under the age of 25 years.⁹ 28.1 per cent of adolescent girls give birth by the age of 18, with an overall adolescent birth rate of 108.5 per 1,000,¹⁰ the highest in Latin America.¹¹ Adolescents accounted for 22 per cent of maternal deaths in 2010.¹²

It is estimated that over 500,000 people have migrated out of the country since 2001.¹³ According to an International Organisation of Migration census taken in 2001, 17 per cent of the Nicaraguan population lives outside of the country. The data in the census and projections also indicated that women represented around 52 per cent of internal migrants between 1995-2005, and 42 per cent of international migrants in 2005. The migration of youth has increased in past years and over 10 per cent of youth are unemployed,¹⁴ with high informal employment rates.¹⁵

Nicaragua is one of the poorest countries in Latin America.¹⁶ In recent years, the rate of poverty has been declining steadily, although it remains high, with 42 per cent of the population estimated to be living below the poverty line and 15 per cent living in extreme poverty.¹⁷

Poverty is largely a rural problem in Nicaragua, although there are pockets of poverty in the capital, Managua, and in other urban areas. Approximately 43 per cent of the population lives in rural areas. Over two thirds of the rural population (68 per cent) struggle to survive on a little over one US dollar per day, whereas in urban areas the poverty rate is 29 per cent. More than 80 per cent of Nicaragua's extreme poor live in rural areas, many of these in remote communities where access to basic services is a daily challenge.¹⁸

⁷ Documents: Partner and Relevant Thematic Documents (World Bank, 2015, databank.worldbank.org).

⁸ Documents: Partner and Relevant Thematic Documents (UN Data, 2015, data.un.org; World Bank, 2015, databank.worldbank.org).

⁹ Documents: Partner and Relevant Thematic Documents (United Nations, Department of Economic and Social Affairs, Population Division (2015). World Population Prospects).

¹⁰ Documents: Partner and Relevant Thematic Documents (UNICEF, 2015, [At a Glance: Nicaragua, unicef.org](http://ataglance.nicaragua.unicef.org)).

¹¹ Documents: Partner and Relevant Thematic Documents (Adolescent Childbearing in Nicaragua: A Quantitative Assessment of Associated Factors. Lion, Prata and Stewart, International Perspectives on Sexual and Reproductive Health, 2009).

¹² Documents: UNFPA Programming Documents (UNFPA Nicaragua Country Programme Document, 2013 – 2017, p 2).

¹³ Documents: Partner and Relevant Thematic Documents (World Bank, data.worldbank.org).

¹⁴ Documents: Partner and Relevant Thematic Documents (World Bank, data.worldbank.org).

¹⁵ Documents: Partner and Relevant Thematic Documents (Promoting formal employment among youth: Innovative experiences in Latin America and the Caribbean, ILO, 2015).

¹⁶ Nicaragua is the second poorest country in the region after Haiti. Documents: Partner and Relevant Thematic Documents (World Food Programme, wfp.org).

¹⁷ Documents: Partner and Relevant Thematic Documents (World Food Programme, wfp.org).

¹⁸ Documents: Other Documents (Survey of Living Standards Measurement (LSMS), 2005).

3.2 Socio-economic context

Nicaragua is a socially and culturally diverse country, with a substantial amount of geographic and cultural variety. Spanish is the official language along with five other languages in the Autonomous Regions of the Caribbean Coast.

International social indicators placed Nicaragua with a Human Development Index of 0.599 (rank 129), and a Gender Inequality Index of 0.458 (rank 132).¹⁹ While crime rates are lower than in neighbouring countries, they vary within the country and are higher in the Autonomous Regions of the South and North Caribbean, which is related to long-lasting social inequality within Nicaragua.²⁰

3.3 Development and health context

Nicaragua, a post-conflict country once besieged by political turmoil and still very vulnerable to natural hazards,²¹ has been economically growing on average with the rest of Latin America over the past decade.²²

In addition to the decreasing rate of poverty based in consumption measures, there has been a strong emphasis in government policies on social development over the last decade. The main social policy reforms have been providing free and universal access to health and education. This has led to significant improvements in the health and educational status of the population, such as a decrease in maternal and child mortality, and a steady increase in the literacy rate, including among adolescents and youth.²³ There have also been significant advances in the formulation of policies and strategies on food security and nutrition at the social level.

However, Nicaragua continues to face many development challenges to effective sexual and reproductive rights for adolescents and youth, some of which remain in the legal framework. Other challenges are rooted in socio-cultural norms and the prevalence of violence against women and girls. The Nicaraguan Demographic and Health Survey shows that 11 per cent of women between 15-19 years of age experience some form of sexual violence in their lives, and three out of ten women have experienced physical violence.²⁴ The maternal death rate among adolescents and STI rate in adolescents and youth are high (22 per cent and 44.6 per cent respectively).²⁵ There is also evidence that the incidence of HIV in adolescents and youth has increased from 0.8 per cent in 2000 to 6 per cent in 2009, with girls representing 54 per cent of the affected population.²⁶

Aid effectiveness is high on the Nicaraguan Government's agenda, but there have been some significant changes in the way that the government is managing this agenda with the donor community since 2008. From 2008 to 2012 there was greater flexibility in working with adolescents and youth and related topics. However, since 2012 the government's flexibility has decreased due to the changing political context, with all matters related to adolescents and youth are increasingly coordinated by the central government. Although the government has preferred to directly manage donor resources without involving third parties since 2007, in 2014 it established

¹⁹ Documents: Partner and Relevant Thematic Documents (UNDP Human Development Report, 2013).

²⁰ Documents: Partner and Relevant Thematic Documents (OSAC Nicaragua Crime and Safety Report, www.osac.gov).

²¹ Four key events illustrate this: in 1979 the revolution overthrew the government and dictatorship of more than 40 years of Somoza's family in power; 1979-1990 civil war; 1998 Hurricane Mitch and 2006 Hurricane Felix hit the most vulnerable areas in the country.

²² Documents: Partner and Relevant Thematic Documents (World Bank Data, 2014).

²³ Documents: Partner and Relevant Thematic Documents (UNESCO Institute of Statistics, data.uis.unesco.org).

²⁴ Documents: Other Documents (Nicaraguan Survey of Demography and Health (ENDESA), 2011).

²⁵ Documents: Other Documents (Ministry of Health (MINSa), 2011).

²⁶ Documents: Other Documents (Ministry of Health (MINSa), 2011).

new and stronger restrictions for the United Nations on the management and implementation of donor funding, including for adolescent pregnancy prevention programmes.²⁷

3.4 Key adolescents and youth development partners in Nicaragua

Several key actors were involved in the implementation of adolescents and youth in Nicaragua. These included the Ministry of Health (MINSAs), the Ministry of Education (MINED), and the Ministry of Youth (MINJUVE). MINSAs leads the development and implementation of programmes to improve access to and quality of health services, whereas MINED is responsible for sexual and reproductive health education and information and MINJUVE for national youth policies and plans, including the action programme to promote sexual and reproductive health and reproductive rights to adolescents and youth. The regional autonomous governments are responsible for regional plans and policies on youth issues. Key multilateral and bilateral donors for adolescents and youth programming in the country include UNFPA and other UN organisations, the governments of Finland, Luxembourg and the Netherlands, the Deutsche Gesellschaft für Internationale Zusammenarbeit (GIZ), and USAID.

There are a number of national non-governmental organisations (NGOs) working in adolescents and youth sexual and reproductive health and reproductive rights, HIV prevention, and participation and leadership more generally. These include, among others, the Nicaraguan Association of Municipalities (AMUNIC), Puntos de Encuentro, the Centre for Research and Social Promotion (CEPS), ProFamilia Nicaragua, Fundación Luciérnaga, the Nicaraguan Community Movement (MCN) and the Network of Maternity Houses. Several universities are also active in this field.

The reproductive health portfolio that mainstreams adolescents and youth within UNFPA currently works through primarily government implementing partners including the Ministry of Health (MINSAs) to improve access and quality of reproductive health services for adolescents and youth, and to strengthen the government's capacity to provide quality maternal health services to women and girls. In connection to this work, the Fund supports a government-approved NGO Network of Maternity Houses, which provide health services and housing for pregnant women and girls at risk, from isolated rural areas, so they can access health services at the time of childbirth. Through NGO implementing partners such as Nicaraguan Community Movement (MCN), strategies were developed and implemented to promote sexual and reproductive health and reproductive rights for adolescents and youth.

Comprehensive sexual and reproductive health education and information activities are implemented by the Ministry of Education (MINED) through curricula based education. The Education Institute of the University of Central America (IDEUCA) has developed a sexual and reproductive health education and information teacher training certificate programme to support the school-based programme. Out-of-school adolescents and youth are reached by approved non-governmental organisation partners such as the educational community "Fe y Alegria" (Faith & Joy), which integrates sexual and reproductive health education and information into rural education platforms, and the National Police Academy (ACAPOL), which has developed a training of trainers programme for sexual and reproductive health education and information programmes for the police recruits, who range in age from 17 to 24 years old.²⁸

²⁷ Interviews: UNFPA Staff, Donor.

²⁸ Document: Partner and Relevant Thematic Documents (ACAPOL standard progress report, 2013).

From 2008 until 2013, UNFPA supported a large adolescents and youth leadership and participation programme called Voz Joven in collaboration with the Nicaraguan Association of Municipalities. The programme had three components: national level advocacy for reproductive rights; promoting youth participation and reproductive rights in 43 municipalities; and support for regional autonomous administration with an emphasis on participation and reproductive rights of young people.²⁹

Programming to promote youth voice and inclusion was also implemented in the autonomous Caribbean regions. UNFPA supported the Northern Caribbean Autonomous Region (RACN) to develop regional policies and plans on youth, create mechanisms for youth participation, and include SRH and reproductive rights within regional government work plans. In the Southern Caribbean Autonomous Region (RACS), a regional youth plan was developed (with active participation of afro-descendant youth). In addition, UNFPA reached marginalised adolescents and youth through alternative methodologies and targeting. UNFPA supported the Centre for Research and Social Promotion for HIV prevention work, gender and masculinities work with adolescents and youth in the textile industry, and dedicated support to the Association of People Living with HIV/AIDS.

In more recent years, the Fund has begun to work with the Ministry of Youth (MINJUVE) to develop national youth policies and plans including an action programme for promotion of sexual and reproductive health and reproductive rights, in partnership with UNICEF and UNDP, among others.

While there is a large youth movement in Nicaragua, the government's increasingly tight oversight of NGO activities, coupled with the reduced budget of UNFPA, has resulted in UNFPA reducing (and planning to further reduce) the number of implementing partners.

3.5 Key challenges and opportunities for adolescents and youth programming

Nicaragua's has strong legislation defending the rights, voice and position of adolescents and youth. Young people, for example, largely run the Ministry of Youth, and the national legislative environment is sufficiently open to create space for youth participation and leadership at all levels. Despite these enabling factors, recent government interventions to restrict the role of civil society organisations, including as a platform to organise adolescents and youth, have changed the context in which UNFPA adolescents and youth programming must be conducted. Partnerships are now being scrutinised and require government approval. UNFPA efforts to mobilise adolescents and youth leadership and participation are expected to focus on political party youth movements, necessarily limiting their reach and the diversity of the adolescents and youth involved in their programmes. In addition, recent changes to legislation on gender-based violence have further limited the degree to which rights and gender equality can be advanced nationally. These changes are in stark contrast to the progressive, forward-looking governmental agenda that was seen at the start of the period under evaluation (2008). Taking these issues into consideration, staff in the country office had positive views on a number of the factors considered in Table 9 below. However, where restrictions are seen, staff considered them significant enough to conclude that the country context for implementation of adolescents and youth programmes is moderately restrictive / limiting.³⁰

²⁹ Document: Evaluations, Reviews and Assessments (Voz Joven final evaluation).

³⁰ Since the evaluation visit to Nicaragua, the context has become more challenging for the United Nations.

Table 9: Country context assessment for Nicaragua

Country context assessment for Nicaragua	
Factor	Value Scale
Laws, policies and regulations restrict adolescents and youth access to services (2)	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 and services related to sexuality and SRH (0)	
Economic, political, environmental or internal (crisis in government; war/conflicts; public health crisis; other) stress factors restrict adolescents and youth programme implementation directly or indirectly (3)	
Historical or current social, economic and ethnic discrimination of specific populations limits access to marginalised or vulnerable adolescents and youth groups (1)	
Social, cultural, or religious restrictions on adolescents and youth (especially girls) participation limits meaningful engagement by adolescents and youth in programmes (0)	
Summary Consensus Assessments: 2 = Moderately restrictive / limiting	

4 UNFPA Support for Adolescents and Youth in Nicaragua

4.1 UNFPA programmatic support to adolescents and youth in Nicaragua

During the time period under evaluation, UNFPA has implemented two country programmes with the government of Nicaragua, – the 7th country programme for 2008 – 2012 and the 8th country programme for 2013 – 2017. It has done so under three corporate strategies, namely the UNFPA Strategic Plan (SP) 2008 – 2011, the revised and extended SP of 2012 / 2013 and the SP for 2014 – 2017.

The 2008 – 2012 country programme specifically considered adolescents and youth under the reproductive health and population and development components of the programme. Emphasis was placed on adolescents and youth as a priority group in the provision of quality SRH health services, with significant attention also given to sexual and reproductive health education and information in formal and informal settings, as well as to the training of school counsellors and facilitators. During this period, there was a strong focus on adolescents and youth leadership and participation, with specific outputs relating to the development of life skills and opportunities for adolescents and youth, and developing and strengthening the capacity of adolescents and youth in political dialogue. Gender considerations were mainstreamed as a crosscutting issue without specific attention to adolescents and youth.

In contrast, in the 2013 – 2017 country programme, adolescents and youth are the specific focus of two outputs, centred on reproductive health services (focusing on HIV prevention and adolescent pregnancy) and increased national capacity to implement sexual and reproductive health education and information. Within the gender component of the programme, young women and adolescents were recognised as a priority group for GBV programming. Furthermore, strengthening capacity for the incorporation of young people's needs into public policies and plans is a key aspect of the population dynamics component of the programme. Table 10 provides details of the expected outputs and implementation strategies for adolescents and youth under the 2013 – 2017 country programme. As can be seen, the main modes of engagement are advocacy and capacity development.

Annex 3 provides a summary of the predominant activities undertaken by UNFPA in relation to adolescents and youth for the entire evaluation period.

Over the period, UNFPA partnerships, and the ways in which it partners, have become more limited in number. There are fewer non-government implementing partners, particularly among NGOs and CSOs. Alternatively, UNFPA has sought to build relationships with academic institutions, as they are not currently restricted by the government. UNFPA continues to work with the autonomous regional governments however with limited reach, in large part, due to reductions in core funds and lack of extra budgetary funds for adolescents and youth programming. New ways of partnering and working are requested by the current UNFPA business model, which has shifted the emphasis of the country programme away from services to less capital intensive activities.

Table 10: UNFPA CPAP 2012-2017 adolescents and youth-specific outcomes, outputs and implementation strategies³¹

UNFPA CPD 2013-2017 adolescents and youth outcomes, outputs and implementation strategies	
Young people's sexual and reproductive health and sexual and reproductive health education and information	
Output 1: Improved access to comprehensive, high-quality reproductive health services for young people, including adolescents, focusing on HIV prevention and adolescent pregnancy	Supporting the consolidation and expansion of youth-friendly health services Improving the knowledge of young people on preventing HIV and sexually transmitted diseases Strengthening the Government's community health strategy for comprehensive reproductive health assistance Strengthening the leading role of the Ministry of Health
Output 2: National and local institutions strengthen their capacity to implement comprehensive sexual and reproductive health education and information and counselling, including HIV prevention, for young people and adolescents	Strengthening the technical capacity of the Ministry of Education to implement sexual and reproductive health education and information within the school curricula Improving the quality and coverage of school counselling units Supporting municipal houses for young people and supporting community-based organisations to promote sexual and reproductive health and rights through alternative education programmes.

4.2 Financial support for adolescents and youth in Nicaragua

The 7th UNFPA CPD 2008-2012 envisaged assistance for Nicaragua in the amount of USD 25 million (32 per cent regular resources and 68 per cent to be mobilised), of which USD 15.05 million was budgeted for reproductive health and USD 5.7 million for population and development strategies.³² Proposed indicative assistance for Nicaragua for the current cycle 2013-2017 is a total of USD 17.3 million, with USD 7.8 million specifically budgeted for the sexual and reproductive health and education of young people, USD 2.2 million for population dynamics, and USD 1.5 million set aside for gender equality and reproductive rights.³³ For resource allocation purposes, in 2014, UNFPA re-categorised programme countries into "colour quadrants" - categorising countries based on the combination of need and ability to finance.³⁴ Table 5 provides an overview of the modes of engagement by setting, highlighting each quadrant's priorities. Nicaragua is classified as "orange" together with 20 other countries where UNFPA is generally expected to shift to less capital-intensive modes of engagement, that is, away from service delivery toward advocacy, policy dialogue/advice and knowledge management.

³¹ The country programme document also included particular attention to adolescents and youth within its maternal and newborn health, gender equality and reproductive rights, and population dynamics components (not shown in this table).

³² For the 2008-2012 programme cycle, Nicaragua was categorised as a group "A" country for resource allocation purposes. Documents: UNFPA Programming Documents (2013-2017 CPD).

³³ For the 2013-2017 period Nicaragua was placed in group "B". Group of countries that met the threshold levels for 5 to 7 (out of 8) indicators: Proportion of births attended by skilled health personnel; contraceptive prevalence rate (modern methods only); adult HIV prevalence; adolescent fertility rate; under-five mortality rate; maternal mortality ratio; literacy rate among 15-24 year-old females; and proportion of population aged 10-24 years. Documents: UNFPA Strategic Planning Documents (DP/FPA 2007/18), UNFPA Programming Documents (2013-2017 CPD).

³⁴ The following indicators were used to determine need classification under the 2014-2017 SP: Proportion of births attended by skilled health personnel for the poorest quintile of the population; maternal mortality ratio; adolescent fertility rate; proportion of demand for modern contraception; HIV prevalence, 15-24 year olds; Gender Inequality Index. Documents: UNFPA Strategic Planning Documents (UNFPA Strategic Plan 2014-2017, Annex 4 on Funding Arrangements).

Based on an analysis of UNFPA Atlas financial data, including data from the Global Programming System (GPS) module,³⁵ Table 12 illustrates the project outcome codes under which expenditure in support of adolescents and youth (both regular and other resources) in Nicaragua from 2008-2014 has fallen. The analysis reveals that the country office coded most, though not all adolescents and youth-related expenditures under the U6 code for 2012-13 (relevant expenditure also fell under the U1 (population dynamics)). Relevant projects beginning prior to the introduction of the U codes (i.e. prior to 2012) were also re-tagged with the U6 code, with expenditure under U6 occurring in 2008-2011. For 2014, expenditure was captured under outputs 1, 2, 4, 6, 7, 9, 12, 13, 14, 15 with the majority of expenditure falling under outputs 2 and 6 (see Table 11).³⁶

Table 11: 2014 Expenditure (in USD) by SP Outputs 6-7-8 (under SP 2014-2017)

2014 Expenditure (in USD) by SP Outputs 6-7-8 (under SP 2014-2017)	
Outcome/Output	Expenditure
SP Outcome 1, Output 2	\$220,382.38
SP Outcome 2, Output 6	\$202,316.52
SP Outcome 2, Output 7	\$180,756.38
SP Outcome 1, Output 1	\$120,188.88
SP Outcome 4, Output 13	\$43,652.94
SP Outcome 4, Output 15	\$7,982.11
SP Outcome 3, Output 9	\$6,000.01
SP Outcome 4, Output 12	\$261.64
SP Outcome 1, Output 4	\$25.00
SP Outcome 4, Output 14	-\$116.92
Grand Total	\$781,448.94

Source: UNFPA Evaluation Office based on Atlas (GPS) data.

³⁵ For further information on Atlas and GPS coding/tagging as well as the methodology applied for the financial analysis, please see Annex 4.

³⁶ In order to capture expenditure in support of adolescents and youth in 2014, the following methodology was used: 1) All expenditure that fell under SP output 6, 7, and 8 was included as expenditure in support of adolescents and youth and 2) to capture expenditure in support of adolescents and youth that is mainstreamed across other outputs, a keyword search was performed (derived from a literature review and an initial cursory analysis of data in July 2014). For more information on the methodology, please see Annex 4.

Table 12: Expenditure in USD per project outcome code (in Atlas)/output code (in GPS) 2008-2014

Expenditure in USD per project outcome code (in Atlas)/output code (in GPS) 2008-2014								
Project outcome code	2008	2009	2010	2011	2012	2013	2014	Total
A1	\$43,596.81							\$43,596.81
R303	\$3,239.75							\$3,239.75
R5	\$862,153.48	\$852,268.43	\$1,371,600.45	\$1,383,887.09				\$4,469,900.00
U1				\$132,794.87	\$88,674.66			\$221,469.53
U6	\$969,986.46	\$1,683,039.56	\$3,237,913.86	\$2,525,114.61	\$3,464,240.96	\$4,279,440.42		\$16,159,739.87
All 2014-2017 SP outputs under which A&Y expenditure fell in 2014							\$781,448.94	\$781,448.94
Total	\$1,878,976.50	\$2,535,307.99	\$4,609,514.31	\$4,041,796.57	\$3,552,915.62	\$4,279,440.42	\$781,448.94	\$21,679,400.35

A1: Programme Coordination and Assistance; **R303:** BCC for Youth; **R5:** Improved access to SRH services and sexual and reproductive health education and information for young people (including adolescents); **U1:** Population dynamics and its interlinkages with the needs of young people (including adolescents), sexual and reproductive health (including family planning), gender equality and poverty reduction addressed in national and sectoral development plans and strategies; **U6:** Improved access to SRH services and sexual and reproductive health education and information for young people (including adolescents); **All SP Outputs 2014-2017 under which adolescents and youth expenditure fell in 2014:** **SP Output 1:** Increased national capacity to deliver integrated sexual and reproductive health services; **SP Output 2:** Increased national capacity to strengthen enabling environments, increase demand for and supply of modern contraceptives and improve quality family planning services that are free of coercion, discrimination and violence; **SP Output 4:** Increased national capacity to deliver HIV programmes that are free of stigma and discrimination, consistent with the UNAIDS unified budget results and accountability framework (UBRAF) commitments; **SP Output 6:** 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; **SP Output 7:** Increased national capacity to design and implement community and school-based comprehensive sexuality education (CSE) programmes that promote human rights and gender equality; **SP Outputs 9:** Strengthened international and national protection systems for advancing reproductive rights, promoting gender equality and non-discrimination and addressing gender-based violence; **SP Output 12:** Strengthened national capacity for production and dissemination of quality disaggregated data on population and development issues that allows for mapping of demographic disparities and socioeconomic inequalities, and for programming in humanitarian settings; **SP Output 13:** Increased availability of evidence through cutting-edge indepth analysis on population dynamics, sexual and reproductive health, HIV and their linkages to poverty eradication and sustainable development; **SP Output 14:** Strengthened capacity for the formulation and implementation of rights-based policies (global, regional and country) that integrate evidence on population dynamics, sexual and reproductive health, HIV, and their links to sustainable development; **SP Output 15:** Strengthened national capacity for using data and evidence to monitor and evaluate national policies and programmes in the areas of population dynamics, sexual and reproductive health and reproductive rights, HIV, adolescents and youth and gender equality, including in humanitarian settings.

Source: UNFPA Evaluation Office based on Atlas (GPS) data.

