



# UNFPA FRAMEWORK FOR ACTION ON ADOLESCENTS & YOUTH

OPENING DOORS WITH YOUNG PEOPLE: 4 KEYS



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# 1. EXECUTIVE SUMMARY

The case for investing in young people now is more than clear. Almost 1.5 billion people in the world today are between 10 and 25 years old. More than half of all youth—about 525 million people—survive on less than \$2 a day. More than 100 million adolescents do not attend school. Fifteen million adolescent girls become mothers every year. Among mothers under age 20, infant mortality rates average 100 deaths per 1,000 live births; among mothers aged 20-29 and 30-39, the rate is 72-74 deaths per 1,000 live births. Six thousand young people are infected with HIV everyday; most of them are girls in Sub-Saharan Africa and Asia.<sup>1</sup> Ratios of new female-to-male infections among young people between ages 15-24 run as high as 8:1 in South Africa. These are not just numbers. These are the realities of young people at the crossroads. The gap between the MDG targets and the current state of affairs for young people leaves no time for questions. It is time for action.

The Framework for Action on Adolescents and Youth has been developed as a response to several needs. First, UNFPA's work on young people must contribute to the comprehensive, not piecemeal, development of adolescents and youth. We know that sexual and reproductive health is not the only issue that concerns young people. Issues that matter also include education, livelihoods, and citizenship. The Fund therefore needs to position its Adolescent Sexual and Reproductive Health (ASRH) niche within the broader framework of the holistic development of young people. Second, at a time when the global community is increasingly focusing on poverty reduction and UN Reform is calling upon all UN agencies to work together in support of broader national development goals, a Framework for Action is needed to guide the Fund's support in the area of adolescents and youth. Third, because of the changing development aid environment, a framework that articulates the organization's corporate position is necessary. Such a framework allows regional and country offices to speak a common language based on a common frame of reference and still maintain room for flexibility and adaptation at the country level.

<sup>1</sup> UNFPA's State of World Population Report 2003 and 2005



In response to these needs, the Framework for Action on Adolescents and Youth outlines a strategic direction for this critical area of the Fund; optimizes UNFPA's comparative advantage; highlights the Fund's role in contributing towards meeting the Millennium Development Goal (MDG) on poverty reduction; and increases UNFPA's role in achieving MDG 2 on education, MDG 3 on gender equality, MDG 5 on maternal mortality, and MDG 6 on HIV prevention. With this Framework UNFPA can market itself better and provide an essential package of support to national governments, containing key elements that every UNFPA-supported adolescent and youth programme should have, with scaling up in mind.

This document is based on the Fund's commitment to invest in adolescents and youth and help them gain access to opportunities. For countries experiencing or about to experience the demographic transition and

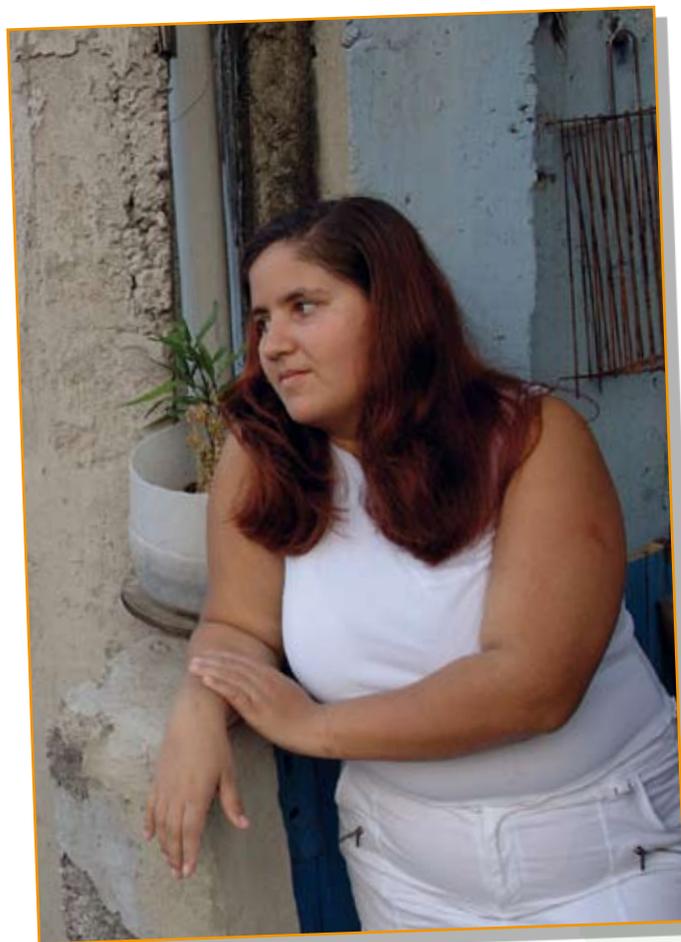
for countries showing a significant youth bulge, social investments in young people can help to achieve a healthy, socio-economically productive and poverty-free society. This document's primary focus is on translating the Fund's commitment to action. It is based on UNFPA's extensive experience of working for more than thirty years in the area of adolescents and youth. It does not provide all the answers, but it charts a roadmap for positioning UNFPA for action.

UNFPA's vision on young people is straightforward: "A world fit for adolescents and youth is one in which their rights are promoted and protected. It is a world in which girls and boys have optimal opportunities to develop their full potential, to freely express themselves and have their views respected, and to live free of poverty, discrimination and violence." Drawing on this vision, the Fund will support governments and partners to:

- Empower adolescents and youth, girls and boys, with skills to achieve their dreams, think critically, negotiate risky situations, and express themselves freely.
- Provide access to health, including sexual and reproductive health information, education, commodities and services.
- Connect young people to livelihood and employment programmes.
- Uphold the rights of young people, specifically girls and marginalized groups, to grow up healthy and safe.
- Encourage young people to participate fully in development plans.
- Recognize the rights of young people to a fair share of education, skills, and services, with a special focus on economically disadvantaged, socially marginalized, and vulnerable groups.

To make all of this happen, the Fund will cross boundaries between sectors and encourage new partnerships. This merging of approaches reflects a vision that sees young people's lives in totality rather than in fragments.

In order to fulfill this vision, UNFPA will strategically position itself in four key areas. Traditionally, UNFPA has focused on SRH education and SRH services. To deliver effective results in these two Key areas, a



supportive environment is needed where policymakers and programme managers are convinced to make social investments in young people. For this purpose, one Key focuses on using population structure analyses and implications of poverty dynamics to make a case for social investments in young people. Participation of young people, the last Key, is at the core of policy and programming processes. Together, the four Keys present a unique opportunity for convergence of the Fund's critical programming areas related to reproductive health, gender, and population with adolescents and youth.

**The Four Keys can be summarized as:**

#### **KEY 1**

**Supportive policy making that applies the lens of population structure and poverty dynamics analyses:**

The Fund will focus public policy on young people and incorporate their issues in national MDG-based development and poverty reduction strategies. To facilitate this, the Fund will support scenario-building exercises

that demonstrate what could happen to poverty reduction if social investments in this group are made. The Fund’s comparative advantage will be used at the policy table by: (i) leveraging data on young people for social development policies and poverty reduction plans; (ii) analyzing population structures and advocating a “demographic bonus” argument for making social investments in young people; and (iii) undertaking poverty diagnostics to map social vulnerability profiles of young people based on the understanding that young people are not a homogeneous group.

**KEY 2 Gender-Sensitive, Life-Skills-Based Sexual and Reproductive Health (SRH) Education:**

The Fund will take a lead in facilitating the provision of comprehensive, gender-sensitive, life skills-based SRH education in schools and community settings. Educational interventions will be delivered through a gender equality promotion and skills approach that will equip girls and boys with the abilities to turn knowledge into practice. The Fund will proactively pursue policy discussions, dialogue, and advocacy on improving the quality of education systems, postponing age at marriage, and retaining girls in schools. It will focus policy on the inclusion of SRH education in school curricula and informal education programmes within the context of sector-wide approaches (SWAPs), poverty reduction strategies (PRSs), and education reforms.

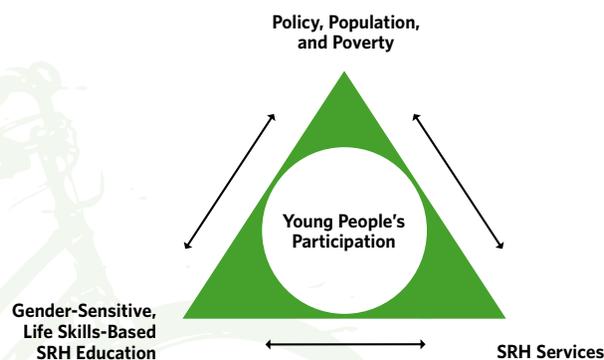
**KEY 3 Sexual & Reproductive Health Services:**

The Fund will promote a core package of health and SRH services and commodities that will include, at a minimum, contraception, HIV prevention, and maternal health services. Service provision will be within the overall context of reproductive health commodity security (RHCS), which will address issues of access and affordability of RH commodities. The Fund will support service delivery models within the national programme context, not as isolated projects. Scaling-up youth- and adolescent-friendly health/SRH services as a fair share for socio-economically disadvantaged groups will be linked with efforts for promoting universal access to HIV prevention, care, treatment, and support. The Fund will combine facility-based service delivery with multiple channels (for example, schools and social marketing programmes), and community outreach activities. For social services, the Fund will network with NGOs, community-based organizations, and other

sectors. Policy dialogue will focus on promoting and costing an essential package of services for young people, targeting in particular those who are out of reach, especially married and unmarried girls.

**KEY 4 Young People’s Leadership and Participation:** The Fund will pay special attention to working “with” young people through youth-adult partnerships. It will identify institutional mechanisms for incorporating young people’s input into policy and programming processes (including planning, implementation, monitoring, and evaluation). It will invest in capacity building and leadership skills of young people to make them advocates for their own rights and development issues. It will promote peer educators as polyvalent agents for transmitting safe SRH messages, linking peers with services, and allying with young people’s networks and coalitions. The Fund will tap into the dynamism of youth movements and their communication networks for advocacy and action on issues of concern, such as, HIV/AIDS and age at marriage.

The Four Keys can be visualized as a pyramid (see below). At the apex is the Key on Policy, Population and Poverty. The base of the pyramid is comprised of the two Keys of SRH Education and Services. Youth Participation is core to all of the Keys. The two-way arrows indicate that each Key feeds into and reinforces the other.



In order to deliver the Four Keys, specific policy and programmatic actions for each Key will be supported. Overall, **at the policy level**, the Fund will position the adolescent and youth agenda within the larger development context of poverty reduction. UNFPA will engage in policy dialogue, policy analysis, and policy advocacy aimed at including young people’s issues in the national development strategies, plans, and

processes of SWAPs, PRSs, and MDGs. UNFPA will build alliances and forge partnerships with governments, development partners, civil society, organizations serving youth, and media with the goal of leveraging resources for investing in young people, particularly those who are most vulnerable and socially excluded. The Fund will also leverage the global focus on HIV/AIDS to place adolescent sexual and reproductive health issues on the policy table and the programming agenda.

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### The Fund will position the adolescent and youth agenda within the larger development context of poverty reduction.

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Overall, **at the programme level**, the Fund will advocate for an Essential Package of Social Protection Interventions for Adolescents and Youth comprised of education, SRH services, and livelihood components. The Fund will leverage its expertise in SRH as an entry point for promoting social services and livelihoods (and vice versa), thereby ensuring that the Essential Package is backed by a solid multisectoral plan. It will proactively promote partnerships to ensure that health and non-health components (such as basic education, vocational training, and employment) receive due policy and programme attention. Advocacy efforts will be supported to mobilize the participation of key stakeholders at the national, regional, state, and community levels to create an enabling environment for policy and programmatic interventions.

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### The Fund will promote intergenerational alliances that will function not only to build support on young people's issues, but as operational teams that will strategize and integrate young people's issues into policy and programming processes.

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Underpinning and linking the Four Keys together is the **“keychain”**: **intergenerational alliances**. The Fund will build and support intergenerational alliances to work towards making the Four Keys open

doors for young people. Safe spaces will be created where young people and adults can meet to discuss young people's concerns related to the Four Keys and concrete strategies for addressing their concerns. These safe spaces will serve as forums for adults and young people to listen to each other, freely express their views, and for young people to gain the support of adults to act on their behalf and in partnership with them. The Fund will identify dynamic adults to champion youth issues and influence other leaders, especially in arenas where young people have yet to gain access or on controversial issues shrouded by “gatekeepers.” Equally important, the Fund will promote intergenerational alliances that will function not only to build support on young people's issues, but as operational teams that will strategize and integrate young people's issues into policy and programming processes.

Above all, the Fund will be guided in its work by four overarching principles:

- (i) achieving social equity by paying special attention to vulnerable and excluded groups;
- (ii) protecting the rights of young people, particularly to health, education, and civic participation;
- (iii) maintaining cultural sensitivity by advocating for SRH in sensitive and engaging ways; and
- (iv) affirming a gender perspective which, while recognizing boys' needs, preserves spaces for girls, especially the poor and vulnerable.

An attempt is made in this Framework to show how these principles can guide policy and programmatic actions. The Framework also addresses issues of systems, capacity enhancement, and coordination with partner agencies in order to deliver better services more resourcefully.

Last, but not least, staff and readers are reminded that this Framework for Action is a guiding and evolving document for UNFPA. Country offices have room for flexibility, creativity, fresh thinking, and action. This document does not address the operational details of implementation, although it provides overall guidance for action. With rich input from field offices, it is proposed to eventually develop operational guidelines, monitoring framework, and tools for implementing the Four Key components of the Framework for Action.

The document is organized as follows: It first introduces the concept of young people, which covers adolescents and youth. Against the backdrop

of the current development scenario and global commitments of the ICPD and MDGs, Section 4 explains the rationale and objective of the Framework for Action. Section 5 briefly details the process of developing the Framework for Action. Section 6 maps the strategic policy and programme direction of the Framework for Action. It also highlights the

underlying principles of the Framework. The Four Key components are outlined in Sections 7 to 10. Section 11 highlights steps the Fund can take to improve delivery of its policy and programme commitments. Following the Conclusion in Section 12, an annexure lists a glossary of key concepts used in the Framework.



## 2. GROWING UP YOUNG: An Introduction

### PERIOD OF TRANSITIONS

Adolescence is a period of many critical transitions: physical, psychological, economic, and social.

Childhood is left behind, and pressures to become responsible adults are strong. Most important is the need to shape an identity and develop a personality. With these transitions come challenges and choices that are strongly influenced by the gender expectations of society and families. The ability to navigate through these transitions depends on how well adolescents are supported by families and society at large.

### DEFINITIONS

“Growing up” typically encompasses the phases of adolescence and youth.

Adolescents include the age range of 10 to 19 years.

### BOX 1

The challenges for young people making the transition to adulthood are greater today than ever before. In the past young men and women tended to move directly from childhood to adult roles. But today the interval between childhood and the assumption of adult roles is lengthening. Compared to the situation 20 years ago, young people are:

- Entering adolescence earlier and healthier
- More likely to spend their adolescence in school
- More likely to postpone entry into the labour force, and
- More likely to delay marriage and childbearing

As a result of these changes, on average, young people in the developing world have more time and opportunities than ever before to acquire the information and skills necessary to become effective participants in decisions about their own lives and futures.

These statements capture only broad tendencies for young people in developing countries, which tend to be statistically dominated by trends in Asia, where 70% of young people in developing countries live (42% in India and China alone). Over the past 20 years, economic growth rates in Latin America and the Caribbean and in sub-Saharan Africa have diverged negatively from economic growth rates in developed countries, while growth rates in East and South Asia, where the majority of young people live, have converged towards economic growth rates in developed countries.

These very different circumstances across regions mean that the experiences of today's young people, as well as the implications of globalization for them, vary enormously. Furthermore, the continuing growth in the absolute numbers of young people as well as the lengthening period of years spent unmarried (and in many cases sexually active) ensure a rapid and continuing growth in young people's need for education and reproductive and other health services.

Source: Growing up Global, National Research Council and Institute of Medicine, 2005

Youth includes the age range of 15 to 24 years. These are globally accepted definitions, although there may be regional and country specific variations. For purposes of the Framework for Action, young people refer to adolescents and youth ranging in age from 10 to 24 years.

**Many are organizing and networking themselves in both formal and informal ways. A global youth culture has emerged, and youth are contributing to the construction of global and local cultures.**

### DIVERSITY

The ability of young people to safely and successfully navigate their transition to adulthood is diversified by age, sex, marital status, schooling levels, residence, living arrangements, migration, and socio-economic status. Although young people are all in transition, their experiences are by no means similar. Programming for the diversity of young people can yield better results in helping young people grasp opportunities and overcome challenges with positive results.

