

Evaluation of UNFPA support to adolescents and youth 2008-2015



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Evaluation of UNFPA Support to Adolescents and Youth 2008 - 2015

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1 Evaluation Matrix

EQ1. To what extent was support to adolescents and youth, particularly the most marginalized and vulnerable young people, at global, regional and country levels, aligned with UNFPA policies and strategies, partner government priorities, plans and the needs of adolescents and youth and responsive to local contexts?			Relevance
Assumptions to be assessed	Indicators and fields of observation	Sources of information	Methods and tools for data collection
A1.1: UNFPA support is aligned with UNFPA policies and strategies in the area of adolescents and youth [Internal alignment]	IND 1.1.1 Share of country programs where UNFPA support is in line with the strategic and programmatic stipulations and principles set forth in UNFPA policies and strategies (UNFPA Strategic Plans for the period, CPD and CPAP and A&Y strategic frameworks).	<p><i>UNFPA documentation</i></p> <ul style="list-style-type: none"> • UNFPA Country Program Documents (CPD) • UNFPA Country Program Action Plans (CPAP) • Country office Annual reports (COARS) • Annual Work Plans (AWP) • SIS Planning document <p><i>Interview/FGD stakeholders</i></p>	<ul style="list-style-type: none"> • Document review • Semi-structured interviews • Online survey
A1.2: UNFPA support is aligned with national priorities and needs in the area of adolescents and youth [External alignment nationally]	<p>IND 1.2.1 Evidence that UNFPA has conducted an accurate identification of A&Y needs (needs assessment), in particular of the most marginalized and vulnerable young people (including adolescent girls aged 10-14 and 15-19), and taken those needs into account for program design.</p> <p>IND 1.2.2 Evidence that UNFPA support corresponds to the needs of adolescents and youth as identified in plans and strategies (central and local government level).</p> <p>IND 1.2.3 Evidence that UNFPA support reflects an understanding of needs determined by A&Y organizations and other civil society organizations.</p>	<p><i>UNFPA documentation</i></p> <ul style="list-style-type: none"> • UNFPA strategic and policy frameworks • UNFPA Country Program Documents (CPD) • UNFPA Country Program Action Plans (CPAP) • Annual Work Plans (AWP) • Country office Annual reports (COARS) • SIS Planning document <p><i>Other documentation</i></p> <ul style="list-style-type: none"> • National strategic planning documents (National development plans, Plans of line Ministries) • National Strategies for adolescents and youth • Other relevant reports such as NGO and government progress reports • Peer reviewed scientific literature/studies/surveys <p><i>Interview/FGD stakeholders</i></p>	<ul style="list-style-type: none"> • Document review • Semi-structured interviews • A&Y eRoundtable • Focus Group Discussions • Observations • Online survey

<p>A1.3: In its support to adolescents and youth, UNFPA has been able to appropriately respond and address changing contexts while maintaining the coherence of programs. [Responsiveness]</p>	<p>IND 1.3.1 Evidence of the quality of the response (flexibility, timeliness, appropriateness) of UNFPA to changes in national needs and priorities or major changes in context (political, economic and social) while maintaining coherence of programs as set out in programming documents.</p>	<p><i>UNFPA documentation</i></p> <ul style="list-style-type: none"> • Annual Work Plans (AWP) • UNFPA Country Program Documents (CPD) • UNFPA Country Program Action Plans (CPAP) • Country office Annual reports (COARS) • SIS Planning document • Budget revisions <p><i>Other documentation</i></p> <ul style="list-style-type: none"> • Other relevant reports such as the NGO and government progress reports • Peer reviewed scientific literature/studies/surveys • Social networks, blogs, forums (Internet) <p><i>Interview/FGD stakeholders</i></p>	<ul style="list-style-type: none"> • Document review • Semi-structured interviews • A&Y eRoundtable • Focus Group Discussions • Online survey
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<p>EQ2. To what extent have human rights, gender responsive and culturally sensitive approaches been incorporated into programming in the area of adolescents and youth at global, regional and national level? To what extent has UNFPA prioritized the most marginalized and vulnerable young people, particularly young adolescent girls in its interventions?</p>			<p><i>Relevance</i></p>
<p>Assumptions to be assessed</p>	<p>Indicators</p>	<p>Sources of information</p>	<p>Methods and tools for data collection</p>
<p>A 2.1: Human rights based approaches have been incorporated into A&Y strategies and programs at global, regional and national level. [Human Rights based approach]</p>	<p>IND 2.1.1 Evidence that the rights of adolescents and youth to information, health services and participation are explicitly addressed in UNFPA A&Y interventions.</p> <p>IND 2.1.2 Evidence that UNFPA has raised awareness and supported partners to integrate human rights of adolescents, including adolescent girls, in the design and implementation of interventions.</p>	<p><i>UNFPA documentation</i></p> <ul style="list-style-type: none"> • Annual Work Plans (AWP) • UNFPA Country Program Documents (CPD) • UNFPA Country Program Action Plans (CPAP) • Country office Annual reports (COARS) <p><i>Other documentation</i></p> <ul style="list-style-type: none"> • Other relevant reports such as the NGO and national progress reports • Peer reviewed scientific literature/studies/surveys • Documentation from implementing partners <p><i>Interview/FGD stakeholders</i></p>	<ul style="list-style-type: none"> • Document review • Semi-structured interviews • A&Y eRoundtable • Focus Group Discussions • Observations • Online survey

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

		adolescents and youth <i>Interview/FGD stakeholders</i>	
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EQ3. To what extent has UNFPA contributed (or is likely to contribute) to an increase and sustainability of the availability of sexual and reproductive health education (including SRH education and information) and integrated services (including contraceptives, HIV and GBV) for A&Y?			Effectiveness Sustainability
Assumptions to be assessed	Indicators	Sources of information	Methods and tools for data collection
<p>A3.1: UNFPA contributed to an increase in the availability and use of quality, integrated and sustainable SRH services (including contraceptives, HIV & GBV) for A&Y. (Outcome A)</p> <p>[Services]</p>	<p>IND 3.1.1 Evidence that UNFPA has developed the capacities of partners and supported service delivery in countries/regions to increase availability of integrated SRH services including HIV and GBV for A&Y.</p> <p>IND 3.1.2 Evidence that patterns of use for SRH services for A&Y have changed (Outcome A)</p> <p>IND 3.1.3 Evidence that UNFPA supported partners in program countries for the development of guidelines, protocols and standards for health care workers for the delivery of quality, integrated sexual and reproductive health services for adolescents and youth. (Output 1)</p> <p>IND 3.1.4 Evidence that UNFPA has developed the capacity of service providers to support A&Y survivors/victims of gender-based violence. (Output 1 to Hypothesis b to Outcome A)</p> <p>IND 3.1.5 Evidence of UNFPA’s contribution to reduce socio-cultural, legal, and gender barriers to help create an enabling environment for sustainable, integrated SRH services. (Activity 3,4,5,6 to Output 1 to Hypothesis a to Outcome A)</p> <p>IND3.1.6 Evidence of UNFPA advocacy and policy dialogue with partners to increase the availability and use of SRH services by A&Y. (Activity 3 to Output 1 to Outcome A)</p> <p>IND 3.1.7 Evidence that UNFPA supported partners to address SRH services for A&Y multi-sectorally and</p>	<p><i>UNFPA documentation</i></p> <ul style="list-style-type: none"> • UNFPA strategic and policy frameworks • UNFPA Country Program Documents (CPD) • UNFPA Country Program Action Plans (CPAP) • Annual Work Plans (AWP) • Country office Annual reports (COARS) • UNFPA monitoring data, i.e. progress reports, annual reports, etc. <p><i>Other documentation</i></p> <ul style="list-style-type: none"> • National strategic planning documents (National development plans, Line Ministries’ plans) • National Strategies for adolescents and youth • Other relevant reports such as the NGO and national progress reports • Trend data for the period showing utilization of services. • Peer reviewed scientific literature/studies/surveys <p><i>Interview/FGD stakeholders</i></p>	<ul style="list-style-type: none"> • Document review • Semi-structured interviews • A&Y eRoundtable • Focus Group Discussions • Observations • Online survey

	<p>mainstreamed into other services. (Activity 5 & 6 to Output 1)</p> <p>IND 3.1.8 Number of countries that have laws and policies that allow adolescents (regardless of marital status) access to sexual and reproductive health services (including contraceptives, HIV and GBV). (Activity 3 to Output 1 to Hypothesis a to Outcome A)</p> <p>IND 3.1.9 Evidence that UNFPA supported activities have increased ownership and sustainability (or potential sustainability) at national level (including improvement in policy environment, increased investment, replication, scaling up, and taking responsibility) for the availability of quality and integrated SRH services for A&Y as a result of UNFPA support. (Output 1 to Hypothesis e to Outcome A)</p> <p>IND 3.1.10 Evidence of the use of multi-sector partnerships to increase sustainability and ownership. (Activity 5 to Output 1 to Hypothesis e to Outcome A)</p>		
<p>A3.2: UNFPA contributed to an increase in the availability and sustainability of SRH education and information for A&Y. (Outcome B)</p> <p>[Education/information]</p>	<p>IND 3.2.1 Evidence that UNFPA has developed the capacities of partners in countries to design and implement community and school based SRH education and information in alignment with international standards. (Activity 1,2,4 to Output 2)</p> <p>IND 3.2.2 Evidence of UNFPA’s contribution to ensuring that national SRH education and information curricula are aligned with international standards. (Output 2 to Hypothesis c)</p> <p>IND 3.2.3 Number of countries in which national SRH education and information curricula are aligned with international standards. (Hypothesis c to Outcome B)</p> <p>IND 3.2.4 Evidence of UNFPA’s contribution to reductions in socio-cultural, legal, and gender barriers; facilitation of the engagement of parents, teachers and communities in</p>	<p><i>UNFPA documentation</i></p> <ul style="list-style-type: none"> • UNFPA strategic and policy frameworks • UNFPA Country Program Documents (CPD) • UNFPA Country Program Action Plans (CPAP) • Annual Work Plans (AWP) • Country office Annual reports (COARS) • UNFPA monitoring data, i.e. progress reports, annual reports, etc. <p><i>Other documentation</i></p> <ul style="list-style-type: none"> • National strategic planning documents (National development plans, Line Ministries’ plans) • National Strategies for adolescents and youth • Other relevant reports such as the NGO and national progress reports • Trend data on behaviour change including 	<ul style="list-style-type: none"> • Document review • Semi-structured interviews • A&Y eRoundtable • Focus Group Discussions • Observations • Online survey

	<p>SRH education and information , and contribution to reaching in and out-of-school young people with SRH education and information (Output 2 to Hypothesis d and f to Outcome B)</p> <p>IND 3.2.5 Evidence that SRH education and information and other activities have increased use of SRH services or changed sexual risk behaviours (i.e. adolescent pregnancy rates, uptake of condom use at last sex) as documented over the period in national or subnational epidemiological data. (Activity 3 to Output 2 to Hypothesis a, d and f to Outcome B)</p> <p>IND 3.2.6 Evidence of UNFPA’s contribution to increasing the percentage of young women and men aged 15-24 who correctly identify ways of preventing the sexual transmission of HIV and who reject major misconceptions about HIV transmission (female/male). Availability of trend data. (Output 2 to Hypothesis d to Outcome B)</p> <p>IND 3.2.7 Evidence that UNFPA supported SRH education and information interventions were addressed multi-sectorally and mainstreamed into other programs and services, including more effectively addressing GBV for in and out-of-school A&Y. (Activity 5 & 6 to Output 2 to Hypothesis e, d and f to Outcome B).</p> <p>IND 3.2.8 Evidence that UNFPA supported activities have increased ownership and sustainability at national level (including improvement in policy environment, increased engagement and investment, replication, scaling up, and taking responsibility) for the availability of SRH education and information as a result of UNFPA support. (Activities 1-6 to Output 2 to Hypothesis e to Outcome B)</p>	<p>condom use, delayed sexual debut; age at first pregnancy; knowledge about HIV prevention.</p> <ul style="list-style-type: none"> Peer reviewed scientific literature/studies/surveys <p><i>Interview/FGD stakeholders</i></p>	
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EQ 4. To what extent has UNFPA contributed to evidence-based policies and programs that incorporate the needs and rights of A&Y? To what extent has UNFPA contributed to increasing priority for adolescent girls in national development policies and programs?			Effectiveness Sustainability
Assumptions to be assessed	Indicators	Sources of information	Methods and tools for data collection
<p>A4.1 UNFPA contributed to increasing the priority given to adolescent girls in national development policies and programs. (Outcome C&D)</p> <p>[Priority given in policies and programs for adolescent girls]</p>	<p>IND 4.1.1. Evidence that UNFPA has developed capacities of partners to design and implement comprehensive programs, engaged in advocacy and policy dialogue, and developed the knowledge base (through data, information, development of best practices and guidance documents) for an increased prioritization and investment in marginalized adolescent girls (particularly those at risk of child marriage and adolescent pregnancy) at country level in national development policies and programs. (Activity 1, 3 & 4 to Output 3 & 4 to Hypothesis i, g & j to Outcome C&D)</p> <p>IND 4.1.2 Evidence of UNFPA support to building capacities of partners to analyse laws, policies and barriers affecting A&Y and their rights in line with international standards. (Activity 1 to Output 3 to Hypothesis i to Outcome C)</p> <p>IND 4.1.3 Evidence that UNFPA developed/ is developing evidence-based programs (and scaling-up successful models) for marginalized adolescent girls particularly in the areas of child marriage and adolescent pregnancy. (Activity 1 & 4 to Output 3 to Hypothesis g & i Outcome C)</p> <p>IND 4.1.4 Evidence that UNFPA utilized partnerships and mainstreaming to facilitate the engagement and participation of adolescent girls (as beneficiaries) and the support for their participation among parents, schools and communities. (Activity 5 to Output 3 to Hypothesis f & j to Outcome C)</p>	<p><i>UNFPA documentation</i></p> <ul style="list-style-type: none"> • UNFPA strategic and policy frameworks • UNFPA Country Program Documents (CPD) • UNFPA Country Program Action Plans (CPAP) • Annual Work Plans (AWP) • Country office Annual reports (COARS) • UNFPA monitoring data <p><i>Other documentation</i></p> <ul style="list-style-type: none"> • National strategic planning documents (National development plans, Line Ministries' plans) • National Strategies for adolescents and youth • Other relevant reports such as the NGO and national progress reports • Peer reviewed scientific literature/studies/surveys <p><i>Interview/FGD stakeholders</i></p>	<ul style="list-style-type: none"> • Document review • Semi-structured interviews • A&Y eRoundtable • Focus Group Discussions • Observations • Online survey

	<p>IND 4.1.5 Evidence that UNFPA-supported participation of adolescent girls in programs increased the priority given to their needs and rights in national laws, policy, strategies and programs. (Activity 3 to Output 3 to Hypothesis j to Outcome C)</p> <p>IND 4.1.6 Number of countries that have health, social and economic asset-building programs that reach adolescent girls (Output 3 to Hypothesis j to Outcome C)</p>		
<p>A4.2: Capacity was strengthened for collection, analysis and use of disaggregated A&Y data.</p> <p>[Evidence-based advocacy /Data]</p>	<p>IND 4.2.1 Evidence that UNFPA has strengthened national capacities of government and partners for the collection, analysis, and use of A&Y data to influence the development of policies and multi-sector programs and investments that incorporate the needs of A&Y, particularly adolescent girls. (Activity 4 to Output 4 to Hypothesis i & h to Outcome D)</p> <p>IND 4.2.2 Evidence that UNFPA is using disaggregated data to better focus and target support for A&Y, especially to the most marginalized and vulnerable young people. (Hypothesis g, i & h to Outcome D)</p>	<p><i>UNFPA documentation</i></p> <ul style="list-style-type: none"> • UNFPA strategic and policy frameworks • UNFPA Country Program Documents (CPD) • UNFPA Country Program Action Plans (CPAP) • Annual Work Plans (AWP) • Country office Annual reports (COARS) • UNFPA monitoring data, i.e. progress reports, annual reports, etc. <p><i>Other documentation</i></p> <ul style="list-style-type: none"> • National strategic planning documents (National development plans, Line Ministries' plans) • National Strategies for adolescents and youth • Other relevant reports such as the NGO and national progress reports • Peer reviewed scientific literature/studies/surveys <p><i>Interview/FGD stakeholders</i></p>	<ul style="list-style-type: none"> • Document review • Semi-structured interviews • A&Y eRoundtable • Focus Group Discussions • Observations • Online survey

<p>EQ 5. To what extent has UNFPA contributed to increasing A&Y leadership, participation and empowerment, especially for marginalized and vulnerable young people, particularly adolescent girls?</p>			<p><i>Effectiveness</i></p> <p><i>Sustainability</i></p>
<p>Assumptions to be assessed</p>	<p>Indicators</p>	<p>Sources of information</p>	<p>Methods and tools for data collection</p>

<p>A5.1: UNFPA contributed to develop the capacities of youth advocates, strengthening A&Y organizations, networks, and institutional structures that promote the leadership & participation of A&Y. (Outcome E)</p> <p>[A&Y participation and leadership for SRH]</p>	<p>IND 5.1.1 Evidence that UNFPA has facilitated, through capacity development, advocacy, knowledge sharing, and partnerships, the skills training of youth advocates, the strengthening of A&Y organizations and networks and the establishment of institutional structures to increase youth mobilization, leadership and participation at all levels. (Activities 1,3,4,5 to Output 5 to Hypothesis I to Outcome E)</p> <p>IND 5.1.2 Evidence of UNFPA support to representatives of youth organizations in planning, implementation, monitoring and evaluation of local, national, regional and global policies and programs. (Output 5 to Hypothesis k)</p> <p>IND 5.1.3 Evidence that increased support by UNFPA to strengthen civil society participation and youth mobilization results in greater priority given to SRH by A&Y and their organizations and groups (Activity 5 to Output 5 to Hypothesis I & k to Outcome E)</p> <p>IND 5.1.4 Evidence that UNFPA has developed capacity of partners to identify and facilitate the meaningful participation of A&Y, particularly the most marginalized and vulnerable young people, in program design and implementation. (Activity 1 to Output 5 to Hypothesis I to Outcome E)</p>	<p><i>UNFPA documentation</i></p> <ul style="list-style-type: none"> • UNFPA strategic and policy frameworks • UNFPA Country Program Documents (CPD) • UNFPA Country Program Action Plans (CPAP) • Annual Work Plans (AWP) • Country office Annual reports (COARS) • UNFPA monitoring data <p><i>Other documentation</i></p> <ul style="list-style-type: none"> • National strategic planning documents (National development plans, Line Ministries' plans) • National Strategies for adolescents and youth • Other relevant reports such as the NGO and national progress reports • Peer reviewed scientific literature/studies/surveys <p><i>Interview/FGD stakeholders/online survey</i></p>	<ul style="list-style-type: none"> • Document review • Semi-structured interviews • A&Y eRoundtable • Focus Group Discussions • Observations • Online survey
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EQ6: To what extent were resources (human, financial, administrative) available, optimized and utilized to achieve the expected results in relation to UNFPA support to adolescents and youth?			<i>Efficiency Management</i>
Assumptions to be assessed	Indicators	Sources of information	Methods and tools for data collection
A6.1 Human and financial resources for	IND 6.1.1 Evidence that the resources were available; transaction costs and administration were minimized.	<p><i>UNFPA documentation</i></p> <ul style="list-style-type: none"> • UNFPA Atlas financial information 	<ul style="list-style-type: none"> • Document review

<p>A&Y support were available and optimally utilized (transaction costs, transaction time) during the period under evaluation.</p> <p>[Financial and human resources]</p> <p><i>(Note: the term "resources" includes human, financial, expertise, advice and guidance, staff time, institutional arrangement and systems, administrative costs, etc.)</i></p>	<p>IND 6.1.2 Evidence of resource utilization patterns including implementation rates; evidence of problems associated with utilization due to administrative constraints or deficiencies at UNFPA level, problems with absorption capacity of counterpart institutions, or other issues.</p> <p>IND 6.1.3 Evidence that UNFPA has put in place skilled human resources at all levels to facilitate programming and implementation for adolescent and youth interventions.</p>	<ul style="list-style-type: none"> • Country office Annual reports (COARS) • ToR of program officers in A&Y • Information on human resources • Documentation of human resource trend data registering staff with <5 years vs. >5 years in the A&Y position or with A&Y responsibilities. <p><i>Other documentation</i></p> <ul style="list-style-type: none"> • Annual reports from implementing partners, audit reports and monitoring reports <p><i>Interview/online survey</i></p>	<ul style="list-style-type: none"> • Semi-structured interviews • Online survey
<p>A6.2: UNFPA has adequate systems (including monitoring and evaluation) to gather data, evidence and lessons learned at all levels on multi-sectoral, innovative, successful, replicable models/programs to support the design and implementation of UNFPA interventions in the area of adolescents and youth.</p> <p>[Learning organization]</p>	<p>IND 6.2.1 Evidence that adequate systems are in place that enable integrated access to and management of finances and access to substantive information for monitoring and reporting purposes.</p> <p>IND 6.2.2 Evidence that UNFPA collects, analyses, uses and disseminates data, scientific evidence and lessons learned to improve A&Y interventions.</p> <p>IND 6.2.3 Evidence of UNFPA collecting good practices and successful models, and using them to inform the design and replication of similar interventions in other settings.</p>	<p><i>UNFPA documentation</i></p> <ul style="list-style-type: none"> • UNFPA Atlas financial information • Country office Annual reports (COARS) • ToR of program officers in M&E • Information on human resources • Documentation of human resource trend data registering staff with <5 years vs. >5 years in the A&Y position or with A&Y responsibilities. <p><i>Other documentation</i></p> <ul style="list-style-type: none"> • Annual reports from implementing partners, audit reports and monitoring reports • Peer reviewed and grey literature • Local and regional reports, publications and documentation <p><i>Interview/online survey</i></p>	<ul style="list-style-type: none"> • Document review • Semi-structured interviews • Online survey

<p>A6.3: UNFPA global and regional offices have provided sufficient advice, guidance and training to COs to facilitate work flows, and build their capacity to plan, implement, monitor and mainstream adolescent and youth interventions.</p> <p>[Translation and mainstreaming]</p>	<p>IND 6.3.1 Evidence that UNFPA A&Y strategic priorities are reflected in other UNFPA thematic strategic and program approaches and documents when referring to A&Y (i.e. concurrence between strategic approaches that involve youth in the various thematic areas).</p> <p>IND 6.3.2 Evidence that UNFPA global and regional offices have developed the capacity of UNFPA country offices to adapt and implement A&Y interventions as outlined in the strategic plan through the provision of technical assistance, guidance, generic documentation that can then be adapted to the local context in terms of training, planning, implementation, mainstreaming and M&E.</p> <p>IND 6.3.3 UNFPA (HQ and RO levels) have produced guidance and provided support to CO to incorporate human rights, gender responsive and culturally sensitive approaches into programming in the area of adolescents and youth [Translation]</p>	<p><i>UNFPA documentation</i></p> <ul style="list-style-type: none"> • UNFPA strategic and policy frameworks • UNFPA Country Program Documents (CPD) • UNFPA Country Program Action Plans (CPAP) • Annual Work Plans (AWP) • Country office Annual reports (COARS) <p><i>Other documentation</i></p> <ul style="list-style-type: none"> • Reports and websites of partners and donors • Peer reviewed scientific literature • UN and partner agencies /banks reports/documents <p><i>Interview/ Online Survey</i></p>	<ul style="list-style-type: none"> • Document review • Semi-structured interviews • Online Survey
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<p>EQ7: To what extent has UNFPA provided leadership, coordinated effectively and established partnerships to advance A&Y issues at global, regional and country levels? To what extent has UNFPA promoted South-South cooperation to facilitate the exchange of knowledge and lessons learned and to develop capacities in UNFPA program countries for advancing A&Y policies and programs?</p>			<p><i>Partnership</i></p> <p><i>Coordination</i></p> <p><i>Comparative Advantage</i></p>
<p>Assumptions to be assessed</p>	<p>Indicators</p>	<p>Sources of information</p>	<p>Methods and tools for data collection</p>
<p>A7.1: UNFPA has provided technical and political leadership for advancing the global, regional and national A&Y agendas.</p>	<p>IND 7.1.1 Evidence that UNFPA has influenced recent advances in the global agenda for A&Y such as the explicit inclusion of UNFPA priority issues into the CPD or CSW resolutions, the UNGASS, SDGs and the regional consultative process leading up to the post MDGs.</p>	<p><i>UNFPA documentation</i></p> <ul style="list-style-type: none"> • UNFPA strategic and policy frameworks • UNFPA Country Program Documents (CPD) • UNFPA Country Program Action Plans (CPAP) • Annual Work Plans (AWP) • Country office Annual reports (COARS) <p><i>Other documentation</i></p>	<ul style="list-style-type: none"> • Document review • Semi-structured interviews • Online Survey

<p>[UNFPA leadership and visibility]</p>	<p>IND 7.1.2 Evidence of new concepts and frameworks, as agreed in international consensus documents, reflected in UNFPA documents and publications.</p> <p>IND 7.1.3 Evidence that UNFPA priorities are shared by other stakeholders through common aims, objectives and approaches.</p> <p>IND 7.1.4 Evidence of an increased visibility for UNFPA as a prominent convener on issues pertinent to A&Y, and particularly adolescent girls and their rights.</p> <p>IND 7.1.5 Evidence that UNFPA has provided technical and political leadership to advance the regional and national A&Y agenda. Evidence that UNFPA actively participates on regional and national task forces, teams or other mechanisms related to A&Y strategic priority setting, programming and funding.</p> <p>IND 7.1.6. Evidence of missed opportunities for UNFPA for greater visibility and to advance the A&Y agenda.</p> <p>IND 7.1.7 List of UNFPA’s comparative strengths and advantages in working on A&Y as perceived by stakeholders.</p>	<ul style="list-style-type: none"> • Reports and websites of partners and donors • Peer reviewed scientific literature • UN and partner agencies /banks reports/documents <p><i>Interview/ Online Survey</i></p>	
<p>A7.2: UNFPA has facilitated coordination, multi-sectoral partnerships, and South-South collaboration by promoting and utilizing synergies at country, regional and global levels.</p> <p>[Partnership and coordination]</p>	<p>IND 7.2.1 Evidence of UNFPA support / promotion of the use of existing donor coordination mechanisms (or their establishment when necessary), pooling of resources, and interaction amongst partners for support of adolescents and youth initiatives (at country, regional and global level).</p> <p>IND 7.2.2 Evidence that UNFPA has managed and facilitated fundraising, leveraging, and synergies among government, partners, donors and others to support A&Y interventions at all levels.</p> <p>IND 7.2.3 UNFPA has contributed to the coordination of stakeholders' efforts, use of participatory approaches,</p>	<p><i>UNFPA documentation</i></p> <ul style="list-style-type: none"> • UNFPA strategic and policy frameworks • UNFPA Country Program Documents (CPD) • UNFPA Country Program Action Plans (CPAP) • Annual Work Plans (AWP) • Country office Annual reports (COARS) <p><i>Other documentation</i></p> <ul style="list-style-type: none"> • UN and partner agencies /banks reports/documents • Reports and websites of partners and donors • Peer reviewed scientific literature <p><i>Interview/ Online Survey</i></p>	<ul style="list-style-type: none"> • Document review • Semi-structured interviews • A&Y eRoundtable • Online Survey

	<p>facilitated multi-sectoral partnerships and limited overlap between UNFPA supported activities and those of other donors to advance A&Y at regional and country levels. (Evidence of coherent division of labor for the advancement of A&Y)</p> <p>IND 7.2.4. Evidence of relevant stakeholders at global, regional and national level that perceive UNFPA as a key partner in the area of support to A&Y.</p> <p>IND 7.2.5. Evidence that UNFPA promoted opportunities for South - South cooperation to facilitate the exchange of knowledge and lessons learned to develop capacities in program countries for more effective policies and programs in A&Y.</p>		
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2 Methodological Instruments

Interview Protocol: UNFPA Country, Regional and Headquarter Offices

Purpose:

The aim of these interviews is to gain a strategic overview of the operationalization of UNFPA strategies in the area of A&Y SRH. Interviews will be conducted with Resident Representatives, A&Y Officers, other key technical and administrative staff (gender, reproductive health, M&E).

Logistics:

- Duration between 60-90 min
- One main interviewer, one note taker
- Collect signed informed consent and personal information (name, organization, gender, age) for participant list

Introduction:

- Introduction of interviewers, presentation the evaluation and its main purpose.
- Explain confidentiality aspects as well as how the responses of the interviewee will be treated and processed on the basis of what it is stipulated in the UNEG evaluation standards.

MAIN INTERVIEW QUESTIONS

EQ 1: RELEVANCE

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

EQ 1.1 Internal alignment

UNFPA (CO, RO, HQ): Is UNFPA support at country, regional and global levels aligned with the strategic plans and A&Y frameworks for the period under evaluation?

EQ 1.2 External alignment nationally

UNFPA (CO): Has UNFPA conducted a needs assessment of A&Y to determine who are the most vulnerable and how to best reach them, and has this information been guiding the design and implementation of A&Y programs?

UNFPA (CO, RO): To what extent has UNFPA support aligned with national and regional A&Y priorities and areas of focus related to A&Y?

UNFPA (CO): To what extent has UNFPA consulted with direct beneficiaries, CSOs and other non-governmental stakeholders to address needs and priorities of A&Y (as defined by beneficiaries) in the region/country where the support is provided?

EQ 1.3 Responsiveness

UNFPA (CO, RO): To what extent has UNFPA adapted its programs and approaches to changing contexts (e.g. conflicts, political changes, humanitarian crisis, etc.) in a timely and appropriate manner? How would you describe the response in terms of flexibility? If yes, to what extent did the changes to the program affect the overall program alignment with UNFPA strategic plans and approaches? How?

EQ 2: RELEVANCE

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

EQ 2.1 Human rights based approaches

UNFPA (CO, RO, HQ): To what extent has UNFPA explicitly or implicitly referred to human rights of A&Y in their documentation (i.e. referred to human rights such as the right to information, education related to SRH decision-making; non-discrimination, etc.) and encouraged/ developed the capacity of partners to incorporate human rights based approaches?

UNFPA (CO, RO, HQ): To what extent has UNFPA raised awareness on A&Y Human Rights among A&Y beneficiaries, government, service providers, teachers, and other duty bearer partners (the rights and responsibilities of each stakeholder group)

EQ 2.2 Gender

UNFPA (CO, RO, HQ): How are gender and sexual norms addressed through UNFPA support? (Provide documented examples)

UNFPA (CO): How has UNFPA worked on identifying and reducing gender related barriers to SRH information and services for adolescents and youth specifically, including the most marginalized, young and/or unmarried girls, through its advocacy, policy work, use of evidence and program implementation?

EQ 2.3 Cultural sensitivity

UNFPA (CO, RO, HQ): To what extent has UNFPA developed and promoted guidance on how to advance A&Y SRH in culturally sensitive ways? (Provide examples)

UNFPA (CO, RO): How is cultural sensitivity addressed at regional and national level? (Look for examples)

EQ 2.4 Marginalized and vulnerable

UNFPA (CO, RO): How does UNFPA ensure meaningful participation of vulnerable and marginalized A&Y, including adolescent girls, in its programs?