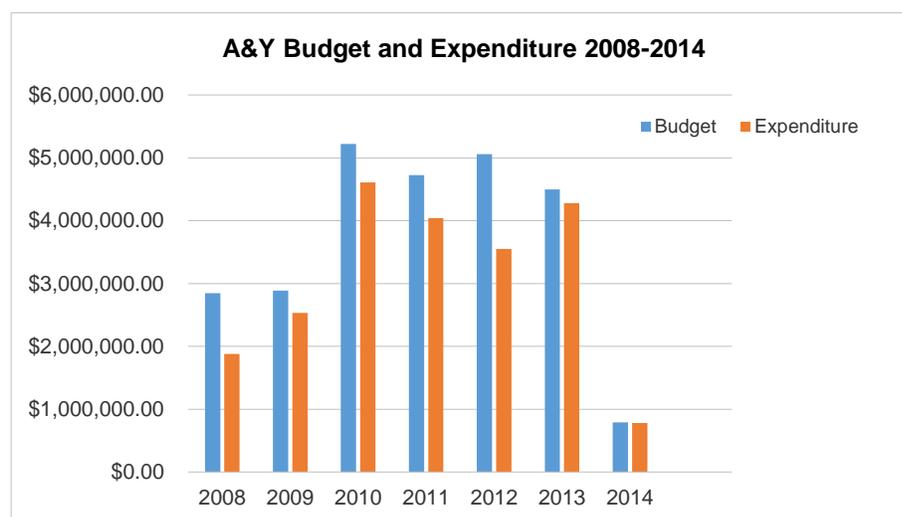
Table 13 and Figure 3 compares the amount budgeted with the amount spent in support of adolescents and youth by the country office for the period 2008-14. Total expenditure amounted to around USD 21.3 million. Data indicate considerable annual expenditures between USD 1.9 (2008) and 4.6 million (2010) except for 2014 when expenditures fell to USD 781,000. Overall, adolescents and youth expenditure accounted for roughly 48.1 per cent of total country office expenditure from 2008 to 2014, a significant amount.³⁷ The overall fund execution rate was 83 per cent.

Table 13: Budget and expenditure in adolescents and youth 2008-2014 (USD)

Annual Budgets and Expenditures in Support of adolescents and youth from 2008-2014 (USD)			
Year	Budget	Expenditure	Implementation Rate
2008	\$2,845,554.61	\$1,878,976.50	66.03%
2009	\$2,887,173.63	\$2,535,307.99	87.81%
2010	\$5,220,467.19	\$4,609,514.31	88.30%
2011	\$4,725,538.24	\$4,041,796.57	85.53%
2012	\$5,058,930.15	\$3,552,915.62	70.23%
2013	\$4,500,018.13	\$4,279,440.42	95.10%
2014	\$790,733.56	\$781,448.94	98.83%
Total	\$26,028,415.51	\$21,679,400.35	83.29%

Source: UNFPA Evaluation Office based on Atlas (GPS) data.

Figure 3: Adolescents and youth budget and expenditure 2008 - 2014



Source: UNFPA Evaluation Office based on Atlas (GPS) data.

³⁷ Total country office (CO) expenditure from 2008-2013: USD 42,296,584 (Source: Atlas dataset generated June 10, 2014). Total CO expenditure for 2014 is USD 2,800,474 (Source: Atlas GPS dataset generated in September 2015). Total CO expenditure for 2008-2014: USD 45,097,058. Note that 2008-2011 CO expenditure data was added to 2012-2013 CO expenditure data and 2014 CO expenditure data to arrive at an estimate of total CO expenditure for 2008-2014. However, expenditure figures from 2008-2011 are not directly comparable to figures from 2012-2013 or 2014, due to changes in UNFPA accounting procedures and coding (with the introduction of the new SP in 2012 and another in 2014). Though this is the case, estimates can still be made.

Table 14: Sources of adolescents and youth expenditure 2008 – 2014 (USD)

Sources of Adolescents and Youth Expenditure 2008-2014 (USD)								
Source of funding	2008	2009	2010	2011	2012	2013	2014	Total
Finland	\$434,571.55	\$602,184.79	\$995,242.57	\$1,443,828.09	\$1,534,486.89	\$3,088,712.38		\$8,098,942.69
Netherlands	\$439,130.50	\$854,763.23	\$1,990,833.92	\$847,800.24	\$1,523,727.66	\$462,079.74		\$6,118,304.56
Luxembourg	\$865,393.23	\$852,268.43	\$1,371,600.45	\$1,334,567.66				\$4,423,829.77
TTF - Multi Donor (TTF POOL RHCS II)					\$53,177.82	\$448,017.76	\$23,727.31	\$524,922.89
Spain				\$132,794.87	\$88,674.66			\$221,469.53
Small contributions	\$6,650.00			\$0.00	\$0.00			\$6,650.00
Total other resources (earmarked)	\$1,745,745.28	\$2,309,216.45	\$4,357,676.94	\$3,758,990.86	\$3,200,067.03	\$3,998,809.88	\$23,727.31	\$19,394,233.75
Total regular resources (not earmarked)	\$133,231.22	\$226,091.54	\$251,837.37	\$282,805.71	\$352,848.59	\$280,630.54	\$757,835.94	\$2,285,280.91
Grand Total	\$1,878,976.50	\$2,535,307.99	\$4,609,514.31	\$4,041,796.57	\$3,552,915.62	\$4,279,440.42	\$781,563.25	\$21,679,514.66

Source: UNFPA Evaluation Office based on Atlas (GPS) data.

Table 14 shows that, until 2013, UNFPA had very successfully mobilised other resources (around USD 19.4 million for 2008-2014). Roughly 90 per cent of total expenditure in support of adolescents and youth came from other resources, with significant amounts being contributed by the Governments of Finland (2008-13), the Netherlands (2008-13) and Luxembourg (2008-11). Regular resources exceeded other resources in 2014 for the first time.

Table 15 indicates annual expenditure by UNFPA and its (26) governmental and non-governmental implementing partners (IPs) from 2008 to 2014 in Nicaragua. It reveals that UNFPA has directly implemented 46 per cent of available resources for adolescents and youth programming. In monetary terms, the most important IPs were the Municipal Association of Nicaragua (AMUNIC, 2008-13), the Government (2008-11) and the Central American University of Nicaragua (2010-11).

Table 15: Expenditure by implementing agency 2008-2014 in USD

Expenditure by implementing agency 2008-2014 in USD								
Implementing agency	2008	2009	2010	2011	2012	2013	2014	Total
UNFPA	\$859,574.30	\$854,531.37	\$1,518,632.68	\$1,382,927.96	\$1,636,601.70	\$3,107,991.44	\$652,186.23	\$10,012,445.68
Municipal Association of Nicaragua (AMUNIC)	\$130,637.03	\$437,958.36	\$1,475,728.75	\$590,103.00	\$780,222.84	\$399,227.55		\$3,813,877.53
Government	\$712,456.54	\$766,485.19	\$660,914.78	\$26,159.36				\$2,166,015.87
Central American University of Nicaragua			\$459,914.45	\$779,506.37				\$1,239,420.82
Ministry of Health					\$417,745.77	\$481,713.02	\$25,793.92	\$925,251.79
Luciernaga Foundation	\$10,901.48	\$92,111.41	\$131,133.06	\$118,002.96	\$46,349.99			\$398,498.90
Regional Council RACS				\$174,010.53	\$165,480.15	\$47,073.53		\$386,564.21
Regional Council RACN				\$190,850.20	\$143,438.66	\$38,326.34		\$372,615.20
Government 1	\$28,956.45	\$165,870.45	\$172,266.56	\$4,217.85				\$371,311.31
Government 2	\$23,294.73	\$135,431.49	\$163,882.71	\$8,679.08				\$331,288.01
Ministry of Education (MINED)			\$0.00	\$247,065.22	\$31,665.38	\$28,678.56	\$16,595.79	\$324,004.95
Ministry of Youth (MINJUVE)				\$132,794.87	\$88,674.66	\$23,511.69	\$39,795.28	\$284,776.50
Puntos de Encuentro Foundation	\$113,155.97	\$71,501.26	\$6,887.62	\$0.00	\$40,461.50			\$232,006.35
Centre for Research and Social Promotion of Nicaragua (CEPS)				\$92,495.50	\$15,611.26			\$108,106.76
Academy of Police (ACAPOL)				\$48,606.31	\$24,667.21	\$8,867.50	\$17,402.36	\$99,543.38
National Autonomous University				\$99,240.57	-\$46.66			\$99,193.91
ProFamilia Nicaragua						\$64,842.16	\$23,677.96	\$88,520.12

Nicaragua Communal Movement				\$32,015.56	\$31,968.45	\$22,106.43		\$86,087.83
Nicaraguan Association of People Living with HIV / AIDS				\$20,981.98	\$42,426.52			\$63,408.50
University of the Autonomous Regions of the Nicaraguan Caribbean Coast (URACCAN)						\$57,102.20		\$57,102.20
Polytechnic University (UNIVUPOLI)					\$53,177.82			\$53,177.82
Armed Forces of Nicaragua				\$23,997.07	\$25,856.62			\$49,853.69
Fe y Alegria (Faith & Happiness)				\$36,288.23				\$36,288.23
Government 3		\$11,418.46	\$20,153.70	\$639.87				\$32,212.03
Centre for Education and HIV/AIDS Prevention				\$21,096.06				\$21,096.06
Ministry of the Interior				\$12,118.02	\$8,613.75			\$20,731.77
Ministry of Women							\$6,000.01	\$6,000.01
Total	\$1,878,976.	\$2,535,307.	\$4,609,514.	\$4,041,796.	\$3,552,915.	\$4,279,440.	\$781,451.5	\$21,679,514.
	50	99	31	57	62	42	5 ³⁸	66

Source: UNFPA Evaluation Office based on Atlas (GPS) data.

³⁸ Does not include negative values (\$-2.61 spent by Nicaragua Communal Movement).

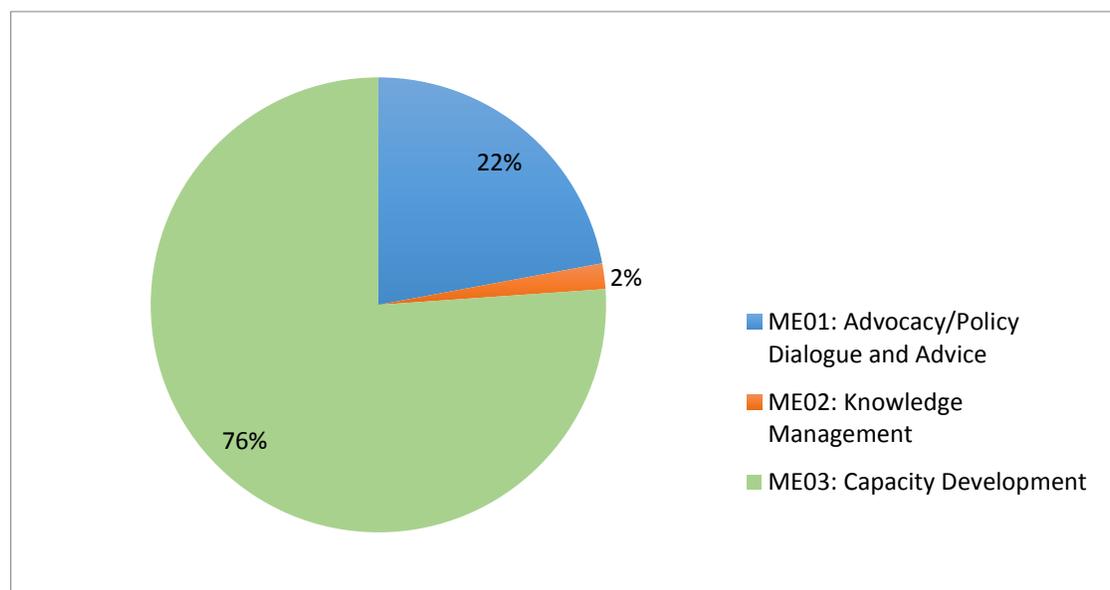
As an “orange” quadrant country, implementation in Nicaragua falls under the modes of engagement of advocacy/policy, knowledge management, and capacity building. Table 16 and Figure 4 capture the amount spent in support of adolescents and youth in 2014 by mode of engagement (MoE) introduced with the 2014-2017 SP. Spending was the highest for the MoE category “Capacity Development” at approximately USD 595,000 or 76 per cent of total spending, followed by “Advocacy/Policy Dialogue and Advice” (172,000 USD or 22 per cent). Low expenditure was reported for knowledge management. The country office did not engage in service delivery.

Table 16: Adolescents and youth expenditure by mode of engagement for 2014 in USD

Adolescents and youth Expenditure by mode of engagement for 2014 in USD	
Mode of Engagement	Expenditure
ME01: Advocacy/Policy Dialogue and Advice	\$172,493.89
ME02: Knowledge Management	\$14,231.10
ME03: Capacity Development	\$594,745.48
Grand Total	\$781,470.47³⁹

Source: UNFPA Evaluation Office based on GPS data.

Figure 4: Expenditure by Mode of Engagement in 2014 in Nicaragua (orange quadrant)



³⁹ Total does not include the negative amount spent under the “other” MoE category (\$-21.53).

5 Findings

5.1 Relevance

EQ1. To what extent was support to adolescents and youth, particularly the most marginalised and vulnerable, aligned with UNFPA policies and strategies, partner government priorities, plans and the needs of adolescents and youth and responsive to local contexts?

Summary of findings

UNFPA country programmes and their adolescents and youth components in Nicaragua were generally well aligned with policies and strategies outlined by UNFPA Strategic Plans during the 2008-2015 period, as well as with the 2007 Framework on adolescents and youth and the 2012-2020 adolescents and youth Strategy. UNFPA strategies aimed to include the needs of the marginalised and vulnerable adolescents and youth particular from the autonomous regions. Nevertheless, the participation of these populations was less prominent in programming, and was particularly affected by the closure of the Voz Joven programme which extended support to adolescents and youth in rural and remote regions.

UNFPA was aligned with national priorities in Nicaragua, particularly those related to the need to advance the health and wellbeing of adolescents and youth using human rights-based, gender- and culturally sensitive and inclusive approaches – all of which are institutionalised in national legislation, policies and strategies. UNFPA also conducted needs assessments and situation analyses of adolescents and youth alone and with partners, and has taken these needs into account for country programme design.

However, UNFPA support has not consistently reflected the needs of adolescents and youth as determined by adolescents and youth leaders, adolescents and youth organisations and other CSOs. While adolescents and youth participated in the design and planning of some UNFPA-supported programmes, the most marginalised and vulnerable, including those from very rural and remote areas, were not as represented in this process as UNFPA and partners would have liked. Rather, UNFPA has responded to changing government priorities in the area of adolescents and youth in Nicaragua, particularly its increasing concern about adolescents and youth political participation, by adjusting programming to align with government restrictions on support for CSOs. This has resulted in the closure of a long-standing programme and a reduction in the number of implementing partners, which has had consequences for the coherence of UNFPA adolescents and youth programming.

5.1.1 Alignment of UNFPA support with UNFPA policies and strategies in the area of adolescents and youth⁴⁰

UNFPA aligned its programme during the evaluation period to UNFPA strategic plans (SPs) (2008 – 2011 and 2014 – 2017, as well as the Mid-term Review 2012-2013),⁴¹ as demonstrated by analysis of the two UNFPA

⁴⁰ Evaluation assumption 1.1.

⁴¹ Documents: UNFPA Strategic Planning Documents (UNFPA Strategic Plan, 2008 – 2011; UNFPA Strategic Plan, 2014 – 2017, Mid-Term review 2012-2013).

country programme documents (CPDs) (2008 – 2012 and 2013 – 2017).⁴² The country programme of 2008 – 2012 appears well aligned in general terms with outcomes 1.2, 2.4, 2.5, and 3.1 of the SP 2008 – 2011.⁴³ Specifically, the programme aimed to meet the needs of adolescents and youth through attention to SRH services, life skills, political participation to influence public policies, and sexual and reproductive health education and information. These goals align with the four keys of the 2007 UNFPA Framework for Action on Adolescents and Youth.⁴⁴

Under the UNFPA SP 2014 – 2017, the UNFPA country programme of 2013 - 2017 increased its focus adolescents and youth issues, in accordance with an increasing emphasis on adolescents and youth needs in UNFPA policies and strategies globally. This was demonstrated by the inclusion of a dedicated adolescents and youth component of the document, and specific inclusion of adolescents and youth as beneficiaries within other components (gender, population dynamics), with identified strategies for achieving the listed outputs. The programme components mirror prongs I, II and III of the UNFPA Strategy on Adolescents and Youth,⁴⁵ alignment to prongs IV and V (bold initiatives to reach the most vulnerable, and youth leadership and participation respectively) is less apparent, reflecting the closure of the Voz Joven programme on youth leadership and participation in 2013 (further discussed in Section 5.2.5). In addition, this country programme shows improved consideration of past lessons learned, when compared with the 2008 – 2012 CPD, in that it directly addresses challenges and lessons learned from the preceding country programme and its evaluation.⁴⁶

5.1.2 Alignment of UNFPA support with national (government and CSOs) priorities and needs in the area of adolescents and youth⁴⁷

UNFPA activities in Nicaragua between 2008 and 2014 corresponded to national priorities and needs. The focus was generally on government-determined priorities, and UNFPA interventions evolved over the evaluation period in reflection of the changing political context.

At the government level, UNFPA interventions were aligned throughout the period with various government strategies, laws and policies, including the National Policy for the Comprehensive Development of Youth (2005-2015), and most recently, the National Strategy Comprehensive Adolescents and youth Health (2015 – 2017).⁴⁸ More specifically, the SRH component of UNFPA programming was aligned with the Childhood and Adolescence

⁴² Documents: UNFPA Programming Documents (UNFPA Country Programme Document for Nicaragua, 2008 – 2012; UNFPA Country Programme Document for Nicaragua, 2013 – 2017).

⁴³ Outcome 1.2: Young people's rights and multi-sectoral needs incorporated into public policies, poverty reduction plans and expenditure frameworks, capitalising on the demographic dividend. Outcome 2.4: Demand, access to and utilisation of quality HIV and STI prevention services, especially for women, young people, and other vulnerable groups, including populations of humanitarian concern increased. Outcome 2.5: Access of young people to SRH, HIV and gender-based violence prevention services, and gender-sensitive life skills-based SRH education improved as part of a holistic multi-sectoral approach to young people's development. Outcome 3.1: Gender equality and the human rights of women and adolescent girls, particularly their reproductive rights, integrated in national policies, development frameworks and laws. Documents: UNFPA Strategic Planning Documents (UNFPA Strategic Plan, 2008 – 2011).

⁴⁴ Key 1: Supportive policy making that applies the lens of population structure and poverty dynamics. Key 2: Gender-sensitive, life skills-based sexual and reproductive health education. Key 3: Sexual and reproductive health services. Key 4: Young people's leadership and participation. Documents: UNFPA Strategic Planning Documents (UNFPA Framework for Action on Adolescents and Youth).

⁴⁵ Documents: UNFPA Strategic Planning Documents (UNFPA Strategy on Adolescents and Youth, 2013).

⁴⁶ Documents: UNFPA Programming Documents (UNFPA Nicaragua Country Programme Document, 2013 – 2017, p3).

⁴⁷ Evaluation assumption 1.2.

⁴⁸ Documents: UNFPA Programming Documents (Nicaragua country programme evaluation, 2008-12, p 24, pp 26 – 27), Other Documents (National Policy for the Comprehensive Development of Youth (2005 - 2015), the National Strategy for Comprehensive Adolescent and Youth Health (2015-2017).

Code,⁴⁹ the National Plan for Human Development, and Nicaraguan Laws 392: Comprehensive Development of Youth,⁵⁰ and 238: Law for the Promotion, Protection and Defence of the Human Rights Related to AIDS.

The Agreement for Cooperation under the UNFPA country programme of 2013 included that the government of Nicaragua and UNFPA would guarantee a youth perspective in plans, programmes and projects related to the sexual and reproductive health and reproductive rights of adolescents and youth, as well as strengthen adolescents and youth participation in national and local spaces related to adolescents and youth sexual and reproductive health and reproductive rights.⁵¹ The agreement included adolescents and youth access to sexual and reproductive health education and quality health services, as well as gender-based violence and HIV prevention. To implement the agreement, specific efforts were made to gather opinions of adolescents and youth stakeholders to develop and assess specific programmes, particularly related to International Youth Day and other campaigns.⁵² In addition, UNFPA strategies were aligned⁵³ with the Ministry of Health's Strategy toward Adolescents, which contains a human rights perspective, focuses on gender, and takes into account the developmental stage as well as the needs of the adolescent.⁵³

UNFPA support corresponded to a lesser degree to the needs of adolescents and youth as determined by adolescents and youth organisations and other civil society organisations in Nicaragua. UNFPA adapted its approach to align with changing government priorities in recent years, as the government has become increasingly controlling of the content and direction of adolescents and youth programming, especially in the area of leadership and participation.⁵⁴ As such, differences have emerged between UNFPA, CSOs and non-governmental implementing partners in the vision of what is needed for adolescents and youth, and it has been challenging for UNFPA to maintain alignment with government priorities in a way that also allows alignment with the priorities of CSOs and other partners, as well as its mandate to support civil society organisations.⁵⁵ For example, CSOs see adolescent pregnancy as the top priority adolescents and youth programming - a topic that is recognised by the government and UNFPA, but during the evaluation period, an issue that had not yet received the critical support CSOs would like in terms of advocacy. Many non-governmental partners stated that UNFPA could be bolder in advocating for broader inclusion and participation of civil society in accord with the UNFPA mandate.⁵⁶ These challenges are further discussed in Section 5.1.3.

UNFPA conducted needs assessments and situation analyses of adolescents and youth itself as well as with partners and, in some cases, relied on needs assessments conducted by others to inform the country programme.⁵⁷ Some needs assessments included the most remote areas of the country. During 2013 and 2014, an anthropological study was conducted with URACCAN on the rights of children and adolescents on how to better meet their SRH needs, with a focus on behaviours, priorities and preferences of the indigenous

⁴⁹ In this code, the state guarantees sex education through school and the educational community.

⁵⁰ This law enshrines the right of youth to an education that promotes respect for sexual and reproductive health and reproductive rights, responsible parenthood, and STI prevention. Documents: Other Documents (Nicaraguan Law 392: Comprehensive Development of Youth).

⁵¹ Documents: Other Documents (Addendum 1 to the Collaboration Agreement between the Government of the Republic of Nicaragua and UNFPA, in relation to the implementation of the Action Plan for the Promotion and Exercise of Sexual and Reproductive Rights of Youth and Adolescents, within the framework of the Country Programme 2013-2017 of cooperation by UNFPA in Nicaragua, 2013).

⁵² Interviews: UNFPA Staff, UN Staff, NGOs, adolescents and youth Beneficiaries.

⁵³ Documents: Other Documents (the National Strategy for Comprehensive Adolescent and Youth Health (2015-2017)).

⁵⁴ Interviews: UNFPA Staff, Government, NGOs. Documents: UNFPA Programming Documents (Nicaragua country programme evaluation, 2008-12, p23).

⁵⁵ Interviews: UNFPA Staff, Government, NGOs. Documents: Evaluations, Reviews and Assessments (Nicaragua country programme evaluation, 2008-12, p23).

⁵⁶ Interviews: UNFPA Staff, Donors, NGOs, Adolescents and Youth Beneficiaries.

⁵⁷ Interviews: UN staff, Government, NGOs.

populations in the Caribbean Coast.⁵⁸ Furthermore, adolescents and youth have participated in the design and planning of UNFPA-supported programmes, but the most marginalised and vulnerable, such as those from very rural and remote areas, have not been well represented in this process.⁵⁹

5.1.3 Responsiveness of UNFPA support to changing contexts while maintaining coherence of programmes⁶⁰

UNFPA has responded to changing government priorities and strategy in the area of adolescents and youth in Nicaragua, although this has at times affected the coherence of programming. In recent years, the government has increasingly become less open to CSOs and has streamlined donor participation through government organisations. For example, since 2012, government representatives have not participated in many of the adolescent pregnancy prevention workshops convened in Nicaragua by the UNFPA Latin America and the Caribbean regional office, and has allowed UN organisations to manage external donor funds for adolescent pregnancy programming.⁶¹ As a result, UNFPA adjusted programming to align with government restrictions on support for CSOs, and government requests and expectations for support – an approach taken to ensure ongoing government support for UNFPA’s presence in the country.⁶² Shifts in government interest and acceptance of UNFPA programming contributed to reductions in the number of non-governmental implementing partners of UNFPA and to the closure of longstanding adolescents and youth programmes, such as the adolescent houses set up in conjunction the Association of Nicaraguan Municipalities (AMUNIC) and spearheaded by the Voz Joven programme.⁶³ Despite these changes, some interviewees from the government felt that UNFPA had not been responsive enough to government requests.⁶⁴ In contrast, stakeholders from non-governmental implementing partners and other CSOs reported that they felt that UNFPA had been overly responsive, and did not demonstrate sufficient innovation or leadership to advance its mandate in the increasingly constrained political context.⁶⁵

UNFPA staff sought alternative ways of maintaining their partnerships with civil society organisations (as this is part of the UNFPA mandate) in the context of evolving political restrictions on funding NGOs/CSOs, for example by working with academic institutions. Another example of UNFPA adopting alternative approaches was its shift, after 2011, away from government-run clinics to working with partners to make youth-friendly health services available through private health services such as the IPPF local member association Profamilia.⁶⁶ Although UNFPA staff continued to work “behind the scenes” to advocate for adolescents and youth needs, UNFPA did not succeed in developing acceptable (to the government) alternative approaches and coordination mechanisms to advance the adolescents and youth agenda in partnership with other adolescents and youth stakeholder organisations.⁶⁷ Sections 5.4.1 and 5.4.2 further discuss these leadership and partnership challenges.