### DEVELOPMENT CONTEXT

Today adolescents and youth represent the biggest generation in human history. One third to almost one half of the population in developing countries is under 20 years old. Their transition to adulthood needs to be understood in the larger developmental context. Increased poverty, social inequalities, low quality education, gender discrimination, widespread unemployment, weakened health systems, and rapid globalization are the realities within which young people grow. Worth special mention is the HIV and AIDS pandemic, which has virtually made today's adolescents the first generation growing up with the disease. The scenario is a mixed one. Exposure to mass media and fast inroads into technology have meant that young people are rapidly connecting throughout the world. They are sharing more ideas, values, and symbols, and are no longer passive. Many are organizing and networking themselves in both formal and informal ways. A global youth culture has emerged, and youth are contributing to the construction of global and local cultures.

## OPPORTUNITIES

As population growth declines, governments have a unique opportunity to invest in young people. For example, investing in delaying age at marriage and first birth can have a direct impact on reproductive health and future population growth. As this new generation outnumbers that of their parents and that of the generations that follow, investment in social services for young people can ensure that they get better education, delay family formation, and enter into the paid market. They will therefore be better prepared to confront poverty than their parents were. Investing

in young people can enable them to develop skills and abilities for contributing to the development of society. This makes it important that they are treated as assets to be nurtured and not as problems.

It is in the context of this emerging scenario that UNFPA has embarked on an exercise to strategically position itself on adolescents and youth by leveraging its comparative advantage in population, gender, and reproductive health. This positioning exercise is further situated in the context of various global commitments.



### 3. MAKING THE CASE FOR INVESTING: Global Commitments

**ICPD** Adolescent reproductive health rights and needs were placed on the international agenda for the first time by the International Conference on Population and Development (ICPD), Cairo, 1994. The Cairo Plan of Action recognized the specific sexual and reproductive health needs of young people beyond the “disease” and “procreation” dimensions and focused on the overall health, SRH, rights, and well-being of adolescents.

**MDGS, WS & UNGASS** Governments from all over the world met at the 2005 World Summit to reaffirm their resolve to achieve the Millennium Development Goals by 2015. Many of the MDG targets<sup>2</sup> directly relate to young people’s health and development. Social investments in young people’s education, health, and employment can enable countries to build a strong economic base, thereby reversing inter-generational poverty. Such investments, if timely and gender equal, can help countries to achieve other MDGs such as universalizing education, promoting gender equality, reducing maternal mortality, and reversing the rising tide of HIV in young people. The World Summit underscored the need for achieving universal access to reproductive health services by 2015, as set out in the ICPD. The Declaration of Commitment on HIV/AIDS at the UN General Assembly Special Session on HIV/AIDS (UNGASS) in June 2001 further announced the importance of ensuring access of young people to HIV education, services, and life skills training in order to reduce their vulnerability to HIV infection.

**PARIS DECLARATION & UN REFORMS** The Paris Declaration on Aid Effectiveness advocated a stronger alignment of UN System’s work with national development priorities, harmonization of results, and improved accountability. In keeping with the Paris Declaration and the Triennial Comprehensive Policy Review, UNFPA is committed to placing emphasis on national ownership, national leadership, and national systems.

<sup>2</sup> These include MDG 2 on education, MDG 3 on gender, MDG 5 on maternal health, MDG 6 on HIV/AIDS and MDG 8 on global partnership (strategies for decent and productive youth employment).

The UN Reforms further aim for better coordination among UN partners in support of broader national development goals.

**UNFPA STRATEGIC DIRECTION**

The UNFPA Strategic Direction Positioning Statement (2002) advocates a life cycle approach for sexual and reproductive health and reproductive rights. It recognizes that youth and adolescents represent a priority group given their particular social, economic, and health vulnerabilities, especially in the area of sexual and reproductive health. Enhancing young people’s capacities can yield larger returns during the course of their economically active lives. It can ensure fully productive and healthier lives, thereby reducing ill health consequences. Strategic investments in this group can have the most long-term, cost-effective impact and can lead to serious poverty reduction.

**Social investments in young people’s education, health, and employment can enable countries to build a strong economic base, thereby reversing inter-generational poverty.**

The Framework for Action on Adolescents and Youth is to be situated within the parameters of the UNFPA Strategic Direction. The spirit of the Framework for Action is to be understood in the context of the ICPD, MDGs, and the UN Reform.



## 4. FROM COMMITMENT TO ACTION: Framework for Action on Adolescents & Youth

### RATIONALE FOR FFA

In response to the changing development context and increasing emphasis on poverty reduction, UNFPA has identified the need for greater organizational clarity and guidance on how to programme more effectively. For UNFPA, adolescents and youth offer a particularly suitable vantage point for developing an organizational strategy that responds to this need. The Framework for Action on Adolescents and Youth articulates this response. It is expected to guide and support country offices in designing national development strategies and implementing and monitoring appropriate programmes for young people. It is also expected to mobilize strategic support for this critical area of the Fund, optimize the Fund's comparative advantage, and increase the Fund's role in contributing towards the MDGs of poverty reduction, education, gender equality, maternal health, and HIV prevention. UNFPA is moving from focusing just on the reproductive and health aspects of young people's development towards advocating a more integrated and comprehensive approach that considers the environment in which young people live, their education, health (including sexual and reproductive health), and employment in the context of poverty reduction. This perspective builds on the wealth of experience accumulated by UNFPA through its programmes with young people.

### OBJECTIVE OF FFA

This Framework for Action articulates a vision for young people. Based on this vision, it outlines UNFPA's programme priorities, comparative advantages, and role vis-à-vis other development partners. In these ways, the Framework for Action provides a positioning statement that moves UNFPA towards effectively engaging in policy dialogues and connects policy support with programme development that particularly focuses on those who are socially excluded. It enables UNFPA to promote synergies between its thematic areas and leverage the resources of national governments and other development partners for adolescents and youth.

### FFA VISION

UNFPA's vision on young people is: "A world fit for adolescents and youth is one in which their rights are promoted and protected. It is a world in which girls and boys have optimal opportunities to develop their full potential, to freely express themselves and have their views respected, and to live free of poverty, discrimination and violence." Drawing on this vision, the Fund will support governments and partners to:

- empower adolescents and youth with skills to achieve their dreams, think critically, and express themselves freely;
- provide access to health, including sexual and reproductive health, information, education, commodities, and services;
- connect young people to livelihood and employment programmes;
- uphold the rights of young people, specifically girls and marginalized groups, to grow up healthy and safe;
- encourage young people to participate fully in development plans as citizens of their societies;
- recognize their right to a fair share of education, skills, and services;
- specifically focus on economically disadvantaged, socially marginalized, and vulnerable groups and their right to a fair share of education, skills, and services.

To make all of this happen, the Fund will cross boundaries between sectors and encourage new partnerships. This merging of approaches reflects a vision that sees young people's lives in totality rather than fragments.

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**The Fund will engage itself in policy dialogue, policy analysis, and policy advocacy to include young people's issues (health and non-health) in the national development strategies, plans, and processes of SWApS, PRSs, and MDGs.**

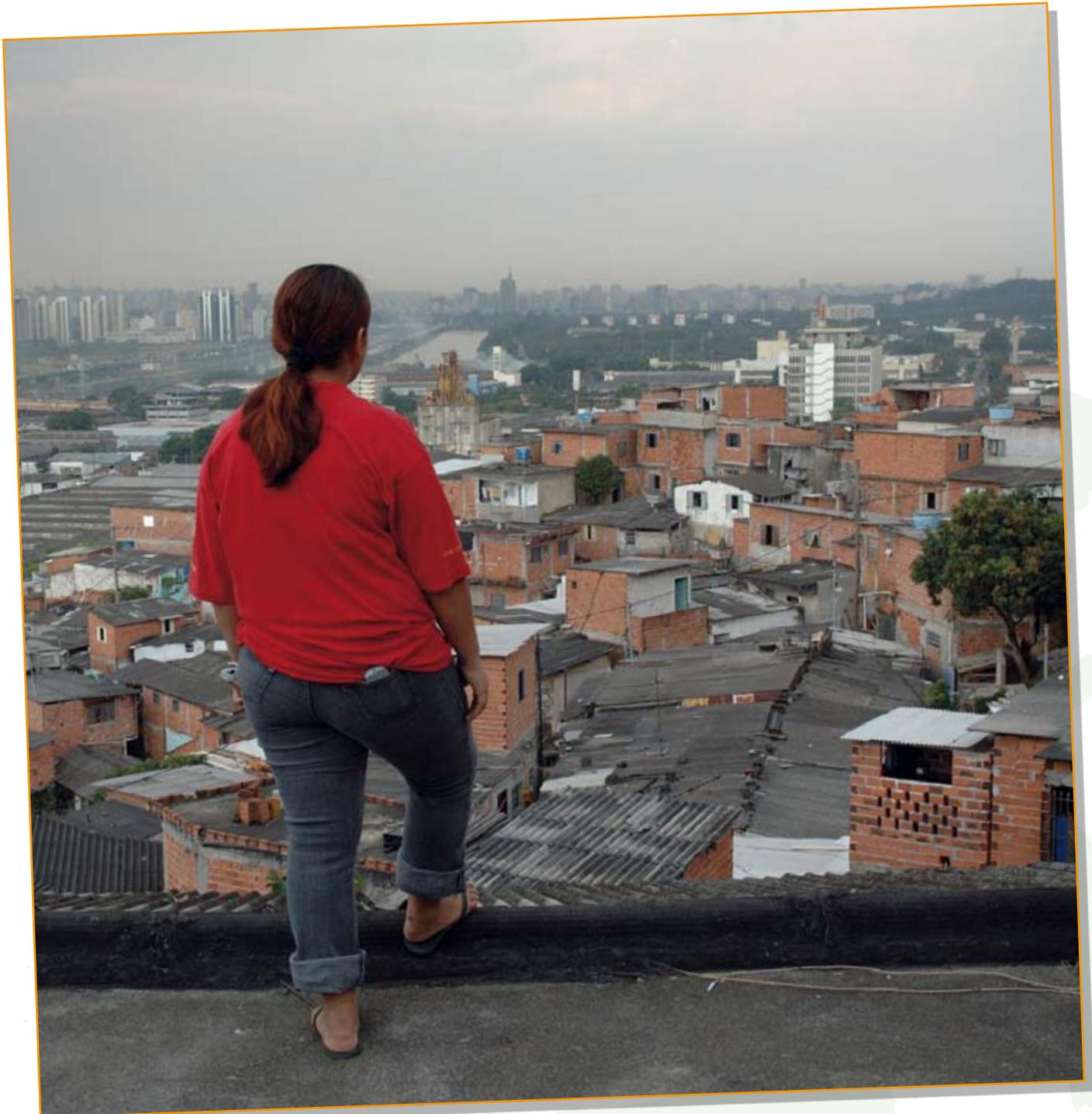
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### UNFPA'S ROLE & POSITION

UNFPA will facilitate the above process through policy development and its articulation into programme interventions. The Fund will engage itself in policy dialogue, policy analysis, and policy advocacy to include young people's issues (health and non-health) in the national development strategies, plans, and

processes of SWAp, PRSs, and MDGs. For this purpose, it will situate young people's issues within the analysis of population structure and poverty dynamics, where UNFPA can have a comparative advantage. It will support comprehensive gender-sensitive SRH education, life skills training and services, which are its core areas of expertise. The Fund will advocate a holistic approach on young people's issues and will

proactively pursue partnerships with governments, development partners, civil society, youth-serving organizations, and media in order to leverage resources for making social investments (including health, education, and employment) in young people, particularly those who are most vulnerable and socially excluded.



## 5. CHARTING THE ROADMAP: Process of Developing the Framework for Action

### STRATEGIC EXERCISE

A multi-stage Strategic Exercise was adopted for developing the Framework for Action on Adolescents and Youth.

This included three stages: desk review, stakeholders' analysis, and writing workshop. The stages are briefly explained below. It is critical to understand the participatory and intense process adopted for developing the Framework for Action. Around 30 colleagues from across the Fund participated in a reference group specially created for the Strategic Exercise.

### STAGE ONE: DESK REVIEW

As a first step, a desk review was carried out to guide the development of the Framework for Action.

The purpose was to take stock of UNFPA's current support for adolescent and youth programmes. From the reference group, four subgroups were formed to appraise country-based, regional, and global documents related to the subject between 2000 and 2005. Documents included – among others – a random sample of country office annual reports; reports of regional initiatives, such as the African Youth Alliance (AYA), the Reproductive Health Initiative for Youth in Asia (RHIYA), and Y-Peer; the multi-donor review of activities conducted by seven countries after ICPD; and the 2005 evaluation report conducted in five West African countries. Finally, a meeting to review key findings was organized in the summer of 2005. The findings and recommendations of the desk review were synthesized in the form of a report for guiding the Framework for Action.

### STAGE TWO: STAKEHOLDERS' ANALYSIS

A Stakeholders' Analysis constituted Stage Two of the Strategic Exercise. Stakeholders included governments, NGOs,

UN partners, UNFPA staff, representatives from foundations, donors, and youth activists. A total of 78 stakeholders provided input into the process at global, regional, and country levels (25 global interviews, 23 youth and 30 regional interviews). The interviews were conducted by UNFPA regional and HQ



staff. Input from the UNFPA Global Youth Advisory Panel was also incorporated. Stakeholders were asked questions regarding priority needs and trends affecting adolescent and youth programmes, UNFPA's potential role, future directions, operations and coordination, and strategic partnerships. Overall, the stakeholders felt it was imperative for UNFPA to have strategic priorities to avoid trying to do too much. In line with this, different stakeholders expressed the need for UNFPA to market itself better and provide an "essential package" containing the three or four key elements that every UNFPA-supported adolescent and youth programme should have, with scaling-up in mind.

### STAGE THREE: WRITING WORKSHOP

A Writing Workshop was organized as a final step in December 2005 in which members of the reference group participated. The members worked to reach consensus on the key elements of the Framework for Action, develop draft documents, plan for follow-up, analyze institutional arrangements, and map next steps. The members were divided into four groups as per the key components of the Framework for Action. Each group developed a draft document.

The Framework for Action on Adolescents and Youth is an outcome and synthesis of the above-mentioned multi-stage Strategic Exercise.

## 6. CUTTING EDGE OF THE ROADMAP: Guiding Principles, Policy, and Programming Direction

Underlying the strategic policy and programming direction in the Framework for Action are four principles. At the very onset these need to be clearly understood.

### 6.1 GUIDING PRINCIPLES

#### RIGHTS-BASED APPROACH

First, use rights-based approach concepts and principles of non-discrimination, universality, knowledge, access, participation, and accountability. This will guide the analysis, assess the needs, set the priorities, design, implement, and monitor policies and programmes related to young people. For example, use this human rights approach as a framework for setting up a stronger national registration system and infrastructure to monitor the non-realization of reproductive health and rights (minimum age of marriage, harmful practices, and other forms of gender-based violence), as well as protect social and economic rights of young people. A rights-based approach also includes responsibilities, such as social and civic responsibilities, that must be fulfilled by young people.

#### BOX 2

The initiative, Stronger Voices for Reproductive Health in Peru, is a good example of a rights-based approach programme. The project supported young people's organizations and conducted participatory learning action methodologies (PLAs) to raise awareness of young people's reproductive rights. It then established links with health service providers to identify standards of quality services valued by young people –girls in particular. This prompted the development of standards of care for making services youth-friendly. Signs with the agreed standards of care for young people were then disseminated and hung in clinics near their communities.

Source: Stronger Voices for Reproductive Health 2005 Annual Report.

#### GENDER PERSPECTIVE

Second, build in a gender perspective. Have an explicit focus on girls, who are at the most “irreversible reproductive health risk,” but also involve boys as partners. During and after puberty, young men and

#### BOX 3 Adolescent subgroups often left behind and deserving special attention:

Some adolescent subgroups of significant size may be more neglected than others, and what happens to them may be particularly consequential to the shape of poverty, demographic change, and the HIV epidemic. Judgments regarding vulnerability and significance of adolescent sub-populations must be made within each country setting. Worth special attention are:

- Very young adolescent boys and girls (10-14) living outside the presumptively protective structures of family and school
- Poor girls on their own or managing HIV-affected families
- Coerced sexual relations
- Poverty driven exchanges for sex, gifts, money, or shelter
- Girls at risk of child marriage
- Early and unsupported childbearing – maternal mortality and related risks to the youngest, first-time mothers
- Married adolescent girls.

The Diverse Universe of Adolescents, and the Girls & Boys Left Behind: A Note on Research, Program and Policy Priorities, Judith Bruce & Erica Chong, 2005; Population Council 2006

women's opportunities and experiences increasingly diverge. This directly reflects societal gender norms and expectations with implications for their health and health behaviour. Girls may face early pregnancy and childbearing and gender-based violence, which are both sex-specific. Both girls and boys face the risk of HIV infection, but pervasive violations of girls' human rights makes them much more vulnerable to infection. The violations are seen in the context of child marriage, violence and sexual coercion, and gender discrimination. These violations extend through all aspects of life, including social norms that negate the autonomy and capacity of girls to decide on matters of their own lives, and harmful traditional practices, such as dowry and female genital mutilation.