UNFPA (CO, RO): To what extent have marginalized and vulnerable A&Y, especially girls, been involved or played a leadership role in program design, implementation, M&E?

UNFPA (CO, RO, HQ): Does the A&Y program of UNFPA specifically target adolescent girls, particularly the 10-14 age group?

EQ 3: EFFECTIVENESS, SUSTAINABILITY

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

EQ 3.1 Services

UNFPA (CO): To what extent has UNFPA promoted and helped to make available youth-friendly health services and the integration of SRH services including HIV and gender based violence services? How (e.g. TA, guidance, protocols, advocacy, policy analysis, multi-sectoral action, mainstreaming)?

UNFPA (CO): To what extent has UNFPA supported services for A&Y been used (utilization rates). Who are the target clients of the UNFPA supported services and who is actually using the services (age, sex/gender, marital status, key populations)?

UNFPA (CO): To what extent has UNFPA supported countries to develop the capacity of service providers to support A&Y survivors/victims of gender-based violence?

UNFPA (CO): To what extent has UNFPA contributed to overcoming existing socio-cultural, political and legal barriers to A&Y SRH services due to legal, policy or programmatic changes? Have these changes directly or indirectly changed patterns of use of services by A&Y?

UNFPA (CO): Which modes of operation or other strategies (multi-sectoral partnership, mainstreaming, etc.) contributed the most significantly to increase national ownership and sustainability of UNFPA supported interventions for A&Y?

EQ 3.2 Education, Information

UNFPA (CO, RO, HQ): To what extent has UNFPA promoted SRH education and information at all levels? To what extent has UNFPA provided technical guidance on context, design, and implementation of education and information related to A&Y SRH including SRH education and information?

UNFPA (CO): To what extent do UNFPA supported information and education interventions meet UN standards for SRH education and information? (e.g. guidance, protocols, advocacy, policy analysis)?

UNFPA (CO): To what extent has UNFPA contributed to reductions in socio-cultural, legal, and gender barriers?

UNFPA (CO): To what extent has UNFPA facilitated the engagement of parents, teachers and communities in SRH education and information, and contributed to reaching in and out-of-school young people with SRH education and information

UNFPA (CO): Is there evidence that UNFPA supported education and information interventions including SRH education and information have contributed to changing patterns of behaviour observed in the country or sub-nationally? Gather evidence of changes from national, sub-national or local research data.

UNFPA (CO): Who are the target A&Y for the SRH education and information interventions supported and who is actually receiving the information (age, sex/gender, marital status, key populations)?

UNFPA (CO, RO): To what extent has UNFPA supported strategies (creating an enabling legal and policy environment, engagement and investment, scaling up and replication, multi-sectoral partnership,

mainstreaming, etc.) that have most contributed to increasing national ownership and sustainability of UNFPA supported SRH education and information interventions?

EQ 4: EFFECTIVENESS, SUSTAINABILITY

To what extent has UNFPA contributed to evidence-based policies and programs that incorporate the needs and rights of A&Y? To what extent has UNFPA contributed to increasing priority for adolescent girls in national development policies and programs?

EQ 4.1 Priority given in policies and programs for adolescent girls

UNFPA (CO, RO, HQ): To what extent has UNFPA supported A&Y and CSO engagement to increase the priority and investment for meeting the SRH needs of A&Y, particularly adolescent girls at risk of child marriage or early pregnancy?

UNFPA (CO, RO): To what extent has UNFPA built capacities of partners to assess and meet the needs of adolescent girls? What guidance has been provided by UNFPA on how to reach marginalized and vulnerable A&Y?

UNFPA (CO, RO): To what extent has UNFPA support facilitated incorporation of A&Y issues - as a priority - in laws, policies and programs at country or regional level? Examples to be provided.

EQ 4.2 Evidence based advocacy/data

UNFPA (CO, RO, HQ): To what extent has UNFPA built capacity for the assessment, collection and use of disaggregated data related to A&Y for policy, planning, and programming at all levels?

UNFPA (CO/RO): To what extent are UNFPA regional and country programs evidence-based and targeted through the use of data to reach specific key populations of A&Y, especially the marginalized and vulnerable and adolescent girls?

UNFPA (CO): To what extent has UNFPA institutionalized the disaggregation of data collection related to age?

EQ 5: EFFECTIVENESS, SUSTAINABILITY

To what extent has UNFPA contributed to increasing A&Y leadership, participation and empowerment, especially for marginalized and vulnerable young people, particularly adolescent girls?

EQ 5.1 A&Y participation and leadership for SRH

UNFPA (CO, RO, HQ): To what extent has UNFPA support ensured that A&Y leaders and CSOs effectively participate in policy and programmatic dialogue? Has the A&Y agenda been advanced (in part) by their participation?

UNFPA (CO, RO, HQ): To what extent has UNFPA contributed to institutionalizing A&Y participation and leadership in international, regional and national organizations and bodies that affect them?

UNFPA (CO, RO, HQ): To what extent has UNFPA facilitated engagement of representatives of youth-led organizations in dialogue with decision-makers?

UNFPA (CO, RO, HQ): To what extent has UNFPA contributed to increasing the priority A&Y organizations give to SRH?

UNFPA (CO): To what extent has UNFPA worked with local CSOs to ensure that the needs of marginalized and vulnerable A&Y, especially girls are taken up by partners, and that they have a platform to participate and hold a leadership role in formal and informal structures that affect them?

UNFPA (CO): To what extent has UNFPA developed the capacity of partners to identify and facilitate the meaningful participation of A&Y, particularly the most marginalized and vulnerable in program design and implementation?

UNFPA (CO, RO, HQ): To what extent has UNFPA advocated for increased investments in A&Y in different sectors?

EQ 6: EFFICIENCY AND MANAGEMENT

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

EQ 6.1 Financial and human resources

(Note: the term “resources” includes human, financial, expertise, advice and guidance, staff time, institutional arrangement and systems, administrative costs, etc.)

UNFPA (CO; RO): Did UNFPA Regional and Country Offices receive the financial support that was budgeted for A&Y. What is the financial/resource allocation trend for targeted activities within country and regional programs?

UNFPA (CO, RO): What is the financial/resource allocation trend for mainstreamed activities within the country and regional programs?

UNFPA (CO, RO, HQ): To what extent has UNFPA put in place skilled human resources at all levels to facilitate A&Y programming in period under review? Are they recognized as an expert on A&Y to regional and country partners? Do they participate (and lead) working groups related to A&Y programming?

EQ 6.2 Learning organization

UNFPA (CO, RO): Does UNFPA has functioning results oriented monitoring and evaluation systems in place to inform programming in A&Y? (Show examples of how M&E data has been used to inform programs.)

UNFPA (CO, RO): To what extent has UNFPA identified good practices and gathered lessons learned from A&Y interventions (global, regional or country) to inform programming? (Show examples of identified good practices at national, regional and global levels, and, examples of application of lessons learned. Show examples of how other data and information have been used to improve programs.)

UNFPA (CO, RO): To what extent has evidence from scientific literature or other sources informed UNFPA interventions in A&Y at all levels (strategies and programs)?

EQ 6.3 Translation and mainstreaming

UNFPA (RO, CO): To what extent has UNFPA integrated A&Y issues into other UNFPA thematic priorities (e.g. maternal health; family planning; HIV, gender)?

UNFPA (HQ, RO, CO): To what extent has HQ and RO have produced guidance and provided support to CO to incorporate human rights, gender responsive and culturally sensitive approaches into programming in the area of adolescents and youth

UNFPA (HQ, RO, CO): To what extent are UNFPA global and regional strategies and documents adapted for use by regions and countries.

UNFPA (HQ, RO, CO): Has global or regional UNFPA offices conducted trainings or otherwise facilitated country offices to implement their programs? For example creation of an A&Y group?

EQ7: PARTNERSHIP, COORDINATION, COMPARATIVE ADVANTAGE

To what extent has UNFPA provided leadership, coordinated effectively and established partnerships to advance A&Y issues at global, regional and country levels? To what extent has UNFPA promoted South-South cooperation to facilitate the exchange of knowledge and lessons learned and to develop capacities in UNFPA program countries for advancing A&Y policies and programs?

EQ 7.1 UNFPA leadership and visibility

UNFPA (HQ, RO, CO): To what extent have global consensus documents (e.g. ICPD, UNGASS, ESCRC) been incorporated in/inspired by UNFPA priorities?

UNFPA (HQ, RO, CO): To what extent are UNFPA priorities shared by other international and regional A&Y donor partners?

UNFPA (HQ, RO, CO): To what extent has UNFPA increased its visibility as a prominent convener on issues pertinent to A&Y, and particularly adolescent girls and their rights?

UNFPA (RO, CO): Has UNFPA facilitated others to change regional or country policies, programs and investments to better address A&Y issues?

EQ 7.2 Partnership and coordination

UNFPA (RO, CO, HQ): To what extent has UNFPA raised additional resources to support its A&Y program and other activities related to A&Y?

UNFPA (RO, CO, HQ): To what extent has UNFPA convened national/ sub-national discussions and working groups on priorities in A&Y with multiple stakeholders, including the meaningful representation of youth?

UNFPA (RO, CO, HQ): To what extent has UNFPA contributed to harmonizing and coordinating multiple stakeholders on A&Y issues? (Gather evidence of coherent division of labor for the advancement of A&Y).

UNFPA (RO, CO): To what extent has UNFPA carried out initiatives to promote South - South cooperation including the exchange of technology, knowledge, experiences and lessons learned?

UNFPA (RO, CO): To what extent has UNFPA supported South-South exchanges that took place as a consequence of UNFPA facilitation?

UNFPA (RO, CO): Evidence of cases (if available) in which South-South exchanges resulted in the development of capacities in program countries for more effective policies and programs in A&Y.

Closing Questions

- Before finalizing the interview we would like to give you the opportunity to comment on any aspects we may not have addressed in this interview. And would you have any recommendations you would like to share with us?
- Would you have any recommendations on other key A&Y stakeholders in your organizations that would be important to meet?

End of interview:

- Thank the interviewee for his/her time and contributions and communicate when the Case Study and the Final Evaluation Report will be available.
- Provide contact details in case the interviewee would like to contact the team for more contributions or questions/clarifications about the evaluation.
- Make sure contact details of the interviewees are collected.

Interview Protocol: Implementing Partners, Member States, UN Organizations

Purpose:

The aim of these interviews is to gain insight into the role of UNFPA in advancing the A&Y agenda at the policy and programmatic level. Key issues that will be addressed are related to collaboration, coordination and the relevance of the work to the context.

Logistics:

- Duration between 30-60 minutes
- One main interviewer, One note taker
- Collect signed informed consent and personal information (name, organization, gender, age) for participant list

Introduction:

- Introduction of interviewers, presentation of the evaluation and its main purpose.
- Explain confidentiality aspects as well as how the responses of the interviewee will be treated and processed on the basis of what it is stipulated in the UNEG evaluation standards.

MAIN INTERVIEW QUESTIONS

EQ 1: RELEVANCE

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

EQ 1.2 External alignment nationally

IP: Has UNFPA conducted a needs assessment of A&Y to determine who are the most vulnerable and how to best reach them, and has this information been guiding the design and implementation of A&Y programs?

IP/MS/UN: To what extent has UNFPA support aligned with national and regional A&Y priorities and areas of focus related to A&Y?

IP/MS/UN: To what extent has UNFPA consulted with direct beneficiaries, CSOs and other non-governmental stakeholders to address needs and priorities of A&Y (as defined by beneficiaries) in the region/country where the support is provided?

EQ 2: RELEVANCE

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

EQ 2.1 Human rights based approaches

IP/MS/UN: To what extent has UNFPA explicitly or implicitly referred to human rights of A&Y in their documentation (i.e. referred to human rights such as the right to information, education related to SRH decision-making; non-discrimination, etc.) and encouraged/ developed the capacity of partners to incorporate human rights based approaches?

IP/MS/UN: To what extent has UNFPA raised awareness on A&Y Human Rights among A&Y beneficiaries, government, service providers, teachers, and other duty bearer partners (the rights and responsibilities of each stakeholder group)

EQ 2.2 Gender

IP/MS: How are gender and sexual norms addressed through UNFPA support? (Provide documented examples)

EQ 2.3 Cultural sensitivity

IP/MS/UN: To what extent has UNFPA developed and promoted guidance on how to advance A&Y SRH in culturally sensitive ways? (Provide examples)

EQ 2.4 Marginalized and vulnerable

IP/MS/UN: Does the A&Y program of UNFPA specifically target adolescent girls, particularly the 10-14 age group?

EQ 3: EFFECTIVENESS, SUSTAINABILITY

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

EQ 3.1 Services

IP/MS/UN: To what extent has UNFPA promoted and helped to make available youth-friendly health services and the integration of SRH services including HIV and gender based violence services? How (e.g. TA, guidance, protocols, advocacy, policy analysis, multi-sectoral action, mainstreaming)?

IP/MS: To what extent has UNFPA supported services for A&Y been used (utilization rates). Who are the target clients of the UNFPA supported services and who is actually using the services (age, sex/gender, marital status, key populations)?

IP/UN: To what extent has UNFPA contributed to overcoming existing socio-cultural, political and legal barriers to A&Y SRH services due to legal, policy or programmatic changes? Have these changes directly or indirectly changed patterns of use of services by A&Y?

IP/UN: Which modes of operation or other strategies (multi-sectoral partnership, mainstreaming, etc.) contributed the most significantly to increase national ownership and sustainability of UNFPA supported interventions for A&Y?

EQ 3.2 Education, Information

IP/MS/UN: To what extent has UNFPA promoted SRH education and information at all levels? To what extent has UNFPA provided technical guidance on context, design, and implementation of education and information related to A&Y SRH including SRH education and information?

IP/MS/UN: To what extent has UNFPA facilitated the engagement of parents, teachers and communities in SRH education and information, and contributed to reaching in and out-of-school young people with SRH education and information

IP/MS/UN: Is there evidence that UNFPA supported education and information interventions have contributed to changing patterns of behaviour observed in the country or sub-nationally? Gather evidence of changes from national, sub-national or local research data.

IP/MS/UN: Who are the target A&Y for the SRH education and information interventions supported and who is actually receiving the information (age, sex/gender, marital status, key populations)?

EQ 4: EFFECTIVENESS, SUSTAINABILITY

To what extent has UNFPA contributed to evidence-based policies and programs that incorporate the needs and rights of A&Y? To what extent has UNFPA contributed to increasing priority for adolescent girls in national development policies and programs?

EQ 4.1 Priority given in policies and programs for adolescent girls

IP/MS/UN: To what extent has UNFPA supported A&Y and CSO engagement to increase the priority and investment for meeting the SRH needs of A&Y, particularly adolescent girls at risk of child marriage or early pregnancy?

IP/MS/UN: To what extent has UNFPA built capacities of partners to assess and meet the needs of adolescent girls? What guidance has been provided by UNFPA on how to reach marginalized and vulnerable A&Y?

IP/MS/UN: To what extent has UNFPA support facilitated incorporation of A&Y issues - as a priority - in laws, policies and programs at country or regional level? Examples to be provided.

EQ 4.2 Evidence based advocacy/data

IP/MS/UN: To what extent has UNFPA built capacity for the assessment, collection and use of disaggregated data related to A&Y for policy, planning, and programming at all levels?

EQ 5 EFFECTIVENESS, SUSTAINABILITY

To what extent has UNFPA contributed to increasing A&Y leadership, participation and empowerment, especially for marginalized and vulnerable young people, particularly adolescent girls?

EQ 5.1 A&Y participation and leadership for SRH

IP/MS/UN: To what extent has UNFPA support ensured that A&Y leaders and CSOs effectively participate in policy and programmatic dialogue? Has the A&Y agenda been advanced (in part) by their participation?

IP/MS/UN: To what extent has UNFPA contributed to institutionalizing A&Y participation and leadership in international, regional and national organizations and bodies that affect them?

IP/MS/UN: To what extent has UNFPA facilitated engagement of representatives of youth-led organizations in dialogue with decision-makers?

IP/MS/UN: To what extent has UNFPA contributed to increasing the priority A&Y organizations give to SRH?

IP/MS/UN: To what extent has UNFPA worked with local CSOs to ensure that the needs of marginalized and vulnerable A&Y, especially girls are taken up by partners, and that they have a platform to participate and hold a leadership role in formal and informal structures that affect them?

IP/MS/UN: To what extent has UNFPA developed the capacity of partners to identify and facilitate the meaningful participation of A&Y, particularly the most marginalized and vulnerable in program design and implementation?

IP/MS/UN: To what extent has UNFPA advocated for increased investments in A&Y in different sectors?

EQ7: PARTNERSHIP, COORDINATION, COMPARATIVE ADVANTAGE

To what extent has UNFPA provided leadership, coordinated effectively and established partnerships to advance A&Y issues at global, regional and country levels? To what extent has UNFPA promoted South-South cooperation to facilitate the exchange of knowledge and lessons learned and to develop capacities in UNFPA program countries for advancing A&Y policies and programs?

EQ 7.2 Partnership and coordination

IP/MS/UN: To what extent has UNFPA convened national/ sub-national discussions and working groups on priorities in A&Y with multiple stakeholders, including the meaningful representation of youth?

IP/MS/UN: To what extent has UNFPA contributed to harmonizing and coordinating multiple stakeholders on A&Y issues? (Gather evidence of coherent division of labour for the advancement of A&Y).

Closing Questions

- Before finalizing the interview we would like to give you the opportunity to comment on any aspects we may not have addressed in this interview. And would you have any recommendations you would like to share with us?
- Would you have any recommendations on other key A&Y stakeholders in your organizations that would be important to meet?

End of interview:

- Thank the interviewee for his/her time and contributions and communicate when the Case Study and the Final Evaluation Report will be available.
- Provide contact details in case the interviewee would like to contact the team for more contributions or questions/clarifications about the evaluation.
- Make sure contact details of the interviewees are collected.

Interview Protocol: A&Y Stakeholder Organizations (non-beneficiary)

Purpose:

The aim of these interviews is to gain insight into the role of UNFPA in advancing the A&Y agenda at the policy and programmatic level. Key issues that will be addressed are related to the role of UNFPA in capacity building, and the relevance of its work at national, regional and global levels.

Logistics:

- Duration between 30-60 minutes
- One main interviewer, One note taker
- Collect signed informed consent and personal information (name, organization, gender, age) for participant list

Introduction:

- Introduction of interviewers, presentation of the evaluation and its main purpose.
- Explain confidentiality aspects as well as how the responses of the interviewee will be treated and processed on the basis of what it is stipulated in the UNEG evaluation standards

MAIN INTERVIEW QUESTIONS

EQ 1: RELEVANCE

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

EQ 1.2 External alignment nationally

SO¹: To what extent has UNFPA support aligned with national and regional A&Y priorities and areas of focus related to A&Y?

SO: To what extent has UNFPA consulted with direct beneficiaries, CSOs and other non-governmental stakeholders to address needs and priorities of A&Y (as defined by beneficiaries) in the region/country where the support is provided?

EQ 2: RELEVANCE

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

¹ SO: A&Y Stakeholder Organization

EQ 2.1 Human rights based approaches

SO: To what extent has UNFPA raised awareness on A&Y Human Rights among A&Y beneficiaries, government, service providers, teachers, and other duty bearer partners (the rights and responsibilities of each stakeholder group)

EQ 2.2 Gender

SO: How are gender and sexual norms addressed through UNFPA support? (Provide documented examples)

EQ 2.3 Cultural sensitivity

SO: To what extent has UNFPA developed and promoted guidance on how to advance A&Y SRH in culturally sensitive ways? (Provide examples)

EQ 2.4 Marginalized and vulnerable

SO: Does the A&Y program of UNFPA specifically target adolescent girls, particularly the 10-14 age group?

EQ 3: EFFECTIVENESS, SUSTAINABILITY

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

EQ 3.1 Services

SO: Which modes of operation or other strategies (multi-sectoral partnership, mainstreaming, etc.) contributed the most significantly to increase national ownership and sustainability of UNFPA supported interventions for A&Y?

EQ 3.2 Education, Information

SO: To what extent has UNFPA promoted SRH education and information at all levels? To what extent has UNFPA provided technical guidance on context, design, and implementation of education and information related to A&Y SRH?

SO: To what extent has UNFPA supported strategies (creating an enabling legal and policy environment, engagement and investment, scaling up and replication, multi-sectoral partnership, mainstreaming, etc.) that have most contributed to increasing national ownership and sustainability of UNFPA supported SRH education and information interventions?

EQ 4: EFFECTIVENESS, SUSTAINABILITY

To what extent has UNFPA contributed to evidence-based policies and programs that incorporate the needs and rights of A&Y? To what extent has UNFPA contributed to increasing priority for adolescent girls in national development policies and programs?

EQ 4.1 Priority given in policies and programs for adolescent girls

SO: To what extent has UNFPA supported A&Y and CSO engagement to increase the priority and investment for meeting the SRH needs of A&Y, particularly adolescent girls at risk of child marriage or early pregnancy?

SO: To what extent has UNFPA support facilitated incorporation of A&Y issues - as a priority - in laws, policies and programs at country or regional level? Examples to be provided.

EQ 4.2 Evidence based advocacy/data

SO: To what extent has UNFPA built capacity for the assessment, collection and use of disaggregated data related to A&Y for policy, planning, and programming at all levels?

EQ 5 EFFECTIVENESS, SUSTAINABILITY

To what extent has UNFPA contributed to increasing A&Y leadership, participation and empowerment, especially for marginalized and vulnerable young people, particularly adolescent girls?

EQ 5.1 A&Y participation and leadership for SRH

SO: To what extent has UNFPA support ensured that A&Y leaders and CSOs effectively participate in policy and programmatic dialogue? Has the A&Y agenda been advanced (in part) by their participation?

SO: To what extent has UNFPA contributed to institutionalizing A&Y participation and leadership in international, regional and national organizations and bodies that affect them?

SO: To what extent has UNFPA facilitated engagement of representatives of youth-led organizations in dialogue with decision-makers?

SO: To what extent has UNFPA contributed to increasing the priority A&Y organizations give to SRH?

SO: To what extent has UNFPA worked with local CSOs to ensure that the needs of marginalized and vulnerable A&Y, especially girls are taken up by partners, and that they have a platform to participate and hold a leadership role in formal and informal structures that affect them?

SO: To what extent has UNFPA developed the capacity of partners to identify and facilitate the meaningful participation of A&Y, particularly the most marginalized and vulnerable in program design and implementation?

SO: To what extent has UNFPA advocated for increased investments in A&Y in different sectors?

EQ 6 EFFICIENCY AND MANAGEMENT

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

EQ 6.2 Learning organization

SO: To what extent has evidence from scientific literature or other sources informed UNFPA interventions in A&Y at all levels (strategies and programs)?

EQ7: PARTNERSHIP, COORDINATION, COMPARATIVE ADVANTAGE

To what extent has UNFPA provided leadership, coordinated effectively and established partnerships to advance A&Y issues at global, regional and country levels? To what extent has UNFPA promoted South-South cooperation to facilitate the exchange of knowledge and lessons learned and to develop capacities in UNFPA program countries for advancing A&Y policies and programs?

EQ 7.1 UNFPA leadership and visibility

SO: To what extent have global consensus documents (e.g. ICPD, UNGASS, ESCRC) been incorporated in/inspired by UNFPA priorities?

SO: To what extent are UNFPA priorities shared by other international and regional A&Y donor partners?

SO: To what extent has UNFPA increased its visibility as a prominent convener on issues pertinent to A&Y, and particularly adolescent girls and their rights?

SO: Has UNFPA facilitated others to change regional or country policies, programs and investments to better address A&Y issues?

EQ 7.2 Partnership and coordination

SO: To what extent has UNFPA raised additional resources to support its A&Y program and other activities related to A&Y?

SO: To what extent has UNFPA convened national/ sub-national discussions and working groups on priorities in A&Y with multiple stakeholders, including the meaningful representation of youth?

SO: To what extent has UNFPA contributed to harmonizing and coordinating multiple stakeholders on A&Y issues? (Gather evidence of coherent division of labour for the advancement of A&Y).

SO: To what extent has UNFPA carried out initiatives to promote South - South cooperation including the exchange of technology, knowledge, experiences and lessons learned.

SO: To what extent has UNFPA supported South-South exchanges that took place as a consequence of UNFPA facilitation?

SO: Evidence of cases (if available) in which South-South exchanges resulted in the development of capacities in program countries for more effective policies and programs in A&Y.

Closing Questions

- Before finalizing the interview we would like to give you the opportunity to comment on any aspects we may not have addressed in this interview. And would you have any recommendations you would like to share with us?
- Would you have any recommendations on other key A&Y stakeholders in your organizations that would be important to meet?

End of interview:

- Thank the interviewee for his/her time and contributions and communicate when the Case Study and the Final Evaluation Report will be available.
- Provide contact details in case the interviewee would like to contact the team for more contributions or questions/clarifications about the evaluation.
- Make sure contact details of the interviewees are collected.

Focus Group Discussion Protocol: A&Y Leaders

Purpose:

Focus Group participants will be adolescents and youth leaders working directly within UNFPA supported programs (volunteer and paid A&Y). These young people have received training through UNFPA supported programs and work as peer educators, mobilizers, A&Y CSO staff etc. The aim of the focus group discussions will be to collect the views of young people on the program they work for, as well as the success and challenges of their mandate. They will also be asked to share their views on the situation of young people in their country, and voice recommendations for future strategies and programs.

Logistics:

- Small group between 6-10 participants, equal number of female/male participants.
- Duration between 90-120 minutes
- 1 main interviewer, 1-2 note takers, 1 translator if necessary.
- Collect signed informed consent and personal information (name, organization, gender, age) for participant list

Introduction:

- Introduction of team, presentation of the evaluation and its main purpose
- Introduction of participants; use of name tags when possible.
- Explain confidentiality aspects as well as how the responses of the interviewee will be treated and processed on the basis of what it is stipulated in the UNEG evaluation standards

MAIN INTERVIEW QUESTIONS

EQ 1: RELEVANCE

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

EQ 1.2 External alignment nationally

A&Y: To what extent has UNFPA consulted with direct beneficiaries, CSOs and other non-governmental stakeholders to address needs and priorities of A&Y (as defined by beneficiaries) in the region/country where the support is provided?

EQ 2: RELEVANCE

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

EQ 2.1 Human rights based approaches

A&Y: To what extent has UNFPA raised awareness on A&Y Human Rights among A&Y beneficiaries, government, service providers, teachers, and other duty bearer partners (the rights and responsibilities of each stakeholder group)

EQ 2.2 Gender

A&Y: How are gender and sexual norms addressed through UNFPA support? (Provide documented examples)

EQ 2.3 Cultural sensitivity

A&Y: To what extent has UNFPA developed and promoted guidance on how to advance A&Y SRH in culturally sensitive ways? (Provide examples)

EQ 2.4 Marginalized and vulnerable

A&Y: Does the A&Y program of UNFPA specifically target adolescent girls, particularly the 10-14 age group?

EQ 3: EFFECTIVENESS, SUSTAINABILITY

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

EQ 3.1 Services

A&Y: To what extent has UNFPA promoted and helped to make available youth-friendly health services and the integration of SRH services including HIV and gender based violence services? How (e.g. TA, guidance, protocols, advocacy, policy analysis, multi-sectoral action, mainstreaming)?

EQ 3.2 Education, Information

A&Y: To what extent has UNFPA promoted SRH education and information at all levels? To what extent has UNFPA provided technical guidance on context, design, and implementation of education and information related to A&Y SRH?

EQ 4: EFFECTIVENESS, SUSTAINABILITY

To what extent has UNFPA contributed to evidence-based policies and programs that incorporate the needs and rights of A&Y? To what extent has UNFPA contributed to increasing priority for adolescent girls in national development policies and programs?

EQ 4.1 Priority given in policies and programs for adolescent girls

A&Y: To what extent has UNFPA supported A&Y and CSO engagement to increase the priority and investment for meeting the SRH needs of A&Y, particularly adolescent girls at risk of child marriage or early pregnancy?

A&Y: To what extent has UNFPA built capacities of partners to assess and meet the needs of adolescent girls? What guidance has been provided by UNFPA on how to reach marginalized and vulnerable A&Y?

EQ 5 EFFECTIVENESS, SUSTAINABILITY

To what extent has UNFPA contributed to increasing A&Y leadership, participation and empowerment, especially for marginalized and vulnerable young people, particularly adolescent girls?

EQ 5.1 A&Y participation and leadership for SRH

A&Y: To what extent has UNFPA support ensured that A&Y leaders and CSOs effectively participate in policy and programmatic dialogue? Has the A&Y agenda been advanced (in part) by their participation?

A&Y: To what extent has UNFPA contributed to institutionalizing A&Y participation and leadership in international, regional and national organizations and bodies that affect them?

A&Y: To what extent has UNFPA facilitated engagement of representatives of youth-led organizations in dialogue with decision-makers?

A&Y: To what extent has UNFPA contributed to increasing the priority A&Y organizations give to SRH?

A&Y: To what extent has UNFPA advocated for increased investments in A&Y in different sectors?

EQ7: PARTNERSHIP, COORDINATION, COMPARATIVE ADVANTAGE

To what extent has UNFPA provided leadership, coordinated effectively and established partnerships to advance A&Y issues at global, regional and country levels? To what extent has UNFPA promoted South-South cooperation to facilitate the exchange of knowledge and lessons learned and to develop capacities in UNFPA program countries for advancing A&Y policies and programs?

EQ 7.2 Partnership and coordination

A&Y: To what extent has UNFPA convened national/ sub-national discussions and working groups on priorities in A&Y with multiple stakeholders, including the meaningful representation of youth?

A&Y: To what extent has UNFPA contributed to harmonizing and coordinating multiple stakeholders on A&Y issues? (Gather evidence of coherent division of labour for the advancement of A&Y).

Closing Questions

- Before finalizing the interview we would like to give you the opportunity to comment on any aspects we may not have addressed in this discussion. And would you have any recommendations you would like to share with us?

End of interview:

- Thank the interviewees for their time and contributions and communicate when the Case Study and the Final Evaluation Report will be available.
- Provide contact details in case the interviewees would like to contact the team for more contributions or questions/clarifications about the evaluation.
- Make sure contact details of the interviewees are collected.

Questions eRoundtable Discussion (English, French, Spanish, Arabic)

START: For participants only (posted by moderators):

With your replies in this eRoundtable you will contribute to the evaluation of UNFPA's support to adolescents and young people globally. Therefore the questions asked **refer to the work of UNFPA**. Please **focus on your country and region** while replying to the questions asked!

UNFPA and Adolescents and Youth in Your Country

Questions

- Adolescents and youth are often defined differently. How are adolescents and youth defined in your country?
- How well has/is UNFPA addressing the **needs and interests** of adolescents and youth in your country? Please provide an example.
- In your country, is UNFPA **missing any opportunities** in regard to addressing the needs and interests of young people? If yes, please provide an example of missed opportunities.
- UNFPA increasingly uses new media** (Twitter, Facebook, SMS, hotlines etc.) **to reach out to adolescents and youth**. Is UNFPA reaching young people through the use of new media in your country **effectively**? Please provide an example.

Recommendation

- Please be creative! Do you have any recommendations for UNFPA in regard to the **use of new media to reach young people** in your country **effectively**?
- Imagine UNFPA in your country has invited you as a youth expert. UNFPA would like to receive your recommendations on what needs and interests of young people they should focus on in future. What is your advice?