⁵⁸ Documents: UNFPA Relevant Thematic Documents (UNFPA & URACCAN. Practices, Signs & Significance Regarding Rights, Gender & Sexuality of Adolescents and Youth of Indigenous & Afrodescendant Peoples. RAAN & RAAS. December, 2014. (UNFPA, URACCAN. Prácticas, signos y significados sobre Derechos, Género y Sexualidad de adolescentes y jóvenes de Pueblos Indígenas y Afro descendientes. RAAN y RAAS, Diciembre, 2014)).

⁵⁹ Interviews: NGOs.

⁶⁰ Evaluation assumption 1.3.

⁶¹ Interviews: UNFPA Staff.

⁶² Interviews: UNFPA Staff, Government, NGOs.

⁶³ Interviews: UNFPA Staff, Government, Donors, NGOs.

⁶⁴ Interviews: UNFPA Staff, Government, Donors.

⁶⁵ Interviews: Government, NGOs, Adolescents and Youth Beneficiaries.

⁶⁶ Interviews: UNFPA Staff, UN Staff, Donors, NGOs, Adolescents and Youth Beneficiaries.

⁶⁷ Interviews: UNFPA Staff, UN Staff, Donors.

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 prioritised the most marginalised and vulnerable adolescents and youth, particularly young adolescent girls in its interventions?

Summary of findings

UNFPA explicitly (internally and with partners) advocated for the human rights of adolescents and young people, and was successful in supporting the government to implement a human rights-based approach. UNFPA was also able to support other partners to put human rights at the centre of their work for adolescents and youth, and to empower adolescents and youth to understand and advocate for their rights.

UNFPA has been a champion for work on gender issues in Nicaragua, including for adolescents and youth. UNFPA worked to integrate gender issues into key legal, policy and programmatic documents and approaches. Programme messages, orientations and activities were designed with the aim of reducing gender barriers for adolescents and youth, and some awareness-raising campaigns were successful in changing behaviour and reducing sexual violence. However, accomplishments were not always long-lasting: UNFPA support for the law on violence against women was stymied due to government revision of the law, limiting legal redress for victims of violence. In addition, gender barriers within other aspects of programming, such as access to health services for adolescents and youth, were not sufficiently monitored or addressed.

In line with government regulation, the strategic direction and programmatic approaches of UNFPA in Nicaragua promoted and facilitated the integration of culturally sensitive approaches. The diversity of ethnic groups' needs, including language and geographical barriers, was taken into account by UNFPA programming. UNFPA also supported partners, to increase their understanding of and attention to cultural sensitivity over the evaluation period. However, more was done to address cultural issues in the design and planning of interventions than in implementation, monitoring and evaluation.

Reaching the most vulnerable and marginalised adolescents and youth was a priority and a challenge for UNFPA in Nicaragua over the evaluation period, although attention to the needs of adolescent girls beyond specific, limited programmatic areas was not evident. UNFPA worked to identify and facilitate the inclusion of marginalised and vulnerable adolescents and youth in its programming, including through research, although geographical and financial barriers meant the most marginalised and vulnerable young people could not always be reached. UNFPA has acted as a prominent convener on issues pertinent to adolescents and youth in Nicaragua, and programming for the most marginalised and vulnerable young people has benefited from strong relationships with skilled partners, although these relationships have been challenged by the recent political climate. A study on specific barriers faced by indigenous adolescents and youth was recently conducted, demonstrating UNFPA's continued commitment to reaching the most vulnerable in the autonomous regions.

5.1.4 Incorporation of human rights-based approaches in adolescents and youth strategies and programmes⁶⁸

UNFPA explicitly (internally and with partners) addresses the human rights of adolescents and young people in policy, advocacy, materials, and through work to support the empowerment of adolescents and youth. As such, UNFPA is recognised by government, CSO and youth stakeholders as a pioneer and leader in advocating for the human rights of adolescents and youth in Nicaragua.⁶⁹ Specifically, UNFPA was credited by CSOs for the high level of awareness of the importance of using a human rights-based approach in adolescents and youth programming in the country.⁷⁰

UNFPA has supported the government of Nicaragua to incorporate the principles of the International Conference on Population and Development (ICPD) and the life cycle approach into government documents, policies and strategies. For example, UNFPA supported the Police Academy (ACAPOL), to integrate a human rights approach in a cross-cutting manner through its implementation of comprehensive sexual and reproductive health education and information for young, male academy recruits, who largely come from poor, marginalised, rural areas. UNFPA furthermore supported the Ministry of Health's Strategy toward adolescents, which contains a human rights perspective, focuses on gender, takes into account the developmental stage as well as the needs of the adolescent, and emphasises providing culturally appropriate health care for young people.⁷¹

In 2012, UNFPA participated in the Joint MDG 4 and 5 Programme Plan (further discussed in Section 5.4.2), which aimed to strengthen institutional and local capacity in vulnerable areas, including in rural, indigenous and afro-descendant communities. This plan explicitly included a focus on human rights, gender, intercultural aspects, and age differences with adolescents and youth specific indicators.⁷²

A particular strength of UNFPA work to address the rights of adolescents and youth to information, health services and participation in Nicaragua has been its support for the development of the capacity of adolescents and youth to understand and exercise their rights through participation and leadership. Through the success of Voz Joven and other programmes, many adolescents and youth were heard in social movements, political processes, and new organisations and groups.⁷³ These young people have begun to influence the adolescents and youth agenda at the regional, departmental and national level, for example, as adolescents and youth volunteers at the adolescent houses (CAJ); by submitting proposals to municipal governments on issues of concern to them; and by participating in national dialogue on HIV issues.⁷⁴ This work is further discussed in Section 5.2.5.

5.1.5 Incorporation of gender-responsive approaches and strategies to address gender barriers in adolescents and youth strategies and programmes⁷⁵

⁶⁸ Evaluation assumption 2.1.

⁶⁹ Interviews: NGOs.

⁷⁰ Interviews: UNFPA Staff, UN Staff, Government, NGOs.

⁷¹ Documents: Other Documents (the National Strategy for Comprehensive Adolescent and Youth Health (2015-2017)).

⁷² Documents: Partner and Relevant Thematic Documents (UNDP fact sheet for the MDG joint programme. <http://mptf.undp.org/factsheet/fund/JNI00>; MDG Joint Programme Document, 2012).

⁷³ Interviews: Government, NGOs.

⁷⁴ Interviews: UN Staff, Government.

⁷⁵ Evaluation assumption 2.2.

UNFPA has been a champion for addressing gender barriers and incorporating gender-responsive approaches for adolescents and youth in Nicaragua.⁷⁶ Much of this work focussed on identifying and reducing gender barriers within programming, as well as on awareness-raising of gender issues. For example, though the Voz Joven programme did not explicitly focus on gender issues, through its capacity building and support for adolescents and youth, young leaders actively reached out to adolescents and youth to integrate them into the broader youth movement they were creating.⁷⁷ UNFPA also trained 9,122 youth promoters in 43 municipalities in informal educational strategies to promote gender equality and prevent sexual violence, and established partnerships with the network of masculinities (REDMAS) through the campaign “Ser machista es serbalurde” with adolescents and youth involved in Municipal Youth Centres.⁷⁸ An evaluation of this programme showed that through awareness raising and training on gender equity and sexual violence prevention for male youth, positive changes in adolescent pregnancy rates, reduced sexual risk taking and partner violence and improved HIV prevention were achieved.⁷⁹ Similarly, the “Ganale a las Ganas” (Conquer Your Desire) campaign, which aimed at 15 – 19 year olds boys and young men to prevent violence and adolescent pregnancy, was found to be effective in changing behaviour.⁸⁰

UNFPA also developed the capacity of government partners to address gender-barriers faced by adolescents and youth. Within the government, gender-sensitive approaches are mandated in all programmes, materials, and strategies. UNFPA built the capacity of government ministries to implement this strategy through a range of activities, including observation of the National Commission Against Violence Towards Women since its formation in 2013; technical support for the implementation of Law 779 - the Comprehensive Law Against Violence Towards Women (2012); support for the Ministry of Family to develop a strategy for prevention of adolescent pregnancies and guidelines for the prevention of gender violence and protection of victims, particularly adolescents and children in vulnerable situations; and support for Ministry of Women to develop guidelines for the incorporation of a gender approach, especially sexual and reproductive rights, for adolescent pregnancy and GBV interventions.⁸¹ In addition, the Ministry of Education was supported in 2011 to train school counsellors, and make curriculum changes to promotion of gender equality and prevention of GBV,⁸² and UNFPA worked with police academies to incorporate gender-transformative education and to increase recruitment of adolescents and girls / women.⁸³

However, UNFPA support for the integration of a gender approach was not consistently sustained. In the case of Law 779 on violence against women, amendments were made in 2013 to allow mediation in cases of violence at community level before a case can be brought to trial. There has been international condemnation of the revision of the law,⁸⁴ and UNFPA has been working with other UN organisations to document how the law is discriminatory to victims of violence as a basis to discuss with the government the need to repeal the reforms.⁸⁵

⁷⁶ Interviews: UNFPA Staff, UN Staff, Donors, NGOs, Adolescents and Youth Beneficiaries.

⁷⁷ Interviews: Government, Adolescents and Youth Beneficiaries.

⁷⁸ Interviews: UNFPA Staff, Donors, NGOs. Documents: 2010 COAR p18.

⁷⁹ Interviews: UNFPA Staff, Documents: UNFPA Annual Reports (2013 COAR p19, 2013 COAR p17, Ser machista es serbalurde Evaluation).

⁸⁰ Interviews: UNFPA Staff, NGOs. Documents: UNFPA Annual Reports (2012 COAR p21; 2013 COAR p19; 2012 COAR p33; 2011 COAR p33; 2013 COAR p17).

⁸¹ Documents: UNFPA Annual Reports (2013 COAR p16).

⁸² Documents: UNFPA Annual Reports (2011 COAR).

⁸³ Interviews: Government. Documents: UNFPA Programming Documents (2008-2012 CPD, p 3).

⁸⁴ Documents: Partner and Relevant Thematic Documents (Nicaragua: Key concerns relating to human rights promotion and protection in Nicaragua. Amnesty International Submission to the UN Universal Periodic Review, April – May 2014, p 3; The Association for Women’s Rights in Development, www.awid.org).

⁸⁵ Interviews: UNFPA Staff, Donors, NGOs.

Additionally, the gender perspective of UNFPA adolescents and youth programmes was not explicitly monitored as a programme objective. Funding constraints limited monitoring and evaluation activities that would have provided learning and recalibration of programmes that were not achieving their gender goals. An example of this is UNFPA work on youth friendly services, which did not succeed in providing targeted services for boys and young men – a fact that was recognised by multiple partners as a major shortcoming of their common interventions under the One UN.⁸⁶

5.1.6 Integration of culturally sensitive approaches in adolescents and youth interventions⁸⁷

In line with government regulation, the strategic direction and programmatic approaches of UNFPA facilitated consideration and integration of cultural perspectives in programme design and implementation, and supported partners to do so. Sensitivity to the diversity of ethnic groups' needs, including language, location and other specific needs was shown by UNFPA, which works across the country including in rural, hard-to-reach locations and autonomous indigenous regions.⁸⁸ Culturally sensitive approaches taken included working with locally respected institutions in indigenous autonomous regions and studies into the needs of Afro-descendant and indigenous youth to inform programming.⁸⁹ One key example was an anthropological study led by the University of the Autonomous Regions of the Nicaraguan Caribbean Coast (URACCAN) investigating the needs of target ethnic groups, as well as exploring how various groups exercise their sexual and reproductive health and rights in Nicaragua.⁹⁰

UNFPA also adapted key programmes to integrate cultural views and perspectives. A 2013 evaluation of the Voz Joven programme noted that the programme understood the limitations in using one curriculum to include all adolescents and youth in the country.⁹¹ As such, the curriculum was adapted for local language, cultural practices, and religious beliefs. Furthermore, cultural views and perspectives of programme beneficiaries were integrated in the design and implementation of UNFPA work with the Police Academy (ACAPOL) to overcome language barriers.⁹²

UNFPA was able to develop its understanding of and attention to cultural sensitive approaches over the evaluation period and thereby achieved a balance between programmatic efficiency and cultural acceptability.⁹³ However, more attention was devoted to cultural issues in the design and planning of programmatic approaches (for example, the inclusion of indigenous youth leaders in programme design) than in their implementation, monitoring and evaluation. For example, one study that took a culturally inclusive approach did not have funding allocated for the dissemination of its findings to the communities that had taken part.⁹⁴

⁸⁶ Interviews: UNFPA Staff, UN Staff, Government.

⁸⁷ Evaluation assumption 2.3.

⁸⁸ Interviews: Government, NGOs, Adolescents and Youth Beneficiaries.

⁸⁹ Interviews: UNFPA Staff, UN Staff, NGOs.

⁹⁰ Interviews: UNFPA Staff, NGOs. Documents: UNFPA Relevant Thematic Documents (UNFPA & URACCAN. Practices, Signs & Significance Regarding Rights, Gender & Sexuality of Adolescents and Youth of Indigenous & Afrodescendant Peoples. RAAN & RAAS. December, 2014, (UNFPA, URACCAN. Prácticas, signos y significados sobre Derechos, Género y Sexualidad de adolescentes y jóvenes de Pueblos Indígenas y Afro descendientes. RAAN y RAAS, Diciembre, 2014)).

⁹¹ Documents: Evaluations, Reviews and Assessments (Voz Joven Final Evaluation, 2013).

⁹² Interviews: Government. Documents: UNFPA Annual Reports (COARs 2008 - 2014).

⁹³ Interviews: NGOs.

⁹⁴ Interviews: Government, Donors, NGOs. Documents: UNFPA Relevant Thematic Documents (UNFPA & URACCAN. Practices, Signs & Significance Regarding Rights, Gender & Sexuality of Adolescents and Youth of Indigenous & Afrodescendant Peoples. RAAN & RAAS. December, 2014).

5.1.7 Prioritisation of interventions that identify and include adolescents and youth, particularly the most vulnerable and marginalised, especially adolescent girls⁹⁵

Identifying and prioritising the most vulnerable and marginalised was a priority for UNFPA in Nicaragua, although in practice this was difficult to fully achieve. Adolescent girl programming was done primarily through the adolescent pregnancy prevention programme, and interagency elimination of child marriage and GBV programmes. Despite these targeted programmes, there was not a strong emphasis on understanding and meeting the needs of adolescent girls particularly during the evaluation period. Efforts devoted to identifying and including adolescent girls in programming were supported by the gender programme's engagement in the elimination of early marriage and GBV through interagency programmes.⁹⁶

UNFPA demonstrated the prioritisation of marginalised and vulnerable adolescents and youth in programming, by working with indigenous and afro-descendant populations,⁹⁷ conducting programmes in rural locations,⁹⁸ and showing flexibility in the way programmes were implemented (e.g. programme officers going into urban barrios to reach vulnerable adolescents and youth, older health promoters involving younger people who spoke different languages,⁹⁹ and supporting the development of a sexual education curriculum within a rural, Christian-based educational network based on popular education).¹⁰⁰

Despite this targeting of programming to meet the needs of marginalised and vulnerable adolescents and youth, barriers remained at the time of the evaluation to the full realisation of meaningful participation of adolescents and youth in programming. Although some adolescents and youth participated in the design and planning of UNFPA-supported programming, the most marginalised and vulnerable, including those from very rural and remote areas, have not been well represented in this process.¹⁰¹ Furthermore, regional partners, especially from the indigenous areas, felt that more information was needed to understand the needs of adolescents and youth in their communities. UNFPA (in conjunction with URACCAN) recently responded to these concerns by commissioning an anthropological study in 2014 to better understand the needs, expectations, behaviours and risk factors of indigenous youth in the Costa Caribe.¹⁰²

Box 1: Best practice example: Engaging rural youth on Corn Island

⁹⁵ Evaluation assumption 2.4.

⁹⁶ Interviews: UNFPA Staff, UN Staff, Donors.

⁹⁷ Interviews: UNFPA Staff, Government, NGOs.

⁹⁸ Interviews: NGOs.

⁹⁹ Interviews: Government, NGOs.

¹⁰⁰ Documents: UNFPA Annual Reports (2011 COAR p27), Evaluations, Reviews and Assessments (Nicaragua country programme evaluation, 2008-12).

¹⁰¹ Interviews: NGOs.

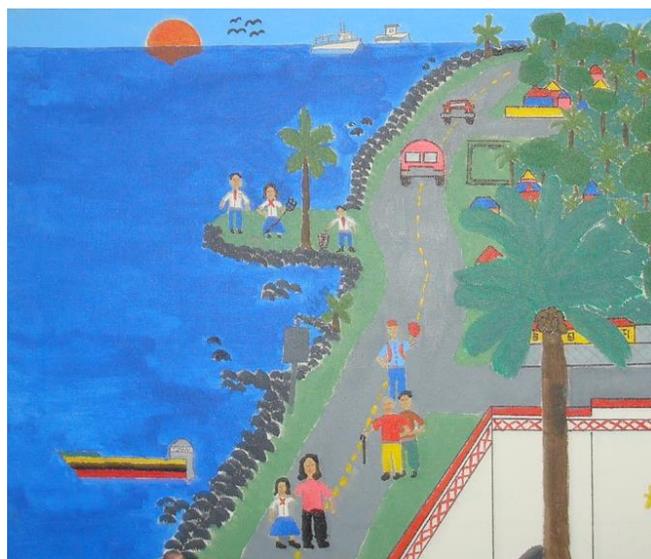
¹⁰² Interviews: UNFPA Staff, NGOs. Documents: UNFPA Relevant Thematic Documents (UNFPA & URACCAN. Practices, Signs & Significance Regarding Rights, Gender & Sexuality of Adolescents and Youth of Indigenous & Afrodescendant Peoples . RAAN & RAAS. December, 2014 (UNFPA, URACCAN. Prácticas, signos y significados sobre Derechos, Género y Sexualidad de adolescentes y jóvenes de Pueblos Indígenas y Afro descendientes. RAAN y RAAS, Diciembre, 2014)).

Best practice example: Engaging rural youth on Corn Island

The Voz Joven programme on Corn Island in the Autonomous Region of the Caribbean Southern Coast (RACS) successfully engaged marginalised and vulnerable adolescents and youth, demonstrating the breadth and reach of UNFPA adolescents and youth programming in Nicaragua.

On Corn Island, a small dedicated group of adolescents and youth, supported by the local municipality, created an innovative platform for engagement of rural island adolescents and youth together with UNFPA technical backstopping a platform for engagement of rural island adolescents and youth. Local youth, working in small groups supported by the programme, carried their tolerance, acceptance and SRH messages out to their community – even on a one-on-one basis in some cases – to reach out to the poor and otherwise marginalised young people to try and involve them in the programmes and opportunities available to adolescents and youth on the island. As a result of this very targeted outreach, they succeeded in mobilising adolescents and youth, including more vulnerable and marginalised youth, and political leaders to create fixed space within the municipal council sessions for young people to speak on legislative issues that affect them.

One activity for the Corn Island adolescents and youth Voz Joven group was their participation in a UNFPA art competition where youth were asked to share important aspects of their lives. The then president of the Corn Island Adolescents and youth Municipal Council, Shayron Tower Sjogreen, won first prize in a national art competition with his painting of the beauty of youth life on Corn Island.



of the Corn Island Adolescents and youth Municipal Council, Shayron Tower Sjogreen, won first prize in a national art competition with his painting of the beauty of youth life on Corn Island.

First Prize /II FESTIVAL NACIONAL VOZ JOVEN 2012

Despite UNFPA leadership and efforts on behalf of indigenous and other marginalised youth, gaps remain in some programming. There were no specific efforts targeting very young adolescent girls (10-14) observed during the evaluation period although early marriage, adolescent pregnancy prevention and gender-based violence programming and studies captured the younger adolescents and youth cohort.¹⁰³ HIV organisations working with adolescents and youth are no longer receiving support from UNFPA since UNFPA reduced the number of its implementing partners, despite their continued needs and/or lack of alternative funding options.¹⁰⁴

In addition, structural and financial barriers continue to limit the ability of UNFPA-supported programmes to penetrate the most remote areas and reach the most disadvantaged populations of Nicaragua. For example, the

¹⁰³ Documents: UNFPA Relevant Thematic Documents (Uniones a Temprana Edad: Estudio Sobre Causas, Manifestaciones e Implacaciones de las Uniones en Adolescentes y Niñas de Nicaragua, 2015; Voces del Sur: Análisis de la Situación de las Juventudes en la Región Autónoma de la Costa Caribe Sur de Nicaragua, 2015), Evaluations, Reviews and Assessments (Final Evaluation of Prevention of Adolescent Pregnancies Programme, p5).

¹⁰⁴ Interviews: UNFPA Staff, NGOs.

Voz Joven attempted to work in challenging rural areas such as the RACN town of Waspan close to the border of Honduras¹⁰⁵ but given the time and cost of getting there, it was simply not possible despite the clear needs.¹⁰⁶

UNFPA acted as a prominent convener on issues pertinent to adolescents and youth during the evaluation period, including the marginalised and vulnerable, although less so specifically for adolescent girls. At the government level, UNFPA provided advocacy and technical assistance for the Ministry of Youth 2013 – 2017 Plan for the Promotion of Reproductive Rights, which prioritises the prevention of adolescent pregnancy and incorporates the active participation of young people. In addition, UNFPA supported the creation of evidence regarding the SRH of rural adolescents to show policy makers the linkages between education, employment and SRH, as part of its support for the government's development of the National Policy against Violence towards Women, Children and Adolescents.¹⁰⁷ UNFPA support for marginalised and vulnerable adolescents and youth was further strengthened by its careful selection of skilled implementing partners. Informants from within UNFPA, as well as the government and CSOs, recognised this as a factor that had significantly contributed to successful programming and campaigns.¹⁰⁸

¹⁰⁵ Interviews: Government. Documents: UNFPA Programming Documents (Nicaragua country programme evaluation 2008 - 2012, p 82).

¹⁰⁶ Interviews: UNFPA Staff, Government, NGOs, Adolescents and Youth Beneficiaries.

¹⁰⁷ Documents: UNFPA Annual Reports (2013 COAR p 4).

¹⁰⁸ Interviews: UNFPA Staff, Government, NGOs.

5.2 Effectiveness and Sustainability

EQ3. To what extent has UNFPA contributed (or is likely to contribute) to an increase and sustainability of the availability of comprehensive sexual and reproductive health education and information and integrated services (including contraceptives, HIV and GBV) for adolescents and youth?

Summary of findings

Between 2008 and 2010, UNFPA contributed to an increase in the availability of health services for adolescents and youth in Nicaragua. It supported (through capacity building, infrastructure improvements, normative guidance, and commodities) government-run youth friendly health services within the public health system, clinics associated with adolescents and youth centres, and private providers. After 2011, UNFPA worked through partnerships with non-governmental organisations to support private youth-friendly health services through development of norms, protocols, and training. UNFPA also advocated for increased availability of integrated services for adolescents and youth and the reduction of socio-cultural, legal and gender barriers to service accessibility. Specifically, UNFPA support for integrated gender-based violence services was advanced through the establishment of law 779, which was later amended, weakening its protection for victims of violence.

It appears that UNFPA support contributed to adolescents and youth access to and uptake of SRH services, although UNFPA-supported services were not always of high-quality and sustainable. Multi-sector partnerships were not significantly adopted for political reasons, and evidences is mixed that UNFPA-supported activities have increased national ownership of SRH services for young people.

UNFPA in Nicaragua made significant contributions to the advancement of sexual and reproductive health education and information for adolescents and youth in Nicaragua during the evaluation period. UNFPA increased the capacity of government and non-government partners to design and implement quality SRH education and information programmes for adolescents and youth, based on international standards. To do so, it advocated for reductions in socio-cultural, legal and gender barriers and engaged with parent, teachers and communities. However, there was insufficient evidence to judge the reach and sustainability of these programmes, as well as their effectiveness in changing attitudes and risk behaviours. Aside from support for peer educators and volunteers, there was little evidence that the educational efforts were linked to services, included multi-sectoral action, or were directly coordinated or mainstreamed within other UNFPA-supported adolescents and youth programmes. As such, national ownership and sustainability of sexual and reproductive health education and information has not been achieved in Nicaragua.