**Adolescence may be the last chance to break the cycle of gender discrimination and its negative repercussions for poverty reduction and development.**

In addition, there are special problems – forced marriages, substance abuse, and others. Millions of adolescent girls and boys are affected by armed conflict, or are living their teenage years displaced

and growing up in refugee camps. Boys make up the majority of street children, where daily violence is an integral part of survival. Adolescence may be the last chance to break the cycle of gender discrimination and its negative repercussions for poverty reduction and development. It is critical to address structural aspects related to the institutional system and processes that perpetuate gender inequalities.

#### CULTURALLY-SENSITIVE APPROACH

Third, be culturally sensitive. Understand how values, practices, and beliefs affect young people's behaviour, and use culturally sensitive language in all communication. Sexuality and reproductive health are culturally sensitive topics in almost all societies. There is strong cultural silence around issues of SRH among parents and adults in the community. There are cultural constraints for the recognition of reproductive rights of young people, which includes the right to education and gender-sensitive, life skills-based SRH education. Young people are exposed to confusing and often contradictory messages from the socio-cultural environment. Therefore, emphasize internalized values and beliefs that have a greater influence on the acceptance of new ideas and the promotion of change. Support young people to use positive aspects of culture to their benefit and as a framework for respecting universal human rights.

#### DIVERSE GROUPS OF YOUNG PEOPLE

Fourth, give special attention to vulnerable and excluded adolescents and youth. The issues and challenges facing young people are compounded by years of schooling, age, gender, class, access to health services, and familial and community support, all of which are equally important. These challenges are further compounded by, and their consequences severely aggravated, in the context of poverty.

**Groups needing special attention include: married adolescents; very young adolescents; young people living in rural and hard-to-reach areas; internally displaced young people and refugees; out- of-school adolescents; and young people not working.**

Groups needing special attention include: married adolescents; very young adolescents; young people living in rural and hard-to-reach areas; internally displaced young people and refugees; out-of-school adolescents; and young people not working. Target very young adolescents (10-14 years old), especially with the feminization of HIV/AIDS and risks to younger girls. Stratify vulnerabilities, as even settings perceived as safe may carry certain risks to adolescents (e.g., drug use within schools). Give special attention to young people affected by conflict and disaster with additional vulnerabilities particularly to gender-based violence by sex, age, and other social variables. Adolescents, whose mothers have migrated for work, are also a very vulnerable group. Work with the most disadvantaged, least protected, vulnerable adolescents, including indigenous girls and migrants.

## 6.2 STRATEGIC POLICY DIRECTION:

The Fund's strategic policy direction on adolescents and youth is defined at two levels in the Framework for Action. These are based on UNFPA's comparative advantage.

#### POLICY DIALOGUE

First, situate young people's issues in the overall development context and support their inclusion in national policies and development frameworks. Increase the Fund's participation in policy dialogues for

#### BOX 4 An Opportunity for Ethiopia: Formulating a multi-sectoral ARH Policy

Investment in girls is particularly urgent if National Ethiopian Millennium Development Goals are to be met with respect to:

- Building a strong economic base, reversing inter-generational poverty (increased female control of income has far stronger returns than comparable income under male control)
- Achieving universal primary education (the most deprived sector is rural girls)
- Promoting gender equality (gender-based violence and harmful traditional practices drive high and unwanted fertility, maternal mortality, and HIV)
- Reducing maternal mortality and related infant mortality (selective of youngest and first-time mothers)
- Reversing the rising tide of HIV in young people (girls and young women, including child mothers, are likely to bear an increasing and disproportionate share of HIV infections)
- Reducing rapid population growth (eliminating child marriage could have a synergistic impact on all three elements of future population growth)

Population Council, 2006

positioning investments in young people as critical for poverty reduction. For this purpose, use the demographic window of opportunity argument and demonstrate how investments will reap long-term dividends. Use the global goals of the MDGs, ICPD, Beijing, and UNGASS to provide a political impetus and framework for galvanizing the international development community to work on adolescents and youth. Leverage the global policy focus on HIV/AIDS for investments in adolescents and youth programming. Participate widely in developing

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**Use the global goals of the MDGs, ICPD, Beijing, and UNGASS to provide a political impetus and framework for galvanizing the international development community to work on adolescents and youth.**

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youth policies, which promote access of adolescents and youth to sexual and reproductive health, gender equality, and link with other areas of youth development. Build the capacity of UNFPA counterparts to conduct policy analysis for identifying the extent to which adolescents and youth issues are considered in current policies, mapping vulnerable and excluded groups of adolescents and youth, the bottlenecks to policy implementation, and the inclusion of vulnerable groups as beneficiaries of programmes. Support the incorporation of young people's issues in municipal, provincial, and local development policies and strategies. Facilitate a conducive policy environment by supporting laws that grant youth rights, such as laws that raise the legal age of marriage, make school mandatory for children up to a certain age, or support non-discrimination of pregnant girls in schools and ensure access of non-married adolescents and youth to sexual and reproductive health services. Provide support for facilitating implementation and monitoring of laws and policies, particularly those related to access of young people to education, services, age at marriage, and young people's rights.

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**Foster partnerships with sectors outside those traditionally devoted to adolescents and youth.**

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## **PARTNERSHIPS & ALLIANCES**

Second, foster partnerships with sectors outside those traditionally devoted to adolescents and youth.

Involve religious leaders, the labour ministry, the private sector, other stakeholders, and young people themselves. Widen partnerships to include international non-governmental organizations and their national affiliates, youth-serving organizations, national youth agencies, national youth councils, youth sections of political parties and religious groups, youth groups in the local community, and advocacy groups focusing on general or specific youth issues. Build alliances with the main actors (bi-, multi-lateral cooperation and government entities, including parliamentarians) working in the area of poverty to mainstream adolescent and youth concerns in poverty reduction strategies and national development plans. Consider building synergies with other development partners at country, regional, and global levels. Development partners may dedicate large resources towards other issues, such as education and employment generation. Use these areas as entry points for gender-sensitive, life-skills based SRH education and sexual and reproductive health services. Coordinate with sister UN organizations within UN joint programming frameworks, such as the CCA and UNDAF. Showcase to partners effective sexual and reproductive health strategies for inclusion into scaled-up national programmes and social service investment plans for young people.

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**Showcase to partners effective sexual and reproductive health strategies for inclusion into scaled-up national programmes and social service investment plans for young people.**

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Policy dialogue, analysis, and partnerships must translate into field action and appropriate budget allocations for programme interventions. Experiences from programme implementation, in turn, must feed into and inform policy dialogue and partnerships.

## **6.3 STRATEGIC PROGRAMMING DIRECTION:**

The Framework for Action proposes core and supportive components for the Fund's programming on adolescents and youth. These are explained below.

## Develop and cost an Essential Package of Social Protection Interventions for adolescents and youth.

### CORE: ESSENTIAL PACKAGE

Develop and cost an Essential Package of Social Protection Interventions for adolescents and youth. Promote this package for inclusion in poverty reduction strategies through policy dialogue and advocacy. Support policy dialogue to include components of this package in sector-wide budgeting. It is recognized that public sector delivery of this package is not enough. Partnership with the private sector and other channels is critical. The package includes (i) SRH education transacted<sup>3</sup> through a gender-sensitive, life skills-based approach, (ii) SRH, including HIV prevention services, and (iii) livelihood components. Fit this essential package within the larger context of poverty reduction and socio-economic development. This package should serve as the guiding strategy for use by UNFPA programmes directed at adolescents and youth. While the Fund may not have expertise in the area of livelihoods, it can participate in policy dialogue to highlight the benefits of investing in livelihood programmes. A case can be made that this component complements and strengthens the support of UNFPA towards health and education interventions. Programme level linkages with other sectors can be promoted, such as programmes supported by the rural development, social justice, and youth departments within the government. Collaboration with other development partners, such as World Bank and ILO on livelihoods can be pursued. The Essential Package of Interventions for Young People, therefore, is to be backed by a well-developed inter-sectoral plan of actions.

The following supportive programme components need to go hand-in-hand with the Essential Package of Social Protection Interventions for Adolescents and Youth.

### EVIDENCE BASE

First, support analysis of young people's population structures, including the potential for a demographic dividend opportunity. Make available an improved evidence base on young people's population, gender, and

<sup>3</sup> Process and methodologies of teaching

### BOX 5

In Senegal, through UNFPA support in partnership with GEEP (Group pour l'étude et l'enseignement de la Population), young people are trained in ICT, learn skills in latrine building, vaccinations, sports, and sexual and reproductive health. The programme is coordinated by GEEP, but managed by different sectors and has been successful in its coordination.

UNFPA, 2005

poverty interactions at the macro and micro levels, both within and between countries. Use the evidence to develop strategies that influence social spending. Create properly crafted plans that make the case for investing in adolescents and youth as part of poverty reduction strategies.

### SUPPORT OF FAMILIES & SOCIETY

Second, mobilize support of families and society for programming for young people. Develop interventions to address the context of adolescent development and behavior. Focus programme strategies on working with key gatekeepers in the environment, including parents, community leaders, and local institutions. Such strategies need to take into account socio-cultural norms and other sensitivities, which can foster or inhibit a supportive environment.

**To promote youth-adult partnerships, seek and map out the spaces where these groups naturally converge and meet, then establish partnerships to reach out to other young people through these networks.**

### YOUNG PEOPLE'S PARTICIPATION

Third, strengthen the participation of adolescents and youth in policy dialogues, programme planning, and implementation. While young people's participation has certainly increased over time, there is a need to go even further beyond tokenism towards a rights-based approach. To promote youth-adult partnerships, seek and map out the spaces where these groups naturally converge and meet, then establish partnerships to reach out to other young people through these networks. Decentralized programming also provides an entry point for the increased participation of adolescents and youth in the design, implementation, monitoring, and evaluation of models.

**BOX 6**

The African Youth Alliance (AYA) Project draws on four key approaches for scaling up:

**Planned expansion** — expanding the number of sites and number of people served by a particular program model once it has been pilot tested and shown to be successful.

**Association** — expanding program size and coverage through common efforts and alliances across a network of organizations.

**Grafting** — adding a new initiative to an existing program, such as adding sex education to academic school programs or making family planning programs originally created for adults more “youth friendly.”

**Explosion** — implementing at a large scale at once, usually with the support of high-level policy

<http://www.ayaonline.org/Strategies/scalingup.htm>

**PROGRAMME MANAGEMENT**

Fourth, move away from the “project approach,” which often lacks sustainability. Instead, define interventions with greater specificity and operations research (with attention to quality, coverage, and cost). Reduce “boutique” projects on adolescents and youth that are often too contextual, with intensive time and resources that may be impractical for upscaling. Expanding the reach of good models to other parts of a country requires demonstrating the returns from investments in adolescent and youth programmes (including the cost-effectiveness of youth programmes and their cost-benefit ratios).

**Prioritize joint programmes to ensure coordinated achievement of the MDGs and that the outcomes of major conferences and summits include meeting the needs and rights of youth and adolescents.**

**PROGRAMME COORDINATION**

Fifth, enhance programme coordination between UNFPA and its sister development agencies, donors, and partners. In this context, prioritize joint programmes to ensure coordinated achievement of the MDGs and that the outcomes of major conferences and summits include meeting the needs and rights of youth and adolescents. Advocate for harmonized programming processes, in collaboration with government and civil society, to ensure that young people’s reproductive health and rights and gender equality are reflected in Poverty Reduction Strategy

Papers (PRSPs), Sector-wide Approaches (SWAPs), national RHCS policies and programmes, and UN strategies and programmes. Promote among partner agencies joint programming mechanisms and opportunities for funding complementary components of a comprehensive programme on young people.

From the above, four key components were identified by stakeholders and the reference group as most critical for UNFPA. These are detailed in the following sections:

- (Key 1) policy, population, and poverty;
- (Key 2) comprehensive gender-sensitive, life skills-based, SRH education;
- (Key 3) sexual and reproductive health services; and
- (Key 4) young people’s participation.

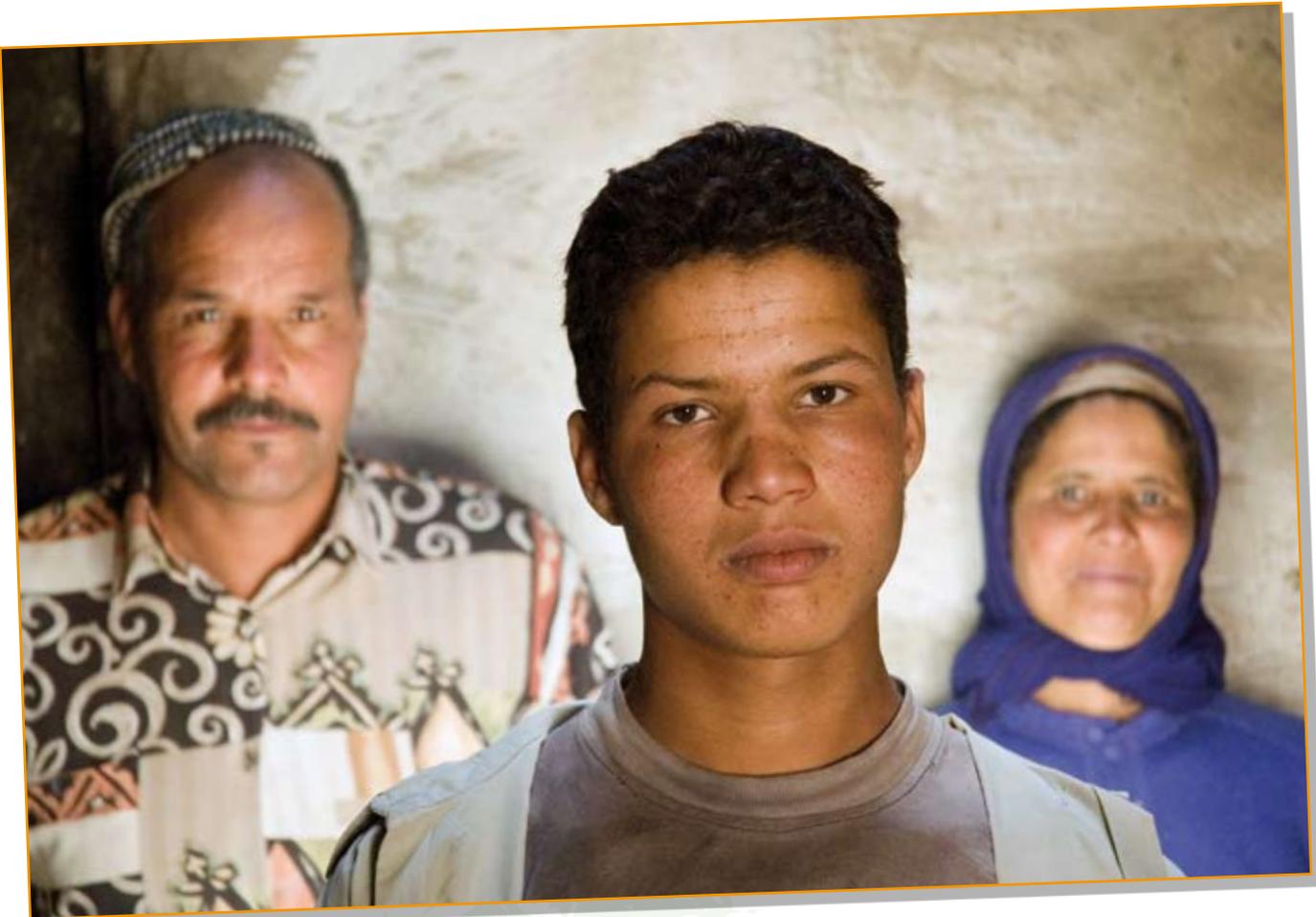
While each section below presents policy and programming directions for each individual component, these components are all guided by the comprehensive strategic policy and programming direction and the four underlying principles previously discussed.