Participation and Leadership

Questions

UNFPA has supported the participation and leadership of adolescents and youth.

- In your country, has UNFPA actively supported the **participation of adolescents and youth** in policy and programme development, implementation, monitoring and evaluation? How so? Please provide an example.
- Does UNFPA in your country **support the institutionalisation of youth voice** (i.e. participation and leadership) in **government processes** that affect them? How? Please provide an example.

- Through UNFPA support, **where do young people have voice?**

For moderators: Probe further on:

- Engagement in programming (design, implementation, M&E) of UNFPA - Please share examples
- Engagement in policy dialogue and policy making - Please share examples
- Participation in South-South and South-North exchange - Please share examples

Recommendation

- Imagine you are a highly respected youth consultant contracted by UNFPA in your country. What should UNFPA do in your country **to increase and improve the participation, leadership and influence of adolescents and youth?** Provide ideas!

Data

Questions

Many of you are advocating for adolescents and youth issues.

- In your country, do youth activist have the information they need (e.g. age disaggregated data) to push for issues that are important for young people?
- Do you use data to advocate for the needs of young people in your country? Please give examples.
- Does UNFPA provide you with data on adolescents and youth?
- Is there enough age disaggregated data to make your advocacy point?

Recommendation

- What data and information are you missing to better advocate for young people's needs and rights in your country and region?

Marginalised and Vulnerable Adolescents and Youth

Questions

UNFPA specifically tries to reach young marginalized and vulnerable populations, specifically adolescent girls.

- Who are the marginalized and vulnerable adolescents and youth in your country?

- Can you give an example on how UNFPA specifically targeted marginalized and vulnerable young people through their programmes and activities?
- Should an organization like UNFPA focus on adolescent girls (10-19 years)? Why? How about adolescent boys (10-19 years)? *For moderators: Probe on different opinions.*

Recommendation

- Imagine UNFPA in your country has requested your advice as a specialist. What is your advice: How could marginalised and vulnerable adolescent and youth be better reached through the programmes and activities of UNFPA?

Questionnaire Country Office Survey (English, Spanish, French)

Dear colleagues,

The Evaluation Office is currently undertaking the independent evaluation of UNFPA support to adolescents and youth for the period 2008-2014. The purpose of the evaluation is to assess the performance of UNFPA in its support to adolescents and youth during the period falling under the UNFPA Framework for Action on Adolescents and Youth (2006) and the UNFPA Strategic Plan 2008-2013 (including the midterm review). The evaluation will also provide key learning to contribute to the implementation of the current UNFPA Strategy on Adolescents and Youth (2012-2020) under the current UNFPA Strategic Plan (2014-2017). The evaluation is scheduled to inform the mid-term review of the current Strategic Plan.

The evaluation will generate information on UNFPA adolescent and youth programmes at global, regional and country levels and document key lessons learned under the criteria of relevance, effectiveness, sustainability, efficiency, partnership, coordination and comparative advantage.

An in-depth thematic evaluation of UNFPA support to adolescents and youth has not been undertaken before; therefore the results of this exercise will provide important knowledge and evidence and will inform decision-making by management by presenting findings and lessons learned from UNFPA support for the past 7 years. The evaluation also presents an important opportunity to assess the level of investment of UNFPA in its support to adolescents and youth as a key corporate priority.

An important component of this evaluation is an online survey that aims to gain an overview of the support to and implementation of adolescent and youth programmes across all UNFPA programme countries. The survey complements case studies currently being carried out in several countries and a document review. To ensure that the views of all UNFPA country offices are taken into account in this evaluation, we are counting on your office participation. Completing the survey will take approximately 40 minutes. It is important to note that there should be only one answer per country office. Information extracted from the survey will be presented in a consolidated manner and no country office will be identifiable in the analysis.

For your convenience please find attached the survey in pdf format in English, French and Spanish so that you may share it within your office in order to provide a consolidated answer. However, please note that your entry should be completed online only (please do not send us a paper version or email your response).

Your collaboration in this matter is greatly appreciated. We kindly ask you to complete the survey by Friday, 17th of August 2015. Please follow this link to complete the questionnaire online only in English: <https://www.surveymonkey.com/s/VNTSLV8>

Please do not hesitate to contact Natalie Raaber at raaber@unfpa.org should you have any questions/problems completing the survey.

With best regards,

Valeria Carou Jones, Evaluation Manager

Thank you for participating in this survey on UNFPA support to A&Y. When answering the below questions, please base your responses on the period under evaluation (2008-2014) and refer only to the country you work in, unless otherwise indicated. Thank you very much!

Staff and office characteristics

1. Please select your country office (Drop-down menu)

Afghanistan	Comoros	Iraq	Mauritania	Rep. Dominicana	Uganda
Albania	Congo	Honduras	Mauritius	Rwanda	Ukraine
Algeria	Costa Rica	India	Mexico	Sao Tome and Principe	Uruguay
Angola	Cote d'Ivoire	Indonesia	Moldova	Senegal	Uzbekistan
Armenia	Cuba	Iran	Mongolia	Serbia	Venezuela
Azerbaijan	Democratic Republic of Congo	Jamaica	Morocco	Seychelles	Viet Nam
Bangladesh	Djibouti	Jordan	Mozambique	Sierra Leone	Yemen
Belarus	DPR Korea	Kazakhstan	Myanmar	Somalia	Zambia
Benin	Ecuador	Kenya	Namibia	South Africa	Zimbabwe
Bhutan	Egypt	Kosovo	Nepal	South Sudan	
Bolivia	El Salvador	Kyrgyzstan	Nicaragua	Sri Lanka	
Bosnia & Herzegovina	Equatorial Guinea	Lao People's Democratic Republic	Niger	Sudan	
Botswana	Eritrea	Lebanon	Nigeria	Swaziland	
Brazil	Ethiopia	Lesotho	Oman	Syria	
Burkina Faso	Gabon	Liberia	Pacific Islands	Tajikistan	
Burundi	Gambia	Libya	Pakistan	Tanzania	
Cambodia	Georgia	Macedonia	Palestine	Thailand	
Cape Verde	Ghana	Madagascar	Panama	Timor-Leste	
Central African Republic	Guatemala	Malawi	Papua New Guinea	Togo	
Chad	Guinea	Malaysia	Paraguay	Tunisia	
Chile	Guinea-Bissau	Maldives	Peru	Turkey	
China	Haiti	Mali	Philippines	Turkmenistan	

2. Which of the following regional and sub-regional offices could you receive technical support from?

Regional Offices	Arab States - Egypt	Asia & the Pacific - Thailand	East & Southern Africa - South Africa	Eastern Europe & Central Asia - Turkey	Latin America & the Caribbean	West & Central Africa - Senegal
Sub-regional Offices	Kazakhstan	Nepal	Jamaica	Pacific	South Africa	

3. Is there an A&Y programme officer/ focal point in the country office?
 - a. Yes
 - b. No (skip pattern)

4. How long has the A&Y programme officer/ focal point been working in his/her current position?
 - a. Less than 1 year
 - b. 1-2 years
 - c. 3-5 years
 - d. More than 5 years

5. What type of contract does the A&Y programme officer/ focal point have? (Drop-down menu)
 - a. International contract
 - b. National contract
 - c. National contract - temporary
 - d. JPO
 - e. UN volunteer
 - f. SSA
 - g. Other (please specify)

6. What is the academic background of the A&Y programme officer/ focal point? (Select all that apply.)
 - a. Medical or Nursing degree
 - b. Social and Political Sciences
 - c. Public Health/Epidemiology
 - d. Project Management or Business
 - e. Economics

- f. Law
 - g. Administration
 - h. Other (please specify)
7. Did the A&Y programme officer/focal point receive a formal training on A&Y SRH?
 - a. Yes
 - b. No
 8. Presently (2015) who is responsible for planning and implementing A&Y interventions in your office? *(Please select all that apply.)*
 - a. Adolescent and Youth Programme Officer/ focal point
 - b. Gender Programme Officer
 - c. Sexual and Reproductive Health Programme Officer
 - d. Population and Development Programme Officer
 - e. Monitoring and Evaluation Officer
 - f. Other (please specify)
 9. At this moment (2015), does the planning and implementation of A&Y interventions fall under the responsibilities of more than 1 programme officer?
 - a. No
 - b. Yes, of 2 programme officers
 - c. Yes, of 2-3 programme officers
 - d. Yes, of 4 and more programme officers
 10. Under which focus/ programme area(s) of the Strategic Plan 2008-2011, the MTR of the Strategic Plan (2012-2013) and the Strategic Plan 2014-2017 did UNFPA mainly implement **A&Y specific programs**? *(Please select all that apply)*
 - a. Strategic Plan 2008-2011 (Drop-down menu)
 - **Outcome 1.1:** Population dynamics and its interlinkages with gender equality, sexual and reproductive health and HIV/AIDS incorporated in public policies, poverty reduction plans and expenditure frameworks.
 - **Outcome 1.2:** Young people's right and multisectoral needs incorporated into public policies, poverty reduction plans and expenditure frameworks, capitalizing on the demographic dividend.
 - **Outcome 1.3:** Data on population dynamics, gender equality, young people, sexual and reproductive health and HIV/AIDS available, analysed and used at national and subnational levels to develop and monitor policies and programme implementation.

- **Outcome 1.4:** Emerging population issues – especially migration, urbanization, changing age structures (transition to adulthood/aging) and population and the environment – incorporated in global, regional and national development agendas.
- **Outcome 2.1:** Reproductive rights and sexual and reproductive health (SRH) demand promoted and the essential SRH package, including reproductive health commodities and human resources for health, integrated in public policies of development and humanitarian frameworks with strengthened implementation monitoring.
- **Outcome 2.2:** Access and utilization of quality maternal health services increased in order to reduce maternal mortality and morbidity, including the prevention of unsafe abortion and management of its complications.
- **Outcome 2.3:** Access and utilization of quality voluntary family planning services by individuals and couples increased according to reproductive intention.
- **Outcome 2.4:** Demand, access to and utilization of quality HIV and sexually transmitted infection-prevention services, especially for women, young people, and other vulnerable groups.
- **Outcome 2.5:** Access of young people to SRH, HIV and gender-based violence prevention services, and gender-sensitive life skills-based SRH education improved as part of a holistic multisectoral approach to young people’s development
- **Outcome 3.1:** Gender equality and the human rights of women and adolescent girls, particularly their reproductive rights, integrated in national policies, development frameworks and laws
- **Outcome 3.2:** Gender equality, reproductive rights and the empowerment of women and adolescent girls promoted through an enabling sociocultural environment that is conducive to male participation and the elimination of harmful practices.
- **Outcome 3.3:** Human rights protection systems (including national human rights councils, ombudspersons, and conflict resolution mechanisms) and participatory mechanism are strengthened to protect the reproductive rights of women and adolescent girls, including the right to be free from violence.
- **Outcome 3.4:** Responses to gender-based violence, particularly to domestic and sexual violence, expanded through improved policies, protection systems, legal enforcement, and sexual and reproductive health and HIV-prevention services, including in emergency and post-emergency situations.

11. MTR of the Strategic Plan 2012-2013 (Drop-down menu)

- **Output 1:** Strengthened national capacity to incorporate population dynamics and its interlinkages with the needs of young people (including adolescents), SRH (including family planning), gender equality and poverty reduction in NDPs, PRSs and other relevant national plans and programmes
- **Output 2:** Strengthened capacity for development of national health policies and plans with integrated SRH services (including family planning)
- **Output 3:** Strengthened national capacity of young people (including adolescents) for participation in policy dialogue and programming

- **Output 4:** Strengthened national capacity to implement comprehensive midwifery programmes
- **Output 5:** Strengthened national capacity for emergency obstetric and newborn care (EMONC)
- **Output 6:** Enhanced national capacity for prevention, treatment and social integration for obstetric fistula
- **Output 7:** Increased national capacity to implement the Minimum Initial Service Package (MISP) in humanitarian settings
- **Output 8:** Increased national systems for reproductive health commodity security (RHCS)
- **Output 9:** Strengthened national capacity for community-based interventions for family planning
- **Output 10:** Enhanced national capacity for planning, implementation and monitoring of prevention programmes to reduce sexual transmission of HIV
- **Output 11:** Enhanced national capacity for addressing the HIV and SRH needs of young people and sex workers, including through community-led organizations and networks
- **Output 12:** Strengthened national capacity for implementation of international agreements, national legislation and policies in support of gender equality and reproductive rights
- **Output 13:** Strengthened national capacity for addressing gender-based violence (GBV) and provision of quality services, including in humanitarian settings
- **Output 14:** Enhanced promotion of gender equality and reproductive rights through engagement of community-led organizations and networks
- **Output 15:** Improved programming for essential sexual and reproductive health services to marginalized adolescents and young people
- **Output 16:** Strengthened national capacity for the design and implementation of comprehensive age-appropriate SRH education and information in policies and curricula
- **Output 17:** Enhanced national capacity for the production, utilization and dissemination of quality statistical data on population dynamics, youth, gender equality and SRH, including in humanitarian settings
- **Output 18:** Strengthened national capacity for data analysis to inform decision-making and policy formulation around population dynamics, youth, gender equality and SRH

12. Strategic Plan 2014-2017 (Drop-down menu)

- **Output 1:** Increase national capacity to deliver integrated sexual and reproductive health services
- **Output 2:** Increased national capacity to strengthen enabling environments, increase demand for and supply of modern contraceptives and improve quality family planning services that are free of coercion, discrimination and violence
- **Output 3:** Increased national capacity to deliver comprehensive maternal health services
- **Output 4:** Increase national capacity to deliver HIV programmes that are free of stigma and discrimination, consistent with UNAIDS unified budget results and accountability framework (UBRAF) commitments

- **Output 5:** Increased national capacity to provide sexual and reproductive health services in humanitarian settings
- **Output 6:** Increased national capacity to conduct evidence-based advocacy for incorporating adolescents and youth and their human rights/needs in national laws, policies, programmes, including in humanitarian settings
- **Output 7:** Increased national capacity to design and implement community and school based SRH education and information programmes that promote human rights and gender equality
- **Output 8:** Increased national capacity of partners to design and implement comprehensive programmes to reach marginalized adolescent girls including those at risk of child marriage
- **Output 9:** Strengthened international and national protection systems for advancing reproductive rights, promoting gender equality and non-discrimination and addressing gender-based violence
- **Output 10:** Increased capacity to prevent gender-based violence and harmful practices and enable the delivery of multisectoral services, including in humanitarian settings
- **Output 11:** Strengthened engagement of civil society organizations to promote reproductive rights and women's empowerment, and address discrimination, including of marginalized and vulnerable groups, people living with HIV and key populations
- **Output 12:** Strengthened national capacity for production and dissemination of quality disaggregated data on population and development issues that allows for mapping of demographic disparities and socioeconomic inequalities, and for programming in humanitarian settings
- **Output 13:** Increased availability of evidence through cutting-edge-in-depth analysis on population dynamics, sexual and reproductive health, HIV and their linkages to poverty eradication an sustainable development
- **Output 14:** Strengthened capacity for the formulation and implementation of rights-based policies (global, regional, country) that integrate evidence on population dynamics, sexual and reproductive rights, HIV, adolescents and youth and gender equality, including in humanitarian settings
- **Output 15:** Strengthened national capacity for using data and evidence to monitor and evaluate national policies and programmes in the area of population dynamics, sexual and reproductive health and reproductive rights, HIV, adolescents and youth and gender equality, including in humanitarian settings

13. For the period, 2008-2014 which mode of engagement was more utilized to implement A&Y interventions? (Please put in order of importance)

- a. Capacity development including technical assistance and training
- b. Service delivery, commodity security, behaviour change communication, health system strengthening
- c. Advocacy and policy dialogue/advice
- d. Facilitation of partnerships and coordination, including multisectoral, South-South and triangular cooperation

14. From your county office perspective, how strong do you rate the effect of the following contextual factors for the current cycle of assistance?

The effect of laws, policies and regulations on A&Y programme implementation	Very facilitative	Somewhat facilitative	Undecided	Moderately restrictive/limiting	Heavily restrictive/limiting
The effect of economic, political, environmental or internal stress factors (crisis in government; war/conflict; public health crisis; other) on A&Y program implementation	Very facilitative	Somewhat facilitative	Undecided	Moderately restrictive/limiting	Heavily restrictive/limiting
The effect of historical or current social and economic and ethnicity on A&Y participation (especially girls)	Very facilitative	Somewhat facilitative	Undecided	Moderately restrictive/limiting	Heavily restrictive/limiting

Internal/External alignment

15. To what extent do you agree with the following statements?

The A&Y priorities and strategies of your country programme are aligned with UNFPA priorities and strategies (SRH, gender, HIV related)	Strongly Agree	Agree	Undecided	Disagree	Strongly Disagree
The A&Y priorities and strategies of your UNFPA country programme are aligned with UNFPA A&Y strategic plans	Strongly Agree	Agree	Undecided	Disagree	Strongly Disagree
The A&Y priorities and strategies of your UNFPA country programme are aligned with UNDAFs	Strongly Agree	Agree	Undecided	Disagree	Strongly Disagree
The A&Y priorities and strategies of the UNFPA country programme are aligned with national government policies and strategies (A&Y policies and strategies, health and/or education policies and strategies)	Strongly Agree	Agree	Undecided	Disagree	Strongly Disagree
A&Y priorities and strategies of the UNFPA country office are aligned with civil society groups working on SRH in the country	Strongly Agree	Agree	Undecided	Disagree	Strongly Disagree
Civil society had the opportunity to input into/shape the programme at country level	Strongly Agree	Agree	Undecided	Disagree	Strongly Disagree

16. Did your office conduct any A&Y needs assessment(s) to inform programme design between 2008 - 2014?
- No, never between 2008 and 2014 (skip pattern)
 - Yes
17. (If yes), please specify in which specific area a needs assessment was conducted. *Please select all that apply*
- Policy Development
 - Sexual and reproductive health education and information
 - Sexual and Reproductive Health Service Delivery
 - Marginalized and Disadvantaged Adolescent and Youth
 - Youth Leadership and Participation
 - General A&Y in the country/region/district/town
 - Other, please specify.....
18. (If yes), in your opinion, how well were the needs of very young adolescent girls (10-14 yrs.) reflected in the A&Y needs assessment conducted?
- Very well
 - Sufficiently
 - Undecided
 - Insufficiently
 - Not at all
 - I do not know
 - Not applicable

Responsiveness

19. During the 2008-2014 time period, did your office ever shift the approach on A&Y related strategies and interventions due to changes in the national context (e.g. change in laws, conflicts, political changes, humanitarian crisis)?
- Yes
 - No, never between 2008 and 2014 (skip pattern)
20. (If yes) In your opinion, was the shift in approach and response successful or unsuccessful in achieving the A&Y results?
- Very successful
 - Successful

- c. Undecided
- d. Rather unsuccessful
- e. Unsuccessful

21. What type of situation led to a change in programmatic response? (select all that apply)

- a. Change in government priorities
- b. Change in need of population (A&Y)
- c. Humanitarian crisis
- d. Political change
- e. Other, please specify

Human rights, gender and cultural sensitive approaches

22. To what extent do you agree with the following statements: **Between 2008- 2014 the country programme/s....**

...addressed gender norms that affect A&Y in the country (sexual norms, equal access to services, etc.) in SRH programming	Strongly Agree	Agree	Undecided	Disagree	Strongly Disagree
...addressed gender norms that affect A&Y in the country (sexual norms, equal access to services, etc.) in SRH advocacy and policy advice	Strongly Agree	Agree	Undecided	Disagree	Strongly Disagree
... supported specific interventions/approaches that engage adolescents (15-19 yrs.) in SRH issues.	Strongly Agree	Agree	Undecided	Disagree	Strongly Disagree
... supported specific interventions/approaches that engage very young adolescent girls (10-14 yrs.) in SRH issues.	Strongly Agree	Agree	Undecided	Disagree	Strongly Disagree
...raised awareness on A&Y human rights among government and civil society organizations.	Strongly Agree	Agree	Undecided	Disagree	Strongly Disagree
...used explicit reference to international human rights language and instruments in its A&Y advocacy in the country	Strongly Agree	Agree	Undecided	Disagree	Strongly Disagree

...reduced discrimination and promoted the inclusion of different cultural and ethnic groups into its A&Y programing	Strongly Agree	Agree	Undecided	Disagree	Strongly Disagree
...addressed religious norms within its A&Y strategies and programs	Strongly Agree	Agree	Undecided	Disagree	Strongly Disagree

23. The use of culturally sensitive information and communication can promote or hinder the advancement of the A&Y agenda. In your perspective, is the adaptation to local cultural norms effective in advancing the A&Y agenda in your country?
- Effective
 - Uncertain
 - Ineffective
24. Through which mechanisms does the programme identify and define vulnerable and marginalized A&Y for A&Y programing? *(Please select all that apply)*
- Definitions provided by the government
 - Definitions set by the UNFPA office
 - Definitions given by other UN agencies located in country
 - Definitions given by Non-Governmental Organizations (NGOs)
 - Definitions elaborated by A&Y themselves (youth groups, youth networks etc.)
 - Needs assessment conducted by UNFPA
 - Other (please specify)
 - None
25. The definition of marginalized and vulnerable A&Y differs depending on the country context. Which group(s) of marginalized and vulnerable A&Y did your country office support between 2008 - 2014? *(Please select all that apply)*
- Very young adolescent girls (10-14 yrs.)
 - Adolescent girls (15-19 yrs.)
 - Very young adolescent boys (10-14 yrs.)
 - Adolescent boys (15-19yrs.)
 - Out-of-school young people (15-24)
 - A&Y from ethnic minorities
 - A&Y living with HIV/AIDS
 - A&Y from specific disadvantaged geographic locations (rural, urban, isolated communities, migrant/displaced)
 - A&Y living in poverty (homeless, etc.)
 - A&Y with a disability
 - A&Y having experienced interpersonal or gender based violence

- l. Pregnant adolescent girls
- m. Unmarried A&Y
- n. Married adolescents
- o. Other, please specify....

26. To what extent do you agree with the following statement: the most vulnerable A&Y are sufficiently targeted under the current country programme

Strongly Agree	Agree	Undecided	Disagree	Strongly Disagree
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Services

27. Did your country office promote youth-friendly health services within the time period 2008-2012?

- a. Yes
- b. No (skip pattern)

28. (If yes) Which of the following components are included in the youth-friendly services currently supported by UNFPA in your country? *(Please select all that apply)*

A: Health services

- a. Safe motherhood - Information, counselling and services
- b. Modern contraceptives - Information, counselling and services
- c. Post-abortion care - Information, counselling and services
- d. Sexually transmitted infections - Information, counselling and services
- e. HIV/AIDS - Information, counselling and services
- f. Gender-based and sexual violence- Prevention, detection, counselling and follow up
- g. Information, counselling for nutrition
- h. Information, counselling for menstrual hygiene
- i. General health - General health check-up, eye, dental, counselling for substance abuse

B: Social services

- j. Legal counselling and services
- k. Psychosocial counselling
- l. Career counselling
- m. Shelter and rehabilitation services
- n. Income generation skills and services

- o. Referral linkages to other youth programmes and services

29. Through UNPFA financial and/or technical support which of the following stakeholder(s) are providing **youth-friendly health information and services**?

(Select all that apply)

- a. Government health service providers
- b. Private sector health service providers
- c. Faith based health service providers
- d. International NGOs
- e. National NGOs
- f. Other UN agencies
- g. Teachers
- h. A&Y peer educators
- i. A&Y volunteers
- j. Youth centers/youth organizations
- k. Other (specify)
- l. None

30. Through UNPFA support, which of the following A&Y were specially targeted by youth friendly-health services? (Please select all that apply)

- a. Very young adolescent girls (10-14 yrs.)
- b. Adolescent girls (15-19 yrs.)
- c. Very young adolescent boys (10-14 yrs.)
- d. Adolescent boys (15-19yrs.)
- e. A&Y in general (15-24 yrs.)
- f. Out-of-school young people (15-24)
- g. A&Y from ethnic minorities
- h. A&Y living with HIV/AIDS
- i. A&Y from specific disadvantaged geographic locations (rural, urban, isolated communities, migrant/displaced)
- j. A&Y living in poverty (homeless, etc.)
- k. A&Y with a disability
- l. A&Y having experienced interpersonal or gender based violence
- m. Pregnant adolescent girls
- n. Unmarried A&Y
- o. Other (please specify)

31. The A&Y services supported by UNPFA in your country are fully aligned with which of the following guidelines? (Please select all that apply)

- a. Government guidelines and standards
- b. International guidelines and standards (UNFPA, WHO)
- c. There are no specific government guidelines and standards
- d. Other (please specify)
- e. I do not know

32. Are there any legal restrictions (e.g. parental/marital consent) restricting A&Y access to **SRH services**?

- a. Yes, please specify (skip pattern)
- b. No

33. Which sustainability measures do you prioritize in the area of youth-friendly service provision? *(Please select all that apply)*

- a. Strengthening national capacity and ownership (trainings, advisory services etc.)
- b. Conduct trainings for youth friendly service provision
- c. Financial support for the scale-up and roll-out with/through partners
- d. Ensure harmonization of approaches with partners
- e. Ensure supportive legislation and policies are in place
- f. Ensure national budgets are allocated
- g. Other (please specify)
- h. I do not know

Education

34. Is there a formal government led sexual and reproductive health education and information programme in your country?

- a. Yes
- b. No

35. Generally, where does sexual and reproductive health education and information take place in your country? *(Please select all that apply)*

- a. Primary schools
- b. Secondary schools
- c. Youth centres/organisations
- d. Peer education initiatives
- e. Universities
- f. Vocational schools
- g. Other, please specify
- h. There is no official sexual and reproductive health education and information programme

36. In your country, did UNFPA promote SRH education and information within the time period 2008-2012?
- Yes
 - No (skip pattern)
37. In the 2008-2014 period which of the following 9 essential components of Sexual and reproductive health education and information are implemented in your country of work? *(Please select all that apply)*
- A basis in the core universal values of human rights** (fairness, respect, equal treatment and opportunities for participation, protection of bodily integrity, and freedom from stigma and violence)
 - An integrated focus on gender** (gender roles and identities, socialization, unequal relationships, gender based violence, child marriage, female genital mutilation)
 - Thorough and scientifically accurate information** (comprehensive and evidence based information)
 - A safe and healthy learning environment** (free from bullying, discrimination, harassment and violence)
 - Linking to sexual and reproductive health services and other initiatives** (Linking SRH education and information programs to complementary initiatives can reinforce positive outcomes and help to address the structural factors that drive vulnerability)
 - Participatory teaching methods for personalization of information and strengthened skills in communication, decision-making and critical thinking**
 - Strengthening youth advocacy and civic engagement** (peer education, youth involvement in design and evaluation of programs, civic engagement, life skills)
 - Cultural relevance in tackling human rights violations and gender inequality** (relevance and sensitivity to local settings in key issues such as GBV, female genital mutilation, child marriage, inheritance laws, girls' access to secondary education sexualisation of young girls, etc.)
 - Reaching across formal and informal sectors and across age groupings** (In-school and out-of-school programs as a continuum)
38. Through UNFPA support which of the following stakeholders were or are striving to provide full **Sexual and reproductive health education and information**? *(Please select all that apply.)*
- INGOs
 - NGOs
 - UN agencies
 - Teachers or counsellors at primary schools
 - Teachers or counsellors at secondary schools
 - Teachers or counsellors at vocational schools
 - Professors/lecturers or counsellors at University/College
 - Youth centre/youth organization staff

- i. A&Y peer educators
- j. A&Y volunteers
- k. Government health service providers
- l. Private health service providers
- m. Faith based health service providers
- n. Other (specify)
- o. None
- p. I don't know

39. Through UNFPA support, which of the following vulnerable and marginalized A&Y were targeted with Sexual and reproductive health education and information initiatives?