Testing of the evaluation Theory of Change (ToC) pathways for sexual and reproductive health education and information and SRH services generally confirmed their validity. However, the pathways appear to under-emphasise the importance of political commitment to meeting the needs of adolescents and youth, as well as the need for strong linkages between sexual and reproductive health education and information, information and services interventions. Similarly, the ToC inadequately incorporated a focus on quality within provision of adolescents and youth health services, and did not include the use of data and evidence to strengthen the delivery of health services and sexual and reproductive health education and information.

5.2.1 Availability and use of quality, integrated and sustainable SRH services (including contraceptives, HIV & GBV) for adolescents and youth ¹⁰⁹

UNFPA contributed to an increase in the availability of health services for adolescents and youth in Nicaragua, including by developing the capacities of partners. Between 2008 and 2010, UNFPA supported the government to develop evidence-based, integrated (HIV and GBV services) youth-friendly health services within the public health system and also supported clinics associated with Adolescents and youth Centres, and private providers.¹¹⁰ Support provided included capacity building, infrastructure improvements, normative guidance, and commodities. After 2011, government support for the concept of stand-alone youth friendly health services waned, following a shift in support by UNFPA away from direct support for government-run clinics to working with partners to make youth-friendly health services available through private health services of the IPPF local member association ProFamilia.¹¹¹ This change in partners was reinforced by the changing business model of UNFPA under the 2014 – 2017 SP, which directed support in Nicaragua away from service provision to more upstream activities such as capacity building, advocacy and policy development.¹¹² UNFPA support in this period thus focused on development and dissemination of evidence-based norms and protocols, and training, rather than on supply of commodities or infrastructure improvements. UNFPA also supported peer education to increase the uptake of youth friendly health services, as is further discussed in section 5.2.2.¹¹³

UNFPA has advocated for increased availability of integrated services for adolescents and youth and the reduction of socio-cultural, legal and gender barriers to service accessibility. Specifically, services for survivors of gender-based violence, including adolescents and youth, were first advanced through the establishment of Law 779 with UNFPA support, but this law was later reformed, with women facing additional regulatory barriers to bring perpetrators of violence to justice (see section 5.1.5 for additional information). It is unclear how the reforms in the law have affected access to services; however, at the time of the evaluation, UNFPA was conducting a study to assess the impact of the change in the law on the health of women victims of violence.¹¹⁴ Another UNFPA-supported programme in San José de Bocay developed the capacity of service providers on prevention of GBV and case management for survivors, as well as promotion of sexual and reproductive health and reproductive rights for women, adolescents and girls in rural and indigenous communities.¹¹⁵ Nonetheless, significant access barriers to SRH services for young people remain, including GBV services.¹¹⁶

The quality and sustainability of government run youth friendly health services was not verified by the evaluation as no government-run clinics were visited due to time constraints during the evaluation visit. UNFPA supported private youth-friendly health services were reported to be of higher quality and greater acceptability to adolescents and youth, in comparison with government clinics.¹¹⁷ For example, some adolescents and youth

¹⁰⁹ Evaluation assumption 3.1.

¹¹⁰ Interviews: NGOs. Documents: Other Documents (Brochures and educational information available at the clinics on HIV and GBV services offered at the youth-friendly clinics).

¹¹¹ Interviews: UN Staff, NGOs.

¹¹² Interviews: UNFPA Staff, NGOs. Documents: UNFPA Strategic Planning Documents (UNFPA SP 2014 – 2017 Annex 4), UNFPA Annual Reports (2013 COAR).

¹¹³ Interviews: UNFPA Staff. Documents: Evaluations, Reviews and Assessments (Voz Joven Final Evaluation, 2013).

¹¹⁴ Interviews: UNFPA Staff, NGOs. Documents: Other Documents (Modelo de Atención Integral a Víctimas de Violencia de Género en Nicaragua, 2012).

¹¹⁵ Documents: UNFPA Programming Documents (Reduction of human insecurity in Alto Wangki Bocay Nicaragua: An integrated, multi-sectoral and intercultural human security intervention, UN Trust Fund for Human Security; Joint Programme to Reduce Insecurity: AWB, 2014, Human Insecurity Consolidated Annual Reports, 2013 - 2014), UNFPA Annual Reports (2009 COAR, p.29), Other Documents (Troncoso, E; Billings, D.L; Ortiz, O.; y Suárez, C. (2006). *¡Ver y atender! Guía práctica para conocer cómo funcionan los servicios de salud para mujeres víctimas y sobrevivientes de violencia sexual*. Ipas, Chapel Hill, NC).

¹¹⁶ Interviews: UNFPA Staff, NGOs.

¹¹⁷ Interviews: NGOs. Documents: Evaluations, Reviews and Assessments (Nicaragua CP Final Evaluation 2008 – 2012 p82).

respondents commented that the privacy, confidentiality and independent youth area within private clinics was more comfortable for young people than at government clinics.¹¹⁸ Furthermore, the sustainability of UNFPA support, and therefore of supported services themselves, was not consistent. Non-governmental partners that had been supported by UNFPA in service delivery earlier in the evaluation period, stated that they were not able to maintain their level of support for adolescent sexual and reproductive health services due to reductions in UNFPA funding.¹¹⁹

It appears that UNFPA contributed to an increase in access to and utilisation of SRH services for adolescents and youth in Nicaragua, with evidence of increased use of modern contraceptives and service demand by adolescents.¹²⁰ There is also evidence that adolescent pregnancy rates in 15 – 19 year olds decreased throughout the evaluation period.¹²¹ However, it is difficult to assess the contribution of UNFPA to this reduction, and it appears that the pregnancy rate among 10 – 14 year olds increased during the same period (which could be due to better data collection).¹²²

Despite the fact that UNFPA support evolved over the evaluation period to work with partners from different sectors with a view to increasing the availability and sustainability of SRH services for adolescents and youth, multi-sector partnerships were not feasible given the political context. As a result, there is mixed evidence that UNFPA-supported activities have increased national ownership of SRH services for young people. Since 2013, the government has been taking on increased responsibility for contraceptive commodities, including their provision to adolescents and youth, even as government support for the concept of specific youth-friendly health services has weakened.¹²³

¹¹⁸ Interviews: Adolescents and Youth Beneficiaries.

¹¹⁹ Interviews: NGOs. Documents: Evaluations, Reviews and Assessments (Voz Joven Final Evaluation, 2013).

¹²⁰ Documents: Evaluations, Reviews and Assessments (Final Evaluation of Prevention of Adolescent Pregnancies Programme, p5, Final Evaluation of RAAN RAAS programme, 2010 p5, 2012 COAR p.11, Voz Joven Final Evaluation, 2013).

¹²¹ World Bank figures show that the adolescent fertility rate (births per 1000 women ages 15-19) fell from 99.9 in 2009 to 89.6 in 2014. UNICEF estimates the adolescent birth rate to have been 108.5 between 2006 and 2010, the most recent figures available.

¹²² Interviews: UN Staff, Government. Documents: Evaluations, Reviews and Assessments (Evaluation, Strengthening Adolescent Pregnancy and Maternal Mortality Prevention Programmes in Prioritised Areas of the Country, 2014).

¹²³ Documents: UNFPA Annual Reports (2013 COAR, p 4, p 13).

Box 2: Revision of Theory of Change pathway for services

Revision of the Theory of Change pathway for services
Modes of Engagement to Output 1 ¹²⁴
<p>Output 1: Strengthened national capacity to make comprehensive adolescents and youth SRH services available, including HIV and GBV care and treatment. In Nicaragua, this proved to be true, although multi-sectoral partnerships were not possible due to the political context (Mode of Engagement 5). However, the findings highlight the importance of political will in achieving change for adolescents and youth. UNFPA modes of intervention can only achieve Output 1, and other outputs, where adolescents and youth are respected and valued members of society, and where duty bearers and decision-makers prioritise programmes and services to meet the needs of adolescents and youth.</p>
Output 1 to Outcome A ¹²⁵
<p>Between Output 1 and Outcome A: Increased availability and use of integrated SRH services by adolescents and youth, Hypothesis a (key socio-cultural, legal and gender barriers are overcome) was proven valid by this case study. In Nicaragua, despite UNFPA efforts, adolescents and youth continue to face significant barriers in accessing services. However, Hypothesis b¹²⁶ in its original form does not adequately capture the broad importance of creating linkages between programmes for education and services for adolescents and youth, beyond the area of violence.</p> <p>Testing of Hypothesis e¹²⁷ showed that national ownership of adolescents and youth SRH services has not been achieved in Nicaragua, again reflecting the importance of political commitment in the prioritisation of adolescents and youth services and their funding (modified Hypothesis e). Similarly, it was noted that where services were available, they were not always of high quality – a factor which is not adequately emphasised in Outcome A.</p> <p>In Nicaragua, there was evidence that UNFPA contributed to increased use of modern contraceptives and service demand by adolescents and youth. However, this important information on the effectiveness of UNFPA support, which could be used to advocate for greater investment and prioritisation of adolescents and youth SRH services (and thus contribute to Outcome A), was not reflected in the ToC. This suggests the need to incorporate Hypotheses h and i, on the collection, disaggregation, dissemination and use of data to influence policies and programmes, into the services pathway.¹²⁸</p>

¹²⁴ Modes of Engagement: 1: Capacity development including technical assistance and training; 2: Service delivery, commodity security, behavior change communication, health systems strengthening; 3: Advocacy and policy dialogue / advice; 4: Knowledge development and management, design and dissemination of guidance and tools; 5: Facilitation of partnerships and coordination, including multi-sectoral, South-South and triangular collaboration; 6: Mainstreaming of adolescents and youth issues within other programmatic areas. Output 1: Strengthened national capacity to make comprehensive adolescents and youth SRH services available, including HIV and GBV care and treatment.

¹²⁵ Outcome A: Increased availability and use of integrated SRH services by adolescents and youth.

¹²⁶ Hypothesis b: Service providers and teachers are effective at reaching adolescents and youth victims / survivors of violence.

¹²⁷ Hypothesis e: National ownership increases and sustains resources for integrated SRH services, information and education (including HIV and GBV).

¹²⁸ Hypothesis h: Governments support the collection, disaggregation and dissemination of data related to adolescents and youth. Hypothesis i: Data/evidence influences policies, programmes and priorities.

5.2.2 Availability and sustainability of comprehensive sexual and reproductive health education and information for adolescents and youth¹²⁹

UNFPA in Nicaragua made significant contributions to the advancement of sexual and reproductive health education and information for adolescents and youth in Nicaragua during the evaluation period.¹³⁰ UNFPA has developed the capacity of partners, including government, CSOs and adolescents and youth organisations, to design and implement varied SRH education and information programmes for adolescents and youth. Guidelines and curricula developed by partners with the support of UNFPA such as the “It’s All One Curriculum” (Population Council) and the “Basic Guide on Sexual Education” (Ministry of Education) were based on international standards and grounded in human rights, gender and culturally sensitive approaches.¹³¹ Technical support was also provided to the Police Academy (ACAPOL) in the development of a sexual and reproductive health education and information curriculum for police recruits. More directly, UNFPA supported a programme to train and deploy school counsellors across 1300 schools, which created capacity for SRH education in public schools at the municipal level that has been sustained until today.¹³² Other programmes aiming to inform adolescents and youth about their rights and to strengthen their advocacy skills were also developed, including the multi-faceted Voz Joven leadership and participation programme, which included peer education that reached around 44,000 adolescents by 2012.¹³³ All of these programmes were supported by extensive materials and training guidelines to facilitate implementation by partners.¹³⁴

Efforts to reduce socio-cultural, legal and gender barriers to sexual and reproductive health education and information were also made to increase the sustainability of educational interventions being put in place, including by opening dialogue with parents and teachers by training health promoters to work with them. This detailed work with multiple stakeholders was credited for sustaining programme achievements such as the municipal adolescents and youth houses, which UNFPA supported for more than 15 years.¹³⁵

In other initiatives, UNFPA support did not contribute to national ownership and sustainability, due to challenges including lack of support and follow-up by on-the-ground staff, funding limitations, and / or shifting government priorities.¹³⁶ However, the work of UNFPA was strengthened by its strong relationship with the Ministry of Education and both internal and external informants reported that this improved the potential sustainability of government-implemented sexual and reproductive health education and information programmes.¹³⁷ Non-governmental and academic partners were less optimistic, reporting that the sexual and reproductive health education and information curriculum developed by the Ministry of Education with support from UNFPA had

¹²⁹ Evaluation assumption 3.2.

¹³⁰ Interviews: UNFPA Staff, Government, NGOs.

¹³¹ Documents: Partner and Relevant Thematic Documents (It’s All One Curriculum (Population Council), Educación de la Sexualidad: Guía básica de consulta para docentes (Basic Guide on Sexual Education, Ministry of Education)).

¹³² Interviews: UNFPA Staff. Documents: UNFPA Annual Reports (2014 COAR pp 5-6, 2012 COAR p22, 2008 COAR, p3).

¹³³ Documents: Evaluations, Reviews and Assessments (Voz Joven Final Evaluation, 2013).

¹³⁴ Complementary materials include: 1. Derechos Sexuales y Reproductivos: un enfoque para adolescentes y jóvenes; 2. Protagonismo Adolescente y Juvenil; 3. Mi plan de Vida; 4. La interculturalidad, muchas visiones necesarias; 5. Vos y el mundo en que vivís; 6. Aprendo a manejar mis conflictos; 7. Dialogando sobre drogas y adicciones; 8. Otras adicciones: el alcohol y el tabaco. Support materials include: 1. Casas Municipales de Adolescentes y Jóvenes, 2. Enfoque intersectorial en el trabajo con adolescentes y jóvenes, 3. Reflexiones para una capacitación sobre la autonomía para la vida, 4. La Planificación: el mejor sustituto de la buena suerte, 5. Guía práctica para la sostenibilidad de las Casas Municipales de Adolescentes y Jóvenes.

¹³⁵ Interviews: UNFPA Staff, UN Staff, Government, Adolescents and Youth Beneficiaries.

¹³⁶ Interviews: NGOs.

¹³⁷ Interviews: UNFPA Staff, UN Staff, Government, INGOs.

not been fully implemented,¹³⁸ and that the level of government commitment to full implementation of sexual and reproductive health education and was unclear.¹³⁹

In terms of effectiveness, document review revealed little evidence that support for SRH information activities in schools has increased the use of SRH services, although anecdotally, stakeholders reported that UNFPA-supported programmes had meaningful impacts and there was some evidence of improvement in sexual risk behaviours for particular interventions.¹⁴⁰ Specifically, the Voz Joven programme operating among out of school adolescents and youth, was evaluated and has evidence that among trained peer educators and health promoters, there was an increase in the use of SRH services and condoms, health-seeking behaviours for GBV, respect and tolerance for sexual diversity, and a decrease in inter-partner violence and pregnancy rates.¹⁴¹ Similarly, two gender-focussed programmes for adolescents and youth including the campaigns - “Ganale a las Ganas” (Conquer Your Desire) programme, which aimed at 15 – 19 year olds boys and young men to prevent violence and adolescent pregnancy, and the “Ser Machista es Ser Balurde” campaign showed effectiveness in reducing adolescent pregnancy rates, sexual risk-taking, and partner violence.¹⁴² It was unclear, however, whether sexual and reproductive health education and information programmes in Nicaragua, including those for out-of-school youth, had effects in changing behaviours and improving use of health services, beyond peer networks of volunteers or peer educators. Trend data on the percentage of young men and women with correct knowledge about HIV were not available. Furthermore, it did not appear that data on the effectiveness of existing sexual and reproductive health education and information programming had been used in advocacy to influence policy and programme development.

There was little multi-sectoral support and mainstreaming for sexual and reproductive health education and information in conjunction with health services, with stakeholders reporting that educational activities intended to increase demand for services were conducted independently of support for the services themselves. As a result of siloed interventions, it did not appear that adolescents and youth programmes for education, health services and leadership and participation mutually reinforced each other, became mainstreamed or multi-sectoral in nature, or created a synergistically positive effect for young people themselves. UNFPA documentation focused on programme outputs (such as the number of health promoters trained) rather than on health outcomes (such as changes in behaviours or attitudes), which limited the accurate assessment of effectiveness.¹⁴³

¹³⁸ Interviews: NGOs.

¹³⁹ Interviews: UNFPA Staff, Government, NGOs.

¹⁴⁰ Interviews: UN Staff, Government, NGOs.

¹⁴¹ Documentation: Evaluations, Reviews and Assessments (Voz Joven Final Evaluation, 2013).

¹⁴² Interviews: UNFPA Staff, NGOs. Documents: UNFPA Annual Reports (2013 COAR p19, 2013 COAR p17, 2010 COAR p18, 2012 COAR p21, 2012 COAR p33, 2011 COAR p33).

¹⁴³ Documents: UNFPA Annual Workplans (AWPs 2008 – 2014), UNFPA Annual Reports (COARs 2008 – 2014).

Box 3: Revision of Theory of Change pathway for sexual and reproductive health education and information

Revision of the Theory of Change pathway for sexual and reproductive health education and information

Modes of Engagement to Output 2¹⁴⁴

Output 2: Increased national capacity to design and implement community and school-based sexual and reproductive health education and information that promotes human rights and gender equality. In Nicaragua, this pathway proved valid, although lesser attention was devoted to multi-sectoral partnerships and mainstreaming than other Modes of Engagement.

Output 2 to Outcome B¹⁴⁵

In Nicaragua, **Hypothesis a** (key socio-cultural, cultural, legal and gender barriers overcome) and **Hypothesis c** (sexual and reproductive health education and information is comprehensive and follows internationally agreed standards) were shown to be critical for the success of sexual and reproductive health education and information (**Outcome B**). Engaging with parents, teachers, service providers and other gatekeepers was also imperative for creating an enabling environment for sexual and reproductive health education and information, which was not adequately captured in the original **Hypotheses b and f**.¹⁴⁶ Similarly, testing of **Hypothesis e**¹⁴⁷ in Nicaragua revealed that full national ownership and sustainability of sexual and reproductive health education and information was not achieved, due to a range of factors including lack of sustained government support and political will. Thus, **Hypothesis b, e and f** require modification to capture a more holistic perspective on engaging with communities and governments, and linking support for sexual and reproductive health education and information and youth friendly health services through multi-sectoral approaches.

Although reaching out-of-school adolescents and youth is crucial for achieving full availability of sexual and reproductive health education and information (**Hypothesis d**), the degree to which this was achieved was not clear in Nicaragua.¹⁴⁸ Testing of the ToC in Nicaragua also highlighted that insufficient data on the effectiveness of sexual and reproductive health education and information initiatives was available, presenting a missed opportunity for the use of such data to advocate for and influence the development of effective policies and programmes. As such, **Hypotheses h and i** relating to the use of evidence and data should be included in the revised ToC.¹⁴⁹

¹⁴⁴ Modes of Engagement: 1: Capacity development including technical assistance and training; 2: Service delivery, commodity security, behavior change communication, health systems strengthening; 3: Advocacy and policy dialogue / advice; 4: Knowledge development and management, design and dissemination of guidance and tools; 5: Facilitation of partnerships and coordination, including multi-sectoral, South-South and triangular collaboration; 6: Mainstreaming of adolescents and youth issues within other programmatic areas. Output 2: Increased national capacity to design and implement community and school-based comprehensive sexual and reproductive health education and information that promotes human rights and gender equality.

¹⁴⁵ Outcome B: Increased availability of comprehensive sexual and reproductive health education and information.

¹⁴⁶ Hypothesis b: Service providers and teachers are effective at reaching adolescents and youth victims / survivors of violence. Hypothesis f: Parents, schools and community leaders engage in adolescents and youth comprehensive sexual and reproductive health education and information.

¹⁴⁷ Hypothesis e: National ownership increases and sustains resources for integrated SRH services, information and education (including HIV and GBV).

¹⁴⁸ Hypothesis d: Information and education reach out-of-school adolescents and youth.

¹⁴⁹ Hypothesis h: Governments support the collection, disaggregation and dissemination of data related to adolescents and youth. Hypothesis i: Data / evidence influences policies, programmes and priorities.

EQ4. To what extent has UNFPA contributed to evidence-based policies and programmes that incorporate the needs and rights of adolescents and youth? To what extent has UNFPA contributed to increasing priority for adolescent girls in national development policies and programmes?

Summary of findings

UNFPA provided support for adolescent girls through adolescent pregnancy reduction programmes, and through their contribution for the development of laws and policies on GBV and HIV/AIDS, which included protections for adolescent girls. Beyond these initiatives, there was no overall strategic effort to increase the priority given to adolescent girls specifically in Nicaragua during the evaluation period. Adolescent pregnancy is a priority issue in Nicaragua among all stakeholders although with little specific attention to the broader needs of adolescent girls. UNFPA did not focus efforts on building the capacity of partners to analyse laws, policies and barriers specifically affecting adolescent girls or utilise partnerships or mainstreaming to facilitate the engagement and participation of adolescent girls. Perceived resource and political constraints limited full engagement in this prioritised strategic area of work. However, effective advocacy by UNFPA for more thorough disaggregation of adolescents and youth data has the potential to increase the capacity of the government and others to identify and prioritise marginalised and vulnerable adolescents and youth groups, including adolescent girls, in future programming. Adolescent girls continue to face significant legal and policy barriers to attaining full sexual and reproductive health and rights in Nicaragua, and the country does not have health, social and economic-asset building programmes that specifically target adolescent girls.

UNFPA strengthened capacities of its partners, especially government partners, for the assessment, collection, analysis and use of data related to adolescents and youth at national and regional levels. Data were used for advocacy purposes and to ensure that UNFPA programming met the needs of adolescents and youth. However, government capacity to analyse and make full use of the data available to it in developing adolescents and youth programming remains insufficient.

5.2.3 Priority given to adolescent girls in national development policies and programmes¹⁵⁰

UNFPA has prioritised adolescent girls through initiatives to reduce the rate of adolescent pregnancy, and to a lesser extent through gender programme focused on GBV. Outside of this domain, there has not been a specific effort to increase the priority given to adolescent girls in national development policies and programmes in Nicaragua.¹⁵¹

In 2012-2013, the Ministry of Health and UNFPA implemented an initiative entitled “Strengthening Adolescent Pregnancy and Maternal Mortality Prevention Programmes in Prioritised Areas of the Country” which received a brief influx of extra budgetary funds from Finland.¹⁵² The final evaluation of this programme found that it contributed to institutional strengthening of human capacity, skills, knowledge and methodological tools for staff to fully care for adolescents in health units of the Ministry of Health, and increased the SRH knowledge of

¹⁵⁰ Evaluation assumption 4.1.

¹⁵¹ Interviews: UNFPA Staff, UN staff, Donors, NGOs. Documents: UNFPA Programming Documents (country programme documents for 2008 – 2012 and 2013 – 2017), UNFPA Annual Workplans (Annual Work Plans 2008 – 2014), UNFPA Annual Reports (COARs 2008 – 2014).