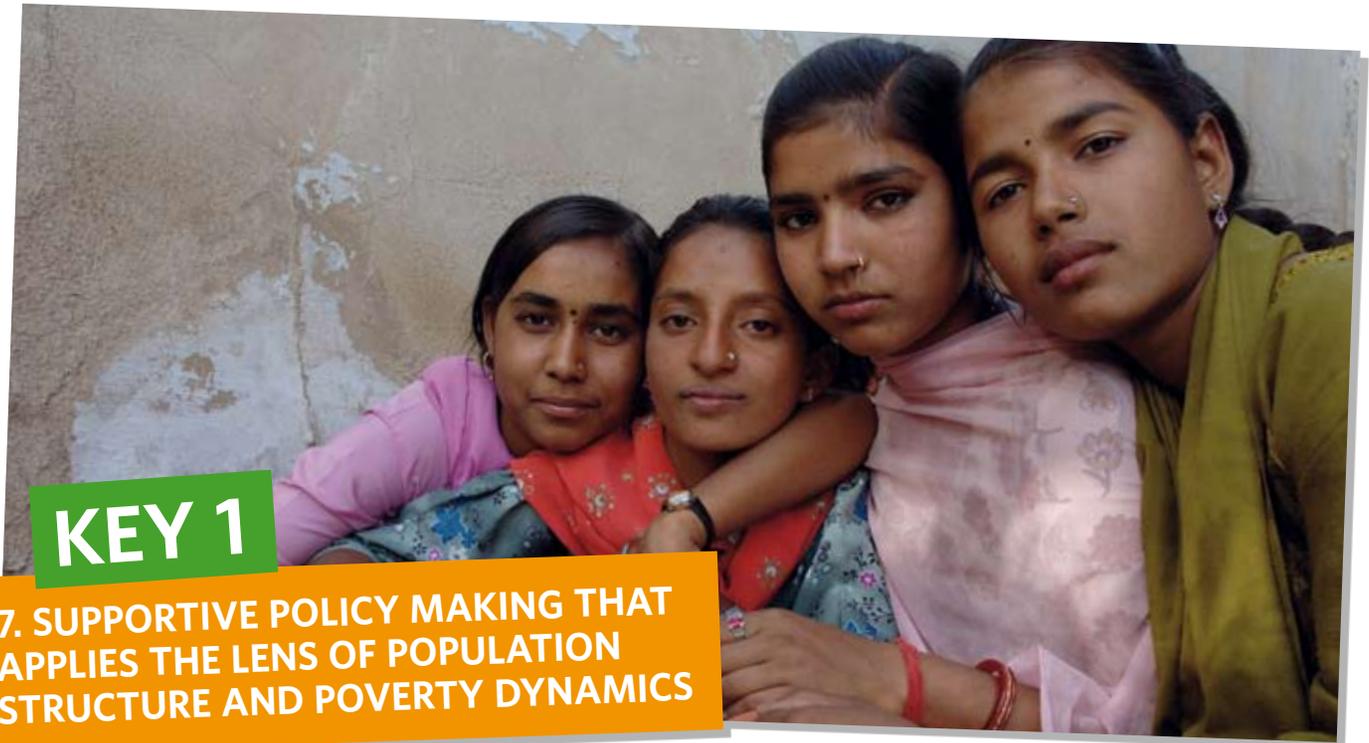
**The Fund will promote intergenerational alliances that will function not only to build support on young people’s issues, but as operational teams that will strategize and integrate young people’s issues into policy and programming processes.**

Finally, underpinning and linking the four keys together is the “keychain:” intergenerational alliances. The Fund will build and support intergenerational alliances to work towards making the Four Keys open doors for young people. Safe spaces will be created where young people and adults can meet to discuss young people’s concerns and develop concrete strategies for addressing their concerns. These safe spaces will serve as forums for adults and young people to listen to each other, freely express their views, and for young people to gain the support of adults to act on their behalf and in partnership with them. The Fund will identify dynamic adults to champion youth issues and influence other leaders, especially in arenas where young people have yet to

gain access themselves. Equally important, the Fund will promote intergenerational alliances that will function not only to build support on young people's

issues, but as operational teams that will strategize and integrate young people's issues into policy and programming processes.





# KEY 1

## 7. SUPPORTIVE POLICY MAKING THAT APPLIES THE LENS OF POPULATION STRUCTURE AND POVERTY DYNAMICS

### 7.1 RATIONALE: "WHY" UNFPA SUPPORT?

The eradication of poverty has become the overarching goal and unifying framework for development assistance. This was reaffirmed by the Millennium Declaration in 2000 and by earlier international agreements, including the ICPD Programme of Action. Poverty Reduction Strategies are national roadmaps containing short and medium term plans to achieve the MDGs. In many countries it has become the basis for formulating the national budget and medium term expenditures and has been merged with the national development plan.

#### ARGUMENT 1: DEMOGRAPHIC BONUS ARGUMENT

The achievement of MDGs is influenced by such population dynamics as growth, fertility and mortality levels, age structure, and rural-urban distribution. One of the most important consequences of the demographic transition that is occurring in many low and middle income countries is the increasing concentration

#### BOX 7

Knowles and Behrman evaluated the evidence on 41 programs focused on young people. The data relates to formal schooling, civilian and military training, work, reproductive health education in schools, school-based health, and the community. They conclude that there are efficiency reasons for using public resources to fund cost-effective programs directed at young people. However they also recognize the difficulty of generalizing between contexts. With respect to education, Knowles and Behrman identified 13 quantifiable multiplier effects. These include increase in labour productivity, reduced child labour, lower rates of adolescent pregnancy and more control of fertility in young women, lower levels of HIV infection and other STIs, improved health and mental health, less likelihood of drug/alcohol abuse, less chance of social exclusion, and reduced likelihood of violence and civil conflict. With respect to investments in reproductive health, they identify 2-7 multiplier effects, depending on the particular program. For example, averted adolescent pregnancy generates derived benefits in improved health, increased education, reduced fertility, averted unsafe abortion, and averted social exclusion.

Source: Knowles, J. C., and J. R. Behrman, 2003a. "Assessing the Economic Benefits of Investing in Youth in Developing Countries." Health, Nutrition, and Population Discussion Paper, World Bank, Washington, DC.

- ▶ Focus public policy on young people and incorporate their issues in national MDG-based national development strategies.
- ▶ Improve "fit" between young people's issues and population structure and poverty dynamics as a way for UNFPA to build a strong case for investing in young people and play a meaningful role in poverty reduction.
- ▶ Use the Fund's comparative advantage at the policy table by: (i) leveraging data on young people for social development policies and poverty reduction plans; (ii) analyzing population structures and advocating a "demographic bonus" argument for making social investments in young people; and (iii) undertaking poverty diagnostics to map vulnerabilities of young people based on the understanding that young people are not a homogeneous group.

**BOX 8**

Social investments in girls, particularly the poor and the disadvantaged, in ways that increase their age at marriage and first birth have a direct and powerful impact on all three elements of future population growth:

- Increasing the space between generations and reducing population momentum
- Increasing the age at first birth, which is related to lower desired and achieved family size
- Increasing women's bargaining power with partners to achieve safe timing, spacing of pregnancies, investments in the health and education of both girls and boys

Population Council, 2006.

of population in the productive ages, particularly the 15-24 age groups. The so-called demographic “dividend” or “window of opportunity” brought about by falling fertility and mortality rates presents potential for governments to reap the benefits of having a growing segment of working-age adults relative to the dependent population. To materialize this potential, more investment in education, entry level employment, delaying family formation, and reproductive and related health care for young people is needed. The change in the population structure

**Population momentum combined with declining fertility rates provides a unique chance to spur economic development as the workforce increases and the dependency burden of society decreases.**

at this stage reduces the demographic burden on societies and the economy. Since this dynamic is of a limited timeframe in the history of the population – until the younger age groups reach adulthood and the working adults become dependent elders – it has been dubbed a demographic window or bonus. Population professionals have suggested that countries should take advantage of this demographic bonus to make the right social and economic investments needed to overcome the poverty trap and reach sustainable levels of economic and social development. Viewed at the micro level, since more individuals are responsible for fewer children, increased personal savings and investments are possible. The following paragraphs in this section explain why these investments in young people are needed.

**ARGUMENT 2:  
ECONOMIC GAINS**

The prospect of achieving economic development is connected to the possibility of increasing productivity and investments in areas such as education, nutrition, and health. Population momentum combined with declining fertility rates provides a unique chance to spur economic development as the workforce increases and the dependency burden of society decreases. However, the demographic bonus will have a positive effect on opportunities for savings and economic growth in aggregate terms, provided the economically productive population is effectively employed. It is likely to create adverse effects for young people, who will face greater obstacles for entry into an already crowded labour market, especially if they are not equipped with skills required by a competitive labour market. Consequently, there is a need for compensatory public policies to offset the disadvantages that this generation is likely to suffer. In the absence of such policies, there is a distinct danger that the so-called “youth bulge” will translate into social conflict. It is also critical that retaining young people in an education system, which can make them adequately skilled and competitive, be part of an integral strategy of job and employment creation. In some countries in Africa, Asia, and Latin America, the phenomenon of international migration presents itself with opportunities and risks. Migration can be an opportunity for young people to have better education, employment, and career options. These countries can make a strong case for investing in education and employment opportunities for young people in order to retain a skilled and productive labour force. Young people are among the most likely to move, thereby exposing themselves to violence, discrimination, and health risks. In extreme cases, young women can become the victims of trafficking for prostitution. In these circumstances, the poor and younger adolescents are worst affected. Urbanization and rural-urban and international migration have an impact on young people's lives at the household level. For example, in South and West Asia, where the family unit plays a significant role, changes of social norms at the household level (for example, women working away from home) leave boys and girls more vulnerable to violence and abuse. This leads to increased alcohol and drug consumption and more vulnerability to sexual abuse and HIV infections. Therefore, making social investments in young people can enable developing countries to reap future economic gains.

**ARGUMENT 3:  
SRH ISSUES**

Early pregnancy interferes with educational opportunities, particularly in the case of young mothers, who may have to leave school and tend not to return. Young fathers are less directly affected, but they may also have to leave school in order to provide for their families. There is considerable evidence that the children of adolescent mothers have higher mortality and are generally characterized by poorer health than the children of older mothers. This increases the burden that they represent for their families and diminishes their chances for rising out of poverty. Since their bodies are unprepared for child-bearing, very young adolescent mothers are also more prone to severe maternal morbidities like fistula, which occurs due to prolonged obstructed labour. If we look at other SRH issues, we find that currently about 50% of all HIV infections occur in this age group. In Sub-Saharan Africa, particularly, AIDS is now a major contributing factor to poverty. There will be a major impact on dependency ratios due to AIDS as well since the majority of newly infected cases are in the 15-24 years age group. This high infection rate among youth is expected to reverse the effects of the demographic bonus, with reductions in savings and economic growth, as the working age population is hardest hit by AIDS. Further evidence of the potential relationship between poverty and risky sex comes from an analysis of survey data from KwaZulu-Natal Province, South Africa, where HIV prevalence rates are among the highest in the world (Hallman, 2004). In this setting, the poor are more likely than the non-poor to have engaged in a variety of sexual behaviours associated with high risk, including multiple partners, sex for money, and coercive sex. Furthermore low socioeconomic status has more consistent negative effects on female than male sexual behaviour.

**BOX 9**

Research on the sexual behaviour of young people in South Africa has found links between poverty and various unsafe behaviours. Poorer young people are reported to have less knowledge of HIV/AIDS and to begin having sex at younger ages. Poverty and lack of parental resources are cited as primary reasons for young women to trade sex for goods or for financial support, and condom use is reported to be consistently lower in these types of sexual encounters. In one study of high school students, those of lower socioeconomic status reported experiencing eight times as much physical abuse and four times as much attempted and actual rape within relationships compared with those of higher socio-economic status.

Source: Population Council, 2004  
[http://www.unaids.org/bangkok2004/GAR2004\\_pdf/Focus\\_youth\\_en.pdf](http://www.unaids.org/bangkok2004/GAR2004_pdf/Focus_youth_en.pdf)

(Population Council, 2004) The linkage between poverty reduction and fighting the HIV and AIDS epidemic, therefore, is strong. Fighting both poverty and the HIV epidemic means that UNFPA should play a strong role in supporting countries to make young people a higher priority in their development agendas. Access to reproductive and sexual health information and services is integral to efforts to curb the HIV/AIDS epidemic and prevent individuals and households from falling deeper into poverty.

**ARGUMENT 4:  
GENDER  
DIFFERENTIALS**

Gender discrimination hinders prospects for escaping poverty and/or poverty eradication and development. The single factor most consistently associated with lower child mortality and lower fertility rates is female schooling. Studies have shown that each additional year of schooling for women results in 0.6-0.9% reduction in child mortality during the first two years of life. Girls are more likely than boys to be taken out of school in order to be married, to care for relatives with HIV/AIDS or for younger siblings, or because they are expelled and discriminated against for becoming pregnant. The end of the inter-generational transmission of poverty depends heavily on the extent to which girls are kept in schools and women are empowered to participate actively in economic activity and the labour market. In addition to discriminatory laws against women, they are often excluded from decision-making on public policies and budgets, economic power, and

**BOX 10**

Despite recent declines in the rates of child marriage, marriage before the age of 18 remains very prevalent among girls in sub-Saharan Africa and South Asia but relatively rare for young men. Among 20-24 year old women in the late 1990s, 45 percent in Western and Central Africa, 42 percent in South Asia, 37 percent in Eastern and Southern Africa, and 35 percent in the Caribbean and Central America were still marrying before the age of 18 (Mensch, Singh & Casterline 2005). As the majority of childbearing occurs after marriage (over 90 percent), and childbearing tends to follow marriage fairly immediately, rates of early childbearing also remain high despite rapid declines. Most countries have recorded substantial declines. But rates remain above 30 percent in Bangladesh and in many sub-Saharan African countries, and as high as 28% in India. Thus, in many countries child marriage remains an important factor in adolescent reproductive health. Because marriage and motherhood are extremely rare among currently enrolled students, rising enrollment rates among teens may contribute to a reduction in childbearing among adolescents in countries where very early childbearing is still an issue.

Source: Growing up Global, National Research Council and Institute of Medicine, 2005

**BOX 11****Arguments for investing in young people**

1. Equity argument: Young people (10-24 years) constitute nearly 30 percent of the population in least and less developed countries and represent the future. Resource allocation should reflect this fact.
2. Macro-economic argument: Investing more in young people, especially girls, has direct benefits of improved health and education outcomes, in addition to the longer term benefits of increased economic growth. Human development and economic growth reinforce one another.
3. Micro-economic argument: The few studies that have been done demonstrate that investing in youth programmes yields positive rates of return (for example, delayed marriage, averting sexually transmitted infections, and improving self-esteem). This type of cost-benefit analysis, where possible, can provide a strong case for directing resources to youth.
4. Young people as a socially vulnerable group: Focusing on the challenges of youth during their transition to adulthood can help reduce adverse outcomes related to adolescence. This focus can also lead to an understanding of what capacities individuals have to develop to respond to uncertainty, revealing sociocultural factors that act as constraints or enablers, among other things.
5. Capitalizing on the demographic transition: A growing cohort of working age adults relative to the dependent population has the potential to reap large benefits provided that proper public sector policies are in place to support adolescents who will be transitioning into this stage.
6. Youth bulge and the increased potential for social conflict: Evidence shows that countries with a high proportion of youth are more likely to experience armed conflict. In addition, youth are disproportionately responsible for violent crime and are more likely than any other age group to be victims of such crime.
7. MDGs & young people: There are large gaps in the realities facing this age group in relation to the targets outlined in the MDGs. Pointing to these discrepancies and conveying the significance of the interrelationships among poor human development indicators may prove to be the most convincing approach, given the importance of PRSPs to the MDGs. Further, the nature of the MDGs and their human rights based approach to social and economic entitlements will provide the framework for making gender disparities and hence, gender empowerment and equality, more “visible” within each of the 6 MDGs.

Source: The Case for Investing in Young People as part of a National Poverty Reduction Strategy”, Richard Curtain, 2005

civic participation. National data systems often show gaps in recording women’s situations, including the disadvantages they face and the contributions they make to the economy. This is due to inadequacies in the operational definitions and concepts used for data collection and analysis. For example, depending on the concept of “employment” used, women’s work may be valued, or it may be underestimated. Such gaps need to be addressed to generate a strong basis for investing in women and young girls for poverty reduction and sustainable development.

**The end of the inter-generational transmission of poverty depends heavily on the extent to which girls are kept in schools and women are empowered to participate actively in economic activity and the labour market.**

## 7.2 POLICY DIRECTION: “HOW” CAN UNFPA SUPPORT?

First, initiate and support policy dialogue and advocacy to ensure that the implications of population dynamics are incorporated in poverty reduction strategies and other relevant policies. “The Case for Investing in Young People as part of a National Poverty Reduction Strategy” offers seven evidence-based arguments for more public policy focus on young people in low and middle-income countries (See Box 11 and [www.unfpa.org](http://www.unfpa.org)). Include advocacy on young people’s issues in policy dialogue at all levels. Link the processes in youth policy development to ongoing discussions on poverty reduction and other development frameworks. In these policy development processes, promote – in coordination with other partners – investments in education; health, including sexual and reproductive health; and youth employment that specifically targets vulnerable and excluded adolescents and youth. Support a chapter

**BOX 12****Taking a broader approach: the case of Nicaragua**

In Nicaragua, 60 percent of UNFPA’s regular budget was assigned to population and development. UNFPA was able to engage in strategic dialogue on this issue. A renewed commitment to population and development by no means implied a lessening of the government’s commitment to reproductive health. On the contrary, it opened the way to a perception of reproductive health as an integral part of poverty reduction. Access to reproductive health (including differentiated services for adolescents and youth) is cited as key to achieving more equitable development and is mentioned in many parts of the country’s PRSP.