- a. Very young adolescent girls (10-14 yrs.)
- b. Adolescent girls (15-19 yrs.)
- c. Very young adolescent boys (10-14 yrs.)
- d. Adolescent boys (15-19yrs.)
- e. A&Y in general (15-24 yrs.)
- f. Out-of-school young people (15-24)
- g. A&Y from ethnic minorities
- h. A&Y living with HIV/AIDS
- i. A&Y from specific disadvantaged geographic locations (rural, urban, isolated communities, migrant/displaced)
- j. A&Y living in poverty (homeless, etc.)
- k. A&Y with a disability
- l. A&Y having experienced interpersonal or gender based violence
- m. Pregnant adolescent girls
- n. Unmarried A&Y
- o. Other (please specify)

40. To which of the following standards is UNFPA supported SRH education and information aligned with? (Please select all that apply)

- a. Government standards
- b. International standards (UNFPA, UNESCO, WHO)
- c. Other (please specify)
- d. I do not know

41. Are there any legal or other political restrictions in delivering **SRH education and information (9 components)** in your country?
- a. Yes
 - b. No
 - c. I do not know

Priority given in policies and programs to adolescents and youth

42. To what extent has UNFPA supported the development and implementation of laws and policies to create an enabling environment for programing and services for adolescents and youth? Please state the degree to which you agree with the following statements:

Through UNFPA support during 2008-2014:

...the needs of adolescents and youth were adequately reflected in national laws, policies and strategies	Strongly Agree	Agree	Undecided	Disagree	Strongly Disagree	I do not know
...the needs of adolescents and youth were prioritized in government strategies and programs	Strongly Agree	Agree	Undecided	Disagree	Strongly Disagree	I do not know
...the needs of adolescents and youth were prioritized by local CSOs working in the area of A&Y	Strongly Agree	Agree	Undecided	Disagree	Strongly Disagree	I do not know

Evidence-based information/Data

43. Please indicate the degree to which you agree with the following statements:

Through UNFPA support, 2008-2014

...disaggregated data on A&Y (sex, age) was available in the country	Strongly Agree	Agree	Undecided	Disagree	Strongly Disagree	I do not know
...specific A&Y indicators were collected (monitoring, surveys)	Strongly Agree	Agree	Undecided	Disagree	Strongly Disagree	I do not know
... disaggregated A&Y data (age, sex) was collected, analysed and disseminated for policy making and programming	Strongly Agree	Agree	Undecided	Disagree	Strongly Disagree	I do not know
...data on A&Y SRH was used by government and partners for evidence-based laws, policies and programs	Strongly Agree	Agree	Undecided	Disagree	Strongly Disagree	I do not know

A&Y participation and leadership for sexual and reproductive health

44. Please indicate the degree to which you agree with the following statements:

Through UNFPA support 2008-2014

...youth led CSOs/NGOs/networks prioritize SRH in their work	Strongly Agree	Agree	Undecided	Disagree	Strongly Disagree	I do not know
...youth led CSOs/NGOs/networks were meaningfully involved in national technical consultations for policies and strategies	Strongly Agree	Agree	Undecided	Disagree	Strongly Disagree	I do not know
...A&Y leaders meaningfully participated in UNFPA program design and implementation	Strongly Agree	Agree	Undecided	Disagree	Strongly Disagree	I do not know

Financial and human resources

45. Do you agree with the following statements:

Funds (core and non-core)_have been sufficient to effectively implement A&Y interventions during 2008-2014	Strongly Agree	Agree	Undecided	Disagree	Strongly Disagree	I do not know
Expenditure of funds has been optimized to reduce transaction costs and delays in implementing A&Y programmes during the period 2012-2014	Strongly Agree	Agree	Undecided	Disagree	Strongly Disagree	I do not know
The allocation of core funds for A&Y programming (mainstreaming and targeted interventions) increased over the 2008-2014 period	Strongly Agree	Agree	Undecided	Disagree	Strongly Disagree	I do not know

46. The mobilization by the country office of non-core funds for A&Y programming over the time period 2008-2014

- a. Increased
- b. Decreased
- c. Stayed the same

47. Please list the total expenditure on A&Y interventions (USD) for the years 2012, 2013 and 2014 (e.g. 75,000.00)

d. 2012:

e. 2013:

f. 2014:

Translation and mainstreaming, learning organization

48. Does your office have an **established mechanism for the collection of good practices/ lessons learned and/or successful models** to inform the design, replication or scale-up of interventions?

g. Yes

h. No

i. I do not know

49. To what level do you agree with the following statements?

UNFPA CO has adequate systems (including monitoring and evaluation) to gather data, evidence and lessons learned at all levels on multi-sectoral, innovative, successful, replicable models/programs to support the design and implementation of UNFPA interventions in the area of adolescents and youth.	Strongly Agree	Agree	Undecided	Disagree	Strongly Disagree	I do not know
Between 2008-2014 UNFPA HQ has provided sufficient advice, guidance and training to COs to facilitate work flows, and build their capacity to plan, implement, monitor and mainstream adolescent and youth interventions.	Strongly Agree	Agree	Undecided	Disagree	Strongly Disagree	I do not know
UNFPA HQ has produced guidance and provided support to CO to incorporate human rights, gender responsive and culturally sensitive approaches into	Strongly Agree	Agree	Undecided	Disagree	Strongly Disagree	I do not know

programming in the area of adolescents and youth						
Between 2008-2014, the UNFPA Regional office has provided sufficient advice, guidance and training to our COs to facilitate work flows, and build their capacity to plan, implement, monitor and mainstream adolescent and youth interventions.	Strongly Agree	Agree	Undecided	Disagree	Strongly Disagree	I do not know
UNFPA Regional office has produced guidance and provided support to our CO to incorporate human rights, gender responsive and culturally sensitive approaches into programming in the area of adolescents and youth	Strongly Agree	Agree	Undecided	Disagree	Strongly Disagree	I do not know

50. In which A&Y related areas would your Office benefit from additional guidance/ support? (drop down menu)

- a. Human rights based approaches in programming
- b. Gender sensitive approaches to programming
- c. Cultural sensitive approaches to programming
- d. Meaningful participation and leadership of A&Y (most marginalized and vulnerable) in program design and implementation
- e. Behaviour change communication
- f. Integrated and sustainable SRH services
- g. Sexual and reproductive health education and information
- h. Mainstreaming A&Y interventions
- i. Exchange of best practices
- j. Scale up good practices
- k. South-South cooperation
- l. Multi-sectoral partnerships
- m. Utilisation of new technologies for service delivery
- n. Other: Please explain

UNFPA leadership and visibility, participation and coordination

51. To what extent do you agree with the following statements:

The role of UNFPA in advancing and legitimising the A&Y policy agenda and programming in the country has grown in the 2008-2014 timeframe	Strongly Agree	Agree	Undecided	Disagree	Strongly Disagree
The role of UNFPA in harmonizing and coordinating the multiple stakeholders working on A&Y issues in the country (MoE, MoH, MoY; MoF, UN agencies, INGOS, CSOs) has grown in the 2008-2014 timeframe	Strongly Agree	Agree	Undecided	Disagree	Strongly Disagree
UNFPA has the leading role in the country (in support to A&Y) and convenes a national technical working group or task force on A&Y	Strongly Agree	Agree	Undecided	Disagree	Strongly Disagree
UNFPA has a leading role within the UN system (in A&Y agenda) and convenes a UN thematic group related to A&Y	Strongly Agree	Agree	Undecided	Disagree	Strongly Disagree
UNFPA is part of joint partnerships/programmes related to A&Y	Strongly Agree	Agree	Undecided	Disagree	Strongly Disagree
UNFPA has played a role in coordinating the pooling of resources among partners to implement A&Y interventions	Strongly Agree	Agree	Undecided	Disagree	Strongly Disagree

52. Please list areas of **future** intervention and opportunities you see for an increased visibility of UNFPA (open suggestion box)

Closing Information

In September 2015, the Evaluation Team will organize an eDiscussion (web platform) with A&Y leaders from all UNFPA countries to collect their views on the situation of young people in their countries. To make this possible, we would like to ask your UNFPA office to suggest two youth leaders (from your programs) that could participate in this activity. We thank you in advance for providing us with the **contact details of these two youth leaders (1 male, 1 female)**

meeting the following criteria: ages 15-24, who have played a role in UNFPA related interventions (e.g. in advocacy, health promotion, or peer education) between 2008-2014, and that who has the possibility to connect to internet for the eDiscussion:

53. Female Youth Leader

First Name	Last Name	Age	Area of engagement <i>(Select all that apply)</i>	Languages spoken/written	Email address	Mobile phone number
			Advocacy/Policy Peer Education Volunteering Other <i>(please specify)</i>			

54. Male Youth Leader

First Name	Last Name	Age	Area of engagement <i>(Select all that apply)</i>	Languages spoken/written	Email address	Mobile phone number
			Advocacy/Policy Peer Education Volunteering Other <i>(please specify)</i>			

We thank you very much for participating in this survey.

UNFPA - Youth-Friendly Services Checklist

A) Key services that young people need

Health Services: (Where possible, these should be promoted and delivered through diverse channels, including work places, maternity clinics and recreation centres)

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

Social Services: (UNFPA networks with partners and community-based organizations to create referrals and linkages to these services)

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

B) Characteristics of youth-friendly services

<i>Essential</i>	<i>Supportive</i>
<ul style="list-style-type: none"> • Convenient open hours • Privacy ensured • Competent staff • Respect for youth • Package of essential services available • Sufficient supply of commodities and drugs • Range of contraceptives offered • Emphasis on dual protection/ condoms (male and female) • Referrals available • Confidentiality ensured • Waiting time not excessive • Affordable fees • Separate space and/or hours for youth 	<ul style="list-style-type: none"> • Youth input/feedback to operations • Accessible location • Publicity that informs and reassures young people • Comfortable setting • Peer providers/counsellors available • Educational materials available • Partners welcomed and served • Non-medical staff oriented • Provision of additional educational opportunities • Outreach services available

Source: <http://web.lb.unfpa.org/adolescents/youthfriendly.htm#key>

4 List of Stakeholders Consulted

Definition of Categories:

UNFPA: all UNFPA staff

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

Government Partners: including local and central levels and service providers

Donors: including bilateral donors and foundations

International NGOs: including international NGOs and CSOs

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

A&Y Beneficiaries: including A&Y leaders, volunteers, and youth led organizations, eRoundtable participants

UNFPA (Global)				
#	First Name	Family Name	Sex	Position Name of Organisation
1	Ramiz	Alakbarov	m	Director, Programme Division UNFPA
2	Prateek	Awasthi	m	Technical Analyst A&Y UNFPA
3	Elizabeth	Benomar	f	Technical Adviser HIV/AIDS UNFPA
4	Oliver	Buder	m	Policy Adviser UNFPA
5	Satvika	Chalasanani	f	Technical Specialist Sexual & Reproductive Health UNFPA
6	Michael	Emery	m	Director, Human Resources UNFPA
7	Alberto	Garcia	m	Communications and Knowledge Management Specialist UNFPA, Evaluation Office
8	Kate	Gilmore	f	Deputy Director UNFPA
9	Haidara	Habibatou	f	A&Y officer UNFPA, West and Central Africa Regional Office (WCARO)
10	Wilfred	Iyekolo	m	Programme Analyst UNFPA
11	Mona	Kaidbey	f	Deputy Director, Technical Division UNFPA
12	Charles	Katende	m	Chief, Strategic Information and Knowledge Management Branch UNFPA
13	Laura	Laski	f	Chief, Sexual & Reproductive Health Branch UNFPA
14	Edilberto	Loaiza	m	Senior M&E Adviser UNFPA
15	Jose Roberto	Luna	m	A&Y Officer UNFPA, Guatemala Country Office
16	Daka	Mohamed	f	Knowledge Management Specialist UNFPA
17	Luis	Mora	m	Chief, Technical Division Gender and Human Rights UNFPA
18	Bobby	Olarte	m	Knowledge Management Adviser UNFPA

19	Dr. Babatunde	Osoimehin	m	Executive Director UNFPA
20	Mary	Otieno	f	Representative UNFPA, Zambia Country Office
21	Elena	Pozorovkina	f	PD Strategic Information & Knowledge Management UNFPA
22	Natalie	Raaber	f	Research Analyst UNFPA Evaluation Office
23	Mauricio	Saavedra	m	Strategic Information Specialist UNFPA
24	Leyla	Sharafi	f	Technical Specialist Gender & Human Rights UNFPA
25	Marija	Vasileva-Blazev	f	A&Y Officer UNFPA, Eastern Europe and Central Asia Regional Office (ECARO)
26	Sylvia	Wong	f	Technical Specialist Sexual & Reproductive Health UNFPA
27	Ilya	Zhukov	m	Technical Analyst UNFPA
UNFPA (Arab States Region)				
#	First Name	Family Name	Sex	Position Name of Organisation
28	Mohamed	Abdel-Ahad	m	Regional Director UNFPA
29	Aleksandar Sasha	Bodiroza	m	Deputy Director, A&Y Technical Advisor UNFPA
UNFPA (Asia & the Pacific Region)				
#	First Name	Family Name	Sex	Position Name of Organisation
30	Lubna	Baqi	f	Deputy Representative UNFPA, Regional Office
31	Wame	Baravilala	m	Technical Adviser Maternal Health/Reproductive Health UNFPA, Regional Office
32	Kiran	Bhatia	f	Technical Adviser Gender UNFPA, Regional Office
33	Nattaya	Boon-pakdee	f	National Programme Officer Young People UNFPA
34	Julia	Cabassi	f	Technical Adviser HIV/Most at Risk Populations UNFPA, Regional Office
35	Supaporn (Tui)	Chatwa-nichkul	f	Programme/Communications Assistant UNFPA, Regional Office
36	Jianzhong	Chen	m	Program Officer UNFPA
37	PengJiong	Chen	m	Assistant Representative UNFPA
38	Nassrin	Farzaneh	f	Monitoring and Evaluation Adviser UNFPA, Regional Office
39	Nicholas	McTurk	m	Population and Development Specialist, A&Y cluster member UNFPA, Regional Office
40	Sadia	Mehmood	f	Program Officer UNFPA
41	Eiko	Narita	f	Programme Specialist, A&Y cluster member UNFPA, Regional Office
42	Fang	Qiang	m	Programme Assistant UNFPA
43	Annette	Sachs Robertson	f	Representative to Afghanistan (former Dy Director, PSRO) UNFPA
44	Josephine	Sauvarin	f	Regional Technical Adviser Adolescents and Youth, A&Y cluster member UNFPA, Regional Office
45	Margaretha	Sitang-gang	f	National Programme Officer Youth & ASRH UNFPA
46	Gamini	Wanase-kara	m	Assistant Representative UNFPA

47	Jaya		f	Program Officer UNFPA
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48	Maria	Bakaroudis	f	SRH Education and Information Specialist UNFPA, Regional Office
49	Reginald	Chima	m	Regional Adviser, Monitoring and Evaluation UNFPA, Regional Office
50	Asha	Mohamud	f	Technical Advisor Adolescents and Youth UNFPA, Regional Office
UNFPA (Latin America & the Caribbean Region)				
#	First Name	Family Name	Sex	Position Name of Organisation
51	Ana Elena	Badilla	f	Regional Advisor Gender & Youth UNFPA Regional Office
52	Licida	Bautista	f	HIV Technical Advisor UNFPA, Regional Office
53	Edilma	Berrio	f	Youth Focal Point UNFPA, Panama Country Office
54	Esteban	Caballero	m	Deputy Director UNFPA, Regional Office
55	Virginia	Camacho	f	RH Technical Advisor UNFPA, Regional Office
56	Patrice	Lafleur	m	Former Youth Coordinator UNFPA, Sub Regional Office
57	Sergio	Lenci	m	M&E Advisor UNFPA, Regional Office
58	Jose Roberto	Luna	m	A&Y Officer UNFPA, Guatemala Country Office
59	Cecilia	Maurente	f	Former A&Y Focal Point UNFPA
60	Jaime	Nadal	m	Representative (former Rep. Egypt and Jamaica Sub Regional Office) UNFPA, Brazil Country Office
61	Sandra	Paredes	f	Youth Focal Point UNFPA, Sub Regional Office
62	Valeria	Ramos	f	Program Official Sexual & Reproductive Health UNFPA, Uruguay Country Office
63	Sheyla	Rouseau	f	Director UNFPA, Sub Regional Office
64	Pablo	Salazar Canelos	m	Population and Development Advisor UNFPA, Regional office
65	Marcela,	Suazo	f	Former Director UNFPA, Regional Office
66	Federico	Tobar	m	Reproductive Health & Commodity Security Advisor UNFPA
UNFPA (Kyrgyzstan)				
#	First Name	Family Name	Sex	Position Name of Organisation
67	Cholpon	Egesheva	f	National Program Officer on HIV UNFPA
68	Nurgul	Kinderbaeva	f	National Program Analyst on gender, youth, communication, advocacy UNFPA
69	Meder	Omurzakov	m	Assistant Representative UNFPA
70	Nurgul	Smankulova	f	National Program Analyst on RH UNFPA
71	Asel	Turgunova	f	Youth Specialist UNFPA

UNFPA (Ivory Coast)				
#	First Name	Family Name	Sex	Position Name of Organisation
72	Pauline	Abou-Kone Nankan	f	National Program Officer Maternal Health UNFPA
73	Saidou	Kabore	m	Deputy Director UNFPA
74	Yao	Konan	m	National Program Officer A&Y UNFPA
75	Pauline	Kouye Meogbeu	f	National Program Officer Gender UNFPA
76	Lahissi	Saaiiku Adjao	m	National Program Officer Partnerships and Resource mobilisation UNFPA
77	Edouard	Talnan	m	National Program Officer M&E UNFPA
UNFPA (Ethiopia)				
#	First Name	Family Name	Sex	Position Name of Organisation
78	Dursit	Abdishekur	m	Program Coordinator, A&Y Development Program UNFPA
79	Sabine	Beckmann	f	Program Coordinator, SRH & HIV and AIDS UNFPA
80	Addisu	Chane	m	Regional Programme Coordinator UNFPA, Regional Office
81	Tsehay	Gette	f	National Program Officer Gender UNFPA
82	Bethelhem	Kebede	f	National Program Officer Gender & Human Rights UNFPA
83	Behanu	Legesse	m	Assistant Resident Representative UNFPA
84	Meron	Negussi	f	Program Specialist Adolescent and Youth Development UNFPA
85	Faustin	Yao	m	Representative UNFPA
UNFPA (Nicaragua)				
#	First Name	Family Name	Sex	Position Name of Organisation
86	Giovannia	Abarca	f	Financial & Programme Associate UNFPA
87	Karla	Aburto	f	Focal Point Person, Youth UNFPA
88	Alejandra	Almanza	f	Programme Assistant UNFPA
89	Markus	Behrend	m	Representative UNFPA
90	Anielka	Briceño	f	Programme Assistant UNFPA
91	Timothy	Hansell	m	Programme Analyst UNFPA
92	Maria Gabriela	Martinez	f	Financial Associate UNFPA
93	Medea	Morales	f	Socio-demographic Analyst UNFPA
94	Edgard	Narváez	m	Programme Analyst UNFPA
95	Darlene	Omeir	f	Programme Analyst UNFPA
96	David	Orozco	m	Public Policy Analyst UNFPA

97	Chantal	Pallais	f	Former staff UNFPA
98	Susana	Pérez	f	Personal Assistant to the Representative UNFPA
99	Claudia	Porras	f	Communications UNFPA
100	Myrna	Somarriba	f	Gender Analyst UNFPA
101	Victor	Valdivieso	m	Assistant Representative UNFPA
102	Tania	Zamora	f	UNFPA
UNFPA (Egypt)				
#	First Name	Family Name	Sex	Position Name of Organisation
103	Marta	Agosti	f	UNFPA (previously)
104	May	El Sallab	f	FGM Coordinator UNFPA
105	Gehad	Elsyed Khalil		Y-PEER Coordinator UNFPA
106	Germaine	Haddad	f	Gender Focal Point UNFPA
107	Magdy	Khaled		UNFPA Assistant Representative UNFPA
108	Ahmed	Malah	m	A&Y Programme Officer UNFPA
109	Mona	Moustafa	f	Programme Specialist UNFPA
110	Jaime	Nadal		Country Director UNFPA
111	Veronica	Overlid	f	Intern FGM/C program UNFPA
UNFPA (Niger)				
#	First Name	Family Name	Sex	Position Name of Organisation
112	Issa	Sadou	m	Gender Equality Officer UNFPA
UNFPA (Nepal)				
#	First Name	Family Name	Sex	Position Name of Organisation
113	Bobby Rawal	Basnet	m	Monitoring and Evaluation Officer UNFPA
114	Manju	Karmacharya	f	Adolescents and Young People Officer UNFPA
115	Sudha	Pant	f	Gender Programme Officer UNFPA
116	Latika Maskey	Pradhan	f	Assistant Representative UNFPA
117	Tirtha Man	Tamang	f	Population and Development Programme Officer UNFPA
UNFPA (Mozambique)				
#	First Name	Family Name	Sex	Position Name of Organisation
118	Debora	Nandja	f	Adolescent and Youth Officer UNFPA
UNFPA (Lao PDR)				

#	First Name	Family Name	Sex	Position Name of Organisation
119	Annika	Bruck	f	Programme Analyst on Youth and Health UNFPA
120	Thomas	Lammar	m	Monitoring and Evaluation Analyst UNFPA
121	Siriphone (Sally)	Sakulku	f	Sexual Reproductive Health Coordinator UNFPA
122	Oloth	Sene-Asa	m	National Programme Analyst for Adolescent and Youth UNFPA
UN Staff (Global)				
#	First Name	Family Name	Sex	Position Name of Organisation
123	Ahmad	Alhendawi	m	Youth Envoy Office of the Secretary-General's Envoy on Youth
124	Fredrik	Arthur	m	Ambassador on women's rights and gender equality UN Mission, Norway minFA
125	Chris	Castle	m	Global Coordinator for HIV and AIDS Chief, Section of Health and Global Citizenship Education UNESCO
126	Venkatraman	Chandra-Mouli	m	Medical officer A&Y WHO, Reproductive Health and Research Department
127	Jane	Ferguson	f	Former rep on A&Y WHO
128	Susan	Kasedde	f	Senior Advisor and Team Leader on HIV and Adolescents UNICEF
129	Daniela	Ligiero	m	Vice President of Girls & Women Strategy UN Foundation
130	Esther	Pan Sloane	f	Advisor UN Mission, United States
131	Nicola	Shepherd	f	Youth Focal Point United Nations Department of Economic and Social Affairs (UN DESA)
UN Staff (Asia & the Pacific Region)				
#	First Name	Family Name	Sex	Position Name of Organisation
132	Matthieu	Cognac	m	Youth Employment Specialist ILO
133	Devashish	Dutta	m	Youth & Adolescent Development Specialist UNICEF
134	Shirley	Mark Prabhu	f	HIV/AIDS Specialist, Knowledge & Advocacy UNICEF
135	Marco	Roncarati	m	Social Affairs Officer UNESCAP, Social Development Division
136	Justine	Sass	f	HIV & AIDS Adviser for Asia and the Pacific UNESCO
137	Aries	Valeriano	m	Youth and Social Organisation Officer UNAIDS, Regional Support Team Asia and the Pacific
UN Staff (Latin America & the Caribbean Region)				
#	First Name	Family Name	Sex	Position Name of Organisation
138	Pablo	Gago	m	Specialist Youth and Civic Engagement UNDP
139	Luz Angela	Melo	f	Regional Gender Advisor UNICEF
UN Staff (Kyrgyzstan)				
#	First Name	Family Name	Sex	Position Name of Organisation

140	Anara	Aitkurmanova	f	Project Specialist UN Women
141	Aleksandr	Avanesov	m	Residence Coordinator, UNFPA Representative in Kyrgyzstan UNDP
142	Anara	Ismailova	f	Project Manager UN Peace Building Fund
143	Ahmet	Sarkisov	m	Communication specialits UNAIDS
UN Staff (Ivory Coast)				
#	First Name	Family Name	Sex	Position Name of Organisation
144	Marie Catherine	Barouan	f	HIV and TB advisor WHO
145	Jean	Konan Kouamé	m	HIV specialist UNICEF
146	Isabelle	Kouare	f	Conseiller Droits et Genre UNAIDS
UN Staff (Ethiopia)				
#	First Name	Family Name	Sex	Position Name of Organisation
147	Girma	Alemayeha	m	National Program Officer UNESCO
148	Wondwossen	Temieess	m	Adolescents & HIV Program Specialist UNICEF
UN Staff (Nicaragua)				
#	First Name	Family Name	Sex	Position Name of Organisation
149	Maria Delia	Espinoza	f	Health Officer UNICEF
150	Miriam	Montenegro	f	Senior Social Protection Specialist World Bank
151	Maritza	Romero	f	Sub Regional Health Advisor on Health & Life Course World Health Organisation (PAHO / WHO)
152	Ivy Loreno	Talavera Romero	f	Adolescents SRH Advisor World Health Organisation (PAHO / WHO)
UN Staff (Egypt)				
#	First Name	Family Name	Sex	Position Name of Organisation
153	Noha	Tarek		Programme Officer, A&Y Task Force Member UNESCO
154	Salma	Wahba		UNICEF
Government Partners (Kyrgyzstan)				
#	First Name	Family Name	Sex	Position Name of Organisation
155	Fatima	Abdukorimova	f	Head of the health promotion cabinet Naryn Oblast Centre of Family Medicine
156	Shaigul	Aishuganova	f	Teenager's Doctor Naryn Oblast Centre of Family Medicine
157	Aigul	Boobekova	f	Head of the Department Ministry of Health
158	Nazgul	Cholponkulova	f	Head of the Birth Preparedness School Oblast Family Medicine Centre
159	Ainura	Davletova	f	Head Doctor Jalal Abad Center of Human Reproduction
160	Aimagul	Israilova	f	Leading Expert Governmental Agency on Professional and Technical Education

161	Medetbek	Juleoev	m	Doctor Naryn Oblast Center of Family Medicine
162	Ainura	Mergembaeva	f	Focal Point Vocational Education Ministry of Health, Republican Health Promotion Center
163	Nurgul	Omurkanova	f	Deputy Director Naryn Oblast Center of Family Medicine
164	Kalicha	Sadyrova	f	MD, Gynaecologist Jalal Abad Center of Human Reproduction
165	Alfia	Samigullina	f	Deputy Director Ministry of Health, National Center of Mother and Child Care
166	Larisa	Sosnytskaya	f	Youth Expert, Assistant of Parliament Member Parliament of Kyrgyz Republic
167	Muratally	Uchkempirov	m	Head of the Department Ministry of Youth
168	Jamilia	Usupova	f	Head of the department Ministry of Health, Republican Health Promotion Centre§
169	Erkin		m	Doctor Naryn Oblast Center of Family Medicine
170	Nariste		f	Doctor Naryn Oblast Center of Family Medicine
Government Partners (Ivory Coast)				
#	First Name	Family Name	Sex	Position Name of Organisation
171	Kouassi Yeboua	Ban	m	Chargé d'études MOE Direction de la Mutualité des œuvres Scolaires et Scolaires (DMOSS)
172	Monique Angele Epse Blibolo	Bolou	f	Chef de service MOY Direction de la Promotion des Jeunes (DPJ)
173	Fofana Yaya Fanta	Kaba	f	Secrétaire Exécutif MOFamily Observatoire Nationale de l'Egalité et du Genre (ONEG)
174	Moussokoro Epse Toure	Kone	f	Responsable cellule Femme et enfant MOD Defense
175	Laura Marie Paula	Ourega	f	DC MOH Programme National de la Santé Scolaire et Universitaire (PNSSU)
Government Partners (Ethiopia)				
#	First Name	Family Name	Sex	Position Name of Organisation
176	Mengist	Alamirew	m	Zonal government
177	Anteneh	Ale	m	Woreda Government
178	Mohammad	Ali	m	Child Protection Officer Woreda Office Afar
179	Simegn	Amogne	f	Zonal government
180	Yeshiwas	Demilew	m	Zonal government
181	Nazartetu	Desalegn	f	Finance Officer HIV AIDS Prevention and Control Office (HAPCO) Region
182	Kefele	Fanta	m	Kebele administrator
183	Yemane	Gesesew	m	Commander Federal Police
184	Zahra	Humed	f	Head of the Bureau Women Children & Youth Affairs Bureau Afar Region
185	Meskele	Lara Lencha	m	Director General Pharmaceuticals Fund and Supply Agency
186	Temeta	Mengistu	m	Joint Programme Focal Person HIV AIDS Prevention and Control Office (HAPCO) Region

187	Yayo	Mohammad	m	HIV/AIDS UNDAF Coordinator HIV AIDS Prevention and Control Office (HAPCO) Afar
188	Haileleul	Siyoum	m	Directorate Director Ministry of Women, Children and Youth Affairs -(MoWCY)
189	Aster	Teshome	f	EMwA President/A&Y focal person Ministry of Health (MoH)
190	Tsigerada	Zendu	f	Vice-President Ethiopian Youth Federation
Government Partners (Nicaragua)				
#	First Name	Family Name	Sex	Position Name of Organisation
191	Adriana V	Alarcon Guardado	f	External Cooperation Officer Ministry of Youth (MINJUVE)
192	Carlos	Aleman Cunningham	m	Governor / Government Coordinator Government of the North Caribbean Coast Autonomous Region (GRACN)
193	Jackie	Berry Christian	f	Administrative Assistant Youth Secretariat (SEREJUVE)
194	Emig	Bravo	f	Adolescents SRH Advisor Ministry of Health (MINSAs), General Health Services Directorate
195	Franklin	Brooks	m	Economic Advisor Autonomous Regional Government, South Caribbean Coast (RACS)
196	Sandra	Cardoza	f	Nursing Assistant Ministry of Health (MINSAs)
197	Danilo	Chang	m	Regional Director Youth Secretariat (SEREJUVE)
198	Miriam	Chavez Jaime	f	Coordinator Adolescent Programme, Ministry of Health (MINSAs)
199	Carlos	Cruz Lesage	m	General Director Ministry of Health (MINSAs), General Health Services Directorate
200	Giovanna Maria	Daly Lopez	f	Director, School Counselling & Values Development Programs Ministry of Education (MINED)
201	Sherilee Taylor	Downs	f	Youth Affairs Technician Municipality of Corn Island
202	Roy	Garcia Rivera	m	Technical Coordinator Youth Secretariat (SEREJUVE)
203	Jamileth	Gonzalez	f	Local Judge Supreme Court, Estelí
204	Maria Elsa	Guillen	f	General Director, Secondary Education Ministry of Education (MINED)
205	Leonor	Hernandez Sandino	f	Secretary General Ministry of Youth (MINJUVE)
206	Elizabeth	Herrera Flores	f	Project Coordinator National Police
207	Tania	Jerez Duran	f	Financial Administrator Municipality of Corn Island
208	Gabriela	Jimenez	f	Ministry of Foreign Affairs (MINREX)
209	David	Lazo Valle	m	Youth Affairs Official National Police, Estelí
210	Carlos E.	Lopez Hurtado	m	Parliamentarian National Assembly; Vice President, Commission on Women and Youth
211	Emilio	Morales	m	Youth Affairs Technical Advisor Youth Secretariat (SEREJUVE)
212	Hilda	Murillo Silva	f	Office Chief National Police
213	José Esteban	Perez Pineda	m	Pedagogical Advisor Ministry of Education (MINED)
214	Martha Lorena	Rivera	f	Departmental Advisor Ministry of Education (MINED), Estelí
215	Nohemi	Rizo Gutierrez	f	Coordinator Ministry of Education (MINED) Estelí

216	Marta Lorena	Rocha	f	Ministry of the Family, Adolescents and Children
217	Milagros	Umaira	f	Area Coordinator Ministry of Education (MINED)
218	Albertito	Young Richards	m	Political Secretary Youth Secretariat (SEREJUVE)
219	Darrol		m	Youth Affairs Official National Police
Government Partners (Egypt)				
#	First Name	Family Name	Sex	Position Name of Organisation
220	Gamal	El Kashef		OIC of the General Department for School Age Children Health Ministry of Health and Population
221	Youssef Abdel Raof	El Sayed		Director Youth Friendly Clinic Menofia, Egyptian Family Planning Association (EFPA)
222	Asmaa Mohamed Safan	Galal		Program Coordinator Youth Friendly Clinic Menofia, Egyptian Family Planning Association (EFPA)
223	Sarah	Gamal El-Din El-Shafie		Adolescent and Youth Officer Egyptian Family Planning Association (EFPA)
224	Mohamed	Khattab		Director Egyptian Family Planning Association (EFPA)
225	Khaled Abdel Sadeq	Mohamed		Director Youth Friendly Clinic Aswan, Egyptian Family Planning Association (EFPA)
Donors (Global)				
#	First Name	Family Name	Sex	Position Name of Organisation
226	Susanne	Amsler	f	Sexual and Reproductive Health and Right Advisor, Global Programme Health Swiss Development Cooperation (SDC)
227	Reina	Buijs	f	Deputy Director for International Cooperation Netherlands minFA
228	Berit	Fladby	f	Technical Director Norwegian Agency for Development Cooperation (NORAD)
229	Anna	Seymour	f	Adolescent and Youth Policy Lead Department for International Development (DFID)
230	Nina	Strom	f	Global Health Section Norwegian Agency for Development Cooperation (NORAD)
231	Rachel	Yates	f	Senior Social Development Adviser, Gender Team, Inclusive Societies Department Department for International Development (DFID)
Donors (Kyrgyzstan)				
#	First Name	Family Name	Sex	Position Name of Organisation
232	Olga	De Haan	f	Team Leader GFA Consulting Group
Donors (Ivory Coast)				
#	First Name	Family Name	Sex	Position Name of Organisation
233	Awa	Kamara	f	M/E Officer African Development Bank, Programme d'Appui Institutionnel Multisectoriel à la Sortie de Crise (PAIMSC)
Donors (Ethiopia)				
#	First Name	Family Name	Sex	Position Name of Organisation