¹⁵² Documents: Evaluations, Reviews and Assessments (Evaluation, Strengthening Adolescent Pregnancy and Maternal Mortality Prevention Programmes in Prioritised Areas of the Country, 2014).

young people.¹⁵³ Another effort to focus on adolescent pregnancy was made through the Voz Joven programme, which based its choice of municipalities on adolescent pregnancy rates, but the programme evaluation cited only limited, anecdotal evidence that the programme helped reduce pregnancy rates among programme participants.¹⁵⁴ This programme was furthermore not able to reach the most inaccessible rural areas, where adolescent pregnancy rates are highest.¹⁵⁵ More recently, non-governmental partners advocated for a large scale campaign on adolescent pregnancy (the Interagency Plan to Prevent Adolescent Pregnancy in Central America) which UNFPA had, at the time of the evaluation, not yet agreed to pursue due to limited core funding and lack of government support for the action.¹⁵⁶

Perceived resource and political constraints limited full engagement in the broader prioritisation of adolescent girls despite it being a UNFPA strategic priority.¹⁵⁷ As a result, UNFPA has not focused on building national capacity for the prioritisation of adolescents and youth generally, including marginalised groups such as indigenous populations. UNFPA did not involve adolescent girls actively in programming, neither as partners nor as a mainstreamed target population, as they have with other marginalised adolescents and youth group such as ethnic minorities. No evidence was found that UNFPA-supported participation of adolescent girls specifically to increase the priority given to their needs and rights nationally. Nicaragua does not have health, social and economic-asset building programmes that specifically target adolescent girls.¹⁵⁸ As the government has not made adolescent girls a particular priority, UNFPA may not be in a position to advance their work in this area more profoundly than they are already doing.¹⁵⁹

UNFPA is engaging in work to remove policy and legal barriers which specifically affect adolescent girls in the country in the context of other thematic issues such as the development of Law 779 on GBV, and Law 820 on human rights and HIV / AIDS.¹⁶⁰ Unfortunately, Law 779 has recently been amended, weakening the protections it provides for victims of violence and facilitating impunity for abusers, thus undermining its intended purpose and effectiveness.¹⁶¹

However, UNFPA successfully advocated for the government to more thoroughly disaggregate data by gender, age and ethnicity to better target interventions, for example through National Health and Demographic Surveys.¹⁶² Government and non-governmental organisations further recognised that UNFPA provided reliable evidence and data to strengthen their work for adolescent girls.¹⁶³ Along with the URACCAN anthropological study¹⁶⁴ and a study on early marriage¹⁶⁵ conducted in 2014, these factors have the potential to increase the

¹⁵³ Documents: Evaluations, Reviews and Assessments (Evaluation, Strengthening Adolescent Pregnancy and Maternal Mortality Prevention Programmes in Prioritised Areas of the Country, 2014).

¹⁵⁴ Documents: Evaluations, Reviews and Assessments (Voz Joven Final Evaluation, 2013).

¹⁵⁵ Documents: Evaluations, Reviews and Assessments (Voz Joven Final Evaluation, 2013).

¹⁵⁶ Interviews: UNFPA Staff, Government, NGOs.

¹⁵⁷ Interviews: UNFPA Staff, UN Staff, Donors, NGOs.

¹⁵⁸ Interviews: UNFPA Staff, Government, NGOs, Adolescents and Youth Beneficiaries.

¹⁵⁹ Interviews: UNFPA Staff, UN Staff, NGOs.

¹⁶⁰ Interviews: UNFPA Staff, Government, Adolescents and Youth Beneficiaries.

¹⁶¹ Documents: Other Documents (Nicaragua: Key concerns relating to human rights promotion and protection, Amnesty International, 2014. Ley No. 779).

¹⁶² Interviews: UN Staff, Government, NGOs. Documents: UNFPA Annual Reports (2014 COAR p4, 2014COAR p16 -17, 2011 COAR p13, 2012 COAR p24-25).

¹⁶³ Interviews: UN Staff, Government, NGOs.

¹⁶⁴ Documents: UNFPA Relevant Thematic Documents (UNFPA & URACCAN. Practices, Signs & Significance Regarding Rights, Gender & Sexuality of Adolescents and Youth of Indigenous & Afrodescendant Peoples, RAAN & RAAS, December, 2014).

¹⁶⁵ Documents: UNFPA Annual Reports (2014 COAR p13), UNFPA Relevant Thematic Documents (Voces del Sur: Análisis de la Situación de las Juventudes en la Región Autónoma de la Costa Caribe Sur de Nicaragua; Estudio sobre causas e implicaciones de las uniones a temprana edad).

capacity of the government, UNFPA and other development actors to identify and prioritise marginalised and vulnerable adolescents and youth groups, including adolescent girls, in future programming.

Box 4: Revision of Theory of Change pathway for prioritisation of adolescent girls.

Revision of the Theory of Change pathway for prioritisation of adolescent girls
Modes of Engagement to Output 3¹⁶⁶
Output 3: Increased capacity of partners to design and implement comprehensive programmes that reach marginalised adolescent girls, particularly those at risk of child marriage and adolescent pregnancy. In Nicaragua, this pathway could not be adequately tested due to a lack of dedicated attention to the needs of adolescent girls.
Output 3 to Outcome C¹⁶⁷
UNFPA did not significantly increase the capacity of partners to design and implement comprehensive programmes for marginalised girls in Nicaragua (Output 3), with the result that the pathway from Output 3 to Outcome C (increased priority on adolescent girls in national development policies and programmes) could not be fully tested by this case study. However, it appears that achieving increased prioritisation of adolescent girls in the country would require broad community engagement (suggested modification of Hypothesis f) to overcome socio-cultural, legal and gender barriers (Hypothesis a). As was the case with youth-friendly health services and sexual and reproductive health education and information, government commitment (modified Hypotheses e) and the strategic use of relevant data and evidence (Hypothesis h and i) – an area of comparative strength for UNFPA - would also be needed to meet the needs of adolescent girls in policies and programmes.

5.2.4 Collection, analysis and use of disaggregated adolescents and youth data¹⁶⁸

There is significant evidence that UNFPA in Nicaragua strengthened capacity for the collection, analysis and use of disaggregated adolescents and youth data during the evaluation period. UNFPA worked to collect, analyse and use disaggregated data to better focus and target its adolescents and youth programming, and to disseminate this data to its partners, who reported that UNFPA was a reliable source of data on adolescents and youth needs.¹⁶⁹ For example, UNFPA carried out multiple baseline studies at the national and regional level to inform the Voz Joven programme.¹⁷⁰ Other relevant efforts included support for the development and dissemination of Fact Sheets on women and adolescents and youth for advocacy purposes such as on child

¹⁶⁶ Output 3: Increased capacity of partners to design and implement comprehensive programmes that reach marginalised adolescent girls, particularly those at risk of child marriage and adolescent pregnancy.

¹⁶⁷ Outcome C: Increased priority on adolescent girls in national development policies and programmes.

¹⁶⁸ Evaluation assumption 4.2

¹⁶⁹ Interviews: UN Staff, Government, NGOs.

¹⁷⁰ Interviews: UNFPA Staff, Government.

marriage, based on information from the SRH National Survey.¹⁷¹ Notably, UNFPA involved young people in the design of survey questionnaires, although not in data collection.¹⁷²

UNFPA also supported the development of capacities of the government, particularly the Ministry of Health, to better focus and target their support using disaggregated data on adolescents and youth.¹⁷³ Examples of this include support provided to the Ministry of Youth for baseline studies during the development of the National Plan for the Promotion Sexual and Reproductive Rights,¹⁷⁴ an assessment of child marriage conducted in 2014,¹⁷⁵ support for National Demographic and Health Surveys,¹⁷⁶ which included information on rates of adolescent pregnancy, and support for the creation of the Social Demographic Observatory specialising in rural youth in Jinotega.¹⁷⁷

However, significant work remains to build the capacity of the government to adequately analyse and use the data available to it on adolescents and youth.¹⁷⁸ Several examples were cited of surveys that had been conducted, or data collected, that were never used in decision-making or disseminated to partners.¹⁷⁹

Box 5: Revision of Theory of Change pathway for evidence-based advocacy and data

¹⁷¹ Fact sheets available include: Materiales complementarios 1. Derechos Sexuales y Reproductivos: un enfoque para adolescentes y jóvenes; 2. Protagonismo Adolescente y Juvenil; 3. Mi plan de Vida). 4. La interculturalidad, muchas visiones necesarias; 5. Vos y el mundo en que vivís; 6. Aprendo a manejar mis conflictos. 7. Dialogando sobre drogas y adicciones; 8. Otras adicciones: el alcohol y el tabaco. Documents: UNFPA Annual Reports (2014 COAR p4).

¹⁷² Interviews: UNFPA Staff, UN Staff, Government.

¹⁷³ Interviews: UN Staff, Government, NGOs.

¹⁷⁴ Documents: UNFPA Annual Reports (2014 COAR p3).

¹⁷⁵ Documents: UNFPA Annual Reports (2014 COAR p13).

¹⁷⁶ Documents: UNFPA Annual Reports (2014 COAR p4, 2014 COAR pp 16 -17, 2011 COAR p13, 2012 COAR pp 24-25).

¹⁷⁷ Documents: UNFPA Annual Reports (2011 COAR p13, 2014 COAR p4, 2014 COAR p16), UNFPA Relevant Thematic Documents (Observatorio Sociodemografico especializado en adolescencia y juventud rural, en Jinotega, Programa, 2012).

¹⁷⁸ Interviews: UNFPA Staff, UN Staff, Government.

¹⁷⁹ Interviews: UNFPA Staff, Government, NGOs.

Revision of the Theory of Change pathway for evidence-based advocacy and data

Modes of Engagement to Output 4¹⁸⁰

Output 4: Strengthened national capacity for production, analysis and use of adolescents and youth data. In Nicaragua, this pathway was supported by evidence. UNFPA strengthened national capacity on adolescents and youth data by partnering with government ministries and academic institutions (**Mode of Engagement 5**). Provided support included technical assistance (**Mode of Engagement 1**), knowledge development and management (**Mode of Engagement 4**) and UNFPA also used data to advocate for adolescents and youth (**Mode of Engagement 3**).

Output 4 to Outcome D¹⁸¹

Testing of the ToC in Nicaragua demonstrated that evidence-based policies and programmes that incorporate the needs of adolescents and youth (**Outcome D**) can be achieved when governments support the collection, disaggregation and dissemination of data related to adolescents and youth (**Hypothesis h**).¹⁸² However, testing of **Hypothesis i** showed the importance of actively disseminating and using data / evidence to influence policies, programmes and priorities in order to meet the needs of adolescents and youth, rather than expecting that the existence of data will passively effect change.¹⁸³ There was insufficient evidence to assess whether **Hypothesis g** held true in Nicaragua, as increased investments for adolescents and youth also depend on government commitment to meeting adolescents and youth needs and the availability of additional funding.¹⁸⁴

¹⁸⁰ Output 4: Strengthened national capacity for production, analysis and use of adolescents and youth data for evidence-based laws, policies and programmes that integrated the needs and rights of adolescents and youth.

¹⁸¹ Outcome D: Evidence-based policies and programmes incorporate the needs of adolescents and youth.

¹⁸² Hypothesis h: Governments support the collection, disaggregation and dissemination of data related to adolescents and youth.

¹⁸³ Hypothesis i: Data / evidence influences policies, programmes and priorities.

¹⁸⁴ Hypothesis g: Increased investments for adolescents and youth that proportionally target young adolescents and marginalised adolescents and youth.

EQ5. To what extent has UNFPA contributed to increasing adolescents and youth leadership, participation and empowerment, especially for marginalised and vulnerable adolescents and youth, particularly adolescent girls?

Summary of findings

UNFPA contributed to the capacity building of youth advocates, and strengthened adolescents and youth organisations, networks and institutional structures to promote the leadership and participation of adolescents and youth during the evaluation period. Most notably, UNFPA implemented the long-standing, successful Voz Joven programme to support the development of the participation and leadership skills of adolescents and youth, including marginalised adolescents and youth. Results of the programme included the development of mechanisms for youth voices to be heard in political processes, and the contribution of adolescents and youth to relevant plans, strategies and policies. However, the programme was closed in 2013, due to changes in the political climate, although some municipalities have since maintained youth clubs and activities without UNFPA funding.

UNFPA also worked to strengthen the ability of other youth organisations to plan, implement, monitor and conduct advocacy for adolescents and youth policies, programmes and legislation, and developed the capacity of partners to facilitate the meaningful participation of adolescents and youth in their policy and planning work. However, there was no evidence that UNFPA support to strengthen civil society participation and youth mobilisation resulted in greater priority given to SRH by adolescents and youth and their organisations, or that adolescents and youth had meaningfully participated in the conceptualisation or strategic thinking around the broader UNFPA adolescents and youth programme beyond the Voz Joven programme.

5.2.5 Capacities of youth advocates and of adolescents and youth organisations, networks, and institutional structures that promote leadership and participation of adolescents and youth¹⁸⁵

UNFPA contributed to the capacity development of youth advocates and youth organisations in Nicaragua during the evaluation period, by supporting adolescents and youth leaders to have an increased voice in social movements and political processes, and through the creation of new organisations and groups. Furthermore, through UNFPA support, adolescents and youth leaders were empowered to influence the adolescents and youth agenda within the autonomous regions, as well as at the departmental and national levels.

Most significantly, UNFPA directly supported the development of participation and leadership skills among adolescents and youth through the Voz Joven programme. The programme had directly reached over 60,000 adolescents and youth by 2012 to empower them to take part in civic life through municipal youth clubs or “casas des adolescentes”.¹⁸⁶ Adolescents and youth leaders came from rural areas and / or were marginalised, often due to their ethnicity. UNFPA support to build their leadership capacities and create space for their voices in participatory platforms resulted in an inclusive cadre of national youth leaders that continue to play a role in local, regional and national government and social movements, despite recent funding cuts.¹⁸⁷ The programme

¹⁸⁵ Evaluation assumption 5.1.

¹⁸⁶ Documents: Evaluations, Reviews and Assessments (Voz Joven Final Evaluation, 2013). Age and sex of beneficiaries were not reported.

¹⁸⁷ Interviews: UNFPA Staff, Government (local), NGOs, Adolescents and Youth Beneficiaries. Documents: Evaluations, Reviews and Assessments (Voz Joven Final Evaluation, 2013).

was successful at including and engaging young people in political processes and in working to create institutional mechanisms to include youth voices.¹⁸⁸ Some youth who were part of the “casas de adolescentes”, for example, went on to work with the Youth Secretariat (Ministry of Youth) and a closer relationship between the Ministry of Health and the Secretariat was reported as a result of this youth participation.¹⁸⁹

The Voz Joven programme was particularly praised for creating platforms, and in some cases institutional structures, for adolescents and youth leadership, participation and mobilisation at community level where they previously did not exist, such as in rural and indigenous communities (See Box 6).¹⁹⁰ In Estelí, adolescents and youth leaders noted that youth had been hired by local municipalities to continue the work begun by Voz Joven.¹⁹¹ Other adolescents and youth leaders supported by UNFPA went on to play leadership roles at universities or within indigenous communities.¹⁹²

Despite these significant achievements, the final Voz Joven programme evaluation stated that adolescents and youth “still have not been able to participate on municipal decision-making level, strategy development level, and planning within the programme.”¹⁹³ Nonetheless, the evaluation recognised the limits of UNFPA in this domain and was generally positive and found the programme to have met its aim of building adolescents and youth leadership and participation.¹⁹⁴ However, the programme was closed in 2013, although its efforts proved sustainable in that some municipalities maintained youth clubs and activities without UNFPA funding.¹⁹⁵

UNFPA also worked to strengthen the ability of other youth organisations to plan, implement, monitor and conduct advocacy for adolescents and youth policies, programmes and legislation. Specifically, UNFPA supported the youth commission of the southern Caribbean autonomous regional parliament, by focusing on the capacity building of ‘formadores’ for sexual and reproductive health, with more than 100 youth leaders participating across the Southern Caribbean Autonomous Region. These young people subsequently formed communication networks to advocate for SRH issues, formulated and got approval for a regional plan to prevent juvenile violence with active participation of afro-descendant youth, and obtained approval of guidelines for the Regional Secretariat for Youth and the Parliamentary Agenda for Youth.¹⁹⁶ However, the sustainability of the programme was not clear. While academic partners and some municipalities such as Esteli continued to support small efforts by providing meeting space, small funds and non-financial mentoring support for the youth activities in the region, sustainability of the broader effort to secure a political platform for youth voice proved challenging without external resources.¹⁹⁷

¹⁸⁸ Interviews: UNFPA Staff, Government, NGOs, Adolescents and Youth Beneficiaries.

¹⁸⁹ Interviews: UNFPA Staff, Government.

¹⁹⁰ Interviews: Donors, NGOs.

¹⁹¹ Interviews: UNFPA Staff, Adolescents and Youth Beneficiaries.

¹⁹² Interviews: Government, NGOs.

¹⁹³ Documents: Evaluations, Reviews and Assessments (Voz Joven Final Evaluation, 2013, p41).

¹⁹⁴ Documents: Evaluations, Reviews and Assessments (Voz Joven Final Evaluation, 2013).

¹⁹⁵ Interviews: NGOs, Adolescents and Youth Beneficiaries.

¹⁹⁶ Interviews: UNFPA Staff, Government, NGOs.

¹⁹⁷ Interviews: UNFPA Staff, Government (local), NGOs, Adolescents and Youth Beneficiaries.

Box 6: Best practice example: The Voz Joven Programme

Best practice example: The Voz Joven Programme

The Voz Joven programme was designed in 2006, and implemented by UNFPA in partnership with the Association of Municipalities of Nicaragua (AMUNIC) and regional councils and governments of the Caribbean Coast between mid- 2008 and late 2013. Funded by the Netherlands and Finland, the programme continued long-standing support for the sexual and reproductive health needs of adolescents and youth conducted by UNFPA and AMUNIC through Municipal Adolescents and youth Houses.

The objective of the program was to improve the quality of life of adolescents and youth, through strengthening knowledge and access to information to facilitate adolescents and youth to exercise their reproductive rights. The programme had three components: (a) national level advocacy for reproductive rights, (b) promotion of youth participation and its reproductive rights in 43 municipalities, and (c) regional self-government, with an emphasis on the participation of young people. The programme had directly reached over 60,000 adolescents and youth by 2012.

Although the programme suffered delays during implementation, and there were gaps in strategic planning, the programme increased the visibility of the needs and demands of adolescents and youth, and was successful in raising awareness and improving the response of local authorities to meet their needs, including resource allocation that favoured their sexual and reproductive health and rights. An evaluation of the Voz Joven programme documented significant, positive changes in behaviours, outcomes and empowerment, leadership and or political processes among. The Voz Joven programme was widely respected for its' coverage of adolescents and youth in remote regions and for its sustainability through spin off groups, and institutionalised, participatory political platforms. ¹⁹⁸

However, from 2008, results from a series of presidential, municipal and regional elections decisively changed the direction of the government. As a result, the programme was closed in 2013, but some youth leaders who were supported by the programme continue to play a role in local, regional and national government and social movements.

UNFPA also developed the capacity of partners to facilitate the meaningful participation of adolescents and youth in their work.¹⁹⁹ The Nicaragua Communal Movement's Community Strategy for Adolescent Pregnancy Prevention is one example, as are the youth action plans created in 38 municipalities, of which 13 were integrated into local budgets, demonstrating local support and sustainability for youth engagement.²⁰⁰

UNFPA support to strengthen civil society participation and youth mobilisation through the Voz Joven programme resulted in greater priority given to SRH by adolescents and youth and their organisations through the participatory platforms they created however the sustainability of those platforms after the funding was stopped proved challenging. In places like Esteli, youth volunteers maintained their activities voluntarily albeit in an ad hoc manner given resource limitations. As youth aged out of the programme, those that had originally benefited and catalysed local political action eventually migrated from the region leaving only a few leaders to maintain the efforts first inspired by the programme.²⁰¹

¹⁹⁸ Documents: Evaluations, Reviews and Assessments (Voz Joven Final Evaluation, 2013).

¹⁹⁹ Interviews: UNFPA Staff, Government, NGOs. Documents: UNFPA Annual Reports (2010 COAR p7).

²⁰⁰ Interviews: UNFPA Staff, NGOs. Documents: UNFPA Annual Reports (2011 COAR pp 11-13 and p71, 2012 COAR p4).

²⁰¹ Interviews: UNFPA Staff, Government (Local), NGOs, Adolescents and Youth Beneficiaries.

Despite early participation of young people of the Voz Joven programme, there was little evidence that adolescents and youth had meaningfully participated in the conceptualisation or strategic thinking around the broader UNFPA adolescents and youth programme. Overall, institutional mechanisms to ensure meaningful participation of adolescents and youth in a sustainable manner at all levels have not yet been achieved in Nicaragua.²⁰²

Box 7: Revision of the Theory of Change pathway for adolescents and youth leadership and participation

Revision of the Theory of Change pathway for adolescents and youth leadership and participation
Modes of Engagement to Output 5²⁰³
<p>Output 5: Strengthened adolescents and youth organisations, networks and institutional structures.²⁰⁴ In Nicaragua, evidence supported this pathway, with all relevant Modes of Engagement used to strengthen adolescents and youth organisations, networks and institutional structures, as well as individual adolescents and youth leaders (who were not explicitly included in the ToC).</p>
Output 5 to Outcome E²⁰⁵
<p>Testing of this pathway in Nicaragua demonstrated that Outcome E (Increased adolescents and youth leadership and participation) did not capture the intent of UNFPA support: That meaningful participation of adolescents and youth will ensure that adolescents and youth needs and priorities are reflected in national policies and programmes (revised Outcome E).</p> <p>In Nicaragua, there was insufficient evidence to assess Hypothesis k (that strengthening of adolescents and youth organisations will cause them to prioritise sexual and reproductive health issues).²⁰⁶ In addition, the wording of Hypothesis I, “full civil society participation and youth mobilisation is facilitated,” did not reflect that this depends on the integration of adolescents and youth voices in formal decision making processes (suggesting a revised Hypothesis I).</p> <p>Testing of the ToC in Nicaragua also demonstrated that the achievement of meaningful participation of adolescents and youth depended on the broad acceptance of young people as active agents of change, rather than as beneficiaries of support (suggested new hypothesis). It was the involvement of adolescents and youth as active change agents by partners that facilitated their contribution to planning, policies, budgets, and strategies, whereas the government’s increasing concern about the potential of young people to enact political change led to the closure of the successful Voz Joven programme.</p>

²⁰² Interviews: UNFPA Staff, Government, NGOs.

²⁰³ Output 5: Strengthened adolescents and youth organisations, networks and institutional structures.

²⁰⁴ Modes of Engagement (MoE) 1: Capacity development including technical assistance and training; MoE 3: Advocacy and policy dialogue / advice; MoE 4: Knowledge development and management, design and dissemination of guidance and tools; MoE 5: Facilitation of partnerships and coordination, including multi-sectoral, South-South and triangular collaboration; MoE 6: Mainstreaming of adolescents and youth issues within other programmatic areas.

²⁰⁵ Outcome E: Increased adolescent and youth leadership and participation.

²⁰⁶ Hypothesis k: Engaging in SRH is a priority for adolescents and youth focused organisations and groups.

5.3 Efficiency

EQ6: To what extent were resources (human, financial, administrative) adequate and utilised to achieve the expected results in relation to UNFPA support to adolescents and youth?

Summary of findings

Financial resources were generally available and well utilised for adolescents and youth programming in Nicaragua over the evaluation period. Between 2008 and 2013, UNFPA in Nicaragua made considerable annual expenditures for adolescents and youth programming. However, UNFPA was overly dependent upon extra-budgetary resources, which declined significantly to USD 383,000 in 2014 when important donors departed the country. UNFPA financial management and administration was generally strong, as evidenced by high implementation rates, although in some cases there were delays in implementation, most often attributed to burdensome administrative procedures or lack of partner capacity to implement funds (for example, due to high staff turnover in public institutions). Changes in implementing partners after 2012 left UNFPA with few historic NEX partners.

UNFPA has put skilled human resource in place to facilitate adolescents and youth programming in Nicaragua. Staff was noted especially to be technically strong in this area, but is overstretched by multiple responsibilities. Between 2008 and 2013, the available financial resources for adolescents and youth support allowed staff to be located in regional and remote areas, which helped build local capacity for adolescents and youth programming.

UNFPA attention to monitoring and evaluation was inconsistent in Nicaragua. Some adolescents and youth programmes did embed mechanisms for sharing learning and others completed robust evaluation processes, but these strategies were not systemised across all UNFPA programming for adolescents and youth. The Voz Joven programme, in particular, absorbed significant human and financial resources for its monitoring system, however as a result nonetheless unable to follow up on key indicators of outcomes and impacts of the logical framework. Furthermore, results and lessons learned from the evaluation of adolescents and youth programmes were not consistently used to inform future interventions.

UNFPA global and regional offices provided advice and guidance to the country office on adolescents and youth interventions, including to incorporate human rights, gender-responsive and culturally sensitive approaches, particularly on adolescent pregnancy prevention and gender-based violence.

5.3.1 Allocation and distribution of human and financial resources to support adolescents and youth programmes²⁰⁷

²⁰⁷ Evaluation assumption 6.1.