At the macro level, UNFPA was also able, through dialogue, to place the issue of population age structures on the agenda. The demographic bonus was incorporated into the analysis in the PRSP and the National Development Plan. Through the efforts of UNFPA, the government became aware that the demographic bonus is an opportunity that can be taken advantage of only if adequate policies, particularly in human capital and generation of employment, provide the necessary complementary elements.

Source: UNFPA, State of the World Population 2005

on young people in countries' MDG plans of action and outline how their issues can be addressed in the context of poverty reduction through a comprehensive package of education, skills, and services. Its scope can also include monitoring the youth-friendliness of existing policies and programmes towards marginalized groups of adolescents and youth. Policy dialogue processes would vary with the demographic situation of different regions. For example, late or no marriage (or union formation) and below-replacement fertility levels are features of Western and Central Europe, Eastern and South-Eastern Europe, and are particularly marked in Russia. There are not many PRSPs in these countries. However, many governments and inter-governmental bodies are seeking comprehensive social policies, employment creation measures, and sectoral reforms driven by the need to meet European Union "Acquis sociaux." UNFPA can actively contribute to such processes.

#### INPUT DATA INTO POLICY

Second, support utilizing youth-related data by wealth quintiles to inform policy discussions and interventions on the need to invest in the poor youth. Use data to argue for young people's equitable access to critical services and the potential impact on poverty reduction and growth. Create and use evidence base at country, regional and international levels on linkages and dynamics between young people, RH, gender, and poverty reduction. Utilize evidence and analytical tools (such as size of cohort, social aspects, and economic growth opportunities) to enable governments to see the implications of not investing in young people, in particular the poorest quintiles.

### 7.3 PROGRAMMING DIRECTION: "WHAT" CAN UNFPA SUPPORT?

#### MOBILIZING SUPPORT OF STAKEHOLDERS

First, mobilize support of key stakeholders influencing ASRH issues. Map key stakeholders influencing ASRH issues at different levels: national, regional/state, local government, community, and household. Develop advocacy packages and organize sensitization programmes for mobilizing the support of these key stakeholders. The packages should make a strong case for investing in young people and should highlight the long-term benefits for poverty reduction and contribution to MDGs related to gender equality, education, maternal mortality, and HIV prevention.

**The bonus that this demographic window offers... is highly dependent on having appropriate policies in place at the right time.**

#### POVERTY DIAGNOSTICS: STRENGTHEN DATABASE

Second, take the lead in leveraging data on youth for development and poverty reduction. This can include analytical work that documents the relationships between age cohorts, adolescent fertility, marital status, population distribution, the demographic bonus, and the implications for poverty reduction. Expand sex-disaggregated and age-based research on youth and poverty. Collect gender-disaggregated data and raise the visibility of gender inequality issues in all realms of life for adolescents and youth, including

#### BOX 13

The beginning stage of the demographic transition skews the age distribution towards younger cohorts. The population pyramid – the diagrammatic distribution of population by age and sex – has a large base due to a high percentage below 15 years old – up to 45 to 50%, and a narrow tip (due to a relatively lower proportion of elderly adults vis-à-vis young people). This "youth bulge" represents the population momentum that leads to sustained population growth even when fertility begins to fall. However, as fertility rates decline, the youth dependency ratio decreases, offering a country the opportunity to invest in appropriate economic and social policies.

It has been documented that one-third of the "economic miracle" in East Asia was attributable to such changes in the dependency ratio. A World Bank 2004 study also suggested that countries that exploited this demographic "window of opportunity" or "demographic dividend" through investments in the education, skills, and health of the working age population while simultaneously creating a favourable macroeconomic policy climate, could experience significant economic growth and reduction in poverty.

The bonus that this demographic window offers, however, is not automatic. It is highly dependent on having appropriate policies in place at the right time. For example, the demographic transition in South Asia and Latin America has so far failed to yield the level of improvements in economic growth seen in East Asia. Inequalities, social inequity, lack of employment opportunities, low human capital, restricted social and economic space for girls and women in society, and absence of intensified productivity have been attributed to the inability to translate changes in dependency ratio into economic growth in these areas. The failure to design any sound social and equitable policies at the appropriate time, reduced – or even cancelled out – any benefits that would have come from the demographic bonus.

Source: UNFPA, State of the World Population, 2004

employment, education, health, and family dynamics. Map social vulnerability profiles of different population groups to offer the prospect of substantial gains in poverty reduction.

#### POVERTY DIAGNOSTICS: DEVELOPING MODELS

Third, develop models on “young people, RH, gender equality, and poverty reduction” (by region to start). At present, there is a need for models that focus on population composition rather than exclusively on population growth. Simple accounting models may be developed that categorize the incidence of poverty and demonstrate how changes in the population composition will tend to affect poverty. [See Box 14] Develop more detailed and integrated models based on actual country data to demonstrate how various social policy interventions may produce different outcomes. One outcome may be the reduction of poverty and inequality, including gender discrimination, in the short and medium term (5-15 years). Another outcome may be “symptoms” or “consequences” of a root cause, such as high fertility (mostly unwanted) among women and girls in poverty, with high unmet needs. Participate in the modeling efforts undertaken by other UN agencies and other organizations to ensure integration of population factors pertaining to young people.

#### EXPANDING SCOPE OF DATA SYSTEMS

Fourth, leverage existing data systems for incorporating young people’s issues and poverty linkages. In the area of data collection and analysis, the Demographic Health Surveys (DHS) is the main data source for studies in population and reproductive health. The household and living conditions surveys are the primary data source for poverty analyses. The scope of both data sources may be expanded to cover demographic or reproductive health information beyond the household composition by age, sex, and marital status and some basic information on health expenditures. The ability of agencies working in reproductive health to formulate their case in quantitative terms when it comes to poverty reduction strategies may thus be improved. Even such a basic issue as the relationship between quitting school and adolescent pregnancy may then be investigated systematically. In many countries, UNFPA provides part of the budget for the DHS surveys and, to a lesser extent, the household surveys carried out by the national statistical agencies. In the latter case, this

#### BOX 14

Mapping techniques can be used to locate concentrations of vulnerable adolescents for programming sensitive to age, gender, schooling, and marital status. Possible indicators for mapping can include:

Risk Factor: social isolation

Indicators: school enrollment, not in school, and not living with either parent

Risk Factor: economic vulnerability

Indicators: malnutrition and stunting

Risk Factor: restrictive gender norms

Indicators: unequal school enrollment, femal genital circumcision, attitudes towards gender-based violence

Risk Factor: HIV prevalence

Indicators: HIV prevalence among women 15-49 years, HIV prevalence at antenatal clinics

Population Council, 2006

often takes the form of sponsoring specific modules in these surveys. In this respect, leverage to ensure that the data collected in these surveys reflect the necessary priorities outlined above, specifically in the context of young people.





## KEY 2

### 8. GENDER-SENSITIVE, LIFE SKILLS-BASED SRH EDUCATION<sup>4</sup>

#### 8.1 RATIONALE: “WHY” UNFPA SUPPORT?

##### ARGUMENT 1: LIFE LONG LEARNING

The benefits of achieving universal coverage of primary and secondary education are well known. Every person’s right to education is the key to access employment, healthcare, nutrition, income for wellbeing, and exercise of civil and political rights. Education allows girls and boys to better understand the importance of prevention and the linkages between their behaviour and health outcomes. Education also enhances the competencies of girls and boys to assertively demand services, and it

offers a promise for gender equality. Education begins before and goes beyond school, the school system, and school age. This new paradigm of “Life-long Learning” facilitates the linkages between school, family, and community, and allows them to nurture each other in a shared transformation process. This process involves the acquisition of relevant capacities, including cognitive competencies, marketable skills, social capital, and complementary values and motivations that enable individuals to function effectively in a range of adult roles, including worker, household provider, parent, spouse, family caretaker, citizen,

- ▶ Take a lead on gender-sensitive, life skills-based SRH education in schools and out-of-school education programmes.
- ▶ Focus policy role to include gender-sensitive, life skills-based SRH education in school curricula and non-formal education programmes within context of PRSPs, SWAp, education reforms, and youth policies, and provide evidence about the need to ensure quality, equity in access, and gender equality in education.
- ▶ Proactively pursue policy discussions, dialogue, and advocacy to improve the quality of education systems and to retain girls in schools.
- ▶ Use gender-sensitive (with focus on equal treatment of girls) and life skills-oriented approaches (with focus on critical thinking and negotiation skills, including conflict resolution) in transacting SRH messages.
- ▶ Take a leadership role in out-of-school education programmes through innovative approaches, including multi-purpose segmented peer education and social change communication strategies. Back this role with a solid plan of linkages with other sectors and partners.
- ▶ Link gender-sensitive, life skills-based SRH education programmes in schools and communities with other supportive programmes, such as mass media, social marketing, ICT-based programmes, youth friendly services, legal, and social support services

<sup>4</sup> Sexuality Education, Reproductive Health Education, Family Life Education, and Population Education, are all terms that refer to the same type of intervention: to provide adolescents and youth with sexual and reproductive health information, critical thinking, and negotiating skills to protect themselves and make wise choices in life.

**BOX 15**

**UNFPA Support:** Education is an area where the Fund has devoted much attention. UNFPA has focused on at least four aspects of education. First, by promoting basic education, especially of girls, through advocacy of national policies that ensure access for all. Second, by contributing to improve the quality of education, through support for curriculum, material development, and teacher training. Over the years, the Fund's niche in education has been recognized by its role in promoting SRH, population, family life education, and gender sensitization, especially among young people. Third, by giving a strong focus on ASRH including HIV prevention, education has played a key role in empowering young people to protect themselves and prevent the spread of this disease. Finally, UNFPA's strategic partnerships have intensified in support of global initiatives on EFA, the UN Girl's Education Initiative (UNGEI), the launch of the Literacy Decade, and the Global Initiative on Preventive Education on HIV/AIDS (GIPE). For adolescents and youth who are not in schools, the Fund has predominantly supported peer education programmes.

Source: UNFPA (2003). Education is Empowerment: Promoting Goals in Population, Reproductive Health, and Gender.

and community participant. Schools are widely seen to be institutions in which young people can best develop their capacity for lifelong learning, and thus are critical institutions in creating the enabling conditions for successful transitions to adulthood ("Growing up Global," 2005). They are instrumental in improving the skills of young people, particularly critical thinking and negotiation skills for coping with positive and negative life experiences.

### Education begins before and goes beyond school, the school system, and school age.

**ARGUMENT 2:  
SRH EDUCATION**

The rapid growth in school attendance and attainment rates in developing countries has meant that a rising proportion of young people are becoming sexually mature while still attending school (Schooling and adolescent reproductive behaviour in developing countries, Lloyd, Population Council, 2004). Unprotected sexual activity carries with it risks related to HIV and pregnancy. Girls are more vulnerable, since the risks of pregnancy are greater at the youngest maternal ages and when pregnancy is unwanted, which it often is when pregnancy occurs prior to marriage. Boys need to be sensitized about the vulnerabilities that they themselves and girls face, how to cope with them, and how to behave

**BOX 16**

A Background Paper for the UN Millennium Project (2006) shows a specific connection between one population factor (unintended pregnancies among teens) and one Millennium goal (gender gap in educational attainment). Because pregnancy-related dropouts disproportionately (if not exclusively) affect girls, a logical argument can be made that by reducing pregnancy-related dropouts, countries can bring the educational attainment of girls closer to that of boys.

Pregnancies are the leading cause in the secondary school dropout of females among three of the 23 African countries. Teenage fertility is common for Niger or Mali for instance, where as many as two in every five girls become pregnant during their teen years. Girls who come from disadvantaged socioeconomic backgrounds are at a greater risk of both dropping out of school and having an unintended pregnancy. In countries where fertility has recently begun to decline, the number of females within the early reproductive years is at a historical high, and future cohorts will be smaller. There is thus a historical opportunity to affect a generation whose reproductive behaviour will have a lasting impact on future trends in schooling. Policy integration of teenage fertility would have the greatest payoffs in terms of the UN goal of closing gender gaps in schooling. Reductions in teenage pregnancies are not a panacea, but they can complement efforts to address other barriers to gender equity in schooling.

Population & Millennium Development: Integrating Teen Fertility and Gender-Equity Programs, Parfait M. Eloundon-Enyegue, October 2004

responsibly. Expanding opportunities for secondary schooling and access to comprehensive SRH education can therefore represent significant reproductive health interventions for young people.

**CHALLENGES**

Education reform over the past 15 years has included plans to build the capacity of teachers and systems and create community education between parents, teachers, and students. However, challenges remain. Gender, rural-urban, and rich-poor gaps in access to primary and secondary education are glaring. Guaranteeing equitable distribution of educational opportunities among the entire population and at all school levels is a concern. School participation and grade attainment rates lag for the poor, with poor girls at the greatest disadvantage. Further, education systems lack the capacity and resources for teaching comprehensive SRH education. Teachers are not equipped to teach SRH education or treat girls and boys equally in schools (if coeducational). Few programmes focus on processes of transacting sensitive messages in classroom settings. Teachers and communities need to participate in designing strategies for improving the cultural relevance of learning and providing skills necessary for living in a complex world.

## 8.2 POLICY DIRECTION: "HOW" CAN UNFPA SUPPORT?

### POLICY DIALOGUE & ANALYSIS

First, prioritize policy dialogue to increase the access of young people to quality education, gain permanence in schools, and promote a gender equality perspective for boys and girls. Focus policy dialogue on highlighting the importance of investing in quality and coverage of education as a fundamental strategy for poverty reduction. Exclusive policy dialogue on gender sensitive, life skills-based SRH education may not yield results. Link it with other critical aspects of the education system related to coverage, quality, and gender. This will ensure that policy dialogue is integrated and not piecemeal. Advocate for adequate funding provision for SRH education in the medium-term expenditure framework, or sector budgeting for in-school and out-of-school young people. Analyze policies and legal frameworks to identify whether and how SRH education is addressed by existing policies and identify gaps in policy and its implementation. Policy analysis can include a stakeholders' mapping exercise, which reflects their arguments against and in favor of SRH education. Negotiate with governments for inclusion of comprehensive SRH education in the curricula, according to rights-based, gender- and culturally-sensitive approaches.

### DATA & RESEARCH AS POLICY INPUT

Second, gather evidence to show the gaps and the accomplishments of the education system's reform, with a focus on the gender gap. For example, gather information about who is at risk of dropping out of school. Why are they dropping out? How, by age, sex, marital status, residential area, living arrangements, etc., can they be kept in school? Support assessments to ascertain how efficient education is in improving young people's learning and their competencies to participate in civil, social, and political life. Conduct research (in partnership with government, NGOs, multi-lateral agencies, donors, and research/academic institutions) and analysis of data on school attendance and drop-out. Support research to design in-school life skills programmes to showcase effectiveness of life skills-based SRH education in schools and out-of-school settings.

### PARTNERSHIPS

Third, work in multi-sectoral collaboration. Develop partnerships with government ministries and organizations (UNESCO, UNICEF, World Bank, NGOs, young people, donors) working on education to (i) advocate for

### BOX 17 Content Areas for Application of Life Skills for ASRH:

- understanding the concept of holistic health
- understanding the human body: reproductive system
- eating wisely: nutrition
- adopting hygienic practices: personal hygiene
- postponing early marriage and pregnancy: teenage pregnancy
- having children by choice and not chance: conception
- having children by choice and not chance: contraception
- adopting safe, informed sexual behaviour:SRH
- prevention and treatment of RTIs and STIs
- prevention of HIV/AIDS
- caring and supporting people living with HIV/AIDS: treatment and care
- addressing sexual harassment and violence
- avoiding maternal morbidity and mortality
- substance abuse

Source: UNFPA Technical Paper on Life Skills Education for ASRH, UNFPA-India 2006

inclusion and institutionalization of UNFPA's issues such as gender equality and equity, access to education (primary and secondary), educational enrollment, bringing drop-outs (pregnant, married, migrants, working, etc.) back to school, the impact of education on poverty reduction, and educational policies and institutions; (ii) clarify UNFPA's lead role in comprehensive SRH education, including HIV prevention, and (iii) leverage resources for implementation. Develop strategic partnerships with key actors, such as UNESCO, for in-school interventions. Develop partnerships with NGOs, other national institutions, UN agencies, multilateral and bi-lateral institutions working with out-of-school young people. Use best practices dissemination as advocacy tools.