234	Teshome	Admassu	m	Program Associate Packard Foundation
235	Tsige	Alemayehu	f	Program Officer Royal Norwegian Embassy
236	Yemeserach	Belayneh	f	Country Advisor Packard Foundation
237	Havard	Hoksnes	m	Head of Development Cooperation Royal Norwegian Embassy
238	Bouwe-Jan	Smeding	m	First Secretary Health Kingdom of the Netherlands
Donors (Nicaragua)				
#	First Name	Family Name	Sex	Position Name of Organisation
239	Khaled Yamil	Ismael Reyes	m	Technical Advisor Deutsche Gesellschaft für Internationale Zusammenarbeit (GIZ); Former Coordinator, Municipal A&Y House, Estelí
Donors (Egypt)				
#	First Name	Family Name	Sex	Position Name of Organisation
240	Shahira	Hussein		Senior Program Manager USAID, Office of Health & Population
241	Hala	Youssef		Ford Foundation (previously NCP)
International NGOs (Global)				
#	First Name	Family Name	Sex	Position Name of Organisation
242	Doortje	Braeken	f	Senior Adviser Adolescents, Team Leader Adolescents, Gender and Rights International Planned Parenthood Federation (IPPF)
243	Judith	Bruce	f	Senior associate and policy analyst, Poverty, Gender, and Youth program Population Council
244	Alex	Farrow	m	Researcher Youth Policy Press, youth policy.org
245	Françoise	Girard	f	President International Women's Health Coalition (IWHC)
246	Jean	Manney	f	US Country Representative Restless Development
247	Robert	Thompson	m	Board member Youth policy.org (former A&Y Officer UNFPA)
248	Daniel	Tobón García	m	Member of the Board of Directors, Youth Coalition for Sexual and Reproductive Rights International Planned Parenthood Federation (IPPF)
International NGOs (Asia & the Pacific Region)				
#	First Name	Family Name	Sex	Position Name of Organisation
249	Xerxes "Tet"	Arcenal	m	Senior Program Officer Resource Mobilization International Planned Parenthood Federation (IPPF)
250	Aiza F.	Baldonado	f	International Coordinator for National Organization Development Youth Peer Education Network (Y-PEER)
251	Gaj	Gurung	m	Program Coordinator Youth LEAD
252	Shireen	Jejeebhoy	f	Senior Associate Population Council

253	Sangeet G.	Kayastha	m	International Coordinator, Member of the United Nations Youth Advisory Panel (UN-YAP) & Global UNiTE Youth Network Youth Peer Education Network (Y-PEER)
254	Manish	Mira	m	Programme Specialist Adolescent & Youth Project International Planned Parenthood Federation South Asia Region (IPPF SAR)
255	Niluka	Perera	m	Project Officer Youth Voices Count
256	Shambhavi	Poudel	f	Chairperson IPPF South Asia Regional Youth Network (SARYN)
257	Kath	Priya	f	Vice Chair IPPF South Asia Regional Youth Network (SARYN)
258	Sivananthi	Thanen-thiran	f	Executive Director Asian-Pacific Resource & Research Centre for Women (ARROW)
259	Noshaba	Zafar Mir	f	Regional Gender Specialist Plan International
260	Thaw	Zin Aye	f	Regional Coordinator Youth LEAD

International NGOs (Latin America & the Caribbean Region)

#	First Name	Family Name	Sex	Position Name of Organisation
261	Sonia	Chia Lopez	f	Technical Secretary Continental Alliance of Indigenous Women (ECMIA)
262	Blas	Fernandez	m	Gender and Policy Coordinator Latin American Social Sciences Institute (FLACSO)
263	Gloria	Lagos	f	Director International Cooperation & Strategic Alliances Organismo Andino de Salud
264	Martha	Murdock	f	Vice President for Regional Programs Family Care International
265	Nayeli	Noval	f	Coordinator of Political Commission CIPD+20 Youth Alliance Youth Network for Sexual and Reproductive Rights (ELIGE)
266	Luis Tavera	Orozco	m	Coordinator for HIV Regional Youth Network Latin American Federation of Obstetricians and Gynaecologists (FLASOG)
267	Tania	Pariona	f	Co-Coordinator Youth Network of Indigenous Youth of Peru (REOJIP), Commission for Children and Youth (CHIRAPAQ)
268	Tarcila	Rivera,	f	President and Coordinator of ECMIA Commission for Children and Youth (CHIRAPAQ) and Continental Alliance of Indigenous Women (ECMIA)
269	Paul Giovanni	Rodríguez	m	Cooperation Director Ibero-American Organization for Youth (OIJ)
270	Reverendo Carlos	Tamez	m	General Coordinator Latin American Council of Churches (CLAI-LAI)
271	Heidi	Ullmann	f	Youth, Social Affairs Officer Economic Commission for Latin America and the Caribbean (CEPAL)

International NGOs (Ivory Coast)

#	First Name	Family Name	Sex	Position Name of Organisation
272	Lambert	Doua	m	Chargé de Programmes HIV/AIDS Alliance CI
273	Yao	Mathurin	m	Programme Director PSI
274	Blaise	N'Dri	m	Technical Health Advisor (interim) Save the Children
275	Kiyali	Ouattara	m	Programme Director Jhpiego

International NGOs (Ethiopia)				
#	First Name	Family Name	Sex	Position Name of Organisation
276	Addisalem	Befekadu	f	Program Coordinator Norwegian Church Aid (NCA)
277	Kidist	Belaynek	f	Program Manager Norwegian Church Aid (NCA)
278	Annabel	Erulkar	f	Country Director Population Council
279	Elleni	Gebreamlak	f	President Africa AIDS Initiative (AAI)
280	Molalika	Seman	m	Program Director Africa AIDS Initiative (AAI)
International NGOs (Nicaragua)				
#	First Name	Family Name	Sex	Position Name of Organisation
281	Maria Teresa	Martinez Garcia	f	Nicaragua Representative International Community of Women Living with HIV / AIDS (ICW Latina)
282	Nydia Massiel	Sánchez C.	f	Assistant International Community of Women Living with HIV / AIDS (ICW Latina)
International NGOs (Egypt)				
#	First Name	Family Name	Sex	Position Name of Organisation
283	Mohamed	Abou Nar		Country Manager Pathfinder, LLC
284	Sherif	Elkamhawi		Senior Program Officer Family Health International 360
285	Ghadaa	Ezzeldin		Heads of service provider OneWorld UK
286	Doaa	Oraby		Population Council (previously Family Health International)
287	Rania	Roushdy,		Senior Research Manager Population Council
288	Reham	Salama		Local focal point Y-PEER, GP International Federation of Medical Students' Associations (IFMSA)
289	Karim	Sallam		Women around the Clock, GP International Federation of Medical Students' Associations (IFMSA)
National NGOs, CSOs, Academia (Kyrgyzstan)				
#	First Name	Family Name	Sex	Position Name of Organisation
290	Darika	Amanbaeva	f	Program Manager Y-Peer
291	Olga	Chepelenko	f	Deputy Head Doctor Student Polyclinic
292	Galina	Chirkina	f	Executive Director Reproductive Health Alliance Kyrgyzstan (RHAK)
293	Rahat	Cholokov	m	Mentor Professional Lyceum #87
294	Jamal	Frontbek kyzy	f	Director Mutakalim
295	Elnura	Isabaeva	f	Program assistant Y-Peer
296	Damira	Isabekova	f	Deputy Head Doctor Student Polyclinic
297	Olesia	Ivanchenko	f	Branch Coordinator Reproductive Health Alliance Kyrgyzstan (RHAK)
298	Shermahammad	Abdugapirov	m	Branch Coordinator Reproductive Health Alliance Kyrgyzstan (RHAK) - Jalalabad Branch

299	Damira	Jumabaeva	f	Researcher Kyrgyz Academy of Education
300	Gulumkan	Kasymalieva	f	Clinical Head FP (Family Planning) and SA (Safe Abortion) Clinic of RHAK (Reproductive Health Alliance Kyrgyzstan) in Karakol
301	Aida	Maatkazieva	f	Program Coordinator Reproductive Health Alliance Kyrgyzstan (RHAK)
302	Ryskul	Mursalieva	f	Teacher Professional Lyceum #87
303	Anna	Slasheva	f	Program assistant Kyrgyz Idigo
304	Gulmira	Suranaeva	f	Program Manager Reproductive Health Alliance Kyrgyzstan (RHAK)
305	Eilizar	Telebaldy uulu	m	Program Director Youth Development Institute
306	Gulnara		f	Executive director Y-Peer
307	Chinara		f	Finance Manager Y-Peer

National NGOs, CSOs, Academia (Ivory Coast)

#	First Name	Family Name	Sex	Position Name of Organisation
308	Rosalie	Atta	f	President/Founder Yekan N'Gowa (NGO)
309	Aime Felicite Epse Kabran	Boga	f	CSR/PF Daloa District Health Office
310	Koffi Simon Pierre	Brou	m	President Réseau des Organisations de Jeunesse des Nations Unies pour l'Atteinte des OMD (ROJALNU/OMD/CI)
311	N'Dri Louise	Koffi	f	Executive Director CEC Toumodi (youth centre under MoY) Centre d'Ecoute et de Conseil Toumodi
312	Olivier	Kouamé	m	Head doctor of YFHS SSSU Yamassoukrou (health service) Service de Santé Scolaire et Univeritaire
313	Soiba Mariam	Ouattara	f	Directrice Exécutive CAVOEQUIVA
314	Mireille Ange	Takijtchie	f	Administrative and Financial Manager Mouvement Estudiantin pour la Sensibilisation sur le Sida (MESSI)
315	Stéphane	Tia Yaké	m	Vice President Réseau National de la Jeunesse de Côte d'Ivoire (RNJCI)
316	Dorothee	Toualy	f	Executive Director RSB (NGO - Yamassoukrou) Renaissance-Santé Bouaké
317	Clibigayo Beatrice	Toure	f	Consultant/Ex DE Vivre, Informer et Fraterniser (VIF)
318	Ndri Aristide Roland	Yao	m	Medecin Chef Adjoint Service de Santé Scolaire et Universitaire (SSSU Daloa)
319	Nathalie	Yao N'Dry	f	Programme Director Association Ivoirienne pour le Bien Etre Familiale (AIBEF)
320	Kouame	Yoboue Olivier	m	Head doctor of YFHS SSSU Toumodi (health service) Service de Santé Scolaire et Univeritaire

National NGOs, CSOs, Academia (Ethiopia)

#	First Name	Family Name	Sex	Position Name of Organisation
321	Samson	Bekele	m	Department Head- HIV Prevention & Control Unit Ethiopian Orthodox Tewahdo Church

322	Valerie	Browning	f	Program Coordinator Afar Pastoralists Development Association (APDA)
323	Endalkachew	Chane	m	Accountant Organization for Social Services for AIDS (OSSA)
324	Dereise	Demeke	m	Editor Pro Pride
325	Dawit	Desalegn	m	Program Director Ethiopian Society for Obstetricians & Gynaecologists
326	Abdulkadir	Eado	m	Finance & Admin Head Organization for Social Services for AIDS (OSSA)
327	Tefera	Haile	m	Program Coordinator Family Guidance Association of Ethiopia (FGAE)
328	Nuredin	Jemech	m	Program Director Ethiopian Muslim Development Organization (EMDA)
329	Desta	Kebede	m	Program Director Family Guidance Association of Ethiopia (FGAE)
330	Selamawit	Kifle	m	General Manager Ethiopian Society for Obstetricians & Gynaecologists
331	Alemayehu	Kisi	m	Anti HIV/AIDS and RH Club President Africa AIDS Initiative
332	Henok	Melesse	m	Managing Director Save Your Generation Ethiopia (SYGE)
333	Genet	Mengistu	f	Director General Family Guidance Association of Ethiopia (FGAE)
334	Trehas	Mezgebe	f	Executive Director Mujejeguwa Loka, Women's Development Association
335	Ephrem	Mohammad	m	Managing Director Talent Youth Association (TaYA)
336	Maria	Murit	f	Executive Director Association for Women's Sanctuary and Development
337	Samuel	Said	m	Journalist Pro Pride
338	Yemisirach	Seifu	f	Program Manager Talent Youth Association (TaYA)
339	Bekele	Senbete	m	Executive Director Organization for Social Services for AIDS (OSSA)
340	Tiruedl	Shitaye	f	Chair Person of AAU Girls Club Africa AIDS Initiative
341	Meti	Terefe	f	Programme Coordinator Association for Women's Sanctuary and Development
342	Elisabeth	Tesfaye	f	Women's Association Secretary Semera University
343	Ibrahim	Yusuf	m	Program Manager Organization for Social Services for AIDS (OSSA)

National NGOs, CSOs, Academia (Nicaragua)

#	First Name	Family Name	Sex	Position Name of Organisation
344	Zunilda Jamileth	Altamirano Paguaga	f	Legal Advisor Nicaraguan Communal Movement (MCN)
345	Lia Segovia	Amador Espinoza	f	Project Technical Advisor National Network of Maternity Houses of Nicaragua (REDCAM)
346	Arely	Cano	f	President Nicaraguan Association of People Living with HIV/AIDS (ASONVIHSIDA)
347	Freddy	Cardenas Ortega	m	Executive Director ProFamilia
348	Wilman Noel	Castellon Areeda	m	Nicaraguan Communal Movement (MCN)
349	José David	Castro Rodriguez	m	Coordinator Nicaraguan Communal Movement (MCN), El Cuá
350	Francisca del Carmen	Espinoza Ortiz	f	National Coordinator National Network of Maternity Houses of Nicaragua (REDCAM)
351	Rafael Lucio	Gil	m	Director Institute of Education, Central American University (IDEUCA)

352	Ximena	Gutierrez Gomez	f	Academic Coordinator, Masters Programme, Sexual & Reproductive Health National Autonomous University of Nicaragua (UNAM)
353	Jhonny Enrique	Kuan Lagos	m	Volunteer Facilitator Nicaraguan Communal Movement (MCN)
354	Bayron Jatet	Martinez Sevilla	m	Health Promoter Nicaraguan Communal Movement (MCN)
355	Donaldo Jose	Muñoz Useda	m	Marketing Supervisor ProFamilia
356	Gonzalo	Norari Gómez	m	Professor Central American University (UCA)
357	Sabina Maite	Perez Ramirez	f	Financial Administrator Nicaraguan Association of People Living with HIV/AIDS (ASONVIHSIDA)
358	Enrique	Picado	m	Coordinator, National Health Program Nicaraguan Communal Movement (MCN)
359	Ruben	Reyes Jirón	m	Project Coordinator Puntos de Encuentros; Masculinity Network (REDMAS)
360	Jose Luis	Saballos Velasquez	m	Director of External Cooperation University of the Autonomous Regions of the Caribbean Coast of Nicaragua (URACCAN)
361	Francisco	Sequeira	m	Director Human & Autonomous Rights Institute, Bluefields Indian and Caribbean University (BICU)
362	Karla Roberta	Solis Silva	f	Administrator Central American University (UCA)
363	Maria Auxiliadora	Strilla	f	Youth Club Coordinator ProFamilia
National NGOs, CSOs, Academia (Egypt)				
#	First Name	Family Name	Sex	Position Name of Organisation
364	Osama	Aba El-Yazid		Programme Officer Future Association for Development
365	Ragaa Hashem	Abd El-Galil		Clinic staff El Helal Charity Association
366	Nagwaa Wadee	Amin		The Coptic Association of Social Services (CASS), FGM Coalition;
367	Mona Refaat	Basta		The Coptic Association of Social Services (CASS), FGM Coalition;
368	Romanda Ezaak	Ebraheem		The Coptic Association of Social Services (CASS), FGM Coalition;
369	Mohamed Magdy	Elkayhat		Member FGM Coalition
370	Mohamed Magdy	Elkayhat		Member National Youth Task Force
371	Hisham	ElRouby		President & CEO PETijah
372	Hanan Kamel	Habib		The Coptic Association of Social Services (CASS), FGM Coalition;
373	Mohamed	Hussien		Member National Youth Task Force
374	Trezaa Sayed	Labe		The Coptic Association of Social Services (CASS), FGM Coalition;
375	Gehan Adel	Lamee		The Coptic Association of Social Services (CASS), FGM Coalition;
376	Talal	Maarouf		Technical Project Assistant National Youth Task Force, UNDOC Regional Office for the Middle East & North Africa
377	Sanaa Galal	Mohamed		Clinic staff El Helal Charity Association

378	Zinab	Radwan		Head Step
379	Reneh	Sayed		The Coptic Association of Social Services (CASS), FGM Coalition;
380	Mamdouh M	Wahba		President Egyptian Family Health Society
A&Y Beneficiaries (Global)				
#	First Name	Family Name	Sex	Position Name of Organisation
381	Sarah	Gold	f	Youth programmes International Women's Health Coalition (IWHC)
382	Tania	Martinez	f	Espolea (HIV & SRH network of UNAIDS)
383	Lindsay	Menard-Freeman	f	Manager, Advocacy & Communications Women Deliver
384	Patrick	Mwesigye	m	AfriYAN
385	Liam	O'Doherty	m	Global Youth AIDS Network (GYAN); Youth Leadership Working Group (TG); Y-Peer
386	Ana	Rizescu	f	YouAct, Y-Peer
387	Nyasha	Sithole	f	Youth Engage
388	Nayeli	Yoval	f	ELIGE, Alianza Mas Cairo
A&Y Beneficiaries (Arab States Region)				
#	First Name	Family Name	Sex	Position Name of Organisation
389	Khalil	Bamataraf	f	Participant eRoundtable Yemen
390	Ahmed	Dirdeeri	m	Participant eRoundtable Sudan
391	Elzehour	Elmahadi	f	Participant eRoundtable Sudan
392	Badr	Elmahrad	m	Participant eRoundtable Morocco
393	Mohammed	Gaber	m	Participant eRoundtable Yemen
394	Radia	Hadj Mohamed	f	Participant eRoundtable Algeria
395	Rand	Jarallah	f	Participant eRoundtable Palestine
396	Dama	Mohamed Mahad	m	Participant eRoundtable Somalia
397	Maryssa	Rekhiss	f	Participant eRoundtable Tunisia
A&Y Beneficiaries (Asia & the Pacific Region)				
#	First Name	Family Name	Sex	Position Name of Organisation
398	Jiahui	Chen	m	Participant eRoundtable China
399	Tasnim	Jara	f	Participant eRoundtable Bangladesh
400	Pushpa	Joshi	f	Participant eRoundtable Nepal
401	Kim Roeun	Kouy	m	Participant eRoundtable Cambodia
402	Htet Aung	Kyaw	m	Participant eRoundtable Myanmar

403	Myat Sandi	Min	f	Participant eRoundtable Myanmar
404	Vanhnasone	Nouphaphavongsy	f	Participant eRoundtable Lao People's Democratic Republic
405	Faqih	Rasyid	m	Participant eRoundtable Indonesia
406	Anggraini	Sariastuti	f	Participant eRoundtable Indonesia
407	Nada	Weayusoh	f	Participant eRoundtable Thailand
408	Chuong	Xa	m	Participant eRoundtable Viet Nam
409	Qingfang	Zhang	f	Participant eRoundtable China
A&Y Beneficiaries (East & Southern Africa Region)				
#	First Name	Family Name	Sex	Position Name of Organisation
410	Sultane	Abdourahim Cheikh	m	Participant eRoundtable Comoros
411	Robsely	Dimby Jean Christian	m	Participant eRoundtable Madagascar
412	Gloria	Iradukunda	f	Participant eRoundtable Burundi
413	Magnifique	Irakoze	m	Participant eRoundtable Rwanda
414	Tikhala	Itaye	f	Participant eRoundtable Namibia
415	Gloria	Jaase-Nkundanyirazo	f	Participant eRoundtable Lesotho
416	Tjantjello	Moholo-holo	f	Participant eRoundtable Lesotho
417	Sulaiman	Musa	m	Participant eRoundtable Sierra Leone
418	Francis	Mutua	m	Participant eRoundtable Kenya
419	Praise	Mwesiga	f	Participant eRoundtable Uganda
420	Patrick	Mwesigye	m	Participant eRoundtable Uganda
421	Telolahy	Nadine Khaty	f	Participant eRoundtable Madagascar
422	Tshepo	Ngoato	m	Participant eRoundtable South Africa
423	Hellen	Nomugisha	f	Participant eRoundtable Rwanda
424	Yemurai	Nyoni	m	Participant eRoundtable Zimbabwe
425	Gogontlejang	Phaladi	f	Participant eRoundtable Botswana
426	Ebrahim	Seid	m	Participant eRoundtable Ethiopia
427	Nyasha	Sithole	f	Participant eRoundtable Zimbabwe
428	Peter Yuri	Tlometsane	m	Participant eRoundtable Botswana
429	Leila	Wanjiru	f	Participant eRoundtable Kenya
A&Y Beneficiaries (Eastern Europe & Central Asia Region)				
#	First Name	Family Name	Sex	Position Name of Organisation
430	Branko	Birac	m	Participant eRoundtable Serbia

431	Sargis	Ghazaryan	m	Participant eRoundtable Armenia
432	Irina	Janevska	f	Participant eRoundtable Macedonia
433	Aulone	Kardriu	f	Participant eRoundtable Kosovo
434	Asel	Kubanychbekova	f	Participant eRoundtable Kyrgyzstan
435	Agil	Mammadzade	m	Participant eRoundtable Azerbaijan
436	Andi	Rabiaj	m	Participant eRoundtable Albania
437	Giorgi	Shakarashvili	m	Participant eRoundtable Georgia
438	Alexander	Shtykov	m	Participant eRoundtable Kazakhstan
A&Y Beneficiaries (Latin America & the Caribbean Region)				
#	First Name	Family Name	Sex	Position Name of Organisation
439	Luis Daniel	Atachao	m	Participant eRoundtable Peru
440	Joel	Barrera	m	Participant eRoundtable El Salvador
441	Yeimi	Cubillos	m	Participant eRoundtable Colombia
442	Stephen	Diaz	m	Participant eRoundtable Belize
443	Wilson	Fernandez	m	Participant eRoundtable Bolivia
444	Monique	Long	f	Participant eRoundtable Jamaica
445	Marie Moise	Louissaint	f	Participant eRoundtable Haiti
446	Mariana	Mancilla	f	Participant eRoundtable Mexico
447	Walter	Morinigo	m	Participant eRoundtable Paraguay
448	Indira Jissela	Oyuela	f	Participant eRoundtable Honduras
449	Aeisha	Pollard	f	Participant eRoundtable Belize
450	Andrea	Rodríguez	f	Participant eRoundtable El Salvador
451	Mileydis	Salazar	f	Participant eRoundtable Venezuela
452	Tamara	Sanchez	f	Participant eRoundtable Costa Rica
453	Rafael Arnoldo	Sandoval	m	Participant eRoundtable Honduras
454	Roberto Eduardo	Small	m	Participant eRoundtable Panama
455	Sebastien Christopher	Souffrant	m	Participant eRoundtable Haiti
456	Wendy	Torres	f	Participant eRoundtable Bolivia
457	Jennifer	Viñas	f	Participant eRoundtable Uruguay
A&Y Beneficiaries (West & Central Africa Region)				
#	First Name	Family Name	Sex	Position Name of Organisation
458	Bezeid	Abderahmane	m	Participant eRoundtable Mauritania

459	Goimba	Aly	m	Participant eRoundtable Cote d'Ivoire
460	Edith	Asamani	f	Participant eRoundtable Ghana
461	Ibrahima	Fall	m	Participant eRoundtable Senegal
462	Lorence	Kabasele	f	Participant eRoundtable Democratic Republic Congo,
463	Nghorelle	Kowa	f	Participant eRoundtable Cameroon
464	Mariatou	Newlands	f	Participant eRoundtable Gambia
465	Christian	Ngomenzey	m	Participant eRoundtable Democratic Republic Congo
466	Zeinabou	Noura	f	Participant eRoundtable Niger
467	Romaric	Quitona	m	Participant eRoundtable Benin
468	Marcelline	Sounnoukinny	f	Participant eRoundtable Benin
469	Amadou	Tamboura	m	Participant eRoundtable Mali
470	Djenaba	Toure	f	Participant eRoundtable Mauritania
A&Y Beneficiaries (Kyrgyzstan)				
#	First Name	Family Name	Sex	Position Name of Organisation
471	Jyrgalbek	Akimov	m	Volunteer Y-Peer Osh
472	Nurilly	Bakishhev	m	Volunteer Y-Peer Osh
473	Uluk	Batyraliev	m	Volunteer Reproductive Health Alliance Kyrgyzstan (RHAK)
474	Begimai	Begimkulova	f	Volunteer Reproductive Health Alliance Kyrgyzstan (RHAK) - Jalalabad Branch
475	Tattybubu	Ergeshbaeva	f	Volunteer Y-Peer
476	Akylai	Ibraimova	f	Volunteer Y-Peer Osh
477	Rinat	Imatov	m	Volunteer Y-Peer
478	Orunbek	Jeenbaeva	m	Volunteer Y-Peer Osh
479	Ruslan	Jenaliyev	m	Volunteer Reproductive Health Alliance Kyrgyzstan (RHAK) - Jalalabad Branch
480	Ielita	Jumabaeva	f	Volunteer Y-Peer
481	Jyldyz	Kadyrbaeva	f	Volunteer Y-Peer Osh
482	Bermet	Kalmamatova	f	Volunteer Y-Peer Osh
483	Aidai	Kanybekova	f	Volunteer Y-Peer
484	Begaim	Kemishova	f	Volunteer Reproductive Health Alliance Kyrgyzstan (RHAK)
485	Asel	Kubanychbekova	f	Volunteer Y-Peer
486	Lubov	Maksimenco	f	Volunteer Jalal Abad Center of Human Reproduction
487	Fahriddin	Mirzaev	m	Volunteer Y-Peer Osh
488	Nurgul	Muratbekova	f	Volunteer Y-Peer

489	Muselia	Musaeva	f	Volunteer Reproductive Health Alliance Kyrgyzstan (RHAK)
490	Jamilia	Nazirova	f	Volunteer Y-Peer
491	Djamilia	Oturksheva	f	Volunteer Y-Peer
492	Eldiar	Saidumarov	m	Volunteer Y-Peer Osh
493	Bektur	Saimidinov	m	Volunteer Youth Development Center
494	Adinai	Sapargalieva	f	Volunteer Reproductive Health Alliance Kyrgyzstan (RHAK)
495	Orozbek	Sormatov	m	Volunteer Y-Peer Osh
496	Jyldyzai	Turdubekova	f	Volunteer Y-Peer
497	Aidana	Zamirbekova	f	Volunteer Reproductive Health Alliance Kyrgyzstan (RHAK)
498	Erlan	Zamirbekova	f	Actor of Y Peer Y-Peer
499	Aibek		m	Ex-member of Y-Peer Y-Peer
500	Askar		m	Volunteer Y-Peer
501	Aziza		f	Student Medical College
502	Bermet		f	Volunteer Reproductive Health Alliance Kyrgyzstan (RHAK)
503	Gulsana		f	Volunteer Y-Peer
504	Jyldyz		f	Volunteer Y-Peer
505	Mahhabad		f	Student Islam University of Kyrgyzstan
506	Nurjan		f	Student Kyrgyz State University of Construction, Transport and Architecture

A&Y Beneficiaries (Ivory Coast)

#	First Name	Family Name	Sex	Position Name of Organisation
507	Marie Claire	Babe	f	Peer educator Renaissance-Santé Bouaké (RSB)
508	Zenab Gnoh	Coulibaly	f	Peer educator Vivre, Informer et Fraterniser (VIF)
509	Marie Michelle	Diomande	f	Peer educator Mouvement Estudiantin pour la Sensibilisation sur le Sida (MESSI)
510	Tia Oliver	Diomande	m	Peer educator Mouvement Estudiantin pour la Sensibilisation sur le Sida (MESSI)
511	Amenan Amelia	Djenzou	f	Peer educator Mouvement Estudiantin pour la Sensibilisation sur le Sida (MESSI)
512	Francois	Ebi Kouamé	m	Peer educator Centre d'Ecoute et de Conseil Toumodi (CEC)
513	Carole Stephanie	Gonpou	f	Peer educator Renaissance-Santé Bouaké (RSB)
514	Victoire Julie	Gor Lou	f	Peer educator Renaissance-Santé Bouaké (RSB)
515	Rebecca	Groguhe	f	Peer educator Vivre, Informer et Fraterniser (VIF)
516	Kouakou Jean	Kasset	m	Peer educator Mouvement Estudiantin pour la Sensibilisation sur le Sida (MESSI)
517	Aimée Estelle	Keunan Kpeyo	f	Peer educator Mouvement Estudiantin pour la Sensibilisation sur le Sida (MESSI)
518	Brou Marina	Koffi	f	Peer educator Vivre, Informer et Fraterniser (VIF)

519	Helene	Koffi Akouassy	f	Peer educator Mouvement Estudiantin pour la Sensibilisation sur le Sida (MESSI)
520	Epiphanie Ange	Koffi Amenan	f	Peer educator Mouvement Estudiantin pour la Sensibilisation sur le Sida (MESSI)
521	Colette	Koffi N'Goran	f	Peer educator Mouvement Estudiantin pour la Sensibilisation sur le Sida (MESSI)
522	Ismael	Kone Dogneri	m	Peer educator Renaissance-Santé Bouaké (RSB)
523	Abraham	Koné Yacouba	m	Peer educator Renaissance-Santé Bouaké (RSB)
524	Koisi Gustave Zephirin	Kouadio	m	Peer educator Mouvement Estudiantin pour la Sensibilisation sur le Sida (MESSI)
525	Affoue Elodie	Kouame	f	Peer educator Vivre, Informer et Fraterniser (VIF)
526	Martial Serge	Kouamé Koudio	m	Peer educator Mouvement Estudiantin pour la Sensibilisation sur le Sida (MESSI)
527	Yanick	M'Bra Konakou	m	Peer educator Mouvement Estudiantin pour la Sensibilisation sur le Sida (MESSI)
528	Wilfried	N'Goran Kouadio	m	Peer educator Renaissance-Santé Bouaké (RSB)
529	Jean Michel	N'Guessan Brou	m	Peer educator Renaissance-Santé Bouaké (RSB)
530	Yves Tanguy	Ouattara Krotcha	m	Peer educator Centre d'Ecoute et de Conseil Toumodi (CEC)
531	Larissa	Poli	f	Peer educator Renaissance-Santé Bouaké (RSB)
532	Karidja	Sakanogo	f	Peer educator Vivre, Informer et Fraterniser (VIF)
533	Massiata	Sakanogo	f	Peer educator Vivre, Informer et Fraterniser (VIF)
534	Boudie Enock Christian	Tietche	m	Peer educator Mouvement Estudiantin pour la Sensibilisation sur le Sida (MESSI)
A&Y Beneficiaries (Ethiopia)				
#	First Name	Family Name	Sex	Position Name of Organisation
535	Azenek	Abat	f	Student
536	Amina	Abdu	f	Peer Educator
537	Fatuma	Abdu	f	Peer Educator
538	Aisa	Abi	f	Peer Educator
539	Momina	Abreham	f	Peer Educator
540	Minale	Ademe	m	Priest
541	Rokiya	Ahmed	f	Peer Educator
542	Fatuma	Ahmed	f	Peer Educator
543	Fatuma	Ahmed	f	Peer Educator
544	Bidiga	Ali	f	Peer Educator
545	Aynete	Amele	f	Farmer
546	Endugday	Asefa	f	Farmer
547	Yeromnesh	Asfaw	f	Gender Club Secretary Semera University
548	Gojam	Atinkugn	f	Student