Resources were generally available and well utilised for adolescents and youth programming in Nicaragua over the evaluation period. Overall, UNFPA spent approximately USD 21.3 million on adolescents and youth programming between 2008 and 2014 in Nicaragua, amounting to 48.1 per cent of total UNFPA expenditure.²⁰⁸

Capturing true expenditure on adolescents and youth programming prior to 2012 is challenging given that adolescents and youth support was mainstreamed in other programme areas and was not tagged (see Annex 4). Nevertheless, as can be seen in Table 14 in Section 4.2, there was considerable annual expenditure (ranging from USD 1.9 to 4.6 million annually) on adolescents and youth programming, except for 2014 when expenditures fell significantly to USD 781,445 after the departure from Nicaragua of key bilateral adolescents and youth sector donors.²⁰⁹ ²¹⁰ Until 2013, UNFPA was successful in mobilising extra-budgetary resources for adolescents and youth programming, with around 91 per cent of funding being contributed by the Governments of Finland, the Netherlands and Luxembourg between 2008 and 2013.²¹¹ In 2014, regular resources outweighed other resources for the first time during the evaluation period (see section 4.2). Overall, earmarked funds contributed around 90 per cent of UNFPA adolescents and youth expenditure between 2008 and 2014.²¹²

Resource utilisation patterns suggest financial resources were generally well utilised by UNFPA in Nicaragua. Interviewees praised UNFPA for its strong financial management and administration.²¹³ The implementation rate appeared to increase over the evaluation period, reaching almost 99 per cent in 2014, with an average rate of around 83 per cent.²¹⁴ However, in many cases there were delays in implementation, which was most often attributed to burdensome administrative procedures for transfer of funds, especially to government partners.²¹⁵ Changes in implementing partners left UNFPA with few historical NEX partners after the departure of traditional SRH NGO partners such as Puntos de Encuentro Foundation. Other NEX partners such as Profamilia remained although with less resources. In 2014, the Ministry of Youth, despite being a NEX partner, faced challenges in implementing funds received from UNFPA, requiring UNFPA to support implementation within a DEX modality and delaying disbursements of funds.²¹⁶

The UNFPA staff (both past and present) was widely reported to be technically strong in regard to adolescents and youth programming.²¹⁷ However, there were shortfalls in human resources for adolescents and youth programming within UNFPA, with the same staff members attending to several programmatic areas.²¹⁸ As a result of these multiple responsibilities, staff members were over-stretched and, at times, unable to fully participate in technical working groups on topics under their responsibility. It was noted that between 2008-2013 when the adolescents and youth programme was well funded and broad, staff was placed in regional areas to support implementing partners through capacity building and technical assistance, which was considered extremely helpful for building local capacities to implement programmes in more remote regions.²¹⁹

²⁰⁸ Atlas data supplied by the UNFPA Evaluation Office.

²⁰⁹ Due to limitations in Atlas, the 2014 figure includes expenditure for outcome 2, outputs 6, 7 and 8 only, whereas expenditure on adolescents and youth programming under other outcomes was captured for the years 2008 – 2013.

²¹⁰ Interviews: UNFPA Staff, UN Staff, Donors. Documents: UNFPA Annual Reports (COAR 2014). Atlas data supplied by the UNFPA Evaluation Office.

²¹¹ Atlas data supplied by the UNFPA Evaluation Office.

²¹² Atlas data supplied by the UNFPA Evaluation Office.

²¹³ Interviews: UNFPA Staff, Government, NGOs.

²¹⁴ Atlas data supplied by the UNFPA Evaluation Office.

²¹⁵ Interviews: UNFPA staff, Government. Documents: Evaluations, Reviews and Assessments (Evaluation, Strengthening Adolescent Pregnancy and Maternal Mortality Prevention Programmes in Prioritised Areas of the Country, 2014).

²¹⁶ Interviews: UNFPA Staff, Government. Documents: UNFPA Annual Reports (COAR 2014). Atlas data supplied by the UNFPA Evaluation Office.

²¹⁷ Interviews: UNFPA Staff, UN Staff, Government, NGOs.

²¹⁸ Interviews: UNFPA Staff, UN Staff, Government.

²¹⁹ Interviews: UNFPA Staff, Government, NGOs.

5.3.2 Systems (including monitoring and evaluation) to gather data, evidence and lessons learned at all levels on multi-sectoral, innovative, successful, replicable models/programmes to support the design and implementation of UNFPA interventions in the area of adolescents and youth ²²⁰

In general, UNFPA had inadequate monitoring and evaluation (M&E) systems to support the design and implementation of adolescents and youth interventions in Nicaragua during the evaluation period. There was no dedicated UNFPA M&E officer in the country and funding for monitoring was under-prioritised due to budget constraints.²²¹

Inconsistent efforts were made to collect, analyse, use and disseminate data to improve adolescents and youth interventions in Nicaragua. While a reporting system and annual review mechanism were in place to monitor the implementation of UNFPA programmes generally,²²² within the area of adolescents and youth, there was no systematic effort to collect good practices and successful models and use them to inform programme design. Staff considered that the annual and bi-annual planning meetings were used to monitor implementation, including financial allocation, using a “traffic light” system were an important time for recalibrating programmes based on how well it was going. Some adolescents and youth programmes did embed mechanisms for sharing learning, for example between UNFPA and the Ministry of Youth²²³ or within the Voz Joven programme, but these strategies were not routinely applied across all UNFPA programming for adolescents and youth.²²⁴ In some programmes, responsibility for monitoring and evaluation was completely delegated to government partners, with evidence that this was not an effective strategy. For example, the Ministry of Health reported that they had monitored youth friendly health services more closely when there was UNFPA support for site visits; without this external support, the government did not maintain supervisory visits.²²⁵ As a result, the multi-sectoral dissemination and use of evidence and lessons learned to inform adolescents and youth programming were limited, and there was little evidence that monitoring information was used beyond an annual review process conducted by UNFPA with implementing partners.²²⁶

Furthermore, comparison of data from the country office survey conducted for this evaluation with SIS data from 2014 suggests that the SIS inadequately captured the status of sexual and reproductive health education and information and sexual and reproductive health services for adolescents and youth in Nicaragua, as well as UNFPA support in these areas.²²⁷ An analysis of how UNFPA support for sexual and reproductive health education and information and youth-friendly health services had evolved in Nicaragua over the evaluation period was not possible, due to an absence of development results framework data from 2008 and 2009, and the use of multiple reporting mechanisms and formats, which were altered several times between 2008 and

²²⁰ Evaluation assumption 6.2.

²²¹ Interviews: UNFPA Staff, UN Staff, Donors.

²²² Interviews: UNFPA Staff.

²²³ Interviews: UNFPA Staff, Government, Adolescents and Youth Beneficiaries.

²²⁴ Interviews: Government, Donors. Documents: Evaluations, Reviews and Assessments (Voz Joven Final Evaluation, 2013, p41).

²²⁵ Interviews: UNFPA Staff, Government. Documents: Evaluations, Reviews and Assessments (Evaluation, Strengthening Adolescent Pregnancy and Maternal Mortality Prevention Programmes in Prioritised Areas of the Country, 2014).

²²⁶ Interviews: UNFPA Staff, NGOs.

²²⁷ Interviews: UNFPA Staff. Documents: UNFPA Monitoring Reports (SIS data 2014).

2014.²²⁸ In addition, large quantities of important information were collected in an unstructured narrative format, which did not add sufficient analytical detail to assess alignment.²²⁹

However, a number of major adolescents and youth programmes completed robust evaluation processes in Nicaragua, notably the Voz Joven programme, the Strengthening of Adolescent Pregnancy and Maternal Mortality Prevention Programmes in Prioritised Areas of the Country, and the RACN-RACS programme.²³⁰ The evaluation of the Voz Joven programme concluded that although the monitoring system for the programme absorbed significant human and financial resources, it was unable to follow up on key indicators of outcomes and impacts of the logical framework.²³¹ An external evaluation by a former UNFPA implementing partner non-governmental organisation, the Puntos de Encuentro Foundation, found that UNFPA-supported campaigns on gender and masculinity were highly successful, yet there was no evidence that those results were used to inform other campaigns related to gender and young people.²³²

In the area of adolescent pregnancy, UNFPA convened an interagency meeting in Managua in 2014, entitled “Current Evidence, Lessons Learned and Best Practices in Adolescent Pregnancy Prevention in Latin America and the Caribbean”. This meeting, attended by key partners across the region including the Ministry of Health, aimed to draw on current evidence, best practices and lessons learned to advance collaboration with the Counsel of Health Ministers from Central America (COMISCA) to develop an Interagency Plan to Prevent Adolescent Pregnancy in Central America.²³³

5.3.3 Advice, guidance and training to UNFPA country offices by HQ and RO for adolescents and youth interventions²³⁴

UNFPA global and regional offices provided sufficient advice and guidance on adolescents and youth interventions for the Nicaragua country office. The UNFPA country office in Nicaragua received technical support from the UNFPA regional office for Latin America and the Caribbean and UNFPA headquarters, including by telephone, email, and face-to-face workshops, to support its adolescents and youth programming in Nicaragua throughout the evaluation period.²³⁵ For example, the regional office, together with the Population Council, trained country office staff along with national partners including the Ministries of Health and Education on conducting coverage exercises.²³⁶

The regional office for Latin America and the Caribbean also supported the UNFPA country office in Nicaragua to incorporate human rights, gender-responsive and culturally sensitive approaches into adolescents and youth programming. For example, the country office was included in programme-specific workshops (including in the area of gender-based violence) which contained such themes, and benefited from legal and policy reviews

²²⁸ Documents: UNFPA Annual Reports (COARs 2008 – 2014), UNFPA Monitoring Reports (Nicaragua Development Results Framework data 2010 – 2013, Nicaragua SIS data 2014 – indicator and narrative reports).

²²⁹ This was especially the case with COARs and SIS narrative reports.

²³⁰ Documents: Evaluations, Reviews and Assessments (Evaluación final del proyecto Aseguramiento de Insumos de Salud Sexual y Reproductiva en la RAAN, RAAS y Río San Juan – Nicaragua, 2010, Voz Joven Final Evaluation, 2013, Evaluation, Strengthening Adolescent Pregnancy and Maternal Mortality Prevention Programmes in Prioritised Areas of the Country, 2014).

²³¹ Documents: Evaluations, Reviews and Assessments (Voz Joven Final Evaluation, 2013, p5).

²³² Interviews: UNFPA Staff, NGOs.

²³³ Interviews: UNFPA Staff, NGOs. Documents: Other Documents (Final report: “Current Evidence, Lessons Learned and Best Practices in Adolescent Pregnancy Prevention in Latin America and the Caribbean” at <http://www.paho.org/derechoalaSSR/wp-content/uploads/Documentos/Final-Report-Nicaragua.pdf>).

²³⁴ Evaluation assumption 6.3.

²³⁵ Interviews: UNFPA Staff. Documents: UNFPA Annual Reports (2013 COAR p 31).

²³⁶ Other countries participating in this training included El Salvador, Guatemala, and Honduras. Interviews: UNFPA Staff.

conducted by the regional office in the area of adolescent pregnancy.²³⁷ Document review further revealed that UNFPA headquarters developed a range of guidance on human rights, gender-responsive and culturally sensitive approaches to guide programming in the area of adolescents and youth.²³⁸

²³⁷ Interviews: UNFPA Staff.

²³⁸ Documents: UNFPA Relevant Thematic Documents (Human rights-based approach to programming: practical implementation manual and training materials, UNFPA, 2010. Addressing violence against women and girls in sexual and reproductive health services: A review of knowledge assets, UNFPA. Engaging men and boys in gender equality and health: A global toolkit for action, UNFPA with Promundo, 2011. Ensuring choices, providing services: promising practices in HIV prevention, UNFPA, 2015. Culture Matters: Working with communities and faith-based organisations: Case studies from country programmes, UNFPA. Guidelines for engaging FBOs as agents of change, internal UNFPA guidelines, 2009. Breaking the silence on violence against indigenous girls, adolescents and young women: A call to action based on an overview of existing evidence from Africa, Asia Pacific and Latin America, co-sponsored by UNFPA, 2013. Reducing inequities: Ensuring universal access to family planning as a key component of sexual and reproductive health, UNFPA, 2009).

5.4 Partnership, coordination, comparative advantage

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 programme countries for advancing adolescents and youth policies and programmes?

Summary of findings

UNFPA was recognised by government and civil society partners as the national leader for adolescents and youth issues, especially between 2008 and 2012. During this time, UNFPA acted as a prominent convener and key partner for adolescents and youth issues and was able to influence national legislative and policy advances in the adolescents and youth agenda. Key contributions included its technical support for the National Plan for the Promotion of Sexual and Reproductive Rights, and for the development and implementation of Law 779 Against Violence Towards Women. Stakeholders particularly praised the comparative strength of UNFPA regarding technical skill for adolescents and youth programming, and expressed interest in establishing a national technical working group for adolescents and youth issues. Since 2012, however, UNFPA leadership and visibility in advancing the adolescents and youth agenda have lost momentum, due to changes in the political climate, recalibration to the UNFPA business model, and an increasingly restricted development landscape (e.g. few donors; limited independence in choosing organisational partners). A reduction in the number of implementing partners since 2012 – a transition that was not well managed according to staff and partners – left a gap in coordination between partners for adolescents and youth programming, and differences have emerged between UNFPA and other stakeholders in terms of priorities, aims and objectives for adolescents and youth programming.

Between 2008 and 2011, UNFPA coordinated an interagency mechanism for the One UN Initiative. Apart from this, coordination between UN organisations in Nicaragua centred on joint programme initiatives. Beyond these efforts, UNFPA did not participate in national mechanisms for adolescents and youth priority setting, and in general, there was insufficient coordination and coherent role division between UN organisations in the area of adolescents and youth programming.

UNFPA successfully managed and facilitated fundraising and leveraging to support adolescents and youth interventions, including by forging innovative partnerships with the private sector. Few examples of South-South or triangular collaboration related to adolescents and youth needs facilitated by UNFPA in Nicaragua were identified.

5.4.1 Technical and political leadership for advancing the global, regional and national adolescents and youth agendas²³⁹

²³⁹ Evaluation assumption 7.1.

UNFPA was a national leader for advancing the adolescents and youth agenda in Nicaragua during the evaluation period. Interviewees from both the government and civil society sectors recognised that UNFPA consistently showed political leadership for adolescents and youth issues generally, and specifically for adolescents and youth SRH, between 2008 - 2012. As a result, UNFPA was highly visible as a prominent convener on issues pertinent to adolescents and youth, although less so for adolescent girls (see Section 5.2.3). However, as a result of the closure of the nationally significant Voz Joven project in 2012 and increasing adolescents and youth activities by other UN organisations (e.g. UNDP, UNICEF), the political leadership and visibility of UNFPA for the adolescents and youth agenda has minimised in recent years. Furthermore, UNFPA did not participate in regional or national task forces or teams for adolescents and youth priority setting, programming and funding in the country.

UNFPA was particularly well recognised by stakeholders for its comparative strength in technical leadership in adolescents and youth programming.²⁴⁰ This technical skill positioned UNFPA well to advance the national agenda on family planning and contraceptives, HIV, sexual and reproductive health education and information, and adolescent pregnancy in Nicaragua.²⁴¹ Key UNFPA contributions to legal, policy and strategic advances for adolescents and youth included its technical support for the National Plan for the Promotion of Sexual and Reproductive Rights, and the development and implementation of Law 779 Against Violence Towards Women although, as previously discussed, this has subsequently been revised, limiting its effectiveness. UNFPA also showed leadership for the development of the Code of the Family (Law 870), which was based on ICPD values, including human rights standards for indigenous and Afro descendent people, respect for the rights of pregnant minors, and a comprehensive approach to domestic violence.²⁴²

During the evaluation period, UNFPA shifted its implementation modalities upstream away from direct support for service delivery to other modalities, namely capacity building, policy, knowledge management and advocacy, in line with its “orange” country status under the 2014 – 2017 Strategic Plan.²⁴³ Given the shift in operational modalities and the commensurate reduction of extra-budgetary funding, coupled with increased political pressures, UNFPA adolescents and youth programme implementation (versus presence in policy development) has been significantly reduced and is thus less visible than it had been in years past.²⁴⁴ As such, gaps have widened between the priorities, aims, and objectives of other adolescents and youth stakeholders and UNFPA, as discussed in Section 5.1.3.

5.4.2 Coordination, multi-sectoral partnerships and South-South collaboration to promote and utilise synergies at country level²⁴⁵

UNFPA played a key role in facilitating the coordination of in-country work on adolescents and youth until 2012. The leadership role played by UNFPA during this time was much appreciated by other stakeholders, and UNFPA was perceived as a key partner for adolescents and youth support by stakeholders.²⁴⁶ Since 2012, however, there has been a lack of communication and coordination on adolescents and youth issues between UN organisations,

²⁴⁰ Interviews: UN Staff, Government.

²⁴¹ Interviews: NGOs.

²⁴² Interviews: UNFPA Staff, UN Staff, NGOs.

²⁴³ Orange countries are expected to move away from service delivery to other modes of engagement, namely knowledge management, capacity development and advocacy and policy dialogue / advice. Documents: UNFPA Strategic Planning Documents (UNFPA SP 2014 – 2017, Annex 4), UNFPA Annual Reports (COAR 2014).

²⁴⁴ Interviews: UNFPA Staff, UN Staff, Donors.

²⁴⁵ Evaluation assumption 7.2.

²⁴⁶ Interviews: UN Staff, NGOs.

including UNFPA, and non-governmental partners,²⁴⁷ due in part to a reduction in the number of UNFPA implementing partners in response to political changes and the new UNFPA business model – a transition that was not well managed according to staff and partners.²⁴⁸ This problem was exacerbated by a lack of national working groups on SRH or adolescents and youth issues.²⁴⁹ Although partners indicated a willingness to convene such a group on an informal basis, for example in the form of a technical working group,²⁵⁰ government disinterest and / or control of such convening efforts, as well as increasing restrictions on non-governmental and youth organisations, has recently stymied progress in advancing the UNFPA mandate in Nicaragua.²⁵¹ This has occurred in spite of senior staff working behind the scenes to maintain momentum on adolescents and youth issues, for example by devoting increased attention to advocacy for the International Conference on Population and Development agenda.²⁵²

Between 2008 and 2011, UNFPA coordinated an interagency mechanism for the One UN initiative.²⁵³ Apart from this, coordination between UN organisations in Nicaragua has centred on joint programme initiatives, such as the joint programme to support the achievement of Millennium Development Goals (MDG) 4 and 5 (A and B) in Nueva Segovia, Chontales and the Southern Caribbean Autonomous Region in Nicaragua (since 2012), and the Youth, Employment and Migration joint programme begun in 2009 with UNDP.²⁵⁴ UNFPA, UNICEF and the Pan-American Health Organisation jointly operate this programme, with the Government of Nicaragua sitting on the national steering committee. Despite such coordination mechanisms, interviewees from government, UN organisations and other development partners commented that there was insufficient coordination and clear role division between UN organisations in the area of adolescents and youth.²⁵⁵

UNFPA forged innovative partnerships with the private sector, for example with a telecommunications company for a campaign in which young people produced videos on sexual health, reproductive rights, aging, urbanisation, and family planning, and a public-private partnership with Kimberley-Clark (Kotex) for a social change communication campaign on comprehensive sexual and reproductive health education and information, self-care and personal hygiene.²⁵⁶

Few examples of South – South exchange facilitated by UNFPA were identified in interviews and document review,²⁵⁷ although adolescents and youth leaders in the Voz Joven programme visited different parts of Central America and Mexico to share experiences with UNFPA support, and Honduras and Nicaragua exchanged experiences in adolescent pregnancy prevention in 2012.²⁵⁸

²⁴⁷ Interviews: UN Staff, NGOs.

²⁴⁸ Interviews: UNFPA Staff, NGOs.

²⁴⁹ Interviews: UN Staff, Government.

²⁵⁰ Interviews: UN Staff, Government, NGOs.

²⁵¹ Interviews: UNFPA Staff, Donors, NGOs.

²⁵² Interviews: UNFPA Staff.

²⁵³ Interviews: UNFPA Staff.

²⁵⁴ Documents: Partner and Relevant Thematic Documents (UNDP fact sheet for the MDG joint programme).

²⁵⁵ Interviews: UN Staff, Government, Donors.

²⁵⁶ Documents: UNFPA Annual Reports (2014 COAR pp 21-22), UNFPA Relevant Thematic Documents (<http://www.unfpa.org.ni/unfpa-y-kotex-en-alianza-para-contribuir-al-empoderamiento-de-adolescentes-y-jovenes-nicaraguenses/>; <http://www.unfpa.org.ni/kotex-y-unfpa-destacan-el-potencial-de-adolescentes-y-jovenes/>).

²⁵⁷ Interviews: Government.

²⁵⁸ Interviews: UNFPA Staff, UN Staff, sexual and reproductive health.

6 Action-oriented suggestions for UNFPA in Nicaragua

1. Use the convening power of UNFPA to strengthen leadership in promoting dialogue and cooperation on adolescents and youth programming

The political situation in the Nicaragua has made it increasingly difficult to implement evidence-based programmes and policies in adolescents and youth. UNFPA is encouraged to use its historic position and convening power to bring together adolescents and youth stakeholders including government ministries, UN partners, academia, and civil society to begin a politically low-profile technical working group on adolescents and youth topics such as adolescent pregnancy. By maintaining dialogue and sharing experiences and lessons learned between interested actors working on youth issues, new ways of advancing the adolescents and youth agenda collectively could emerge.

2. Facilitate the use of data and evidence for adolescents and youth advocacy and programming, especially for marginalised and vulnerable young people including adolescent girls

UNFPA has successfully collected and packaged data on adolescents and youth advocacy, programming and policymaking, yet the data has not been used as effectively as possible for advocacy, policy making and programming. UNFPA has the position and capacity to support partners including government to analyse and use the information available to improve programming through more strategic review of the barriers and conditions facing adolescents and youth, particularly marginalised and vulnerable young people including young adolescent girls. UNFPA should also use the data for recalibration of activities and partners in light of significantly reduced resources. Through such efforts, UNFPA could better position itself as the leading technical agency for adolescents and youth SRH issues. For example, an updated investigation on the coverage, patterns of use and barriers to SRH services for young people, especially for vulnerable adolescents and youth, could be considered.

3. Strengthen UNFPA voice on adolescents and youth sexual and reproductive health and rights, including gender-based violence

UNFPA has been a strong and vocal advocate supporting human rights and gender equality including for adolescents and youth. UNFPA was instrumental to the development of Law 779 on violence against women, which is currently under threat. At the time of the evaluation, UNFPA, together with other UN organisations, was to carry out an analysis of the effects of reforms to Law 779. Such efforts are critical to limit any withdrawal or limitation of the protections afforded by Law 779. In accordance with its mandate, UNFPA advocacy for adolescents and youth sexual and reproductive health and rights, should be prioritised from the highest levels to ensure women and girl's right to not be subjected to violence is upheld. UNFPA could work upstream through the regional office to engage with the international human rights community to advocate for strengthening legal protections of women and girls sexual and reproductive health and rights.

5. Ensure adequate, continuous support and follow-up to maintain momentum on sexual and reproductive health education and information

Sustainability of the education and information activities for adolescents and youth supported by UNFPA will require continued advocacy, vigilance and capacity building for government partners and implementers (teachers, counsellors, etc.) at all levels to sustain past progress. Innovation is needed to identify new champions to join UNFPA in advancing comprehensive sexual and reproductive health education and information in Nicaragua. This may require creating new allegiances between government, academia, UN organisations and NGOs to provide technical backstopping for continued implementation for both in- and out-of-school adolescents and youth. Existing youth networks and youth organisations developed through Voz Joven could be revitalised for this purpose.

6. Develop capacity for results-based monitoring and evaluation – both internally and with partners

UNFPA could work to strengthen the capacity of partners, especially government, in results-based monitoring and evaluation. Monitoring and evaluation should be systematised (including experiences in implementation of joint programmes) and the capacities of partners to conduct M&E developed. Engaging adolescents and youth in the M&E process should be included in the process.

UNFPA should allocate additional resources for M&E (one position with a specific job description and a direct reporting line to senior management). This M&E officer would not have responsibility for implementing programmes and therefore would have some distance from programmatic functions and adequate time to work specifically on M&E.

9. Improve partnerships and collaboration within the UN and other non-governmental partners

UNFPA could use its position to work more effectively with other UN organisations (beyond the MDG 4 and 5 joint programme) at the planning stage of programming. More effort should be made to better document previous positive experiences. Alternative platforms for dialogue are needed and should be facilitated to include all non-governmental and governmental stakeholders, to create new dialogue to advance the adolescents and youth agenda based on past successes.