## 8.3 PROGRAMMING DIRECTION: "WHAT" CAN UNFPA SUPPORT?

### GENDER-SENSITIVE, LIFE SKILLS-BASED SRH EDUCATION

First, take a leadership role in comprehensive SRH education. Deliver comprehensive SRH education through a life skills, gender-sensitive approach<sup>5</sup> that enables

<sup>5</sup> This includes equal treatment of students in the classroom and the presentation of materials that do not portray stereotypical beliefs and attitudes about gender roles. Traditional attitudes and beliefs are reflected in differential treatment in the classroom and gender differences in standardized tests. Gender equality in the delivery of education services is essential if girls are to reach their full potential as adults.

**BOX 18**

A review of the impact of sex and HIV education programs on sexual behaviour of youth in 83 developing and developed countries in 2005 shows that sex and HIV education programmes that are based on a written curriculum and that are implemented among groups of youth in schools, clinics, or community settings are a promising type of intervention to improve responsible sexual behaviour among adolescents. The programmes typically focused on pregnancy and/or HIV/STI prevention behaviour.

The 83 studies generally reported on one or more of six aspects of sexual behaviour: initiation of sex, frequency of sex, number of sexual partners, condom use, contraceptive use in general, and composite measures of responsible sexual behavior. A few studies reported on pregnancy and STI rates. For example, with regard to initiation of sex, of the 52 studies that measured impact on this behaviour, 22 (42%) found that the programmes significantly delayed the initiation of sex among one or more groups for at least six months; 29 (55 %) found no significant impact; and one found the programme hastened the initiation of sex. Overall, the results from the studies strongly indicate that these programmes were far more likely to have a positive impact on behaviour than a negative impact. Two-thirds (65%) of the studies found a significant positive impact on one or more of these sexual behavior or outcomes, while only 7% found a significant negative impact. In general, the patterns of findings for all the studies were similar in both developing and developed countries. They were effective with both low and middle-income youth, in both rural and urban areas, with girls and boys, with different age groups, and in school, clinic, and community settings.

Source: <http://www.etr.org/recapp/programs/SexHIVedProgs.pdf>

adolescents and youth to develop their identities, values, and critical thinking skills, while also exercising their rights. A life skills approach for better health outcomes, including sexual and reproductive health, was endorsed by UN agencies (WHO, UNFPA, UNICEF, UNESCO, 2003). Broadly, the life skills sets include social skills (interpersonal relationships; communication; cooperation and teamwork; empathy), thinking skills (self awareness; problem solving and decision making; critical and creative thinking; goal planning and setting), and negotiation skills (coping with feelings/emotions; resisting peer/family pressure; assertiveness towards consensus building; and advocacy). Equal treatment of boys and girls in the classroom should be emphasized, as such experiences will empower girls to defend their right to stay in school and learn. The focus on girls is needed, and boys need support for the construction of positive masculine models and family formation. Focus curriculum on conflict resolution skills of boys, their attitudes towards girls, gender-based violence, respect for women and girls' rights, and reproductive health and rights in general.

## Work with adults such as teachers, religious leaders, administrators, parents, and service providers, to treat boys and girls equally.

### ENABLING ENVIRONMENT

Second, create an enabling environment in schools and community for gender sensitive, life skills-based SRH education, gender equity, and non-discrimination. Work with adults such as teachers, religious leaders, administrators, parents, and service providers, to treat boys and girls equally. Advocate with school principals on the importance of teaching SRH education. Build intergenerational communication skills between adults and young people. Establish clear linkages between schools and social and health services, including access to counseling. Recognize the impact of popular culture on adolescents and youth and harness media education to promote healthy messages. Develop and tap media's abilities to address young people, rights, gender equality promotion, SRH, and relevant education issues.

### IN-SCHOOL PROGRAMMES

Third, offer technical assistance for in-school gender sensitive, life skills-based SRH education. Promote participatory and interactive methodologies for teaching comprehensive SRH education and building the life skills of young people. Provide technical assistance for incorporating life skills-based

**BOX 19**

The Institute for Health Management-Pachod (IHMP), Maharashtra, India conducted an extensive community-based study in the rural state of Maharashtra in 1998-99. It showed that the median age at marriage for girls in Aurangabad district was alarmingly low at 14.5 years. Another important issue that emerged was lack of educational opportunities for young girls due to safety concerns by parents. After discussions with parents, IHMP designed and conducted a one-year life skills course for unmarried adolescent girls. The course aimed to improve girls' self esteem and literacy and delay marriage. The results show that girls in the control area were almost four times more likely to be married before age 18 than girls in the intervention area. Data on age at marriage in study villages between 1997 and 2001 shows a decrease in proportion of girls marrying before age 18, an increase in the median age at marriage of one year. While other factors may also be at work, this trend supports the evidence that the life skills programme in this area has contributed to delaying marriage.

Source: [http://icrw.org/docs/2004\\_indiareprohealth4.pdf](http://icrw.org/docs/2004_indiareprohealth4.pdf)

SRH education within school curriculum through integration or stand-alone approaches. Advocate for making SRH education examinable. Develop tools for ascertaining gender friendliness of the curriculum. Provide technical assistance to develop institutional capacity to conduct SRH education and social sciences courses that focus on the promotion of gender equality. This can include: curriculum development with young people's participation; material development with young people's participation; teacher training; and a system for monitoring the quality of curriculum implementation and evaluation. Keep room for innovations, such as community-based education sessions, interactive and educational websites, and video conferencing. Use citizenship education as an entry point for comprehensive SRH education to promote healthy and responsible relationships among young people.

#### OUT-OF-SCHOOL PROGRAMMES

Fourth, take a leadership role on programming for adolescents not in schools. Prioritize young people, in particular girls, to be targeted based on socio-economic analysis of their life circumstances and situation analysis at the country level. Targets include married adolescents, working adolescents, young couples, pregnant adolescents, and rural young people. Develop programmes that create safe spaces for girls. Take advantage of where young people gather: cultural settings, the workplace, recreational settings, and interest groups, but consider that such spaces may be only used by older boys. Ensure that programmes

#### Take a leadership role on programming for adolescents not in schools.

reach adolescent girls and very young adolescents in particular. Promote peer educators as multipurpose agents of change for transacting messages that go beyond ASRH focus, including issues of age at marriage, compulsory schooling, livelihood opportunities, and community building. Ensure that peer educators serve same sex, age, and educational level peers. Countries using the Y-PEER education projects have learned the importance of quality standards.

Encourage different kinds of activities to promote citizenship, always ensuring that girls, often not

#### BOX 20

#### Differentiated Targeting: Draft Zimbabwe Behavioral Change and Communication (BCC) Strategy

The draft 2006-2010 Zimbabwe National Behavioural Change Strategy points out that supporting the message to reduce the number of sexual partners and to delay the age of first sex should remain an important but not exclusive emphasis of prevention campaigns. Evidence points to the need for mixed strategies. This includes strategies that cater to young people who are not sexually active (support to delay debut), those who are already sexually active (facilitate access to condoms), and those who have already experienced negative consequences (mitigate impact of STIs, HIV, and teenage pregnancies).

The Strategy proposes to use mass media, interpersonal communication, and life skills education to increase risk perception and negotiation skills among women aged 15-29. Appeals to male responsibility will be launched through mass media, leadership, and at the community level. In-school and out-of-school programmes will refer young people to providers of HIV services, including counseling and testing as well as condom use. In addition to life skills education, this will involve counseling support and strengthened integration of out-of-school youth including orphans and vulnerable children (OVC) in existing and newly created youth groups.

Source: [http://www.aidsportal.org/Article\\_Details.aspx?ID=4318](http://www.aidsportal.org/Article_Details.aspx?ID=4318)

allowed in public spaces, are reached by programmes. Develop a comprehensive strategic communication/behavioral change and communication (BCC) strategy which is gender and culturally sensitive and has relevance to the lives of girls and boys in their communities.

#### Develop a comprehensive strategic communication/behavioral change and communication (BCC) strategy which is gender and culturally sensitive and has relevance to the lives of girls and boys in their communities.

Use various communication methods and tools, including training, face-to-face communication, community media, mass media, information and communication technologies (ICT), and counseling to develop the skills and capabilities of specific audiences of young people to promote and manage their own health and development. Ensure that communication channels reach those young people who are usually not exposed to such messages. Promote strategic communication for young people as a process that involves the active participation of stakeholders and beneficiaries and that addresses a long-term vision

affecting the causes as well as the barriers to changing behaviour and perceptions. Include approaches such as community mobilization, social network interventions, social marketing, entertainment-education, TV/radio spots, drama and music, provider promotion, public policy advocacy, media advocacy, personal and community empowerment, public relations, and mass media dissemination. Train young people's groups as communicators to plan, develop, and evaluate local campaigns on prioritized issues (including immunization, cleanliness drives, and getting girls to schools). Give special focus in

communication strategies to the role of boys and young men with regard to girls' vulnerabilities, gender based violence, and HIV prevention.

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**Give special focus in communication strategies to the role of boys and young men with regard to girls' vulnerabilities, gender based violence, and HIV prevention.**

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## KEY 3

### 9. SEXUAL AND REPRODUCTIVE HEALTH SERVICES

#### 9.1 RATIONALE: "WHY" UNFPA SUPPORT?

##### ARGUMENT 1: SEXUAL AND REPRODUCTIVE HEALTH

Investment in SRH of young people is needed to avoid unwanted pregnancies and prevent teenage pregnancies and HIV. Young teen mothers are at a higher risk of experiencing serious complications during pregnancy and childbirth because their bodies often have not yet fully matured. They are also much more likely to have poor nutritional habits and are less likely to seek adequate antenatal and post-partum care, leading to higher rates of low birth weight, malnutrition, and poor health outcomes in their children. Adolescents also have a high unmet need for family planning services, which increases their risk of getting pregnant and thus of having children with poor health outcomes. In four of 19 countries in sub-Saharan Africa, for example, no more than ten percent

of adolescents use contraception. As few as one percent of married adolescents in some parts of this region use modern contraception. Further, young women are especially vulnerable to HIV infections, because they have less power to negotiate safe sex. In countries with the highest HIV prevalence rates, many more young women aged 15-24 have HIV than do young men.

##### ARGUMENT 2: SERVICE PROVISION & ACCESS

Recognition of the need for information and services for young people, particularly in the context of HIV/AIDS, is growing. However, the belief that services may encourage an early onset of sexual activity among adolescents is still strong. The availability, access, and utilization of services for young people are extremely low. Some studies, such as a cross national study in Africa conducted by the Allam Guttmacher Institute, show that service utilization

- ▶ Define an essential package of services for adolescents and youth.
- ▶ Focus policy dialogue on promoting and costing an essential package of services for young people; target, within a fair share context, young people who are out of reach of existing programmes, in particular young girls.
- ▶ For health/SRH services, stick to a core essential of contraception and HIV prevention and include maternal health services, when appropriate. For social services, network with NGOs, community-based organizations, and other sectors.
- ▶ Support service delivery models within the national programme context and not as isolated projects.
- ▶ Combine service delivery through health facilities with multiple channels (for example, schools, pharmacies, and social marketing) and strong referrals.
- ▶ Facilitate development of plans for linking up health facilities with schools and for outreach activities in communities.

by young people, for example with regard to STI treatment, is low due to concerns related to cost and embarrassment. Young people don't know where to go and/or may not want other people to know about it. Also, available services for young people are piecemeal and do not focus on all of the SRH needs of young people. Services are generally centered in traditional "adult" clinical settings and are often viewed as inappropriate sources of care by adolescents and youth. Sometimes providers are not at ease with the legal and moral responsibility of providing services to adolescents and youth. Geographic accessibility and affordability by young people are also issues. Programme design often does not address the aspect of management of supplies needed specifically for youth friendly services.

**ARGUMENT 3:  
REACHING THE  
POOR & VULNERABLE**

Young people are not homogenous, and attention to identifying strategies for vulnerable young people in the local context has been limited. Programming for access to services for poor and vulnerable young people, in particular adolescent girls, is critical. Of utmost attention are the social, cultural, and economic forces that result in different sexual experiences, gender expectations, and behaviours. Priority groups need to be reflected in diversified plans.

**ARGUMENT 4:  
SERVICE BARRIERS**

Barriers to improve sexual health outcomes among young people operate at the level of individuals (lack of knowledge, gender inequality, poor self esteem, economic dependence, poverty, lack of services), communities (negative attitude of parents and other gatekeepers), and institutions (legislative structures, opposition of religious organizations, rights' denial, financial constraints, and programmatic limitations). The nature and context of these barriers, including cultural barriers, varies from one setting to another. Girls, in particular younger married and unmarried girls, are discriminated against. The issue of stigma in accessing prevention commodities for HIV prevention also needs attention.

**ARGUMENT 5:  
SERVICE PACKAGE &  
HIV INTEGRATION**

Breaking the cycle of poverty requires addressing young people's vulnerabilities and empowering them to be agents of change for development through comprehensive health and social services. Young people need both

**BOX 21**

The Ministry of Health and Family Welfare, Government of India, has incorporated a strategy for ASRH services in its national programme on Reproductive and Child Health Phase 2 (April 2005). This strategy is to be implemented in 75 districts of the country where primary health care facilities will function as adolescent-friendly service centres at designated time intervals. UNFPA has provided technical assistance for development of the Strategy, a training package for service providers, and operational guidelines for programme managers at the state and district levels. It will provide programme facilitation support for rolling out implementation in selected districts. This implementation plan is to be backed by a complementary strategy for improving SRH knowledge and life skills of young people through programmes of the Education and Youth Ministries.

Source: [http://www.whoindia.org/en/Section6/Section324\\_798.htm](http://www.whoindia.org/en/Section6/Section324_798.htm)

health and social services. They are influenced by, and seek services at, different levels – peers and siblings, school, family, social, and the macro level environment. The package of services would vary depending on the target sub-group of young people, sex, age, and marital status (especially of girls), channels of service delivery used, policies, and resources. Although services for young people generally cover HIV and pregnancy prevention, they are not integrated with maternal health care services and primary health care in general. Further, this integration in the SWAp, national RHCS and RH strategies, health reform processes, PRSPs, and other development plans has been rather weak.

**Breaking the cycle of poverty requires addressing young people's vulnerabilities and empowering them to be agents of change for development through comprehensive health and social services.**

**9.2 POLICY DIRECTION:  
"HOW" CAN UNFPA SUPPORT?**

**ESSENTIAL PACKAGE  
IN NATIONAL  
DEVELOPMENT  
PROCESSES**

First, integrate the essential package of services for young people in policy dialogue and different national programmes. The dialogue can focus on mainstreaming access to primary health care services for young people, especially those more vulnerable and poor – married and unmarried girls – in national programming, and

link with poverty reduction in the country context. Identify national strategic plans for incorporation of access to services for young people as per the gaps (for example in national HIV strategic plans, health plans and programmes and national RHCS policies and programmes). Identify and work with nodal ministries, such as planning and finance ministries, to ensure inter-ministerial coordination with traditional ministries such as health, education, sports/youth affairs, which go hand in hand with core SRH services. Create a supportive environment through sensitization of media, policy makers, parliamentarians, and other interest groups for providing necessary policy support. Support laws, regulations, and practices that facilitate access to essential package of services, particularly access of girls and socially vulnerable young people.

#### EVIDENCE-BASED POLICY DIALOGUE

Second, generate knowledge base to support policy dialogue and advocacy. Demonstrate that

SRH programming for young people will actually lead to more responsible sexual behaviour among adolescents and youth. Monitor what is happening on the ground through situation analyses and community-based surveys. Conduct social and health mapping to identify those groups that are more vulnerable and are not reached by existing programmes. Utilize situational analysis and coverage studies for ascertaining service utilization. This data can feed into policy dialogue. Some of the key areas

#### BOX 22

The National Adolescent Friendly Clinic Initiative (NAFCI) in South Africa was started in 2000. From ten clinics in 2001, the initiative grew to include 328 clinics by mid-2005, with at least one clinic in 30 of the 32 health districts of the country. It aims to make services adolescent friendly by improving service quality and management efficiency. By the end of 2004, 65% of clinics that had been involved for at least 12 months had been accredited. Actions taken to make NAFCI clinics adolescent friendly include making clinics clean and appealing, provision of information to young people using different methods (including use of young people to communicate with their peers), measures to ensure privacy and confidentiality, and training service providers and support staff. Periodic assessments have consistently shown that NAFCI clinics score higher than control clinics in relation to all the quality standards. They are also able to attract more adolescents. For example, an assessment of the data on clinic utilization data of 10-19 year olds in 32 NAFCI clinics from 2002 to 2004 showed that there was a statistically significant increase in average monthly clinic utilization (from 340 in 2002 to 420 in 2004).