549	Mekdes	Awubel	f	Student
550	Teshamush	Ayele	f	Student
551	Fatuma	Ayifrah	f	Peer Educator
552	Amalye	Aynalem	f	Farmer
553	Melese	Berasu	m	Temari-net Club Chair Semera University
554	Hilina	Berhanu	f	Peer Educator Africa AIDS Initiative
555	Minwuyelet	Biresaw	m	school director
556	Kibiru	Bogale	m	Peer Educator Semera University
557	Fatuma	Bore	f	Peer Educator
558	Getachew	Gedeno	m	Peer Educator Semera University
559	Kasaye	Genete	f	Farmer
560	Kidist	Getachew	f	Peer Educator Africa AIDS Initiative
561	Belay	Getnet	m	Peer Educator Africa AIDS Initiative
562	Banchamlak	Gudu	f	Student
563	Nebat	Hadgu	f	Peer Educator Africa AIDS Initiative
564	Mekasha	Hailu	m	Peer Educator Africa AIDS Initiative
565	Fatuma	Hammad	f	Peer Educator
566	Asia	Hammad	f	Peer Educator
567	Amina	Hebano	f	Peer Educator
568	Bidiga	Hussien	f	Peer Educator
569	Kulsuma	Idhis	f	Peer Educator
570	Hawi	Iga	f	Peer Educator
571	Zahara	Kadish	f	Peer Educator
572	Hunelign	Ketema	m	Peer Educator Africa AIDS Initiative
573	Meseret	Meke	f	Student
574	Hawu	Mohammad	f	Peer Educator
575	Merima	Mohammad	f	Peer Educator
576	Kulsuma	Mohammad	f	Peer Educator
577	Lubaba	Mohammad	f	Peer Educator
578	Tigist	Mulugeta	f	Women's Association President Semera University
579	Amina	Mustafa	f	Peer Educator
580	Amina	Nuru	f	Peer Educator

581	Degu	Sewnegn	m	Priest
582	Wubager	Shale	f	Student
583	Aklile	Solomon	f	Peer Educator Africa AIDS Initiative
584	Hilina	Stiphanos	f	Peer Educator Africa AIDS Initiative
585	Shasehe	Tedesse	f	Student
586	Meke	Tefera	m	Farmer
587	Zebib	Teklay	f	Peer Educator Semera University
588	Bithoegn	Tesfahun	m	Farmer
589	Senait	Tsegaye	f	Peer Educator Semera University
590	Hasena	Umer	f	Peer Educator
591	Hasena	Usman	f	Peer Educator
592	Atitegeb	Wole	f	Farmer
593	Indris	Yasin	m	Peer Educator Africa AIDS Initiative
594	Tsedelu	Yirsa	m	Anti HIV/AIDS Vice Chair Semera University
A&Y Beneficiaries (Nicaragua)				
#	First Name	Family Name	Sex	Position Name of Organisation
595	Jose Manuel	Baca Guido	m	Health Educator ProFamilia
596	Jeniffer Massiel	Blanco Escobar	f	Volunteer University Youth Movement against HIV (JUUA VIH) - Polytechnic University of Nicaragua (UPOLI)
597	Lucia Cristina	Blanco Escobar	f	Volunteer University Youth Movement against HIV (JUUA VIH) - Polytechnic University of Nicaragua (UPOLI)
598	Dulce Maria	Cano Herrera	f	Peer Promoter MCN Adolescents Club, El Cuá
599	Eyda Karolina	Castillo Castro	f	Former Peer Promoter Municipal A&Y House, Estelí
600	Moises Abraham	Cortes Narvaez	m	Peer Educator Adolescents' Club, ProFamilia
601	Wilmer	Davila	m	Promoter Municipal A&Y House, Estelí
602	Nayelsha Karina	Downs Lopez	f	Participant Municipal A&Y Council, Corn Island
603	Jose Manuel	Espinoza Zeledon	m	Health Educator ProFamilia
604	Eveling	Garcia Gonzalez	f	ProFamilia
605	Veronica Mercedes	Guillén Cordoza	f	Health Promoter ProFamilia
606	Luis Alfonso	Lopez Gaitan	m	Peer Educator Adolescents' Club, ProFamilia
607	Malys Elizabeth	Lopez Garmeordia	f	Health Promoter MCN Adolescents' Club, El Cuá

608	Katherine Izayana	Lopez Obando	f	Health Promoter University Youth Movement against HIV (JUUA VIH) - Polytechnic University of Nicaragua (UPOLI)
609	Jairo Antonio	Lumbi Castro	m	Peer Promoter MCN Adolescents' Club, El Cuá
610	Jordan Javier	Maliavios Rodriguez	m	Health Promoter ProFamilia
611	Jader Alexander	Meza Morin	m	Peer Promoter MCN Adolescents' Club, El Cuá
612	Jasser Josue	Montenegro Lopez	m	Peer Promoter MCN Adolescents' Club, El Cuá
613	Lesther Asdrubal	Munoz Garcia	m	University Youth Movement against HIV (JUUA VIH) - Polytechnic University of Nicaragua (UPOLI)
614	Enrique Antonio	Navarrete Lopez	m	Health Promoter ProFamilia
615	Jorge	Orestes Rosales	m	Peer Educator Adolescents' Club, ProFamilia, Los Robles
616	Jorge Luis	Orozco	m	Social Promoter University Youth Movement against HIV (JUUA VIH) - Polytechnic University of Nicaragua (UPOLI)
617	Darling Magaly	Paul Castillo	f	Former Peer Promoter Municipal A&Y House, Estelí
618	Bianeyling Anahi	Polanco Tercero	f	Peer Promoter MCN Adolescents' Club, El Cuá
619	Adilson Briones	Rivera	m	Promoter Municipal A&Y House, Estelí
620	Belki Osmara	Rizo	f	Peer Promoter MCN Adolescents' Club, El Cuá
621	Tatiana	Rizo Escorcía	f	Former Peer Promoter Municipal A&Y House, Estelí
622	Madeling Urania	Rizo Lopez	f	Peer Promoter MCN Adolescents' Club, El Cuá
623	Ernesto Jose	Rodriguez Aravermio	m	Volunteer University Youth Movement against HIV (JUUA VIH) - Polytechnic University of Nicaragua (UPOLI)
624	Mariby	Romero	f	Promoter Municipal A&Y House, Estelí
625	Shayron P	Tower Sjogreen	m	President Municipal A&Y Council, Corn Island
A&Y Beneficiaries (Egypt)				
#	First Name	Family Name	Sex	Position Name of Organisation
626	Mahmoud	Abd El Aziz		Volunteer Youth Friendly Clinic Egyptian Family Planning Association (EFPA)
627	Ahmed	Abd El-Hameed		Volunteer El-Karnak for Development
628	Ahmed Metwally	Abd El-Hameed		Volunteer Y-Peer
629	Israa	Abd El-Moneim		Volunteer Y-Peer
630	Khaled Elsayeed	Abd Elsabour		Volunteer Y-Peer
631	Mahmoud Shabaan	Abd El-Salam		Volunteer Roayaa for Development and Training
632	Hassan, Abdelkhalek	Abdelkhalek		Volunteer Y-Peer
633	Ahmed Shehata	Abdellatef		Volunteer Y-Peer
634	Amira Youssef	Ahmed		Volunteer Y-Peer

635	Yousra Mohamed	Ali		Volunteer Egyptian Family Planning Association (EFPA)
636	Doaa Mohamed	Amin		Volunteer Sohbat El-Kheir Association
637	Mohamed Ragab	Besheer		Volunteer Y-Peer
638	Amany	Darweesh		Volunteer Y-Peer
639	Mohamed Hossam	El-Din		Volunteer Y-Peer
640	Ruba	El-Gamal Kamal		Volunteer Y-Peer
641	Shreen Ali	Elhassan		Volunteer Y-Peer
642	Mohamed	El-Sadaany		Volunteer Y-Peer
643	Ahmed Tolba	Elsayed		Volunteer Y-Peer
644	Tayseer	Elsayed Salah		Volunteer Youth Friendly Clinic Egyptian Family Planning Association (EFPA)
645	Mona Raef	Farouk		Volunteer Y-Peer
646	Abdelrahman	Farouk		Volunteer Y-Peer
647	Basma Elsayed	Habib		Volunteer Y-Peer
648	Noha	Hany Mohamed		Volunteer Youth Friendly Clinic Egyptian Family Planning Association (EFPA)
649	Ahmed Hassan	Hassan		Volunteer Y-Peer
650	Tamer	Hassbo		Volunteer Y-Peer
651	Huda	Hussen		Volunteer Y-Peer
652	Aya Mohamed	Ihab		Volunteer Y-Peer
653	Ahmed	Khalifa		Volunteer Y-Peer
654	Mamdouh	Magdy		Volunteer Youth Friendly Clinic Egyptian Family Planning Association (EFPA)
655	Doha Mohamed	Mahmoud		Volunteer Y-Peer
656	Roquia	Mahmoud Abd El-Motelb		Volunteer Y-Peer
657	Mohamed Ibrahim	Mansour		Volunteer Y-Peer
658	Sayed Mahmoud	Mohamed		Volunteer Y-Peer
659	Adel Elsayed	Mohamed		Volunteer Y-Peer
660	Mohamed Ahmed	Negm El-Din		Volunteer Egyptian Family Planning Association (EFPA)
661	May Mohamed	Negm El-Din		Volunteer Egyptian Family Planning Association (EFPA)
662	Hend Ramdan	Omar		Volunteer Y-Peer
663	Esraa Badr Elbeet	Osmaan		Volunteer Y-Peer
664	Ahmed	Radawan Mohammed Rafin		Volunteer Youth Friendly Clinic Egyptian Family Planning Association (EFPA)

665	Mohamed	Saber El Sayed		Volunteer Youth Friendly Clinic Egyptian Family Planning Association (EFPA)
666	Dina	Shabaan		Volunteer Youth Friendly Clinic Egyptian Family Planning Association (EFPA)
667	Mohamed	Shaymaa Fouaad		Volunteer Health Enhancement Association
668	Khaled Saber	Taha		Volunteer Egyptian Family Planning Association (EFPA)
669	Ahmed Salah	Tawfeek		Volunteer Y-Peer
670	Saber	Walaa Abd El-Naser		Volunteer Social Services Association

5 Stakeholder Analysis

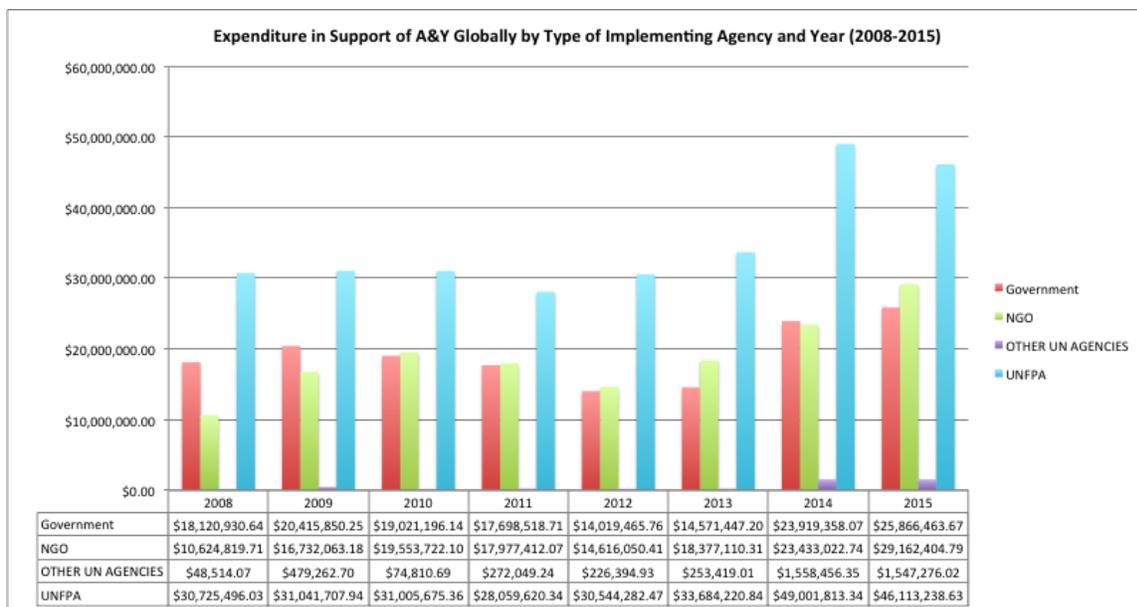
UNFPA works together with a range of stakeholders and implementing partners to implement programming. The type of implementing partner or stakeholder with whom UNFPA works is organized into four categories within UNFPA internal financial/programmatic platform: Government, NGO, Other UN Agency, and UNFPA (when UNFPA is, itself, implementing programming).

The stakeholder analysis presented below aims to provide an overview of the type of stakeholder/implementing partner with whom UNFPA works at global level (that is, country, regional and headquarter aggregated) as well as at headquarter, regional and country office level (grouped by region).

Global

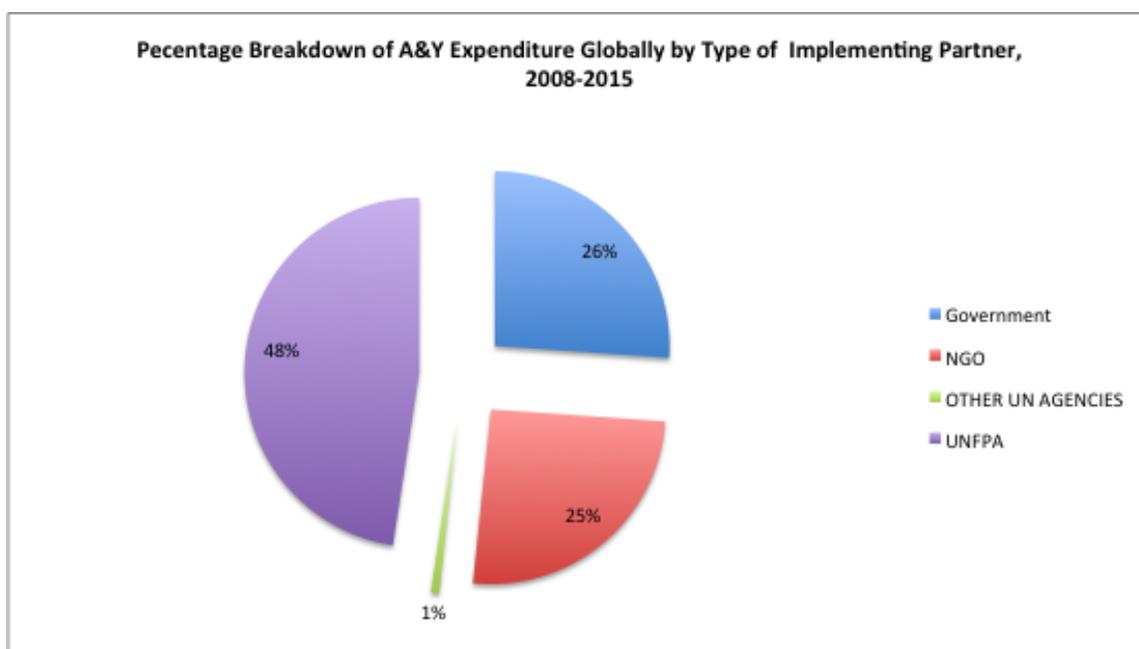
Figure 1 captures the amount spent from 2008 to 2015 by the four categories of implementing partner at country, regional and HQ levels. On the whole, UNFPA implemented the majority of programming, accounting for 48% of expenditure globally. Government and non-governmental organisations (NGOs) followed behind, implementing 26% and 25% of expenditure, respectively. Other UN agencies implemented the least, accounting for roughly 1% of expenditure globally.

Figure 1: Expenditure in support of A&Y globally by type of implementing agency and year (2008-2015)



Source: Atlas dataset, generated 10 June 2014, and GPS dataset generated in February 2016

Figure 2: Percentage breakdown of A&Y expenditure globally by type of implementing partner (2008-2015)

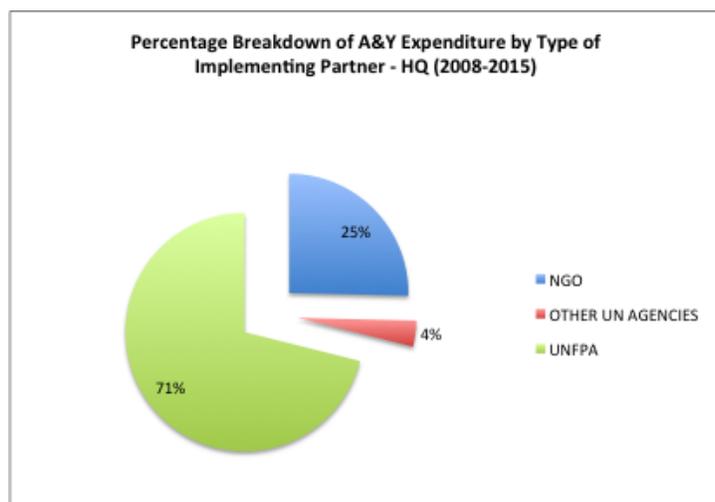


Source: Atlas dataset, generated 10 June 2014, and GPS dataset generated in February 2016

Headquarters

At headquarters, from 2008 to 2015, UNFPA implemented the large majority of interventions directly, accounting for 71% of expenditure. NGOs accounted for 25% of expenditure while only 4% of expenditure was implemented by other UN agencies.

Figure 3: Percentage breakdown of A&Y expenditure by type of implementing partner HQ (2008-2015)



Source: Atlas dataset, generated 10 June 2014, and GPS dataset generated in February 2016

The top five implementing partners by expenditure and type of implementing partner are detailed in Figure 4. Population Council implemented the largest amount among NGOs, while UNICEF implemented the majority of expenditure among other UN agencies with whom UNFPA works.

Figure 4: Top 5 implementing partners by type of expenditure (2008-2015)

Top 5 Implementing Partners by Type and Expenditure, 2008-2015	
NGO	
Population Council	\$1,945,325.89
Youth Coalition for Sexual and Reproductive Rights	\$578,576.10
Italian Association for Women in Development (WID)	\$570,174.32
Global Youth Action Network	\$355,778.21
Harvard School of Public Health	\$352,959.41
OTHER UN AGENCIES	
UN CHILDREN'S FUND (UNICEF)	\$711,551.24
UN Women	\$335,362.00
WORLD HEALTH ORGANIZATION	\$155,755.00
Commonwealth Secretariat	\$60,000.00
UN NGLS	\$20,000.00

Source: Atlas dataset, generated 10 June 2014, and GPS dataset generated in February 2016

Regional Offices

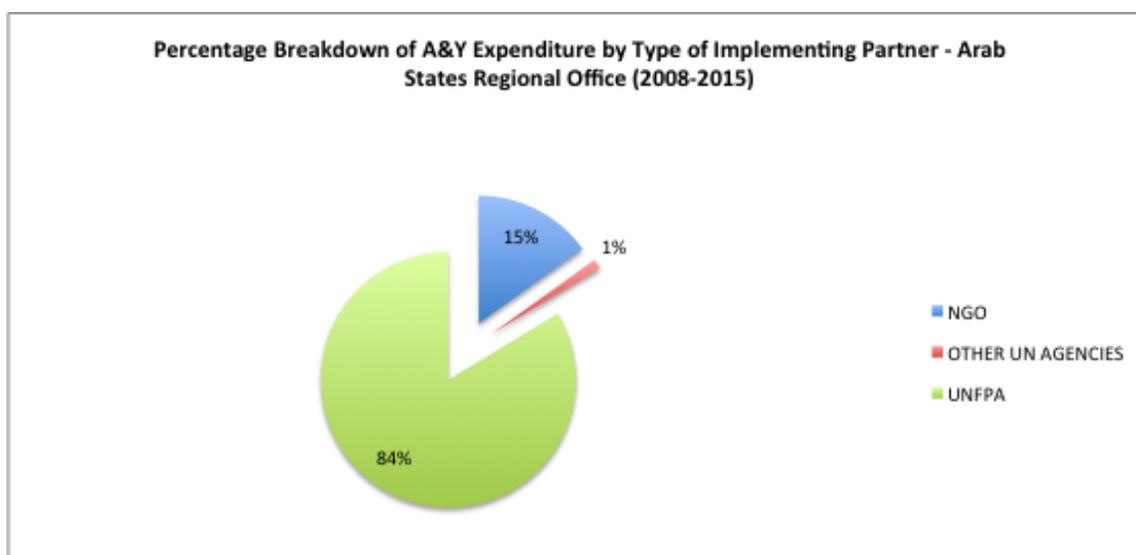
At regional level (regional and, where relevant, sub-regional offices), UNFPA worked together with a range of implementing partners/stakeholders, as well.

Broken down by region, the below analysis provides an overview of the type of partners with whom UNFPA works as well as the top implementing partners by expenditure and type.

Arab Region

Within the Arab Region, 84% of expenditure on adolescents and youth was implemented directly by UNFPA regional office, while NGOs implemented 15% and other UN agencies implemented 1%.

Figure 5: Percentage breakdown of A&Y expenditure by type of implementing partner - Arab States Regional Office (2008-2015)



Source: Atlas dataset, generated 10 June 2014, and GPS dataset generated in February 2016

The top five implementing partners (or less, in cases where there were less than five partners in total) by expenditure are detailed in Figure 6.

Figure 6: Top 5 implementing partners by type of expenditure (2008-2015)

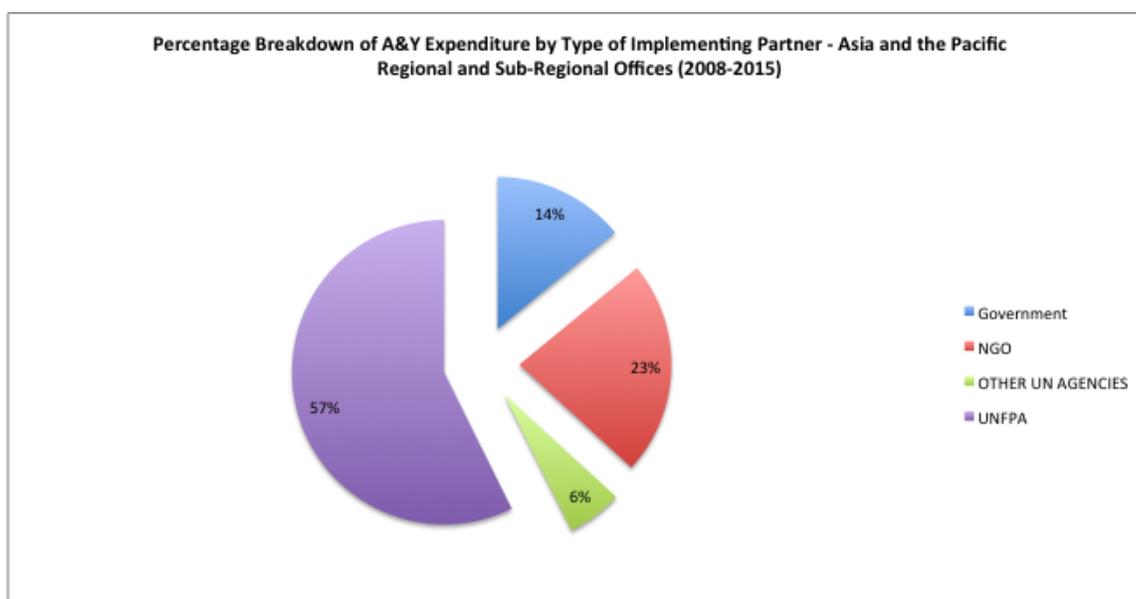
Top 5 Implementing Partners by Type and Expenditure, 2008-2015	
NGO	
National Centre for Culture and Arts (NCCA)	\$516,829.30
League of Arab States	\$291,051.00
American University of Beirut	\$246,782.47
University of Sussex-UK	\$136,000.00
OXFAM GB	\$103,233.85
OTHER UN AGENCIES	
International Labour Organisation (ILO)	\$81,300.00
UN Economic & Social Commission	\$48,182.00

Source: Atlas dataset, generated 10 June 2014, and GPS dataset generated in February 2016

Asia and the Pacific Region

Within the Asia and the Pacific Region (regional and sub-regional offices), 57% of expenditure on adolescents and youth was implemented directly by UNFPA regional and sub-regional offices, while NGOs implemented 23% and government implemented 14%. Other UN agencies implemented the least as a proportion of the total (at 6%).

Figure 7: Percentage breakdown of A&Y expenditure by type of implementing partner - Asia and the Pacific Regional and Sub-Regional Offices (2008-2015)



Source: Atlas dataset, generated 10 June 2014, and GPS dataset generated in February 2016

The top five implementing partners by expenditure are detailed in Figure 8. Due to limitations in the internal financial/programmatic tracking system (Atlas), the “government” category was not able to be usefully disaggregated to provide a more granular picture. Therefore, only the “NGO” and “Other UN Agencies” categories are listed below.

Figure 8: Top 5 implementing partners by type and expenditure (2008-2015)

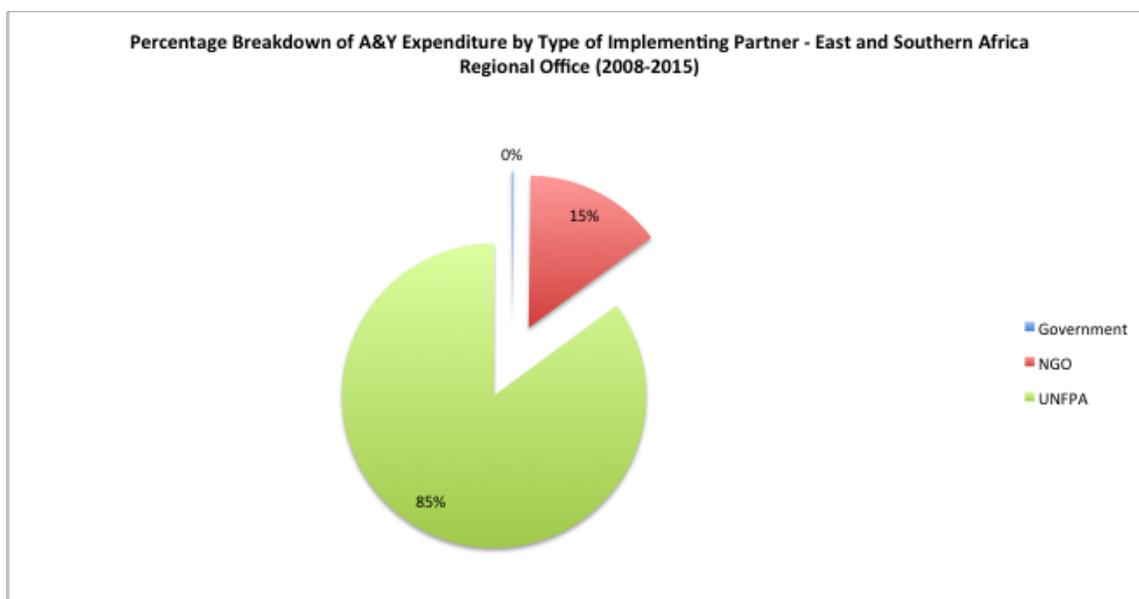
Top 5 Implementing Partners by Type and Expenditure, 2008-2015	
NGO	
Secretariat of the Pacific Community	\$1,612,109.81
Asian Forum of Parliamentarians on Population and Development	\$359,703.51
The Fiji School of Medicine	\$156,137.61
The Population Council	\$120,756.08
International Planned Parenthood Federation South Asia Regional Office	\$117,783.60
OTHER UN AGENCIES	
UN CHILDREN'S FUND (UNICEF)	\$518,400.00
United Nations Development Programme (UNDP)	\$206,133.74

Source: Atlas dataset, generated 10 June 2014, and GPS dataset generated in February 2016

Eastern and Southern Africa Region

The large majority (85%) of expenditure on adolescents and youth within Eastern and Southern Africa region was implemented directly by UNFPA regional office, followed by NGOs, which implemented 15% of expenditure. The regional office did not often implement interventions with government, which accounted for less than 1% of expenditure implementation.

Figure 9: Percentage breakdown of A&Y expenditure by type of implementing partner - East and Southern Africa Regional Office (2008-2015)



Source: Atlas dataset, generated 10 June 2014, and GPS dataset generated in February 2016

The top five implementing partners by expenditure are detailed in Figure 10.

Figure 10: Top 5 implementing partners by type and expenditure (2008-2015)

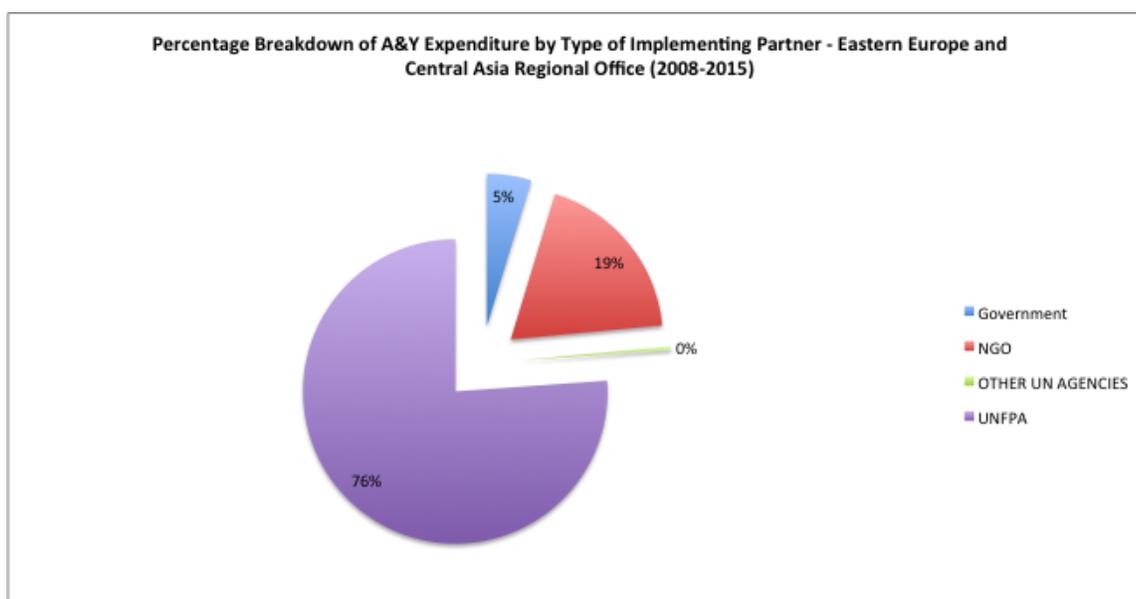
Top 5 Implementing Partners by Type and Expenditure, 2008-2015	
NGO	
Soul City: Institute for Health and Development Communication	\$490,043.40
The International Planned Parenthood Federation Africa Region (IPPFAR)	\$434,938.32
Praekelt Foundation	\$140,219.95
Southern African Youth Movement	\$122,281.68
Sonke Gender Justice Network	\$114,381.45

Source: Atlas dataset, generated 10 June 2014, and GPS dataset generated in February 2016

Eastern Europe and Central Asia

Within the Eastern Europe and Central Asia Regional Office, the majority (76%) of expenditure on adolescents and youth was implemented directly by UNFPA, followed by NGOs, which implemented 19% of expenditure. The regional office worked together with government, which accounted for 5% of expenditure, while other UN agencies accounted for less than 1% of expenditure.