7 Considerations for the evaluation of UNFPA support to adolescents and youth

CONSIDERATION 1: Changes in operational modalities do not take into consideration middle-income countries that have considerable inequality within their boundaries (i.e. regions with higher needs).

Adaptation to the country categorisation of the current UNFPA business model is challenging because it assumes all countries have uniformity in needs across the population. In Nicaragua there are huge discrepancies in the needs of the population between regions. For example, remote indigenous and Afro-descendant populations require more support than other populations, and even within these populations, some are more vulnerable than others. Nicaragua is one of the few countries in the region able to support services through capacity building (rather than direct support for service provision) even though there are pockets of extreme need although the effect of the support weighs differently in the various regions. Consideration needs to be given to countries in transition between classifications. Flexibility in modes of engagement utilised by country offices to better address different needs at sub-national level is needed. UNFPA senior staff note that the organisation must be fit for purpose, that is, able to maintain relevancy by addressing the most critical issues while remaining financially viable.

CONSIDERATION 2: Advancing the SRH agenda for adolescents and youth requires bold and courageous leadership.

UNFPA's mandate requires bold and courageous leadership. The relevance of the UNFPA mandate rests on the organisation's ability to promote the progressive normative agenda agreed by the ICPD. Countries facing political opposition to the UNFPA mandate or parts thereof need even greater strategic consideration and increasingly, senior staff with sufficient political savvy to advocate for sensitive issues within culturally and politically appropriate boundaries. Does UNFPA have the people it needs to make the difference in increasingly challenging political and financial environments? The situation in Nicaragua shows the importance of capable senior staff to advance the UNFPA agenda despite increasingly limited political space for manoeuvring. However, adaptation to increasingly restrictive government ways of working poses the question of where the limits of alignment with government priorities should rest. Human resource management must consider the balance of staff capacities at country level to ensure the more challenging contexts have the requisite seasoned international and national staff to advance the adolescent sexual and reproductive health agenda.

CONSIDERATION 3: Broader political issues that threaten human rights, gender equality and other UNFPA principles require attention at the highest level of the organisation and by the UN more broadly.

When the government is favourable, UNFPA (and other UN organisations) can advance its principles related to human rights and gender. The culturally and politically sensitive mandate of UNFPA – especially the sexual and reproductive health and rights of adolescents and youth – necessitates that the organisation skilfully prioritises which issues can be addressed in a given context and carefully considers what approach to take. However, special must be taken not to “cherry pick” rights to accommodate local opinion. In Nicaragua, despite national commitment to human rights and gender equality, politically motivated changes to Law 779 on violence against women (which was championed by UNFPA), has been reformed in ways that render it no longer in accord with international standards, nor with human rights treaties. Similarly, government limitations on working with CSOs and NGOs threatens the capacity of UNFPA and the UN in general to build a vibrant civil society. UNFPA must work with UN partners and other stakeholders, respectfully yet firmly, to challenge laws that restrict access to vital information and services protected under international law. Given the political sensitivities of such challenges, such advocacy needs to come from the highest levels within the region and organisation globally.

CONSIDERATION 4: Data can help to guide programming in politically challenging contexts.

In contexts where political opposition to mobilising and empowering adolescents and youth is present, data can be a powerful tool to ensure that those with the greatest need are more effectively targeted, and in advocating for meeting the needs of adolescents and youth. Better use of strategic alliances within countries and regions for the collection, analysis and dissemination of data and evidence could facilitate implementation of UNFPA’s mandate in such settings. In countries where the demographic dividend can be a positive force for development, data can be a powerful tool to catalyse public opinion and build a broader constituency for meeting the social, economic and health needs of adolescents and youth in the country.

CONSIDERATION 5: A more proactive convening role can help to advance the adolescents and youth agenda at country and sub-national level.

UNFPA is often strategically well positioned to lead on the adolescents and youth agenda in countries despite sharing the space with other UN organisations such as UNDP (e.g. on employment and civic participation) and UNICEF and UNESCO (e.g. education). UNFPA could play a more proactive role among partners to advance the adolescents and youth agenda, even in complex contexts. In Nicaragua, UNFPA is recognised as an organisation of great technical skill in SRH, but has not consistently capitalised on this strength as a convener for adolescents and youth issues more generally. UNFPA should use academic and data-driven dialogue (demographic dividend, most at risk, etc.) to convene adolescents and youth stakeholders, and play a leadership and convening role with UNCT to work through a broader coalition to advance the adolescents and youth agenda in countries.

Annexes

Annex 1: Key country data

Country Republic of Nicaragua	
Geographical location	<ul style="list-style-type: none"> • Central America • Located between Costa Rica and Honduras • Borders both the Caribbean Sea and the North Pacific Ocean. (UN Official World Map, www.un.org)
Land area	<ul style="list-style-type: none"> • 12.03 million hectares • Largest country in Central America (Food and Agriculture Organisation of the United Nations. www.faostat.fao.org)
Terrain	<ul style="list-style-type: none"> • Extensive Atlantic coastal plains rise to central interior mountains. The narrow Pacific coastal plain is interrupted by volcanoes. • 24.7% of land was forested in 2012 (Food and Agriculture Organisation of the United Nations. www.faostat.fao.org)
People	
Population	<ul style="list-style-type: none"> • 6,169,000 people (UNdata, data.un.org)
Population growth rate (average annual)	<ul style="list-style-type: none"> • 1.4% from 2010 – 2015 (UNdata, data.un.org) <ul style="list-style-type: none"> • Total fertility rate was 2.5 in 2012 (UNICEF, www.unicef.org)
Urban population	<ul style="list-style-type: none"> • Urbanised population: 58.5% (2015) (UNdata, data.un.org) • Average annual growth rate of urban population 2% (2010 – 2015 est.) (UNdata, data.un.org)
Net migration rate	<ul style="list-style-type: none"> • Crude net migration is estimated at -3.97 per 1000 people between 2010 and 2015 • Total net migration is estimated at – 120,000 between 2010 and 2015 (UN Population Division, esa.un.org)

Age structure	<ul style="list-style-type: none"> • 0-14 years: 30% • 15- 24 years: 19.6% • 24 – 64 years: 45.2% • 65 years and older: 5.1% <p>(UN Population Division, esa.un.org)</p>
Median age	<ul style="list-style-type: none"> • 25.2 years (2015 est.) <p>(UN Population Division, esa.un.org)</p>
Religion	<ul style="list-style-type: none"> • Roman Catholic 58.5%, Protestant 23.2% (Evangelical 21.6%, Moravian 1.6%), Jehovah's Witnesses 0.9%, other 1.6%, none 15.7% (2005 estimates.) <p>(UNdata, data.un.org)</p>
Language	<ul style="list-style-type: none"> • Spanish (official language) • English and indigenous languages found on the Caribbean coast <p>(One World Nations Online, nationsonline.org)</p>
Ethnicity	<ul style="list-style-type: none"> • Mestizo (mixed Amerindian and white) 69%, white 17%, black 9%, indigenous 5% <p>(One World Nations Online, nationsonline.org)</p>
Government & Politics	
Government	<ul style="list-style-type: none"> • Constitutions: several previous; latest adopted 19 November 1986, effective 9 January 1987; amended several times. Executive branch: The President is the Head of State and the Commander in Chief of the Defence and Security Forces; elected for a five year period (Biblioteca Juridica, http://www.poderjudicial.gob.ni/bijun2/noticia_detalle.asp?id=15) • Legislative branch: National Assembly. 92 seats; members serve five year terms. • Electoral branch: constituted by the Supreme Electoral Council, composed of judges appointed by the National Assembly. • Judicial branch: Supreme Court, composed of sixteen judges nominated by the National Assembly. • Fourteen ministries. <p>(ProNicaragua – the official investment and export promotion agency of the Government of Nicaragua, created as a project of the UNDP in 2002, pronicaragua.org; World Intellectual Property Organisation, wipo.int)</p>

Key political events	<ul style="list-style-type: none"> • The Pacific coast of Nicaragua was settled as a Spanish colony in the early 16th century. • Independence from Spain was declared in 1821. • Britain occupied the Caribbean Coast in the first half of the 19th century. • A short-lived civil war brought the Marxist Sandinistas to power in 1979. • US-sponsored anti-Sandinista guerilla insurgency continued throughout the 1980s. • After losing elections in 1990, 1996, and 2001, former Sandinista President Daniel Ortega Saavedra was elected president in 2006 and re-elected in 2011. <p>(ProNicaragua, pronicaragua.org; Foundation for Sustainable Development, fsdinternational.org; One World Nations Online, nationsonline.org.)</p>
Seats held by women in national parliament	<ul style="list-style-type: none"> • 39.1% (2015) (UN Data, data.un.org)
Economy	
Income Group	<ul style="list-style-type: none"> • Lower middle income country (World Bank, data.worldbank.org)
Main industries	<ul style="list-style-type: none"> • Food processing, chemicals, machinery and metal products, textiles, petroleum refining and distribution, beverages, footwear, wood. (One world nations online, nationsonline.org)
GPD per capita PPP USD	<ul style="list-style-type: none"> • \$4,918.3 (World Bank, databank.worldbank.org)
GPD growth rate (at constant 2005 prices (annual %))	<ul style="list-style-type: none"> • 3.5% (World Bank, databank.worldbank.org)
Social Indicators	
Human Development Index (HDI) and rank	<ul style="list-style-type: none"> • Value: 0.599 • Rank: 129 (2012) <p>(UNDP Human Development Reports, http://hdr.undp.org)</p>
Poverty headcount ratio (at national poverty lines (% of population))	<ul style="list-style-type: none"> • 42.5% (2009 estimate.) (World Bank, databank.worldbank.org)
Unemployment (total (% of total labor force))	<ul style="list-style-type: none"> • 5.3% (2013 estimate) (World Bank, databank.worldbank.org)

Ratio of youth unemployment rate to adult unemployment rate, both sexes (Age 15-24)	<ul style="list-style-type: none"> • 2.1 (2006) (DevInfo, http://devinfo.org/libraries/aspx/home.aspx)
Unemployment, youth total (% of total labor force ages 15-24)	<ul style="list-style-type: none"> • Total: 10.4% • Male: 8.8% • Female: 13.5% • 2014 estimates (World Bank, databank.worldbank.org)
Life expectancy at birth, both sexes (years)	<ul style="list-style-type: none"> • 74.5 years (UNICEF, unicef.org)
Under 5 mortality (per 1,000 live births)	<ul style="list-style-type: none"> • 24 (UNICEF, unicef.org)
Maternal mortality (deaths of women per 100,000 live births)	<ul style="list-style-type: none"> • 62.7 per 100,000 live births 2008 – 2012 (UNICEF, unicef.org)
Fertility rate total (live births per women)	<ul style="list-style-type: none"> • 2.5 (2012 estimate) (UNICEF, unicef.org)
Death rate, crude (per 1,000 people)	<ul style="list-style-type: none"> • 4.6 (2012 estimate) (UNICEF, unicef.org)
Physicians density	<ul style="list-style-type: none"> • 0.9 physicians/1,000 population (WHO, apps.who.int)
Health expenditure (% of GDP)	<ul style="list-style-type: none"> • 8.4 % of GDP (2013) (WHO, www.who.int)
Births attended by skilled health personnel, %	<ul style="list-style-type: none"> • 88% (2012 est.) (UN Data, data.un.org)
Abortion rate women aged 15-49	<ul style="list-style-type: none"> • No information available.
Contraceptive prevalence rate (age 15-49)	<ul style="list-style-type: none"> • 72.4% (2011) • (UN Department of Economic and Social Affairs, Population Division, www.un.org.esa)
Unmet need for contraception (% of married women ages 15-49) (year/%) ⁶	<ul style="list-style-type: none"> • 10.7% (2007) • (WHO, www.who.int)

Prevalence of HIV, total (% of population ages 15-49)	<ul style="list-style-type: none"> • 0.3% (2014 est.) • (UNICEF, unicef.org)
Prevalence of HIV, both sexes (% ages 15-24)	<ul style="list-style-type: none"> • < 0.2% • (UNICEF, unicef.org)
Gender inequality index (GDI) and rank	<ul style="list-style-type: none"> • Value: 0.458 • Rank: 132 (2013) • (UNDP Human Development Reports, http://hdr.undp.org)
Gender-based-violence (% women aged 15-49)	<ul style="list-style-type: none"> • The UNFPA CPD for 2013 – 2017 indicates that gender- based violence affects nearly 48 per cent of women who are married or in union in Nicaragua. • Between 2005 and 2009, approximately 50 per cent of reported rape victims were adolescent girls.
Female Genital Mutilation/Cutting (FGM/C)	<ul style="list-style-type: none"> • Not practiced
Adult literacy rate (% of population aged over 15 years)	<ul style="list-style-type: none"> • 78% (UNICEF, unicef.org)
Individuals using the internet	<ul style="list-style-type: none"> • 17.6% (2014) (World Bank, databank.worldbank.org)
Youth and Adolescents	
Population aged 10-19, Thousands, 2012	<ul style="list-style-type: none"> • 1319.2 (UNICEF, unicef.org)
Population aged 10-18, Proportion of total population (%)	<ul style="list-style-type: none"> • 22% (2012) (UNICEF, unicef.org)
Adolescent birth rate (births per 1000 women aged 15 – 19 years)	<ul style="list-style-type: none"> • 108.5 (2006 – 2010) (UNICEF, unicef.org)
Births by age 18 (%)	<ul style="list-style-type: none"> • 28.1 (2008 – 2012) (UNICEF, unicef.org)
Adolescents currently married/ in union (%), female	<ul style="list-style-type: none"> • 24.2% (2002 – 2012) (UNICEF, unicef.org)

Contraceptive prevalence, among girls aged 15-19 (year/%)	<ul style="list-style-type: none"> 61.1% (2006) (UN Data, data.un.org)
Unmet need for contraception	<ul style="list-style-type: none"> 14.6% (WHO, www.who.int)
Justification of wife-beating among adolescents (%), female	<ul style="list-style-type: none"> 19.1% (2002 – 2012) (UNICEF, unicef.org)
Comprehensive knowledge of HIV among adolescents (%), male	<ul style="list-style-type: none"> No information available
Comprehensive knowledge of HIV among adolescents (%), female	<ul style="list-style-type: none"> No information available
Lower secondary school gross enrolment ratio	<ul style="list-style-type: none"> 79.6% (2008 – 2012) (UNICEF, unicef.org)
Upper secondary school gross enrolment ratio	<ul style="list-style-type: none"> 54.2 (2008 – 2012) (UNICEF, unicef.org)
Use of mass media among adolescents (%), female	<ul style="list-style-type: none"> 94.6%, (2002 – 2012) (UNICEF, unicef.org)
adolescents and youth laws and policies	
Insurance coverage (and free coverage) for SRH services for adolescents and youth	Access to sexual and reproductive health has been reduced due to the replacement of differentiated services by the family and community health model from MINSA (MOSAF).C).
Consent restriction for SRH services based on age or marital status	There is no legal restriction to access SRH services for adolescents.
Any restrictions on legal abortion	<ul style="list-style-type: none"> Not permitted in any circumstances.
GBV criminal code or statutory requirements (eg requires	<ul style="list-style-type: none"> Law 779: Comprehensive Law Against Violence Against Women came into effect in June 2012 after many years of advocacy by women's and human rights organisations, as well as support from UNFPA. The law recognized the right of women to live life free from violence

medical confirmation of violation)	<p>and intimidation and established that acts of physical and psychological violence against women are punishable crimes. It also outlined the state's obligations in relation to the implementation of the law, as well as the human rights of women seeking protection under the law. Mediation was prohibited as a way of responding to cases of violence.</p> <ul style="list-style-type: none"> • However, the law was amended in September 2013 to allow mediation in cases where the crime involved would incur a sentence of less than five years, in what human rights organisations say is a large set-back for the rights of survivors of GBV. • The law is reportedly inadequately enforced, and survivors of sexual crimes may face enforced medical examination. • (Sources: Amnesty International; Nicaragua 2014 Human Rights Report)
Marital age	<ul style="list-style-type: none"> • 18 years for women (14 with parental authorisation) • 21 years for men (15 years with parental authorisation) • (UN Data, data.un.org)
FGM restrictions	<ul style="list-style-type: none"> • Not prohibited, but not practiced.
Mandatory school drop out if pregnant	<ul style="list-style-type: none"> • No, but pregnant girls may be summarily expelled from school. • (Source: Adolescent Childbearing in Nicaragua: A Quantitative Assessment of Associated Factors. Lion, Prata and Stewart, International Perspectives on Sexual and Reproductive Health, Volume 35, Number 2, June 2009)
National law or policy covering adolescent sexual and reproductive health and youth participation in governance	<p>Nicaragua has a National Policy for the Comprehensive Development of Youth and a National Strategy for SRH in the prevention of GBV which includes children and adolescents (2008 – 2012.) Law 392 (2008) promotes respect for sexual and reproductive health and reproductive rights, responsible maternity & paternity, and STI prevention. Other relevant laws and policies include the Childhood and Adolescence Code (the state guarantees sex education through school and educational community), the National Plan for Human Development, 2012-2016 (includes adolescents as a priority group; guarantees the rights of adolescents, women and children; health care and education for children and adolescents who work or live in the streets), the National Strategy of Sexual and Reproductive Health, and Nicaraguan Law 238: Law for the Promotion, Protection and Defence of Human Rights Related to AIDS.</p>
Health policies covering adolescent sexual and reproductive health service integration	<p>The Ministry of Health's Strategy toward Adolescents (2013) included youth friendly health services and used WHO; based on human rights, focused on gender, emphasized culturally appropriate health care.</p>
National strategy for adolescents and youth development, health, education, etc.	<p>Nicaragua has implemented a national strategy on sexual and reproductive health and developed policies and legal frameworks on gender-based violence, sexual and reproductive health education and information and youth.</p>
Other relevant laws, policies or regulations facilitating or	<p>Selected relevant national laws and policies include:</p>

restricting adolescents and youth SRH and participation	<ul style="list-style-type: none"> • The National Review of Education for All (2015) • The Autonomous Regional Education System • Law 870 (the Family Code)
Millennium Development Goals (MDGs) Progress by Goal	
1 Eradicate Extreme Poverty and Hunger	Very likely to achieve, on track (Centre for Global Development, http://www.cgdev.org)
2 Achieve Universal Primary Education	Some progress, possible to achieve if changes are made (Centre for Global Development, http://www.cgdev.org)
3 Promote Gender Equality and Empower Women	Likely to achieve, on track (Centre for Global Development, http://www.cgdev.org)
4 Reduce Child mortality	Very likely to achieve, on track (Centre for Global Development, http://www.cgdev.org)
5 Improve Maternal Health	Unlikely to achieve (Centre for Global Development, http://www.cgdev.org)
6 Combat HIV/AIDS, Malaria and other Diseases	Unlikely to achieve (Centre for Global Development, http://www.cgdev.org)
7 Ensure Environmental Sustainability	Very likely to achieve, on track (Centre for Global Development, http://www.cgdev.org)
8 Develop a Global Partnership for Development	Insufficient information (Centre for Global Development, http://www.cgdev.org)

Annex 2: Stakeholder map

Stakeholder Group	Type of Organization	Main Level of Operation	Where (if regional)	Main Institutional Capacities				URL
				Technical Expert Group	Knowledge Sharing & Dissemination	Policy Analysis and Dialogue	Producing Research Evidence	
Centre for Education and HIV / AIDS Prevention (CEPRESI)	NGO	National			X			http://www.cepresi.org.ni
Centre for Research and Social Promotion (CEPS)	NGO	National		X	X	X	X	http://www.cepsnicaragua.org
Fe Y Alegria (Faith and Joy)	FBO	Global		X	X	X		http://www.feyalegria.org.ni
Government of Finland	Donor	Global		X	X	X	X	http://valtioneuvosto.fi/en/frontpage
Government of Luxembourg	Donor	Global		X	X	X	X	http://www.gouvernement.lu
Government of the Netherlands	Donor	Global		X	X	X	X	https://www.government.nl
Institute of Education of the University of Central America (IDEUCA)	University	National		X	X	X	X	http://www.uca.edu.ni/index.php/servicios/institutos/instituto-de-educacion-de-la-uca-ideuca

Luciernaga Foundation	NGO	Regional	LAC		X			http://fundacionluciernaga.org
Ministry of Education (MINED)	Government	National		X	X	X		www.mined.gob.ni
Ministry of Health (MINSa)	Government	National		X	X	X	X	www.minsa.gob.ni
Ministry of the Interior	Government	National		X		X		www.migob.gob.ni
Ministry of Youth (MINJUVE)	Government	National		X		X	X	http://www.injuve.gob.ni
National Autonomous University of Nicaragua (UNAM)	University	National		X	X	X	X	http://www.unan.edu.ni
National Municipal Association of Nicaragua (AMUNIC)	NGO	National			X	X		http://www.amunic.org
National Policy Academy	Police Training Academy	National		X	X			http://www.edudis-policia.edu.ni
Nicaraguan Association of People Living with HIV / AIDS	NGO	National			X	X		www.asonvihsida.org.ni
Nicaraguan Communal Movement (MCN)	NGO	National			X	X	X	http://www.mcnicaraguense.org
Polytechnic University of Nicaragua (UPOLI)	University	National		X	X	X	X	http://www.upoli.edu.ni
Puntos de Encuentro Foundation	NGO	Regional	Central America		X	X		http://www.puntosdeencuentro.org

Profamilia Nicaragua	NGO			X	X	X	X	http://www.profamilia.org.ni
RACN Regional Council	Autonomous Government			X			X	Not available
RACS Regional Council	Autonomous Government			X			X	Not available
University of the Autonomous Regions of the Nicaraguan Caribbean Coast (URACCAN)	University			X	X	X	X	http://www.uraccan.edu.ni

Annex 3: Portfolio of UNFPA adolescents and youth interventions in Nicaragua (2008-2015)

The below table provides an overview of UNFPA projects/components related to adolescents and youth in Nicaragua between 2008 and 2014. The following information derives from the UNFPA Website, the UNFPA Nicaragua Country Programme Evaluation (2012) and the Annual Work Plans (2008-2015) of the respective programmes.