References: 1. LoveLife Annual Report 2004. Activities and Progress. [www.lovelife.org.za](http://www.lovelife.org.za)

can include: situational analysis of young people (especially married and unmarried girls) on access to services; mapping data on different sub groups of young people and their access; review of policies, laws related to services, and barriers to services. Increase availability of replicable experiences, good practices, and lessons learned so that governments, donors, and civil society can adopt and implement them on a larger scale. Collate, analyze, and support research to address knowledge gaps, including costing studies for services for young people. Draw on existing studies, such as the cost analysis of RH services in a centre for adolescent health services undertaken in Nicaragua in 2002, that examine costs related to services, fixed assets, distribution of geographical area, and clients.

### 9.3 PROGRAMMING DIRECTION: "WHAT" CAN UNFPA SUPPORT?

#### SCALE UP ACCESS TO AND USE OF SERVICES

First, scale up access to and use of primary health care services by young people. Take a close look at service coverage in clinics and ways to diversify service delivery channels. Establish linkages to maternal health services (including antenatal care for married adolescents, post-abortion care, and emergency contraception), since it is one of the most important reasons for adolescent girls to contact clinical settings. Integrate HIV prevention in the SRH services package. Develop partnerships for scaling-up, in particular for excluded youth, and for sustainability with government and donors. Play a catalytic role in mobilizing resources and encouraging domestic public and private investment as much as possible. Consider developing a coalition to catalyse the scaling-up process. Complement service access interventions with demand generation activities for social support and promotion of service utilization. Build partnerships with other sectors (for example, education and youth) to educate young people on their vulnerabilities and the essential package of services, including information and counseling services. Foster partnerships for ensuring food supplements and iron supplementation to malnourished adolescent girls.

#### PACKAGE AND ITS DELIVERY

Second, provide an essential package of health/SRH (including HIV prevention) and social services on a fair share basis so that the poor and vulnerable are not left out. Several agencies and organizations are supporting components of the package of services.

## Complement service access interventions with demand generation activities for social support and promotion of service utilization.

Identify an essential package of health and social services for young people in the local context that would prevent duplication and facilitate coordination between different agencies providing these services. The package can provide some key health and social services to meet the needs of young people, in particular those excluded, in the context of development. The package of services is outlined in box 23. HIV prevention services will be integrated with the core SRH services package. Since young people do not move in the same way that adults do, adolescent- and youth-friendly services can be provided in combination with a number of strategies, including outreach and community awareness in non-clinical settings. The channels for service delivery reach different groups and can include: school-based services for those in schools; community clubs/recreation centres (segmented as per visits of girls and boys); hospitals and health facilities; mobile services; pharmacies; income generation centres; workplace programs for young people in organized sector; services through the private sector; social

### BOX 23

#### Health Services:

- SRH (core essential): Information, counseling and services for safe motherhood, contraceptives, post-abortion care, sexually transmitted infections, nutrition education and counseling, menstrual hygiene
- HIV/AIDS (core essential): Information, education, and counseling for HIV, access to preventive commodities such as condoms, voluntary counseling and testing, early diagnosis and treatment of STIs, and anti-retroviral therapy.
- Gender based violence: counseling and management
- General health: General health check-up, eye and dental exam, counseling for substance abuse.

#### Social Services: (proactively promote linkages)

- Legal counseling and services
- Psychosocial counseling
- Career counseling
- Shelter and rehabilitation services
- Income generation skills and services
- Referral linkages to other youth programmes and services

### BOX 24

The African Youth Alliance is a multi-sectoral project and innovative partnership of the United Nations Population Fund, the Program for Appropriate Technology in Health, and Pathfinder International funded by the Bill & Melinda Gates Foundation. Since 2000, AYA has worked to improve ASRH in Botswana, Ghana, Tanzania, and Uganda, reaching over 350,000 young people with Life Planning Skills Education and Counseling, providing RH and HIV prevention health services to over 1,000,000 young people, and working extensively with governments and communities to create supportive environments. Recent progress can be seen in improved attitudes and safe sex practices of young people, expanded access to SRH and HIV prevention information education and services, increased resource allocation for provision of youth friendly services, strengthened capacity of organizations to implement ASRH programmes, meaningful participation of young people in policy dialogue, their increased representation on district committees and within organizational management, and creative community-grown responses to issues of gender, culture, and human rights.

Source: [www.ayaonline.org](http://www.ayaonline.org)

marketing; medical insurance mechanisms; religious institutions; and information, counseling and referrals through hotlines and helplines. Provision of free

## Provide an essential package of health/SRH (including HIV prevention) and social services on a fair share basis so that the poor and vulnerable are not left out.

services and models of public-private partnerships to cater to service needs of young people may be explored. Of special attention will be to develop plans to reach priority groups that do not have access to social and health services. On health/SRH services, ensure a core minimum of maternal health, contraceptives, and HIV and STI prevention services. Support a strong referral and networking plan for social services, in particular to excluded groups. Expand voluntary counseling and testing (VCT) services (integrated with other SRH services) through public and private sector partners and beyond the clinical setting with some functioning within schools and youth outreach programmes.

### CAPACITY DEVELOPMENT

Third, provide technical support and capacity development at the country level. Work with national and regional institutions to facilitate creation of centres of excellence for training in the area of

services for young people. Service delivery for adolescents and youth and concomitant availability of commodities require capacity building of service providers, which in turn calls for health system reforms to incorporate adolescent- and youth-specific issues. Focus training curriculum on service provision, technical updates, attitudinal change, and management of gender-based violence. Develop national guidelines and protocols, operational guidelines, and training modules for national capacity development. Develop simple, friendly resource materials and job aids for use by health workers and peripheral functionaries of line departments. Develop take-home materials for young people. Strengthen existing monitoring systems to include relevant globally agreed on indicators of services for young people, such as HIV/AIDS information and services and access to condoms for young people aged 15-24 years. Break down the data collection of these indicators by age, sex, schooling, socio-economic status, place of residence, etc. Create national databases on young people, and integrate data from services for young people into routine reporting. Conduct baselines, and collect trend information on knowledge, attitudes, and behaviour of young people. Support qualitative research for uncovering the range of social and contextual factors underlying sexual behaviour of young people, particularly on issues related to sexual coercion and violence against girls. Conduct studies that show use of services by quintiles.

#### BOX 25 ASRH services in Mozambique

High poverty, social marginalization, and gender inequality constitute the core of Mozambique's development challenges. Young people aged 10-24 years are hard hit by economic, educational, and health conditions in Mozambique. Youth account for 60% of new HIV infections. Lack of education combined with unemployment, urban and cross-border migration, intergenerational sex, and unequal distribution of power between men and women, are other factors that add to the spread of AIDS in Mozambique. High STI rates among young people also contribute to the pandemic. About 65% of young Mozambican women give birth by age 20. Contraception use is very low, with only about 5% of single females aged 15-19 using modern methods. The Geração Biz Program, "the busy generation" (GBP), was developed as a national, multisectoral response to adolescent reproductive health needs and has included the involvement of the Ministries of Health, Youth and Sports, Education, and local NGOs. GBP integrates behaviour change communication and youth-friendly services to improve ASRH, increase gender awareness, reduce unwanted pregnancies, and decrease vulnerability to STIs, HIV/AIDS, and unsafe abortion. The programme is funded by UNFPA with technical assistance from Pathfinder International. GBP now reaches 48 districts in 11 provinces of Mozambique and involves 26 institutions in programme implementation. It had a cadre of 4,520 trained peer educators reaching over 776,000 young people with information and life skills training in 2004. The project offered youth-friendly services through 78 facilities and provided over 60,000 client visits and distributed over 300,000 condoms in 2004. GBP was selected as a "best practice" by World Bank.

Source: <http://www.schoolsandhealth.org/Sourcebook/Sec03-02-Moz2.pdf>





## KEY 4

### 10. YOUNG PEOPLE'S LEADERSHIP AND PARTICIPATION

#### 10.1 RATIONALE: "WHY" UNFPA SUPPORT?

##### CONCEPT & RELEVANCE

The ICPD and ICPD+5 emphasize involving young people in programme design and implementation as a way to increase the relevance and effectiveness of programme interventions. The UN Convention on the Rights of the Child also endorses the rights of young people to participate as fully as possible in their society. The concept of young people's participation has tremendous potential if concrete ways are devised to put it into practical action. Empowering young people to be their own agents of change and claim their rights, creates citizenship and contributes to the society's well-being. Young people's participation in programming activities means giving increased responsibility to young people. Ownership in a programme is strengthened when young people are involved in all aspects of the process, from the conceptualization, needs assessment, and design to implementation and evaluation. The process can be used as a channel to bring young people's concerns to

the policy table and make a case for investing in their development.

##### CHALLENGES

Obstacles to young people's involvement can assume various forms. Cultural norms may favour hierarchical relationships between adults and young people. Young people may be considered as recipients of services and not active partners. Adult stakeholders, like parents and teachers, and policy-makers may have biases and fears about working with young people (and vice versa). At the policy level, lack of institutional mechanisms may limit young people's participation. Even if they are invited to participate, it tends to reflect tokenism rather than a real capacity to influence decisions. Economic circumstances may prevent young people from participating in other than income generating activities. In peer education programmes, there may be a high turnover rate as young people are a floating population. Ensuring representation at all levels, including the vulnerable and difficult-to-reach, is a challenge. Gender

- ▶ Identify institutional mechanisms for incorporating young people's input into policy and programming processes and ensuring the rights of young people to participate in partnerships with adults.
- ▶ Invest in capacity building and leadership skills of young people for making them advocates of their own rights and development issues.
- ▶ Promote peer educators as polyvalent agents (segmented by age and sex) for transacting SRH education, linking peers with services, and allying with young people's networks and coalitions.

**BOX 26**

UNFPA has extensively supported the development of youth networks at the regional and international level (including Global Youth Partners (<http://www.unfpa.org/hiv/gyp>), Youth Coalition, Y-PEER, and African Youth Network on Population and Development). Some of these networks operate through the internet and have been very effective in advocating for youth issues in international and regional forums such as Beijing@10: ICPD+10, UNGASS, debates on MDGs at the international level, and international and regional AIDS conferences. Supporting the networks in building their capacity as leaders to participate in national policy dialogues and advocacy with governments is also a concern of UNFPA. The recent creation of the Special Youth Programme and Youth Advisory Panel at international and national levels at UNFPA aims to sensitize organizations in working with youth and to facilitate the inclusion of their perspectives in UNFPA programmes.

**BOX 27**

An innovative programme pioneered by UNFPA is supporting nearly 200 peer education projects in 27 countries of Eastern Europe and Central Asia. Y-PEER uses web-based communications to share information, resources, and lessons learned. For more: <http://www.unfpa.org/ypeer/>

**EVIDENCE BASE**

Third, document country-specific experiences of successfully incorporating young people's perspectives in design and delivery of policies and programmes. This is needed to build a strong evidence base for showing that policies and programmes thus framed are likely to be more effective. The evidence base can be used for further policy advocacy efforts aimed at promoting young people's participation.

inequality makes it sometimes impossible for young women to participate outside the family context.

## 10.2 POLICY DIRECTION: "HOW" CAN UNFPA SUPPORT?

**POLICY DIALOGUE**

First, support young people's participation in policy dialogue processes, namely PRS and the development of MDG-based national development strategies. Devise creative mechanisms for adolescents and youth to engage in policy dialogue, advocacy efforts, and the CCA and UNDAF processes at the country level. Example of a creative mechanism is the UNFPA youth advisory panel. Composed of young representatives from youth networks, the youth advisory panel promotes mainstreaming of young people's rights and needs in policy dialogue and programming activities at the country level.

**ALLIANCE BUILDING**

Second, build strategic alliances with youth networks and civil society partners for advocating the concept of youth participation. Youth networks and coalitions are emerging as powerful mechanisms for mobilizing young people around issues that face them. Alliance building with these networks can provide an opportunity for inducting perspectives of young people into policy and programming processes at the global and national levels. Invest in building youth leadership and facilitate linkages of youth networks with NGOs, women's groups, governments, UN agencies, media, national religious councils, parents' associations, or other organizations to strengthen alliances.

## 10.3 PROGRAMMING DIRECTION: "WHAT" CAN UNFPA SUPPORT?

**YOUNG PEOPLE AS "AGENTS OF CHANGE"**

First, focus programme strategies on developing skills of young people as "agents of change," with a specific focus on leadership skills. Peer education as an approach has been widely used for involving young people in the design, implementation, and evaluation of ASRH programmes. Evaluate the effectiveness of this strategy especially in light of issues of sustainability, costs, motivation, and supervision. Coverage studies are needed to have a better understanding of how to segment the young populations and improve coverage to marginalized young people, in particular girls, in programme interventions. Peer educators segmented by age, sex, education, place of residence, etc. should provide information to young people of similar backgrounds. Expand the scope of the role of peer educators. An evaluation of ASRH programmes

**BOX 28**

In Bangladesh, the EU/UNFPA Reproductive Health Initiative for Youth in Asia (RHIYA) trains peer educators to raise awareness and educate their peers on SRH issues. Recognising that young people can be positive agents for change in their communities, the training uses a life skills and gender sensitive approach and equips peer educators to address issues of importance in their communities. As a result, peer educators actively negotiate with community leaders and parents to stop early marriages in their communities, including their own, and teach parents the importance for food equity so that girls receive the necessary nutrition.

Source: <http://www.asia-initiative.org>

**BOX 29**

UNFPA Nicaragua collaborated with progressive municipalities in developing the Municipal Adolescent and Youth Houses, organized and run by local governments and supported by the Nicaraguan Association of Municipalities. Municipalities took a holistic approach that promoted citizenship participation and built local government capacity. Local government and local multisectoral commissions that support adolescents are creating links between the Municipal Houses (which offer peer education and numerous activities) and Ministry of Health services in the hope of sustaining the Houses when UNFPA support ends. The initiative has now been budgeted by local governments.

Source: UNFPA, State of the World Population, 2005

in five countries of West Africa identified the need to develop young people as “polyvalent” agents of change. This means building capacity of young people for not just transferring SRH and HIV information, but also engaging in other developmental activities of the community, such as vaccination campaigns or combating child marriage. Use peer education strategy for influencing behaviour change with regard to social norms, such as child marriage and sex selection. Take youth participation beyond peer education to include identifying vulnerabilities and risks, designing programming, participation in governance structures, monitoring, and evaluation of results.

**GENDER, RIGHTS & CITIZENSHIP**

Second, duly incorporate gender and social equity considerations in young people’s participation.

Participation of young women increases community acceptance of female mobility and enables them to establish social connections outside the family context. Young people’s representation needs to ensure that all social and economic groups are equally represented, particularly the most vulnerable who

**BOX 30**

The EU/UNFPA Reproductive Health Initiative for Youth in Asia (RHIYA) has a set of Youth-Friendly Centres in Pakistan, where ASRH is a particularly sensitive topic. In order to ensure that girls, whose mobility is particularly restricted, have access to the information and activities at the YFCs, RHIYA has worked with religious leaders, community leaders, parents and teachers to raise awareness on the importance of ASRH. Once community support has been developed, girls and young women are able to visit the YFCs where they can attend awareness raising sessions on RH. These sessions are carried out using culturally sensitive approaches that draw from concepts that are compatible with the Koran and are disseminated indirectly in combination with recreational activities and awareness raising on broader health and sanitation issues.

Source: <http://www.asia-initiative.org>

tend to get left out in youth networking. Use a rights-based approach in advocating for young people’s participation. Sensitize and empower young people to claim their rights with accountability for the fulfillment of those rights.

**ENABLING ENVIRONMENT**

Third, create an enabling environment to promote young people’s participation. Young people’s participation requires building the skills of adults and young people alike. This is needed to understand each other’s perspectives and challenge traditional barriers of youth-adult relationships. Orient adults to understand that involving young people in programmes does not mean they should be expected to act as younger versions of adults and “fit” into adult ways of doing things and thinking. Bring in adults who are truly committed to partnership with younger people. Create an enabling environment contributing to the perception of young people as citizens and contributors to development and not as a population of at-risk problem makers.

**COMMUNICATION**

Fourth, give a leadership role to young people in communication and BCC. Young people’s participation and input in BCC strategy development is critical. Since young people have specific preferred communication channels and are in the best position to identify their needs and expectations, involve young people in the development of drama and media (radio and TV), which leads to a greater impact on youth audience. Tap popular cultural expressions for this purpose. Involve young people in designing creative BCC tools for communicating messages in simple language through use of innovative techniques such as puppetry, posters, wall writing, and slogans. Involve boys to develop BCC messages on issues of gender-based violence, girls’ right to education, and HIV prevention.

**BOX 31**

Young people themselves have been involved in running institutions such as radio stations entirely devoted to youth issues. This is the case in Benin, where the EAGER project combines reproductive health services, livelihoods, and a radio managed by young people. Innovative partnerships have also been developed with the armed forces in Africa and Latin America (for example, Eritrea and Paraguay). In Eritrea, UNFPA supports an innovative programme involving female and male soldiers as agents of change to raise awareness and build skills in HIV prevention.