Figure 11: Percentage breakdown of A&Y expenditure by type of implementing partner - Eastern Europe and Central Asia Regional Office (2008-2015)



Source: Atlas dataset, generated 10 June 2014, and GPS dataset generated in February 2016

The top five implementing partners by expenditure are detailed in Figure 12.²

Figure 12: Top 5 implementing partners by type of expenditure (2008-2015)

Top 5 Implementing Partners by Type and Expenditure, 2008-2015	
NGO	\$1,512,698.56
National Center for Public Health Protection - Bulgaria	\$544,128.51
Yale University - Center for Interdisciplinary Research on AIDS	\$375,339.91
International Children's Center - Turkey	\$306,383.62
Inter-European Parliamentary Forum on Population and Development	\$94,980.00
JAZAS Youth - Serbia	\$89,456.00
OTHER UN AGENCIES	\$28,470.33
UNESCO (United Nations Educational, Scientific and Cultural Organisation)	\$28,470.33

Source: Atlas dataset, generated 10 June 2014, and GPS dataset generated in February 2016

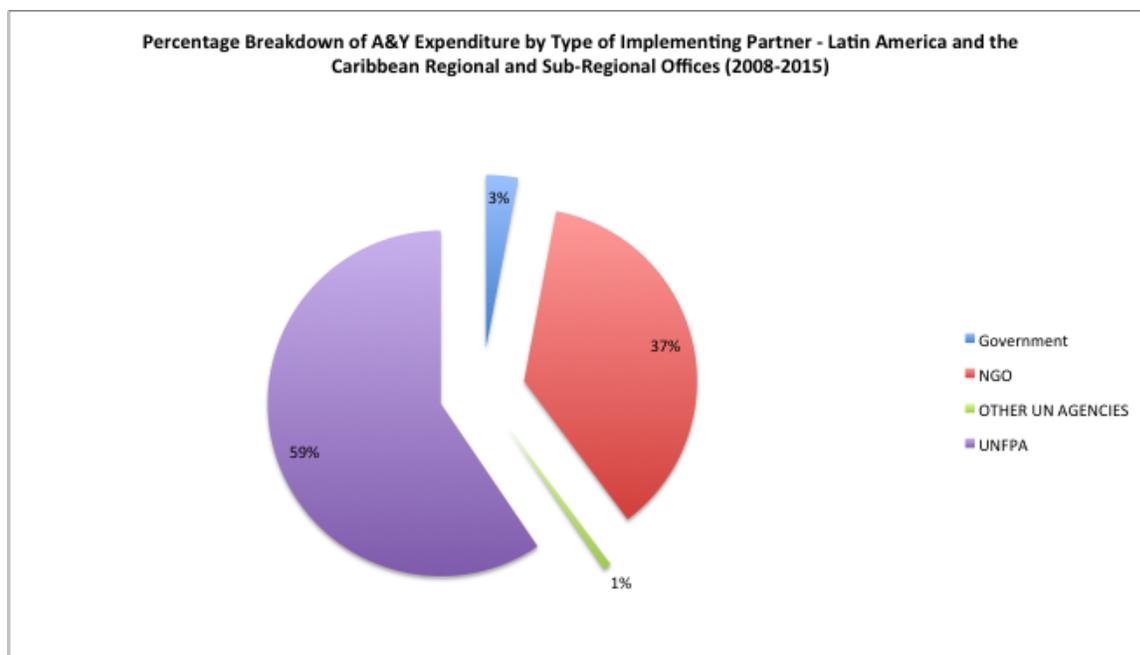
Latin America and the Caribbean

Within the Latin America and the Caribbean (regional and sub-regional offices), the majority (59%) of expenditure on adolescents and youth was implemented directly by UNFPA, followed relatively closely behind by NGOs, which implemented 37% of expenditure. The regional and sub-regional offices worked together with

² As shared in the text, due to limitations in the internal financial/programmatic tracking system (Atlas), the “government” category was not able to be usefully disaggregated to provide a more granular picture. Therefore, only the “NGO” and “Other UN Agencies” categories are presented in this table.

government and other UN agencies, though both accounted for only a small proportion of implementation (3% and 1%, respectively).

Figure 13: Percentage breakdown of A&Y expenditure by type of implementing partner - Latin America and the Caribbean Regional and Sub-Regional Offices (2008-2015)



Source: Atlas dataset, generated 10 June 2014, and GPS dataset generated in February 2016

The top five implementing partners by expenditure are detailed in Figure 14.³

Figure 14: Top 5 implementing partners by type of expenditure (2008-2015)

Top 5 Implementing Partners by Type and Expenditure, 2008-2015	
NGO	
International Planned Parenthood Federation	\$2,022,306.77
Iberoamerican Association	\$1,708,551.99
Family Care International	\$1,229,052.90
Organismo Andino de Salud-Convenio Hipólito Unanue (ORAS-CONHU)	\$648,527.00
Soluções Inovadoras em Saúde Sexual e Saúde Reprodutiva	\$231,953.37
OTHER UN AGENCIES	
UN Economic Commission for Latin America and the Caribbean	\$84,572.14

³ As shared in the text, due to limitations in the internal financial/programmatic tracking system (Atlas), the “government” category was not able to be usefully disaggregated to provide a more granular picture. Therefore, only the “NGO” and “Other UN Agencies” categories are presented in this table.

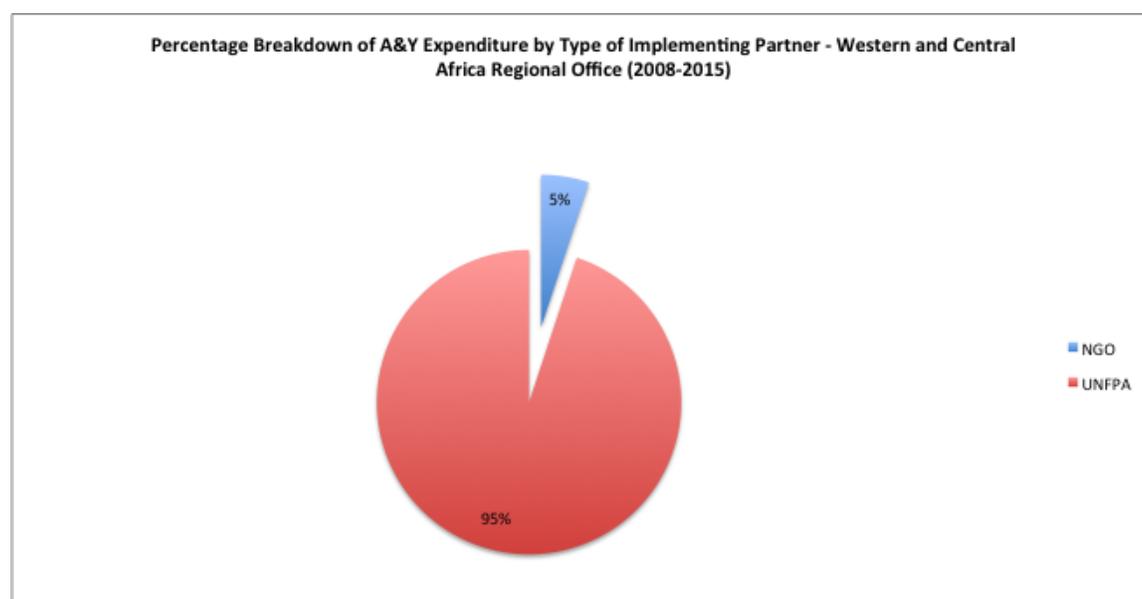
UNESCO	\$30,000.00
UNICEF	\$15,600.00

Source: Atlas dataset, generated 10 June 2014, and GPS dataset generated in February 2016

Western and Central Africa

Within Western and Central Africa, nearly all (95%) expenditure on adolescents and youth was implemented directly by UNFPA. NGOs implemented 5% of expenditure.

Figure 15: Percentage breakdown of A&Y expenditure by type of implementing partner - Western and Central Africa Regional Office (2008-2015)



Source: Atlas dataset, generated 10 June 2014, and GPS dataset generated in February 201

Figure 16: Top 5 implementing partners by type and expenditure (2008-2015)

Top 5 Implementing Partners by Type and Expenditure, 2008-2015	
NGO	\$147,037.00
Association for the Development of Education	\$82,527.00
Population Reference Bureau	\$40,000.00
The International Planned Parenthood Federation	\$22,400.00
Centre for African Family Studies	\$2,110.00

Source: Atlas dataset, generated 10 June 2014, and GPS dataset generated in February 201

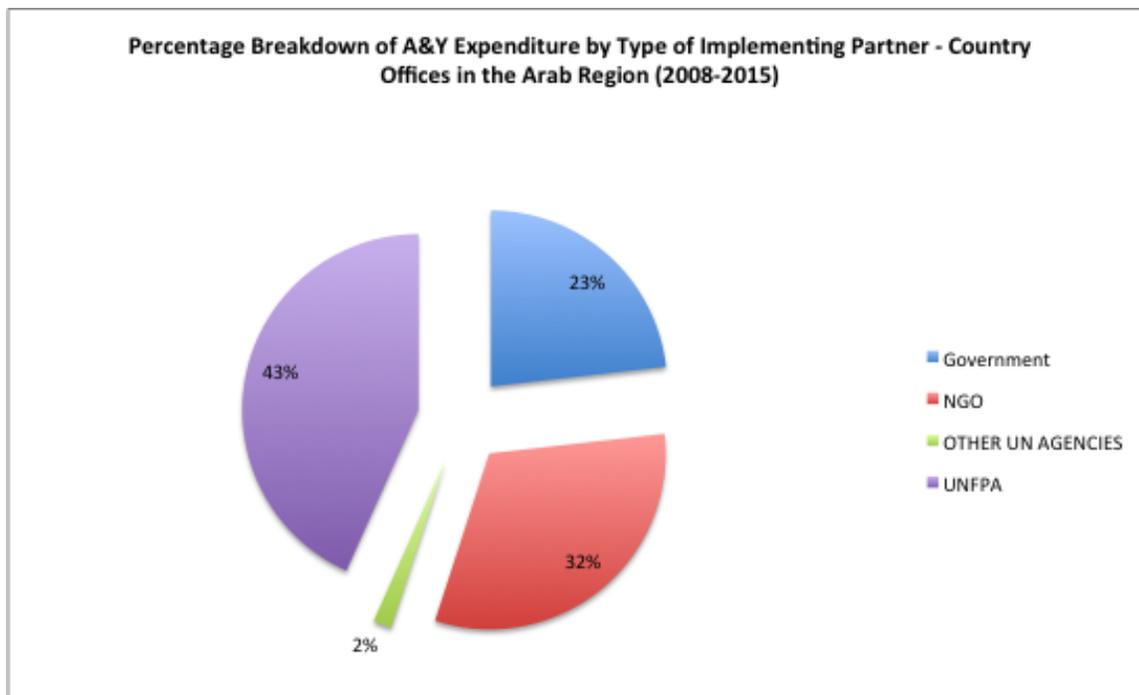
Country offices grouped by region

Similarly, UNFPA worked together with myriad stakeholders at country level. Below, an analysis of stakeholders by country offices grouped by region.

Arab Region

Within the Arab Region, the percentage of expenditure implemented by NGOs, government and UNFPA from 2008 to 2015 was relatively similar, with NGOs implementing 32%, government implementing 23% and UNFPA implementing 43%. Other UN agencies implemented 2% of expenditure in support of adolescents and youth.

Figure 17: Percentage breakdown of A&Y expenditure by type of implementing partner - Country Offices in the Arab Region (2008-2015)

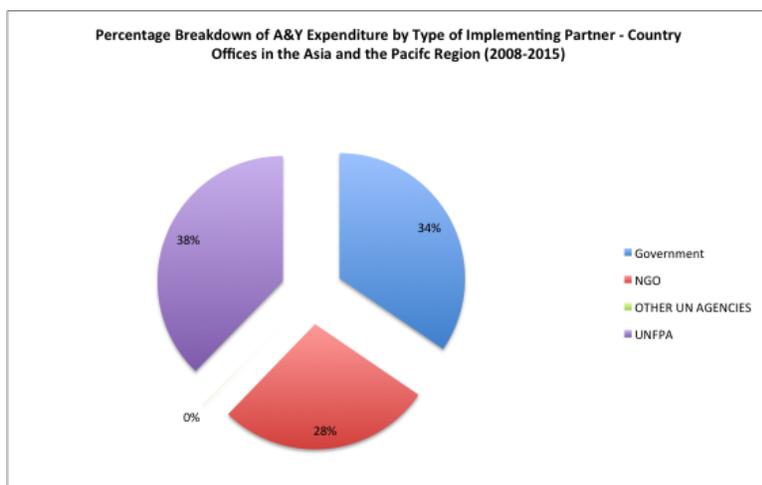


Source: Atlas dataset, generated 10 June 2014, and GPS dataset generated in February 2016

Asia and the Pacific Region

Within the Asia and the Pacific Region, expenditure by country offices is relatively evenly split between UNFPA and government, with UNFPA implementing 38% of expenditure on adolescents and youth directly and government implementing 34%. NGOs implemented a relatively similar amount, accounting for 28% of expenditure.

Figure 18: Percentage breakdown of A&Y expenditure by type of implementing partner - Country Offices in the Asia and Pacific Region (2008-2015)

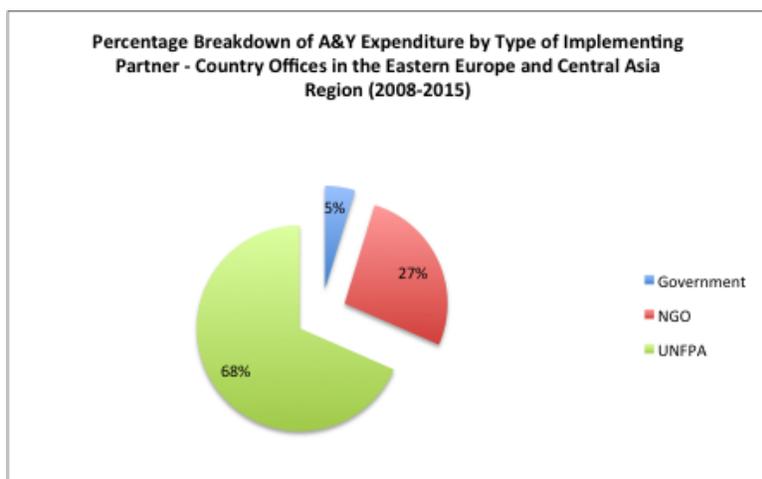


Source: Atlas dataset, generated 10 June 2014, and GPS dataset generated in February 2016

Eastern Europe and Central Asia

Within the Eastern Europe and Central Asia region, UNFPA implemented the majority of expenditure (68%), with NGOs implementing 27%. Five percent of expenditure was implemented by government.

Figure 19: Percentage breakdown of A&Y expenditure by type of implementing partner - Country Offices in Eastern Europe and Central Asia Region (2008-2015)

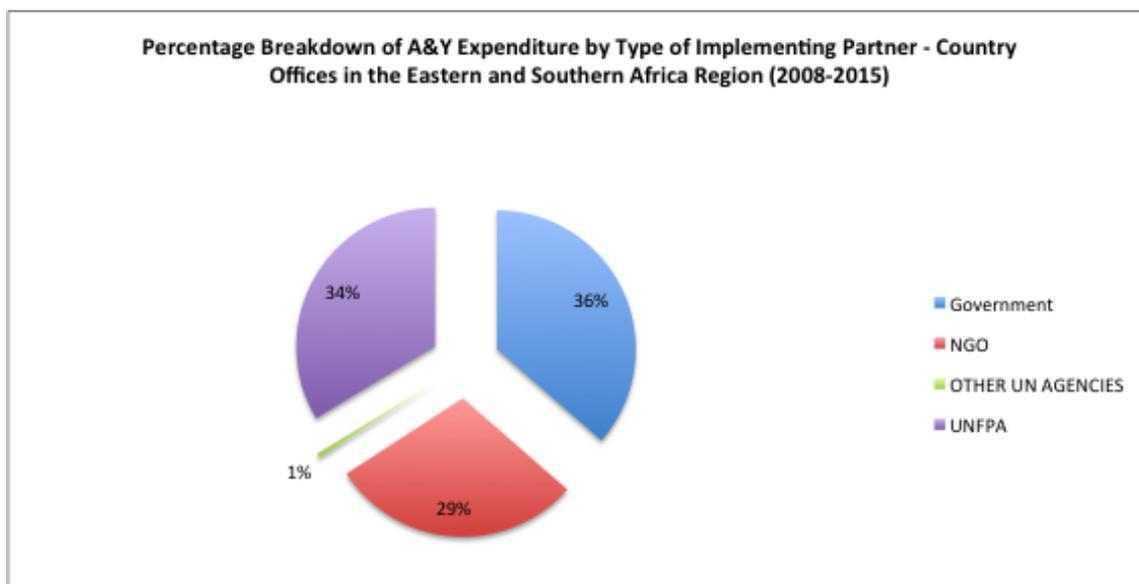


Source: Atlas dataset, generated 10 June 2014, and GPS dataset generated in February 2016

Eastern and Southern Africa

Within Eastern and Southern Africa, expenditure by implementing partner type was relatively evenly distributed. Government partners implemented the highest percentage of expenditure, accounting for 36%, followed by UNFPA, which implemented 34% of expenditure directly. NGOs implemented 29% of expenditure. Though minimal, other UN agencies accounted for roughly 1% of total expenditure.

Figure 20: Percentage breakdown of A&Y expenditure by type of implementing partner - Country Offices in the Eastern and Southern Africa Region (2008-2015)

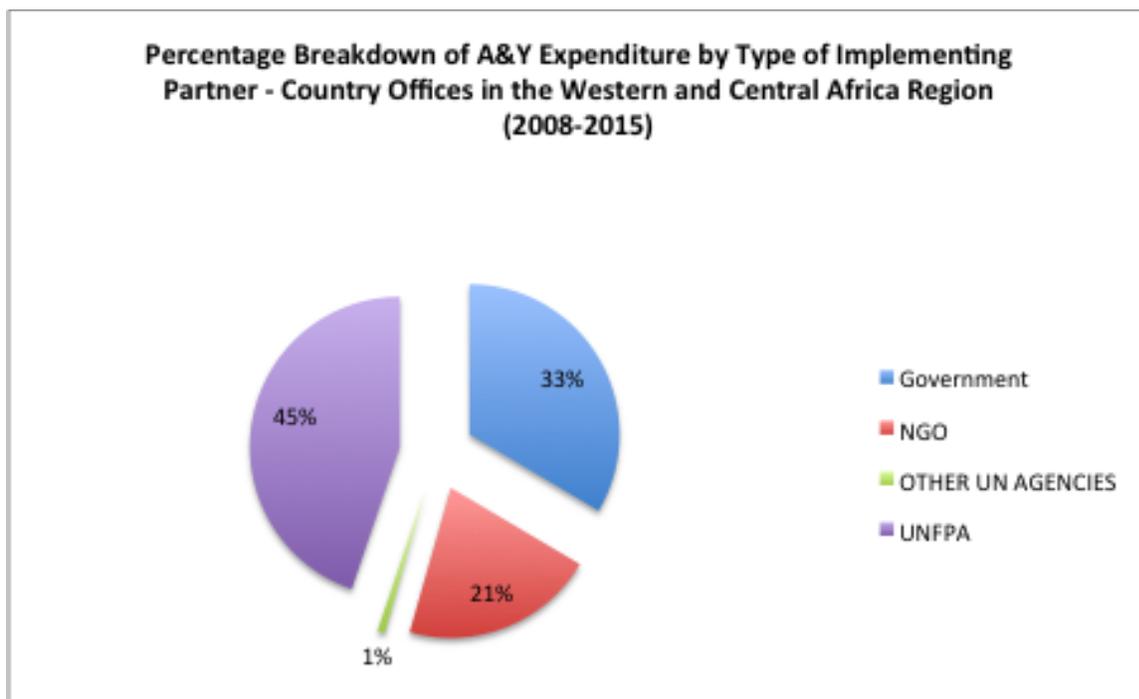


Source: Atlas dataset, generated 10 June 2014, and GPS dataset generated in February 2016

Western and Central Africa

Country offices within the Western and Central African region implemented the majority of expenditure directly (UNFPA accounted for 45% of expenditure). Government implemented 33% of expenditure, and NGOs, as a stakeholder group, accounted for 21%. Other UN agencies implemented only 1% of expenditure.

Figure 21: Percentage breakdown of A&Y expenditure by type of implementing partner - Country Offices in the Western and Central Africa Region (2008-2015)

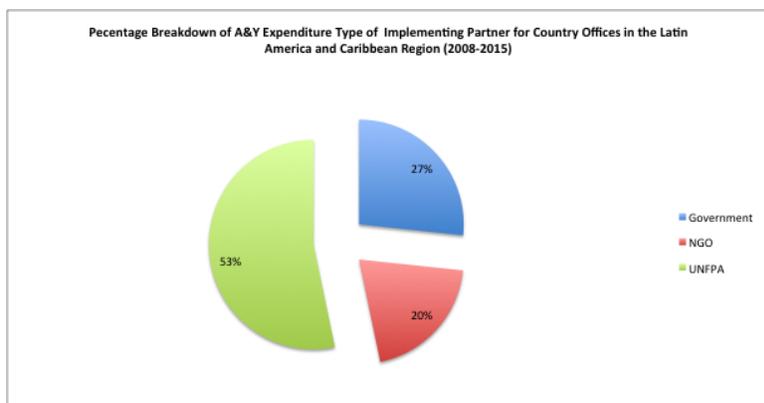


Source: Atlas dataset, generated 10 June 2014, and GPS dataset generated in February 2016

Latin America and the Caribbean

Country offices within the **Latin America and the Caribbean region** implemented the majority of expenditure directly (UNFPA accounted for 53% of expenditure). Government implemented 27% of expenditure while NGOs, as a stakeholder group, implemented 20%.

Figure 22: Percentage breakdown of A&Y expenditure by type of implementing partner - Country Offices in the Latin America and Caribbean Region (2008-2015)



Source: Atlas dataset, generated 10 June 2014, and GPS dataset generated in February 2011

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TERMS OF REFERENCE

Evaluation of the UNFPA Support to Adolescents and Youth 2008-2014

New York

May 22, 2014

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Acronyms

CO	Country office
DHS	Demographic and Health Survey
EQA	Evaluation quality assessment
EO	Evaluation Office
HIV/AIDS	Human immunodeficiency virus/ Acquired immunodeficiency syndrome
HQ	Headquarters
ICPD	International Conference on Population and Development
M&E	Monitoring and evaluation
MDG	Millennium Development Goals
OECD-DAC	Organisation for Economic Co-operation and Development/Development Assistance Committee
RO	Regional office
SRH	Sexual and reproductive health
TOR	Terms of reference
UNEG	United Nations Evaluation Group
UNAIDS	<i>Joint United Nations Programme on HIV/AIDS</i>
UNFPA	United Nations Population Fund

1. Introduction

Evaluation at UNFPA serves three main purposes: (i) demonstrate accountability to stakeholders on performance in achieving development results and on invested resources; (ii) support evidence-based decision-making; (iii) contribute key lessons learned to the existing knowledge base on how to accelerate implementation of the Programme of Action of the 1994 International Conference on Population and Development (ICPD).⁴

The Evaluation Office will conduct an independent Evaluation of the United Nations Population Fund (UNFPA) support to Adolescents and Youth (2008-2014) to inform decision-making and policy formulation as per the Transitional Biennial Budgeted Evaluation Plan, 2014-2015⁵, approved by the UNFPA Executive Board in 2014.

This evaluation will commence in May 2014 and will be presented to the Executive Board in September 2016. It will be managed by the Evaluation Office, UNFPA, and conducted by a team of external specialists.

These terms of reference were prepared by the evaluation manager based on a document review and initial consultations with stakeholders. They will be finalized based on further comments and discussion with the evaluation reference group. The evaluation team shall conduct the evaluation in conformity with the final terms of reference and under overall guidance from the Evaluation Office and the evaluation reference group.

2. Rationale

This independent evaluation is undertaken as a matter of corporate strategic significance that contributes to the assessment of progress against the current and past strategic plans. Support to the those in the most marginalized or vulnerable situations, including adolescents and youth and, particularly, adolescent girls, has been an important priority for UNFPA under the 2008 and 2014 Strategic Plans, in the UNFPA adolescents and youth framework (2006) and within the current adolescents and youth strategy (2012). An in depth thematic evaluation of adolescents and youth has not been undertaken before; therefore the results of this exercise will provide important knowledge, evidence and inform decision-making by management by presenting findings and lessons learned from UNFPA support for the past 7 years. The evaluation also presents an important opportunity to assess the level of investment of UNFPA in its support to adolescents and youth as a key corporate priority. The evaluation will constitute an important contribution of evidence to the planned mid-term review of the Strategic Plan (2014-2017).

⁴ DP/FPA/2013/5

⁵ DP/FPA/2014/2

3. Users of the Evaluation

The main users of the evaluation include UNFPA staff (at the global, regional and country levels), implementing partners – including public and private sectors as well as civil society organizations, national policy makers, donors - and beneficiaries of UNFPA support. The evaluation will also be a source of information for other stakeholders and partners in countries where UNFPA interventions on adolescents and youth are implemented.

4. Context

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."

Today's adolescents and youth are 1.8 billion strong and make up one quarter of the world's population. They are shaping social and economic development, challenging social norms and values, and building the foundation of the world's future. While notable progress has been made, many adolescents — especially girls — are denied the investments and opportunities that they need to realize their full potential.

For millions of young people around the world, puberty – the biological onset of adolescence – brings not only changes to their bodies but also new vulnerabilities to human rights abuses, particularly in the arenas of marriage and child bearing. Young people are also at high risk of becoming infected with HIV; indeed, 4.9 million young people (10-24 years old) are living with HIV and more than 90 become infected with HIV every hour⁶. Yet most young people still have no access to sexual and reproductive health programmes that provide the information, skills, services, commodities, and social support they need to prevent HIV. Furthermore, more than half of all sexually transmitted infections, other than HIV, occur among young people aged 15 to 24⁷.

Governments and the international community have recognized these challenges and acknowledge the singular importance of providing the resources and opportunities required for all adolescents and youth to reach their full potential.

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.

⁶ UNAIDS (2013), Global Report on the AIDS Epidemic

⁷ UNAIDS, Joint Action for Results UNAIDS Outcome Framework: Business Case 2009–2011

The UNFPA Strategic Direction Positioning Statement (2002) advocated for a life cycle approach for sexual and reproductive health and reproductive rights. It recognized 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. Strategic investments in this group can have the most long-term, cost-effective impact and can lead to serious poverty reduction.

Governments met at the 2005 World Summit to reaffirm their resolve to achieve the Millennium Development Goals by 2015. Many of the MDG targets directly relate to young people's health and development (MDG 2-3-5-6-8). The World Summit underscored the need for achieving universal access to reproductive health services by 2015, as set out in the ICPD. The Resolution of the 2012 United Nations Commission on Population and Development emphasizes the imperative to invest in adolescents and young people as "whole persons" making youth development a priority across all sectors.

5. Strategic Framework

UNFPA Strategic Plans constitute the framework for all UNFPA programmes. Global, regional and country programmes are approved by the governing body of UNFPA, the Executive Board, and contribute to the achievement of Strategic Plan results. The overall purpose of the global and regional programme is to ensure that UNFPA exercises effective global and regional leadership in providing support to countries in implementation of the ICPD Programme of Action and contributions to the achievement of the Millennium Development Goals (MDGs). The global and regional programme is linked to country operations and mutually reinforces policy, technical, and programme dimensions through provision of multi-disciplinary technical assistance, reinforcement of policy dialogues and programming, including joint programming where viable.

5a. UNFPA strategic focus on adolescents and youth

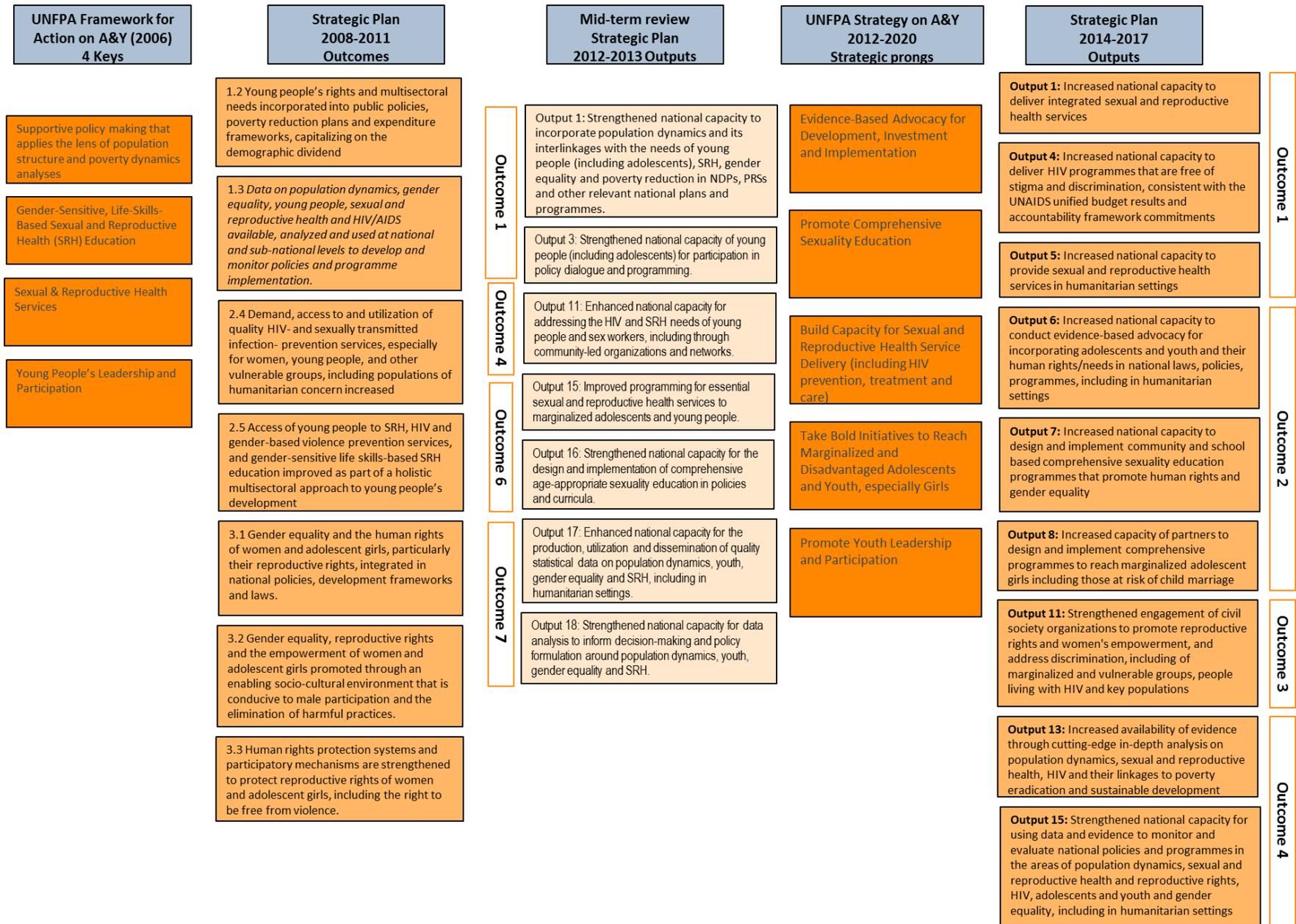
The **2008-2011 UNFPA Strategic Plan** focused on adolescents and youth as a key cross-cutting issue mainstreamed and addressed in the three focus areas of UNFPA intervention: population and development, reproductive health and rights and gender equality. It advocated for increasing health, education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

In 2011, the **Midterm Review** of UNFPA Strategic Plan presented a revised strategic direction for the years 2012-2013 to help strengthen the focus of the organization and prioritize key issues. Under outcome 6 (*Improved access to SRH services and sexuality education for young people (including adolescents)*) UNFPA would strengthen its support for access to essential SRH services for young people, with special emphasis on reaching adolescent girls. UNFPA would also support

SRH education for young people (including adolescents) and strengthen efforts to build national capacities to design and implement age-appropriate, SRH education and information policies and curricula. The issue of adolescents and youth was also mainstreamed across the other outcomes, namely focusing on advocating for increasing health, education and livelihood investments for young people, seizing demographic windows of opportunity, addressing the critical issues of SRH services, HIV prevention and gender equality, promoting the rights of young people to participate at all levels of policy development, implementation and monitoring. UNFPA would focus on people in the most marginalized and vulnerable situations, including particularly adolescent girls.