Implementing Agency	Funding Source	Other Implementing Agencies/Partners	Beneficiaries	Geographical Location
NIC02P08 Community SRH Promotion				
UNFPA	Luxembourg			
NIC6R306 Sexual Education and Health Promotion				
Fe y Alegria	Luxembourg		Teacher training to curriculum proposal would work for the inclusion of sexual and reproductive health education and information in the educational curriculum, from preschool through high school education and teacher training in the Educational Core Rural Lechecuagos. The experience allowed for curricular adjustments and had the participation of mothers and parents, students and community leaders.	Educational core Rural Lechecuagos in the department of León which has a base school - pre-school, primary, secondary and teacher training - and six satellites multigrade schools
Government	Luxembourg			
Instituto de Educación de la UCA	Luxembourg	-	1,850 graduate teachers / as the Higher Diploma (964 in the 2010 and 886 in 2011) between directors / as, management of schools and staff delegations MINED	Graduate School Counseling, meeting modality, taught through the consortium of four universities (UCA, UNAN-Leon, BICU and URACCAN); This Diploma is offered in ten academic venues nationwide, with the

Implementing Agency	Funding Source	Other Implementing Agencies/Partners	Beneficiaries	Geographical Location
				participation of 950 advisers and counselors, registering the amount of 886 advisers and counselors graduates (93%), including two educational resources Lechecuagos NER.
Ministerio de Educación	Luxembourg	<p>In 2011, with additional support from Save the Children and the Association P'lante 35 school principals were trained Managua in districts IV, V, VI and VII issues: awareness strategy family, personal development and motivation; equally to 36 parents and mothers in the Family School course in District VI with weekly sessions in schools Modesto Armijo, Canada and Villa Mercedes Campos.</p> <p>The UCE Carazo and Managua worked with the NGO World Vision, Nicaragua Plan (in Villa El Carmen and San Rafael del Sur), CEPRESI, Ixchen, Group GAS, Fe y Alegría, among others, to complement the actions of EC and expand coverage or deepen the priority issues for children and adolescents.</p> <p>Promotion and incidence of strategy reference and counter-reference with MIFAN, Commissions childhood, Commissariat for Women and the</p>	<p>Strengthening over 100,000 fathers and mothers trained in Family School or bi-monthly meetings to address important issues of family life and commitments to the strengthened educational tasks pedagogical technical-psycho-social-affective and skills of 2,339 teachers who make up the School Counseling network teacher- RCED (15% of the total are men), trained at the departmental level and / or municipal.</p>	<p>Trained students FES 12 institutes of the department of Managua (District of Managua, San Rafael del Sur and Villa El Carmen) with Workshop Sexuality and HIV Prevention, strengthened with theoretical elements and practical action on the EIS, and the importance of getting the message to their peers, aware of the vulnerability and exposure to risks faced by adolescents</p> <p>UCE strengthened 21 with 59 departmental advisors / as, mostly psychologists and pedagogues; 27 advisers Normal Schools and IDEAS, totaling 86 trained specialists, fundamental pillars that ensure the institutionalization of the strategy School Counseling staff.</p> <p>Workshops in 17 municipalities of the RAAN, RAAS, Mining and Rio San Juan training 510 teachers, about Reference Guide EIS and guide EC and its five components, from a perspective of integration into the curriculum of primary and secondary education, as an exercise to</p>

Implementing Agency	Funding Source	Other Implementing Agencies/Partners	Beneficiaries	Geographical Location
		<p>National Police to streamline care processes cases of violation of human rights of students and teachers of schools in order to contribute to the respect and restoration of rights.</p> <p>Coordination with other agencies working with the Office of School Counseling at the central level for reprinting of documents, funded with UNFPA-MINED, on issues of EIS, HIV and AIDS and widespread distribution to classroom teachers centers primary and secondary: 1,100 Reprinting copies Counseling School Five Components through the Agency Save the Children, Regional Trafficking in persons Project.</p> <p>With support from JICA, Japan, teachers were trained in the municipalities of Granada (Diriomo, Diriá and Nandaime) in preparation of materials and joint EIS's network of counselors educational visits.</p> <p>With support from other donors such as UNICEF and the Global Fund, the approach of the EIS was strengthened with training activities for officials MINED at various levels, especially with counselors / as and teachers of the</p>		<p>facilitate the future integration of the subject from the plans and programs of study. It raised awareness and strengthened directly to the network of counselors eleven (11) municipalities of special areas of Siuna, Waspam, Puerto Cabezas, Bluefields, El Rama and six (6) municipalities of Rio San Juan: Morrito, El Almendro, San Miguelito, San Carlos, El Castillo and San Juan de Nicaragua.</p>

Implementing Agency	Funding Source	Other Implementing Agencies/Partners	Beneficiaries	Geographical Location
		disciplines of Natural Sciences and coexistence and Citizenship.		
UNFPA	Luxembourg			
	CO Programme Delivery			
NIC8U101 Programme Coordination and Assistance				
UNFPA	Corporate Cost Recovery Fund		<p>At least 40 policy and decision makers (of AN, MIFAM, Ministry of Health and other relevant) have arguments related to Child Marriage as a barrier to SRR and policy proposals to reduce it.</p> <p>National and local-regional institutions enhance their ability to incorporate in public policies and plans, demographic dynamics and their links to the needs of young people to sexual and reproductive health and violence.</p> <p>At least 1000 Youth leaders of Madriz, Somoto, Matagalpa, Chontales, RAAS, Jinotega, Nueva Segovia and Central Zelaya reached by Communication and information campaigns that include multiple channels and media, web 2.0 tools, discussions and dialogue around key actions regarding Pregnancy Prevention</p>	<p>National</p> <p>Regional (South Caribbean)</p> <p>11 municipalities and Managua</p> <p>UNFPA website, regional presentation and at headquarters level, this on their websites, and used in other countries of LAC.</p>

Implementing Agency	Funding Source	Other Implementing Agencies/Partners	Beneficiaries	Geographical Location
			MINJUVE promoters on the field (11 municipalities) Media, general population and young people	
	CO Programme Delivery			
NIC7P22A Desarrollo de Cap Nac para mej				
Ministry of Youth	Spain	Administered by UNDP, UNFPA, ILO, FAO, UNIDO, UNWTO	<p>The actions were aimed at enhancing the technical skills of young people aged 15 to 24 years of age, mainly young people in disadvantaged social status.</p> <p>1,960 youth received technical and vocational training adapted to market needs for employment and self-employment and local development priorities of each municipality.</p> <p>Graduate and Post-Graduate on Youth, Realities and Challenges for 30 youth leaders from different municipalities of intervention program and 24 staff of partner institutions and program agencies at the central level.</p>	Techniques strengthen the capacities of youth in 11 municipalities: Chinandega, Somotillo, Managua (District 3 and 4), San Francisco Libre, Masaya municipality, Altagracia (Rivas), Matagalpa, Sebaco, Tuma-La Dalia, Jinotega. Also, training will be provided through Information Centres, Training and Youth Advisory Board (CICAS) on issues of interest to young people.
NIC7R13A Ejército/ACAPOL -MIGOB SSRDeleg				

Implementing Agency	Funding Source	Other Implementing Agencies/Partners	Beneficiaries	Geographical Location
National Police Academy (ACAPOL)	CO Programme Delivery		Students of the Police Academy, docentes monitors departmental and district offices, new students of the courses Technical training Middle Police and Bachelor in Police Science Police Academy Walter Mendoza and police in active service located in priority territories through network establishment and operation of teachers and monitors trainings; awareness campaign aimed at students and staff of the Police Academy.	Forming Schools: POLICE ACADEMY "WALTER MARTINEZ MENDOZA"
Ejercito de Nicaragua	CO Programme Delivery	-	Educational strategy aimed at officers, noncommissioned officers, soldiers, cadets, sailors and staff of the Military Detachment; Doctors and Paramedics (promoters); School and National Military Academy, Navy Sailors	Schools and Academies Army of Nicaragua. Pacific Naval Force Naval District, Military I, II, IV and V Regional Military Command. Diploma in SSR in the UNAN Managua
Government 1	CO Programme Delivery			
Government 2	CO Programme Delivery			
Government 3	CO Programme Delivery			
Ministry of Education	CO Programme Delivery			

Implementing Agency	Funding Source	Other Implementing Agencies/Partners	Beneficiaries	Geographical Location
Ministry of the Interior	CO Programme Delivery			
UNFPA	CO Programme Delivery			
Polytechnic University of Nicaragua (UNIV UPOLI)	TTF POOL RHCS II	n/a	University Students 23.701 students sensitized on promoting correct and consistent use of condoms for HIV prevención young university	National Autonomous University (UNAN-Managua), Central American University (UCA), National University of Engineering (UNI) and the Polytechnic University of Nicaragua (UPOLI)
NIC7R14A Promoción de SSR, con énfasis				
Association of Municipalities (AMUNIC)	Finland		10,262 Adolescents and Young Trained as Promotores SSR The strategy of non-formal education with houses Adolescents and Youth (Camaj) promoted auto care of physical, mental and emotional health and seeking care in health units, which is reflected in increased uptake of pregnant adolescents the Maternal Houses and increased demand for contraception by sexually active adolescents in municipalities with difficult access Equipment Local Training with MINED, MINSA and youth leaders trained in the Methodology for Non-Formal Education in which 10,000 thousand to 10,000	Autonomous regions, RAAN and RAAS 43 municipalities

Implementing Agency	Funding Source	Other Implementing Agencies/Partners	Beneficiaries	Geographical Location
			promoters young volunteers SSR, who through strategies even arrived were involved nearly 100,000 young people were formed .	
	Netherlands			
Nicaraguan Association of People Living with HIV / AIDS	Finland		Strengthened leadership skills and advocacy with decision makers Young University and women with HIV	Chinandega, Leon, Masaya and Managua Women organized Chinandega, Managua, Rivas, Leon and RAAS Young university UNAN Managua, UNA, UNI, UPOLI, URACCAN, and BICCU
	Netherlands			
CENTRO DE ESTUDIOS Y PROMO NIC	Finland		Young workers of the maquilas Massive campaign aimed at men of 43 municipalities in Nicaragua	Zona Franca Las Mercedes West North Central, Las Segovias, RAAN and RAAS.
	Netherlands			
	CO Programme Delivery			
Centre for Education and HIV / AIDS Prevention (CEPRESI)	Finland			
	Netherlands			

Implementing Agency	Funding Source	Other Implementing Agencies/Partners	Beneficiaries	Geographical Location
Regional Council (RACN)	Finland		Population of the Caribbean Coast of Nicaragua, mainly teenagers and young	Young Voice Program implementation at the regional level Regional Council of the North Atlantic Caribbean Coast
	Netherlands			
Regional Council (RACS)	Finland		12 youths obtained a Diploma in Youth 4 Municipal Plans and Regional Youth 24 Young graduates in careers in medicine, psychology, law, communication, nursing and sociology of BICU and URACCAN territorial Festival with participation of 8 municipalities 8 teams from local training 90 teenagers in mural painting workshops	RACS
	Netherlands			
Puntos de Encuentro Foundation	Finland		Empowerment of adolescents and youth of the CaMAj in advocacy skills in media	CaMaj
	Netherlands			
Lucienerga Foundation	Finland		Adolescents and young creating technical conditions for web (design, storage and photography)	CaMaj
	Netherlands			

Implementing Agency	Funding Source	Other Implementing Agencies/Partners	Beneficiaries	Geographical Location
Government 1	Finland			
	Netherlands			
Government 2	Finland			
	Netherlands			
Nicaragua Communal Movement	Finland			
	Netherlands			
UNFPA	Finland			
	Netherlands			
	CO Programme Delivery			
	Small Contributions			
National Autonomous University	Finland			
	Netherlands			
URACCAN	Netherlands			
	TTF POOL RHCS II			
NIC7U621 Fortalecimiento de la Prevención Embarazo en Adol. Y de la Mortalidad Materna en Zonas priorizadas del País				
Ministry of Health	Finland		Adolescents and young people of African descent and indigenous peoples central level health personnel and 43 local municipalities	Municipalities: Esteli, Madriz, Nueva Segovia, Chinandega, Chontales, Leon and Managua. indigenous peoples and Afro-descendants RAAN, RAAS, Rio San Juan,

Implementing Agency	Funding Source	Other Implementing Agencies/Partners	Beneficiaries	Geographical Location
				Matagalpa, Jinotega, High Wangky and Bocay
UNFPA	Finland			
NIC8U601 SSR adolescentes y AISSR				
Ministry of Health	Finland		Improve access to SRH for children and adolescents, including birth control (MAC) modern, strengthening community strategies for the reduction of maternal mortality.	MINSA, SILAIS and the level Central- In 2012 98.60% of health units offer at least 3 modern contraceptives 99.06% have the availability of essential drugs at least 5 SR
	TTF POOL RHCS II			
PROFAMILIA Nicaragua	TTF POOL RHCS II	PRISMA Perú	Adolescents and young	Friendly Services for Adolescents and Youth in Profamilia clinics in Chinandega, Los Robles, Monsignor Lezcano, Garden City, Boaco, Sebaco, Somoto, Esteli, Jalapa, Jinotega and Matagalpa
UNFPA	Finland			
	CO Programme Delivery			
	Special Funds - L4 (Inventory/Items in Transit-OR)			
	TTF POOL RHCS II			
NIC8U602 Educación de la Sexualidad				

Implementing Agency	Funding Source	Other Implementing Agencies/Partners	Beneficiaries	Geographical Location
National Policy Academy (ACAPOL)	CO Programme Delivery		Student Population students from Middle Police Technical Courses and Degree in Police Science Police	Police Academy
Association of Municipalities (AMUNIC)	Finland			
	Netherlands		Regional, municipal, community and young people have analyzed and disseminated best practices Young Voice Program Regional Youth Council and Youth Council	43 municipalities
Regional Council (RACN)	Finland		Regional Council of Adolescents and Youth	CRAAN
	Netherlands			
Regional Council (RACS)	Finland		Local participation of adolescents and youth, Camaj Communicators Network	Kukra Hill, Laguna de Perlas, Corn Island
Ministry of Education	CO Programme Delivery		Normal School Teachers	School Counseling Units of the departments and special areas, Normal Schools
<Ministry of Youth	CO Programme Delivery		Adolescents and young Nicaraguans (interagency coordination and create opportunities for personal development from the EIS)	22 municipalities of Nicaragua
Nicaragua Communal Movement	TTF POOL RHCS II		Adolescents and young	20 Communities of the Municipality El Cuá, Jinotega
UNFPA	Finland			
	Netherlands			

Implementing Agency	Funding Source	Other Implementing Agencies/Partners	Beneficiaries	Geographical Location
	Programme funds- Corporate (Corporate PPE (Assets))			
	Special Funds - L4 (Inventory/Items in Transit-OR)			
	TTF POOL RHCS II			
URACCAN	Netherlands		Anthropological study of adolescents and youth population and ethnic communities of the Caribbean Coast	Caribbean Coast 5 RAAN and RAAS communities in the municipalities of Bluefields, Laguna de Perlas, Waspam y Rosita
	TTF POOL RHCS II			

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Annex 5: List of people consulted

Definition of Categories:

UNFPA: all UNFPA staff

UN Staff: staff from any other UN organisations including the World Health Organisation & World Bank

Government Partners: including local and central levels and service providers

Donors: including bilateral donors and foundations

International NGOs: including international NGOs and CSOs

National NGOs, CSOs and Academia: any national NGO, CSO or academic institution including universities

Adolescents and youth Beneficiaries: including adolescents and youth leaders, volunteers, and youth led organizations, eRoundtable participants

UNFPA				
#	First Name	Family Name	Sex	Position Name of Organisation
1	Giovannia	Abarca	f	Financial & Programme Associate UNFPA
2	Karla	Aburto	f	Focal Point Person, Youth UNFPA
3	Alejandra	Almanza	f	Programme Assistant UNFPA
4	Markus	Behrend	m	Representative UNFPA
5	Anielka	Briceño	f	Programme Assistant UNFPA
6	Timothy	Hansell	m	Programme Analyst UNFPA
7	Maria Gabriela	Martinez	f	Financial Associate UNFPA
8	Medea	Morales	f	Sociodemographic Analyst UNFPA
9	Edgard	Narvárez	m	Programme Analyst UNFPA
10	Darlene	Omeir	f	Programme Analyst UNFPA
11	David	Orozco	m	Public Policy Analyst UNFPA
12	Chantal	Pallais	f	Former staff UNFPA
13	Susana	Pérez	f	Personal Assistant to the Representative UNFPA
14	Claudia	Porras	f	Communications UNFPA
15	Myrna	Somarriba	f	Gender Analyst UNFPA
16	Victor	Valdivieso	m	Assistant Representative UNFPA
17	Tania	Zamora	f	UNFPA

UN Staff				
#	First Name	Family Name	Sex	Position Name of Organisation
18	Maria Delia	Espinoza	f	Health Officer UNICEF
19	Miriam	Montenegro	f	Senior Social Protection Specialist World Bank
20	Maritza	Romero	f	Sub Regional Health Advisor on Health & Life Course World Health Organisation (PAHO / WHO)
21	Ivy Loreno	Talavera Romero	f	Adolescents SRH Advisor World Health Organisation (PAHO / WHO)
Government Partners				
#	First Name	Family Name	Sex	Position Name of Organisation
22	Adriana V	Alarcon Guardado	f	External Cooperation Officer Ministry of Youth (MINJUVE)
23	Carlos	Aleman Cunningham	m	Governor / Government Coordinator Government of the North Caribbean Coast Autonomous Region (GRACN)
24	Jackie	Berry Christian	f	Administrative Assistant Youth Secretariat (SEREJUVE)
25	Emig	Bravo	f	Adolescents SRH Advisor Ministry of Health (MINSAs), General Health Services Directorate
26	Franklin	Brooks	m	Economic Advisor Autonomous Regional Government, South Caribbean Coast (RACS)
27	Sandra	Cardoza	f	Nursing Assistant Ministry of Health (MINSAs)
28	Danilo	Chang	m	Regional Director Youth Secretariat (SEREJUVE)
29	Miriam	Chavez Jaime	f	Coordinator Adolescent Programme, Ministry of Health (MINSAs)
30	Carlos	Cruz Lesage	m	General Director Ministry of Health (MINSAs), General Health Services Directorate
31	Giovanna Maria	Daly Lopez	f	Director, School Counselling & Values Development Programs Ministry of Education (MINED)
32	Sherilee Taylor	Downs	f	Youth Affairs Technician Municipality of Corn Island
33	Roy	Garcia Rivera	m	Technical Coordinator Youth Secretariat (SEREJUVE)
34	Jamileth	Gonzalez	f	Local Judge Supreme Court, Estelí
35	Maria Elsa	Guillen	f	General Director, Secondary Education Ministry of Education (MINED)
36	Leonor	Hernandez Sandino	f	Secretary General Ministry of Youth (MINJUVE)
37	Elizabeth	Herrera Flores	f	Project Coordinator National Police
38	Tania	Jerez Duran	f	Financial Administrator Municipality of Corn Island
39	Gabriela	Jimenez	f	Ministry of Foreign Affairs (MINREX)
40	David	Lazo Valle	m	Youth Affairs Official National Police, Estelí
41	Carlos E.	Lopez Hurtado	m	Parliamentarian National Assembly; Vice President, Commission on Women and Youth
42	Emilio	Morales	m	Youth Affairs Technical Advisor Youth Secretariat (SEREJUVE)
43	Hilda	Murillo Silva	f	Office Chief National Police

44	José Esteban	Perez Pineda	m	Pedagogical Advisor Ministry of Education (MINED)
45	Martha Lorena	Rivera	f	Departmental Advisor Ministry of Education (MINED), Estelí
46	Nohemi	Rizo Gutierrez	f	Coordinator Ministry of Education (MINED) Estelí
47	Marta Lorena	Rocha	f	Ministry of the Family, Adolescents and Children
48	Milagros	Umaira	f	Area Coordinator Ministry of Education (MINED)
49	Albertito	Young Richards	m	Political Secretary Youth Secretariat (SEREJUVE)
50	Darrol		m	Youth Affairs Official National Police

Donors

#	First Name	Family Name	Sex	Position Name of Organisation
51	Khaled Yamil	Ismael Reyes	m	Technical Advisor Deutsche Gesellschaft für Internationale Zusammenarbeit (GIZ); Former Coordinator, Municipal adolescents and youth House, Estelí

International NGOs

#	First Name	Family Name	Sex	Position Name of Organisation
52	Maria Teresa	Martinez Garcia	f	Nicaragua Representative International Community of Women Living with HIV / AIDS (ICW Latina)
53	Nydia Massiel	Sánchez C.	f	Assistant International Community of Women Living with HIV / AIDS (ICW Latina)

National NGOs, CSOs, Academia

#	First Name	Family Name	Sex	Position Name of Organisation
54	Zunilda Jamileth	Altamirano Paguaga	f	Legal Advisor Nicaraguan Communal Movement (MCN)
55	Lia Segovia	Amador Espinoza	f	Project Technical Advisor National Network of Maternity Houses of Nicaragua (REDCAM)
56	Arely	Cano	f	President Nicaraguan Association of People Living with HIV/AIDS (ASONVIHSIDA)
57	Freddy	Cardenas Ortega	m	Executive Director ProFamilia
58	Wilman Noel	Castellon Areeda	m	Nicaraguan Communal Movement (MCN)
59	José David	Castro Rodriguez	m	Coordinator Nicaraguan Communal Movement (MCN), El Cuá
60	Francisca del Carmen	Espinoza Ortiz	f	National Coordinator National Network of Maternity Houses of Nicaragua (REDCAM)
61	Rafael Lucio	Gil	m	Director Institute of Education, Central American University (IDEUCA)
62	Ximena	Gutierrez Gomez	f	Academic Coordinator, Masters Programme, Sexual & Reproductive Health National Autonomous University of Nicaragua (UNAM)
63	Jhonny Enrique	Kuan Lagos	m	Volunteer Facilitator Nicaraguan Communal Movement (MCN)
64	Bayron Jatet	Martinez Sevilla	m	Health Promoter Nicaraguan Communal Movement (MCN)

65	Donaldo Jose	Muñoz Useda	m	Marketing Supervisor ProFamilia
66	Gonzalo	Norari Gómez	m	Professor Central American University (UCA)
67	Sabina Maite	Perez Ramirez	f	Financial Administrator Nicaraguan Association of People Living with HIV/AIDS (ASONVIHSIDA)
68	Enrique	Picado	m	Coordinator, National Health Program Nicaraguan Communal Movement (MCN)
69	Ruben	Reyes Jirón	m	Project Coordinator Puntos de Encuentros; Masculinity Network (REDMAS)
70	Jose Luis	Saballos Velasquez	m	Director of External Cooperation University of the Autonomous Regions of the Caribbean Coast of Nicaragua (URACCAN)
71	Francisco	Sequeira	m	Director Human & Autonomous Rights Institute, Bluefields Indian and Caribbean University (BICU)
72	Karla Roberta	Solis Silva	f	Administrator Central American University (UCA)
73	Maria Auxiliadora	Strilla	f	Youth Club Coordinator ProFamilia

Adolescents and youth Beneficiaries

#	First Name	Family Name	Sex	Position Name of Organisation
74	Jose Manuel	Baca Guido	m	Health Educator ProFamilia
75	Jeniffer Massiel	Blanco Escobar	f	Volunteer University Youth Movement against HIV (JUUA VIH) - Polytechnic University of Nicaragua (UPOLI)
76	Lucia Cristina	Blanco Escobar	f	Volunteer University Youth Movement against HIV (JUUA VIH) - Polytechnic University of Nicaragua (UPOLI)
77	Dulce Maria	Cano Herrera	f	Peer Promoter MCN Adolescents' Club, El Cuá
78	Eyda Karolina	Castillo Castro	f	Former Peer Promoter Municipal adolescents and youth House, Estelí
79	Moises Abraham	Cortes Narvaez	m	Peer Educator Adolescents' Club, ProFamilia
80	Wilmer	Davila	m	Promoter Municipal adolescents and youth House, Estelí
81	Nayelsha Karina	Downs Lopez	f	Participant Municipal adolescents and youth Council, Corn Island
82	Jose Manuel	Espinoza Zeledon	m	Health Educator ProFamilia
83	Eveling	Garcia Gonzalez	f	ProFamilia
84	Veronica Mercedes	Guillén Cordoza	f	Health Promoter ProFamilia
85	Luis Alfonso	Lopez Gaitan	m	Peer Educator Adolescents' Club, ProFamilia
86	Malys Elizabeth	Lopez Garmeordia	f	Health Promoter MCN Adolescents' Club, El Cuá
87	Katherine Izayana	Lopez Obando	f	Health Promoter University Youth Movement against HIV (JUUA VIH) - Polytechnic University of Nicaragua (UPOLI)
88	Jairo Antonio	Lumbi Castro	m	Peer Promoter MCN Adolescents' Club, El Cuá
89	Jordan Javier	Maliavios Rodriguez	m	Health Promoter ProFamilia

90	Jader Alexander	Meza Morin	m	Peer Promoter MCN Adolescents' Club, El Cuá
91	Jasser Josue	Montenegro Lopez	m	Peer Promoter MCN Adolescents' Club, El Cuá
92	Lesther Asdrubal	Munoz Garcia	m	University Youth Movement against HIV (JUUA VIH) - Polytechnic University of Nicaragua (UPOLI)
93	Enrique Antonio	Navarrete Lopez	m	Health Promoter ProFamilia
94	Jorge	Orestes Rosales	m	Peer Educator Adolescents' Club, ProFamilia, Los Robles
95	Jorge Luis	Orozco	m	Social Promoter University Youth Movement against HIV (JUUA VIH) - Polytechnic University of Nicaragua (UPOLI)
96	Darling Magaly	Paul Castillo	f	Former Peer Promoter Municipal adolescents and youth House, Estelí
97	Bianeyling Anahi	Polanco Tercero	f	Peer Promoter MCN Adolescents' Club, El Cuá
98	Adilson Briones	Rivera	m	Promoter Municipal adolescents and youth House, Estelí
99	Belki Osmary	Rizo	f	Peer Promoter MCN Adolescents' Club, El Cuá
100	Tatiana	Rizo Escorcia	f	Former Peer Promoter Municipal adolescents and youth House, Estelí
101	Madeling Urania	Rizo Lopez	f	Peer Promoter MCN Adolescents' Club, El Cuá
102	Ernesto Jose	Rodriguez Aravermio	m	Volunteer University Youth Movement against HIV (JUUA VIH) - Polytechnic University of Nicaragua (UPOLI)
103	Mariby	Romero	f	Promoter Municipal adolescents and youth House, Estelí
104	Shayron P	Tower Sjogreen	m	President Municipal adolescents and youth Council, Corn Island