Source: <http://www.unfpa.org/news/news.cfm?ID=444>

Ensure that BCC messages adequately capture needs of excluded populations and use media effectively for disseminating relevant information.

#### CAPACITY BUILDING FOR ADVOCATES

Fifth, address issues of capacity building for promoting young people's participation. A commitment to young people's participation also means addressing limitations young people may face in participating in a given program. Younger adolescents may require additional guidance or alternative approaches for their effective participation. Age, sex, educational, linguistic, occupational, personal, and other attributes influence young people's participation, and they may need capacity building support to participate effectively. Enhance skills of young people in advocacy, leadership, and facilitation. Mobilize young people to serve as political actors who can take collective actions on social issues, HIV/AIDS campaigns, citizenship, and fundraising. Map and analyse capacity building needs of youth networks and peer educators. Identify indicators to measure young people's participation in policy and programming processes.

## 11. DELIVERING BETTER: UNFPA's internal functioning

Steps are needed for the Fund to organize itself better and improve its functioning for fulfilling its policy and programming role in the area of adolescents and youth.

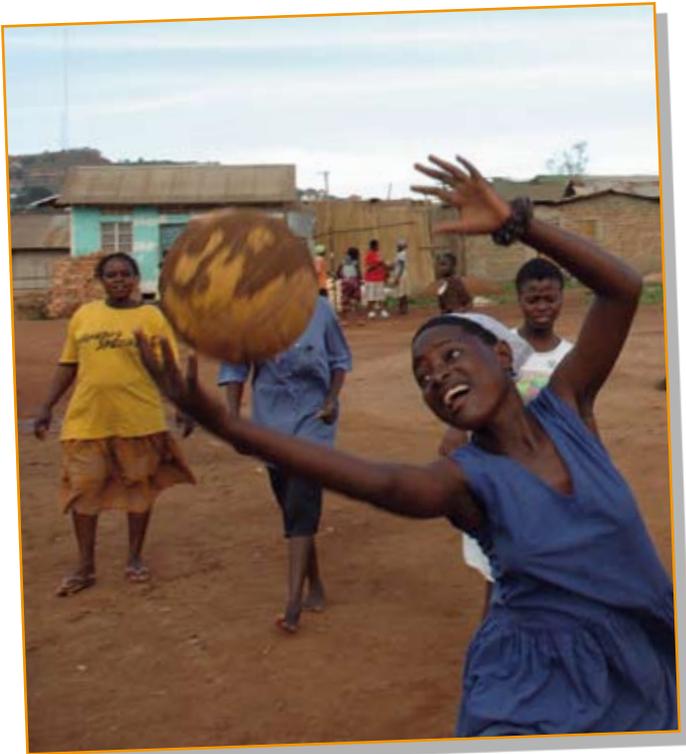
#### COORDINATION WITH UN PARTNERS

First, carve out niche for population structure analyses in poverty reduction strategies, SRH education, and services within the UN System. Demonstrate the comparative advantage in policy dialogue and analysis for positioning young people's issues through the lens of population dynamics and poverty reduction. Several UN agencies are working in the area of young people. Comprehensive SRH education and services for young people could be carved out as a niche for the Fund among other agencies focusing on education [UNESCO], young people/labour [ILO], drugs/substance abuse in young people [UNODC], adolescents/young people programming up to age 18 years [CRC definition of children- UNICEF]. Clarify division of labour at the level of senior management of each agency (in particular with UNICEF) in the area of young people in the context of UN reform and UNFPA's leadership role on young people. Coordinate at the country level with UN agencies to have one UN voice on young people, in particular on poverty reduction strategies and national strategies to achieve MDGs. In addition,

**Carve out niche for population structure analyses in poverty reduction strategies, SRH education, and services within the UN System.**

and as part of the UNAIDS division of labour, UNFPA is the lead technical agency in the area of HIV programming for out-of-school young people. This includes a role in coordinating the provision of technical assistance, global policy discussions, establishing global and regional support mechanisms, etc. Suggest linkages between HIV and SRH and social services as part of this out-of-school leadership role. Take the lead in adolescent and youth theme groups





created at the country level for joint programming coordination. Collaborate with UNICEF through a well-defined partnership for shared learning, joint research at regional and national levels, and missions/reviews, which would bring convergence and avoid duplication. Allocate more core resources for adolescent and youth programmes for the country offices. Pursue aggressive advocacy and resource mobilization strategies with UN partners for adolescent and youth policy and programming.

#### CORE & SUPPLEMENTARY EXPERTISE

Second, focus on core expertise areas while developing supplementary expertise. UNFPA has core expertise in population structure analysis for poverty reduction strategies, and SRH education and services. Dedicate more resources towards using a skills-based approach for transacting SRH education. Strengthen documentation and evidence-gathering efforts on demonstrating effectiveness of services and youth participation components. Give focused attention to policy dialogue and policy advocacy. Supplement UNFPA's core expertise with areas where the agency has little tradition. In particular, these involve education and employment. Build strategic alliances with UNESCO and ILO to better address these issues. Build expertise in unexplored areas, such as counseling, which has

a large role in youth programming. With respect to poverty, there is a more general need for economic and poverty diagnostics expertise within the organization. This expertise would not only benefit the analysis of poverty and employment, but also the analysis of costing and health economics issues in the context of the health system reform processes.

#### MULTIDISCIPLINARY TECHNICAL AND PROGRAMME SUPPORT

Third, be more proactive with greater flexibility in providing technical assistance. UNFPA needs a more integrated and more flexible multidisciplinary model of technical assistance that can respond to the linkages between several areas of the organization, including population and development, gender, education, HIV/AIDS, and ASRH. Provide technical support to country offices related to areas of policy dialogue, programming, institutional appraisals, capacity needs assessment, and evaluation. Facilitate inter-country office sharing of experience and coordination. Develop regional forums for policy dialogue and advocacy. Harmonize programmes at regional and inter-regional levels to avoid overlaps in the areas of HIV and ASRH so that technical assistance and programme support are provided in a synchronized, multidisciplinary way. South-South sharing and capacity development on young people, and support regional studies and data analysis/research.

#### CAPACITY ENHANCEMENT

Fourth, enhance internal capacities for working on young people's issues. Strengthen adolescence expertise within field offices with earmarked resources for capacity development. Develop field staff technical capacity through such methods as training, exchange programs, distance learning, and knowledge sharing. In addition to dedicated human resources for adolescent and youth issues, staff handling RH services, PDS, gender, and advocacy work also need to build a perspective and core understanding of young people's issues. This will ensure that young people's issues get mainstreamed across the organization's work rather than limited to an exclusive set of interventions. Advocate for institutionalizing a mechanism for young people's participation within the national and organizational structure of the country. Develop an inclusive and responsive culture within the organization to young people's issues at all levels. A strong global policy, resources for

research, advocacy, networking, capacity building, and a team of dedicated competent staff would be essential prerequisites to take this forward. Country representatives are instrumental in supporting senior managers at the CO and HQ level for ensuring policy and programme focus on young people's issues.

#### MONITORING AND EVALUATION SYSTEM

Fifth, strengthen monitoring and evaluation expertise and skills. Partner with university-based research centers in monitoring and evaluation or in conducting analysis of the population structure. Strengthen data collection and analysis related to adolescent and youth indicators (for example, correct and consistent condom use among 15-24 year olds). Review the national plans on defining what are the indicators on adolescents and youth, and introduce them if data gaps exist. Support capacity building on operations research and evaluation on vulnerable adolescents. Focus on rigorous monitoring of softer areas, such as teaching life skills and equal gender treatment in schools. Facilitate incorporation of findings from baselines and periodic review assessments into programme planning processes. Develop monitoring and evaluation mechanisms for civil society and governments to be accountable to human rights commitments for adolescents and youth. Identify specific indicators related to youth participation/empowerment, young people's awareness, availability and utilization of services, and impact of poverty on young people. In this context, planning, monitoring and evaluation are critical to move away from activity and process towards output and outcome indicators. Develop an evaluation framework for the Framework for Action. Initiatives such as the Youth HDI developed by UNICEF Brazil could be used as a basis for developing a comprehensive adolescent and youth development monitoring index.

#### MULTI-SECTORAL LINKAGES

Sixth, support multi-sectoral programming within country offices through institutional mechanisms. Seek guidance on development of multi-sectoral programs and partnerships with UN agencies. Build stronger partnerships on gender, examining the intergenerational impact of gender equality on adolescents and youth. Develop mechanisms for review of inter-sectoral linkages in programming for young people. Address concerns of weak coordination and lack of synergy within and among government

agencies, UN partners, and NGOs. Advocate for multi-sector task forces that can meet periodically to iron out the coordination issues.

While the Headquarters will give focussed attention to matters of coordination among UN partners, clarify division of labour and provide quality technical support and follow-up actions that will be pursued at the regional and country office levels. Similarly, while the COs will directly intervene on capacity enhancement actions, M&E, and multi-sectoral linkages, Headquarters will provide operational tools and framework for enriching the implementation and monitoring processes.

## 12. CONCLUSION

In the context of UN Reform there is a growing need to revisit organizational priorities. "Adolescents and youth" is a thematic area where the Fund's critical issues of RH, PDS, advocacy, gender, and HIV converge. This meeting point is multi-sectoral and multidisciplinary in its scope, and thus strategically positions the Fund as a development agency.

To conclude, we remind ourselves of what the young people said in the South Asia Conference on Adolescents organized by UNFPA in New Delhi, India, in 1998:

"To our Governments, we say that our biggest dilemma is why girls are discriminated against. Do something. Provide non-formal education programmes for adolescents who can't go to school. Include lessons on life skills in formal and non-formal education programmes. Eliminate child labour, child abuse, and all types of violence against adolescents, including trafficking. Don't just make laws; enforce them. Let us support you and join hands to fight the menace of drugs... To our parents (and other stakeholders), we say that we need you to listen to us, to our dreams, our experiences, our explanations... Guide us; don't drive us."

What the young voices articulated then holds true even now... As an organization, we have promises to keep... Not few, but many... We stand firm to intensify our focus on young people, deepen our commitments, and deliver actions.

# ANNEXURE: KEY DEFINITIONS

## GROUPS WITH SPECIAL NEEDS:

### Very young adolescents

One sub-group that has received minimal attention is “very young adolescents” (VYAs) - those 10-14-years-old. Younger children may be reached by immunization or school registration initiatives, and older adolescents may be targeted for peer education or youth center activities, but VYAs tend to fall outside the purview of most programs and policies. Pre- and early adolescence is a period of dramatic physiological, social, and emotional changes. Changes include: solidification of gender role identification and attitudes; sexual development; emerging needs for greater privacy; development of abstract thinking skills; and higher susceptibility to peer pressure. Importantly, girls experience menarche and boys spermarche, which has profound social significance, particularly for girls.

### Adolescent mothers

Girls who get pregnant are excluded or drop out from school; they are especially vulnerable. This is particularly important in Asia and Africa, where the formal education of girls already lags behind that of boys. Yet school enrollment is demonstrated to yield a package of benefits for girls, their families, and the communities in which they live. Young people need to go back to school and acquire more skills to have more assets in the employment market.

### Youth living in rural/hard-to-reach areas

This segment of young people lacks everything including the basic information on RH and services. Many programs hardly reach this segment of young people living in remote areas, where road conditions are very poor, and other communication means do not exist. They are exposed to local practices that put them at risk of bad reproductive health. They are barely part of discussions concerning their issues.

### Migrant youth

Migration in developing countries is largely due to economic reasons. The standard profile of migrants is young, sexually active, and separate from his/her family for at least 12 months. They are exposed to having casual sexual partners, and they have little knowledge about STI/HIV/AIDS and its means of

prevention. In the case of international migration, host countries’ HIV/AIDS campaigns might not reach them because of language and other types of barriers. Female migrants are especially exposed to sexual assault and violence by employers and other males. Therefore, specific attention should be paid to this group to meet its needs for the benefit of host countries as well as for country of origin.

### Married adolescents

The married adolescent’s experience forces maturation. They constitute the bulk majority of fistula patients. In some parts of the world, they have less access to RH services compared to the unmarried adolescents of the same age, because the status of married women does not allow them to participate in public gatherings or go along with other unmarried adolescents. They are hardly able to take care of their children when they themselves deserve care. New initiatives should be developed to reach out to this particular group so that it can benefit from the full package of RH services when available.

### Internally-displaced youth/refugees

Internally displaced populations are subject to a range of disadvantages. In the case of young people, these include handicaps with respect to education and employment. They are also especially vulnerable to violence. With respect to RH, during the various conflicts and crises in Africa, it was clear to humanitarian activists that the RH needs of refugees and IDP camps are huge. Rape in these settings is not rare, although accurate figures are difficult to obtain, and services to prevent unwanted pregnancies, unsafe abortions, and STIs, including HIV are lacking. In post-conflict situations, young people mobilized for the wars are left out, and their social re-insertion, including acceptance by their family of origin, is often a challenge. In some countries, like Sierra Leone, former young soldiers are now organizing themselves in “youth ghettos.” Marginalized young people need particular attention.

### Disabled youth

Disability is already worrying for young people experiencing it. It has a major impact on young people’s opportunities and rights in health, education, employment, and social participation. Although data is not available on the extent to which this segment of young people is facing the various issues, it is reported that they are victims of violence including sexual

violence, and this is worsened when they are female and/or infected by the HIV virus. Some handicaps, like being deaf, make it difficult to reach them with by traditional means.

### **Not working/not-in-school youth**

A particular sub-population of young people is made up of those who are no longer at school and not working. They rely on parents and friends for their daily subsistence and are at higher risk of being involved in gangs and illicit drugs deals. The challenge is to reach this specific group with appropriate messages, taking into account their socio-economic situation, rights, and needs.

### **Adolescents without any parents**

Adolescents living without either parent, due to death or other reasons, may face a higher risk of isolation and lack of family support. This raises a challenge for programmes that often include the role of parents in the programme outline. Programming must therefore also take into consideration adolescents without parental support.

In addition to those mentioned above, people in several other categories are at high risk. These include youth living with HIV, injecting drug users, men having sex with men, commercial sex workers, youth working in the informal sector, young people living in slums, ethnic groups of young people, indigenous girls, migrants, refugees, displaced young people, and those in the fishing, mining and commercial farms.

### **POVERTY DIAGNOSTICS:**

Poverty diagnostics describes who the poor and vulnerable groups are (such as married adolescents) and where they live. It uses existing data and analyses macroeconomic, social, structural, and institutional constraints to poverty reduction.

### **YOUTH PARTICIPATION:**

Meaningful youth participation involves recognizing and nurturing the strengths, interests, and abilities of young people through the provision of real opportunities for youth to become involved in decisions that affect them at individual and systemic levels. There are many concepts about youth participation. Youth participation and youth involvement can be used interchangeably. Youth-adult partnerships emphasize an equitable working

relationship between youth and adults. This term refers to a situation where “adults work in full partnership with young people on issues facing youth and/or on programs and policies affecting youth,” as defined by Advocates for Youth. Youth participation and youth-adult partnership act as a catalyst for youth empowerment.

### **PEER EDUCATION:**

Peer education is a process whereby well-trained and motivated young people undertake spontaneous or organized educational activities with their peers (those similar to themselves in age, background or interests, sex, sexual orientation, occupation, socio-economic, and/or health status, etc.) over a period of time. This is aimed at developing their knowledge, attitudes, beliefs, and competencies and enabling them to be responsible for and protect their own health.

### **SRH EDUCATION:**

SRH Education is a teaching and learning process covering growing up, sexuality, health, HIV/STIs prevention, unwanted pregnancies, gender-based violence, values, puberty, gender, non discrimination, and personal development. It focuses on developing competencies to live a healthy life, exercise reproductive rights, make choices, and negotiate with risky situations. guiding the Framework for Action.



UNFPA, the United Nations Population Fund, is an international development agency that promotes the right of every woman, man, and child to enjoy a life of health and equal opportunity. UNFPA supports countries in using population data for policies and programmes to reduce poverty and to ensure that every pregnancy is wanted, every birth is safe, every young person is free of HIV/AIDS, and every girl woman is treated with dignity and respect.

**UNFPA – because everyone counts.**

“To our Governments, we say that our biggest dilemma is why girls are discriminated against. Do something. Provide non-formal education programmes for adolescents who can't go to school. Include lessons on life skills in formal and non-formal education programmes. Eliminate child labour, child abuse, and all types of violence against adolescents, including trafficking. Don't just make laws; enforce them. Let us support you and join hands to fight the menace of drugs... To our parents (and other stakeholders), we say that we need you to listen to us, to our dreams, our experiences, our explanations... Guide us; don't drive us.”

– Young person's remarks at the UNFPA South Asia Conference on Adolescents, New Delhi, India, 1998

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