The **2014-2017 UNFPA Strategic Plan** reaffirms the refocusing presented under the midterm review (visually represented in the bull's eye) which places women, adolescents and youth as key beneficiaries of UNFPA support. Those in the most marginalized and vulnerable situations, particularly adolescent girls, are prioritized under the plan with the objective of improving their health and ability to participate in the decision-making process on the issues that affect their lives. Three key factors underpin UNFPA support under the new Plan, namely human rights, gender equity and population dynamics. Support to adolescents and youth is addressed specifically under outcome 2 (*Increased priority on adolescents, especially on very young adolescent girls, in national development policies and programmes, particularly increased availability of SRH education and information and sexual and reproductive health services*). In addition, support to adolescents and youth is addresses across outcomes 1-3-4 of the Strategic Plan and is specified under a further 6 outputs.

The diagram below illustrates the strategies and strategic support of UNFPA to adolescents and youth since 2007 when the first *Framework* on adolescents and youth was launched.



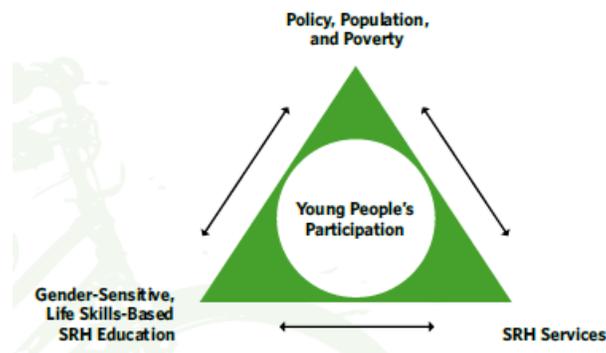
5b. UNFPA Support to Adolescents and Youth: Strategies

UNFPA has worked for more than thirty years in the area of adolescents and youth, traditionally focusing on SRH education and SRH services. In response to a changing development context for young people and increasing emphasis on poverty reduction, UNFPA has been moving from mainly focusing 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 HIV), and employment in the context of poverty reduction.

Framework for Action on Adolescents and Youth (2006)

In 2006 UNFPA launched the *Framework for Action on Adolescents and Youth* to contribute holistically to the comprehensive development of adolescents and youth in the areas of sexual and reproductive health, education, livelihoods and citizenship. The *Framework* was situated within the parameters of the UNFPA Strategic Direction and understood in the context of the ICPD, MDGs, and the UN Reform. The *Framework* moved UNFPA towards engaging in policy dialogue and connecting policy support with programme development with a particular focus on the socially excluded. It aimed to promote synergies between thematic areas and leverage the resources of national governments and other development partners for adolescents and youth.

The *Framework* positioned UNFPA support in **four key areas** and four overarching principles as per the diagram and table below:



Four Keys (2006)

KEY 1	Focus public policy on young people and incorporate their issues in national MDG-based development and poverty reduction strategies.
Supportive policy making that applies the lens of population	

structure and poverty dynamics analyses	<ul style="list-style-type: none"> • Leveraging data on young people for social development policies and poverty reduction plans; • Analyzing population structures and advocating a “demographic bonus” argument for making social investments in young people; and • 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	<ul style="list-style-type: none"> • 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. • Pursue policy discussions, dialogue, and advocacy on improving the quality of education systems, postponing age at marriage, and retaining girls in schools. • Inclusion of SRH education in school curricula and informal education programmes within the context of sectorwide approaches (SWAs), poverty reduction strategies (PRSs), and education reforms.
KEY 3 Sexual & Reproductive Health Services	<ul style="list-style-type: none"> • Promote a core package of health and SRH services and commodities that will include contraception, HIV prevention, and maternal health services.
KEY 4 Young People’s Leadership and Participation	<ul style="list-style-type: none"> • Identify institutional mechanisms for incorporating young people’s input into policy and programming processes (including planning, implementation, monitoring, and evaluation). • Invest in capacity building and leadership skills of young people to make them advocates for their own rights and development issues. • Promote peer educators as polyvalent agents for transmitting safe SRH messages, linking peers with services, and allying with young people’s networks and coalitions. • 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.
Four overarching principles	
Special attention to vulnerable and excluded	
Rights-based approach	
Culturally-sensitive approach	
Gender perspective	

In order to deliver, specific policy and programmatic actions for each Key would be supported:

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

In 2010 UNFPA undertook an *Assessment of Adolescent and Youth Programming* to obtain a snapshot of adolescent and youth programmes (2008-2010) in all regions of intervention particularly emphasizing the regional and country levels. The purpose of the exercise was to inform adolescent and youth programming beginning in 2011, specifically the provision of technical support and strengthening capacities of national and regional institutions. More specifically, the assessment explored the usefulness of the UNFPA's Framework for Action on Adolescents and Youth (2006), in anticipation of its revision in 2011. The Assessment also aimed to contribute to the wider UNFPA mid-term review process.

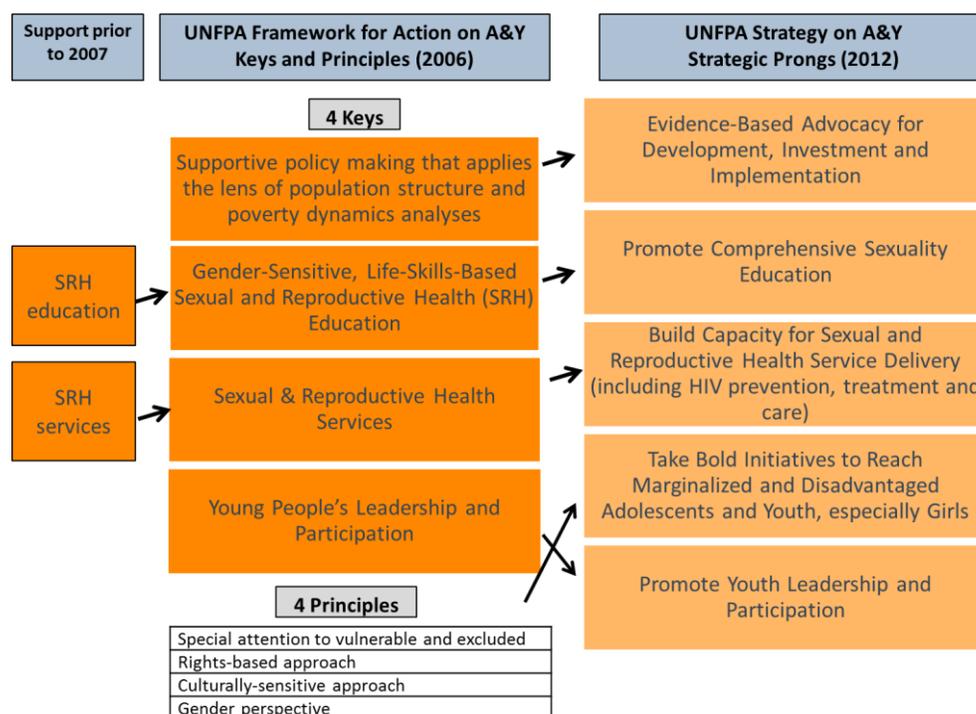
UNFPA Strategy on Adolescents and Youth (2012-2010)

In 2012 UNFPA rolled out a new strategy on adolescents and youth based on **5 strategic prongs**:

1. Enable evidence-based advocacy for comprehensive policy and program development, investment and implementation
2. Promote SRH education and information
3. Build capacity for sexual and reproductive health service delivery (including HIV prevention, treatment and care)
4. Take bold initiatives to reach marginalized and disadvantaged adolescents and youth, especially girls
5. Promote youth leadership and participation

The strategy adopts an integrated approach, that is a comprehensive set of policies and programmes that address the whole person. It advocates for evidence-based policies and programs for adolescents and youth; promoting their access to SRH education and information as well as sexual and reproductive health services, including family planning; and facilitating their leadership and participation. The strategy is based on 4 core principles, namely: a. accountability to key stakeholders, especially young people; b. delivery through partnerships; c. respecting diversity, focusing on the most disadvantaged; d. tailoring actions to national and local contexts.

The strategy is based on the previous adolescent and youth framework for action but adds a stronger focus on reaching poor, marginalized, and underserved youth, especially adolescent girls, as shown in the diagram below.



UNAIDS Outcome Framework (2009–2011) and UNAIDS Strategy (2011–2015)

UNFPA is the convener within the UN joint programme on HIV/AIDS (UNAIDS) around the issue of HIV and young people. Through the UNAIDS Outcome Framework and the subsequent UNAIDS Strategy, UNFPA articulated its commitment and programmatic focus to addressing the HIV-related needs of young people, including those at risk of HIV, in terms of mitigating the burden of the epidemic and ensuring access to information and services.

6. Evaluation purpose, objectives and scope

6.1 Purpose

The purpose of the evaluation is to assess the performance of UNFPA in its support to adolescents and youth during the period 2008–2014 falling under the UNFPA Framework for Action on Adolescents and Youth and the UNFPA Strategic Plan 2008–2013 (including the midterm review). The evaluation will also provide key learning to contribute to the implementation of the current UNFPA Strategy on Adolescents and Youth (2012–2020) under the current the UNFPA Strategic Plan (2014–2017). The evaluation is scheduled to inform the mid-term review of the current Strategic Plan.

6.2 Objectives

The primary objectives of the evaluation are to:

1. Assess how the frameworks as set out in the UNFPA Strategic Plans (2008-2013 / 2014-2017), the UNFPA Framework for Action on Adolescents and Youth (implemented in 2007), the UNFPA Strategy on Adolescents and Youth (2012) have guided the programming and implementation of UNFPA interventions in the field of adolescents and youth;
2. Facilitate learning, capture good practices and generate knowledge from UNFPA experience across a range of key programmatic interventions in the area of adolescent and youth during the 2008-2014 period to inform the implementation of relevant Strategic Plan outcomes and future interventions in the field of adolescent and youth.

6.3 Scope of the evaluation

The evaluation will cover the implementation and results of UNFPA support during the period 2008-2014.

The evaluation will assess:

1. the relevance of UNFPA support for the period 2008-2014;
2. the consistency between programming and implementation for the period 2008-2014;
3. the implementation of the UNFPA support focusing on effectiveness, efficiency and sustainability for the period corresponding to the previous strategies⁸ and on intended effects for the period under the current cycle.⁹

With regards to the thematic scope, the evaluation will examine the contribution to results as presented in UNFPA strategic documents (presented in section 5: Strategic Framework), and review, inter alia, the overall consistency of the set of interventions implemented to support adolescents and youth specifically in the areas of evidence-based advocacy for development, investment and implementation; SRH education and information ; sexual and reproductive health services for adolescents and youth (including contraception and HIV); initiatives to reach marginalized and vulnerable young people, especially girls; and youth leadership and participation in policy dialogue and programming under the 2008-2013 cycle. The evaluation will be forward-looking and strategic in nature and will aim to inform the programming and implementation of interventions under the current Strategic Plan (2014-2017) including key strategic orientations, gaps and opportunities for UNFPA support to adolescents and youth.

⁸ United Nations Population Fund, the UNFPA Strategic Plan, 2008-2011 and the Midterm review, 2012-13

⁹ United Nations Population Fund, the UNFPA Strategic Plan, 2014-2017

The evaluation will take stock of the evolution of UNFPA support to adolescents and youth in all thematic areas since the deployment of the first adolescents and youth Framework and analyse changes in focus, approaches and resource allocation. It will review UNFPA support to adolescents and youth as a targeted and mainstreamed issue. The evaluation will pay particular attention to the integration of cross-cutting issues such as gender equity, special attention to those in the most marginalized and vulnerable situations, and culturally sensitive and human rights based approaches in UNFPA support to adolescents and youth.

The evaluation will cover interventions directly relevant to adolescents and youth financed from core and non-core resources. Relevant documentation and evidence relating to activities undertaken by other partners active in the field of adolescents and youth will be reviewed under the angle of coordination and eventual partnerships, but not be formally assessed.

The evaluation will not specifically focus on UNFPA support to adolescents and youth in conflict, disaster, emergency, humanitarian or post-crisis settings given the time and budget constraints for this evaluation. These issues would be better addressed when conducting an evaluation of UNFPA support in emergency/ crisis settings.

As regards to the geographical scope, the evaluation will cover UNFPA support at global, regional and country levels. The evaluation shall include all countries where adolescents and youth interventions were undertaken and currently implemented and where examples can illustrate UNFPA support to comprehensive multisectorial interventions to inform decision making and policy formulation. This includes programme countries in UNFPA six regions of operation: Western and Central Africa; Eastern and Southern Africa, Asia and the Pacific, Arab States, Eastern Europe and Central Asia, Latin America and the Caribbean.

Specific issues related to the access of young people (including adolescents) to contraceptives and how their specific needs are addressed within UNFPA interventions will be analysed within the scope of a thematic evaluation of UNFPA support to family planning (2008-2013) which will be launched currently by UNFPA Evaluation Office. Coordination between the two thematic evaluations will be ensured in order to seek synergies and avoid duplication.

In order to clearly define and delineate the field of study, the evaluators will analyze the theory of change (represented in the intervention logic). The focus of the evaluation will be further delineated with the choice of a set of evaluation questions.

7. Evaluation criteria and indicative areas of investigation

The evaluation will be based on the criteria endorsed by the OECD-DAC: relevance, effectiveness, efficiency and sustainability, in addition to added value.

Relevance

to both national needs, programme country government priorities and UNFPA policies and strategies, and how they address different and changing national contexts

Effectiveness	the extent to which intended results were achieved
Efficiency	in terms of how funding, personnel, administrative arrangements, time and other inputs contributed to, or hindered the achievement of results
Sustainability	the extent to which the benefits from UNFPA support are likely to continue, after it has been completed
Added value	the extent to which the UNFPA support adds benefits to the results from other development actors' interventions

The above criteria are translated into indicative areas for investigation, referred to as evaluation questions in the ToR, to articulate key issues and areas of interest of UNFPA support to stakeholders, thus further delineating the focus and optimizing the utility of the evaluation for learning purposes. Each evaluation question may address one or more criteria in its intent. The evaluation manager, in consultation with the Technical Division at UNFPA, and having undertaken a documentary review developed the following indicative areas of investigation:

1. To what extent has UNFPA been responsive to local contexts and aligned with national development plans and priorities? In particular: to what extent have adolescents and youth and, in particular, the most marginalized and vulnerable young people, been identified and their diverse needs defined and taken into account by UNFPA interventions at regional and country level? To what extent have vulnerable and marginalized adolescent girls been identified and their needs defined and taken into account by UNFPA to design targeted interventions? (*Relevance*)
2. To what extent have human rights based, culturally sensitive and gender responsive approaches been integrated into UNFPA interventions at global, regional and country levels? (*Relevance*)
3. To what extent has UNFPA been effective in contributing to expected results at country and regional level in the areas of evidence-based advocacy for development, investment and implementation; SRH education and information ; sexual and reproductive health services for adolescents and youth (including contraception and HIV); and youth leadership and participation in policy dialogue and programming? In particular, to what extent has UNFPA effectively reached the most marginalized and disadvantaged young people within the adolescents and youth target group at country level, especially adolescent girls? (*Effectiveness*)
4. To what extent has UNFPA strengthened national capacities and leadership and established approaches that lead to national ownership for sustainable results? In particular: to what extent has UNFPA effectively gathered, analysed and utilized relevant data, evidence and lessons learned to support comprehensive multisectorial interventions and innovations with replication potential at country level? To what extent has UNFPA supported national and regional institutions in scaling – up successful and comprehensive adolescent and youth intervention models by means of advocacy and technical support? (*Effectiveness and Sustainability*)

5. To what extent has UNFPA built effective partnerships at national, regional and global levels for a more effective and sustainable contribution to results for adolescents and youth? To what extent has UNFPA worked with youth-led organizations and adolescents and youth, particularly the most marginalized and vulnerable young people, including adolescent girls, in the design, implementation and monitoring of interventions? (*Effectiveness and Sustainability*)
6. To what extent support to adolescents and youth has been effectively and efficiently mainstreamed under different strategic outcomes and outputs at global, regional and country levels? To what extent guidance and support from global and regional levels has been effective to strengthen country office capacities for adolescent and youth interventions? (*Effectiveness and Efficiency*)
7. To what extent have resources (human, financial, administrative, time, etc) been efficiently utilized and combined to achieve the expected results in relation to UNFPA support to adolescents and youth? How has the allocation of resources to support adolescents and youth evolved during the period under evaluation? What is the balance between allocation of resources for targeted and mainstreamed interventions for adolescents and youth? (*Efficiency*)
8. To what extent has UNFPA taken advantage of its comparative strengths in supporting adolescents and youth, particularly in comparison to other UN agencies and development organizations at global, regional and country levels? What is the main UNFPA added value as perceived by key stakeholders at national, regional and global levels? (*Added Value*)

The above indicative questions will be further consolidated and refined within the inception report (when the evaluation team will have a clearer understanding of data availability and methodological feasibility and evaluability). Following broader consultations and detailed documentary review the final evaluation questions will be agreed upon the evaluation reference group.

8. Evaluation methodology and approach

The evaluation will be transparent, inclusive, participatory, as well as gender and human rights responsive. The evaluation will utilize mixed methods and draw on quantitative and qualitative data. These complementary approaches will be deployed to ensure that the evaluation:

- a) responds to the needs of users and their intended use of the evaluation results;
- b) integrates gender and human rights principles throughout the evaluation process, including participation and consultation of key stakeholders (rights holders and duty-bearers) to the extent possible;
- c) utilizes both quantitative and qualitative data collection and analysis methods that can provide credible information about the extent of results and benefits of support for particular groups of stakeholders, especially people in marginalized or vulnerable situations.

Data will be disaggregated by relevant criteria (wherever possible): age, gender, people in marginalized and vulnerable situations, etc. The evaluation will also be sensitive to fair power relations amongst stakeholders. Where feasible and appropriate, the input and participation of adolescents and youth in this exercise will be facilitated and encouraged.

The evaluation will follow the guidance on the integration of gender equality and human rights principles in the evaluation focus and process as established in the UNEG Handbook, Integrating Human Rights and Gender Equality in Evaluation - Towards UNEG Guidance. The evaluation will follow UNEG Norms and Standards for Evaluation in the UN system and abide by UNEG Ethical Guidelines and Code of Conduct and any other relevant ethical codes.

The evaluation will utilise a theory of change approach to the evaluation of UNFPA support to adolescents and youth taking into consideration UNFPA Strategic Plans and other strategic and policy frameworks – its intended outcomes, the activities implemented to achieve those outcomes, and the contextual factors that may have had an effect on implementation of UNFPA interventions and their potential to bring about desired outcomes. Where outcome-level data is lacking, evaluators will assess the extent to which programmes and interventions have contributed to the achievement of results foreseen in UNFPA strategies.

The evaluation team will design the evaluation methods and tools that will allow the evaluation team to answer the questions and to come up with an overall assessment backed by clear evidence. The methodological design will include: an analytical framework; a strategy for collecting and analysing data; a series of specifically designed tools; and a detailed work plan.

The evaluation team will propose a provisional methodological design within the bid (including detailed cost estimates). The main elements of the method will be further developed during the inception phase in line with the agreed evaluation questions (incl. assumptions to be assessed, indicators, data collection tools and analysis approach) and analytical framework and should include the following:

Documentary review and secondary data: A preliminary list of relevant documentation (together with electronic copies) including key documents related to UNFPA activities, reports from other stakeholders and existing literature in the theme has been prepared by the Evaluation Office in consultation with UNFPA technical experts (see selected bibliography in annex). Access to these documents will be made available to interested bidders on request.

A full set of available documents will be shared with the evaluation team during the inception phase. It will include global/regional-level resources that are already available in headquarters such as strategic documents, annual reports, portfolio analysis containing financial information, thematic papers, related studies, evaluations, etc.

Previous thematic, country, or programme evaluations, reviews, audits and assessments carried out by UNFPA and key partners should be used to inform the present exercise. The evaluators will also take into account documentation produced by other donors, experts, and international institutions. In addition, evaluators will be responsible for identifying and researching further information (both qualitative and quantitative) at global, regional and country levels. The available documentation will be reviewed and analysed during the inception phase to determine the need for additional information and finalisation of the detailed evaluation methodology.

During the preparatory phase, The Evaluation Office will undertake a review of the UNFPA portfolio of interventions to inform the inception phase. This will constitute a basis for in-depth analysis to be performed by the evaluation team during the inception phase.

Interviews with key informants: will be conducted by the evaluation team with relevant stakeholders. Key staff from programme countries and global/regional advisors/experts will be interviewed during the inception phase. During the data collection phase, interviews will be conducted with international and national experts and staff. Additional interviews will be conducted with policy makers and actors in the field of adolescents and youth in the programme countries as well as with beneficiaries of UNFPA interventions. Interviews will also be held with staff of other UN agencies and relevant institutions that partner with UNFPA in its support to adolescents and youth at global, regional and/or national levels. Interview protocols will be developed during the inception phase.

Group interviews and focus groups: will be conducted by the evaluation team with selected UNFPA staff, adolescent and youth programme participants/beneficiaries, service providers, and decision/policy makers as well as other actors in the field of adolescents and youth. When organising focus group discussions and group interviews, attention will be given to ensure gender balance, geographic distribution, cultural sensitivity, representation of population groups and representation of the stakeholders/duty bearers at all levels (policy/service providers/target groups/communities). The specific protocols for focus group discussions will be developed during the inception phase.

Survey: An internet-based survey to assess achievements, adequacy of guidance and technical support, challenges and needs, etc. will be designed and implemented to generate additional information from a sample of programme countries for the evaluation. The justification, scope and timing of such a survey will be provided in the inception report.

Country and regional case studies: the evaluation team will assess UNFPA support at global, regional and country level. The team will conduct five country/regional case studies (involving field visits) to provide an in-depth assessment and illustrate UNFPA support at regional/country level as well as analysing to what extent UNFPA HQ and regional offices support country offices in terms of guidance and technical support. The evaluation team will propose a sample of countries spanning the five UNFPA regions of intervention with highest need in the area of A&Y. It is anticipated that this will include one case study covering WCARO, ESARO, APRO, ASRO and LACRO.

In addition, for a balanced approach, the team will undertake between seven to ten desk based country/ regional case studies (no field visits involved) to supplement the field visits and inform the synthesis report. Methodology for the desk cases will involve a documentary review and interviews.

In selecting country case studies, much attention will be paid to the large disparities between regions as well as the disparities attached to cultural and political issues. The criteria to identify and select country case studies will be developed by the evaluation team at the inception phase in close collaboration with the reference group and the evaluation manager. When developing the selection criteria particular attention will be paid to countries that have shown strong results in scaling-up interventions and have developed comprehensive, holistic models for supporting adolescents and youth, amongst other criteria.

9. Evaluation process and deliverables

The evaluation shall consist of six phases, subdivided in subsequent methodological stages and related deliverables. The stages and deliverables for which the contribution of the team of evaluators is requested are indicated in bold.

Evaluation Phases	Methodological Stages	Deliverables
1. Preparatory	<ul style="list-style-type: none"> ➤ Drafting of terms of reference ➤ Setting-up of reference group 	<ul style="list-style-type: none"> ➤ Final terms of reference (UNFPA Evaluation Office)
2. Inception	<ul style="list-style-type: none"> ➤ Structuring of the evaluation 	<ul style="list-style-type: none"> ➤ Inception report
3. Data collection	<ul style="list-style-type: none"> ➤ Data collection, verification of hypotheses 	<ul style="list-style-type: none"> ➤ Presentation of the results of data collection
4. Reporting	<ul style="list-style-type: none"> ➤ Analysis ➤ Judgments on findings ➤ Recommendations 	<ul style="list-style-type: none"> ➤ Country case studies notes ➤ Final report
5. Management response	<ul style="list-style-type: none"> ➤ Response to recommendations 	<ul style="list-style-type: none"> ➤ Management response (UNFPA Technical /Programme Divisions)
6. Dissemination	<ul style="list-style-type: none"> ➤ Dissemination seminars 	<ul style="list-style-type: none"> ➤ Executive Summary (French and Spanish versions) ➤ Evaluation briefs (English, French and Spanish) ➤ PowerPoint presentation of the evaluation results

Note: All evaluation deliverables will be drafted in English (see Annex 1.e) to the exception of: (i) the *executive summary* of the final evaluation report and of the *evaluation brief* which shall be produced in English, French and Spanish versions.

I - Preparatory phase

The EO evaluation manager leads the preparatory work. This phase includes:

- the initial documentary review
- the drafting of terms of reference for the evaluation;
- the selection and recruitment of the external evaluation team;
- the constitution of an evaluation reference group.

II – Inception phase

The evaluation team will conduct the design of the evaluation in consultation with the EO evaluation manager. This phase includes:

- a **documentary review** of all relevant documents available at UNFPA headquarters, regional office and country office levels and documentation from external sources
- a **stakeholder mapping** – the evaluation team will prepare a mapping of stakeholders relevant to the evaluation indicating the relationships between different sets of stakeholders;
- a reconstruction of the **intervention logic** of UNFPA support, i.e. the theory of change meant to lead from planned activities to the intended results of the UNFPA support;
- the **development of the list of evaluation questions**, the identification of the assumptions to be assessed and the respective indicators, sources of information and methods and tools for the data collection (see annex 4 - evaluation matrix);
- the development of a **data collection and analysis strategy** as well as a concrete workplan for the field and reporting phases.
- the selection of the **regional/country case and desk studies**.
- the **pilot mission** (10 working days) case study to test and validate core features such as the evaluation approach, evaluation questions, tools in addition to collecting and analyzing the data required in order to answer the evaluation questions as agreed upon at the design phase.

Following the pilot country case study, the evaluation team will produce an **inception report**, displaying the results of the above-listed steps and tasks. The evaluation team leader will submit the final inception report and present it to the reference group. The inception report shall be considered final upon approval by the evaluation manager.

The inception report will follow the structure set out in Annex 1a.

III – Data collection phase

Following completion of the inception phase, the evaluation team will undertake a comprehensive desk review of UNFPA support to adolescents and youth at global, regional and country levels including five to ten regional/country desk studies and a survey.

The evaluation team will conduct field work in the regions/countries selected as case studies in the final inception report. Each in-country mission will last a minimum of eight working days.

At the end of each mission, the evaluation team will provide the country office with a **debriefing presentation** on the preliminary results of the case study, with a view to validating preliminary findings and testing tentative conclusions to feed in the synthesis report. For each regional/country case study, the evaluation team will proceed to prepare a case study note. These notes will be annexed to the final report and will follow the **structure set out in Annex 1b**.

The evaluation team will present the results of the data collection including the case study findings, the results of the survey, desk review results as well as interviews at regional and global levels to the evaluation reference group.

IV - Reporting Phase

The reporting phase will open with a **two-day analysis workshop** bringing together the evaluation team and the evaluation manager to discuss the results of the data collection phase including the case study findings. The purpose of this analysis workshop is to generate substantive and meaningful comparison between the different case studies. The objective is to help the various team members to deepen their analysis with a view to identifying the evaluation's findings, main conclusions and related recommendations. The evaluation team then proceeds with the drafting of the report.

This **first draft final report** will be submitted to the evaluation manager for comments. The evaluation manager will control the quality of the submitted draft report. If the quality of the draft report is satisfactory (form and substance), the manager will circulate it to the reference group members. In the event that the quality is unsatisfactory, the evaluators will be required to produce a new version of the draft report.

The report will be presented by the evaluation team during a meeting with the reference group. On the basis of the comments expressed, the evaluation team should make appropriate amendments and submit the **final report**. For all comments, the evaluation team will indicate in writing how they have responded ("trail of comments").

The **final report** should clearly account for the strength of the evidences on which findings are made so as to support the reliability and validity of the evaluation. The report should reflect a rigorous, methodical and thoughtful approach. Conclusions and recommendations should build upon findings.

The report is considered final once it is formally approved by the evaluation manager in consultation with the reference group.

The final report will follow the structure as set out in Annex 1.c.

V – Management response

During this phase, the Programme Division will coordinate the preparation of the **management response** to the evaluation report for presentation to the Executive Board. The management response will be published on the UNFPA evaluation webpage.

VI –Dissemination Phase

The **evaluation report**, the **executive summary** and the **evaluation brief** (in English, French and Spanish) along with the management response, will be published in the UNFPA evaluation webpage.

The evaluation team will assist the evaluation manager in dissemination activities. In coordination with the evaluation manager, they shall present the results and recommendations of the evaluation on a **stakeholder workshop** to be held at UNFPA headquarters in New York.

The evaluation report will also be presented to the September 2016 **UNFPA Executive Board session** and will be widely distributed within and outside the organization.

10. Management and governance of the evaluation

The responsibility for the management and supervision of the evaluation will rest with the Evaluation Office. The evaluation manager will have overall responsibility for the management of the evaluation process, including hiring and managing the team of external consultants. The evaluation manager is responsible for ensuring the quality and independence of the evaluation (in line with UNEG Norms and Standards and Ethical Guidelines – see Annex 3). The main responsibilities of the evaluation manager are to:

- prepare the terms of reference
- lead the hiring of the team of external consultants, reviewing proposals and approving the selection of the evaluation team
- chair the reference group and convene review meetings with the evaluation team
- supervise and guide the evaluation team all through the evaluation process
- participate in the data collection process both at inception and data collection phases
- review, provide substantive comments and approve the inception report, including the work plan, analytical framework, methodology, selection of regions/countries for in-depth case studies and selection of desk case studies
- review and provide substantive feedback on the country notes, as well as draft and final evaluation reports, for quality assurance purposes
- approve the final evaluation report in coordination with the reference group
- disseminate the evaluation results and contribute to learning and knowledge sharing at UNFPA

The evaluation manager will be supported by a research assistant during the preparatory and inception phases of the evaluation. Under the guidance of the evaluation manager, the researcher will carry out selected research and analytical work of both quantitative and qualitative nature, namely:

- the collection of key internal documentation and preparation of an initial literature
- the portfolio of UNFPA interventions including a financial analysis at global, regional and country levels;
- the preliminary review on the portfolios of the specific regions/countries once regional/country case studies are identified;
- the stakeholder mapping.

The researcher will also set up, populate and maintain a dedicated google box site to share the collected data with the evaluation team.

The progress of the evaluation will also be followed closely by the evaluation reference group consisting of members of UNFPA services and external experts who are directly interested in the results of this thematic evaluation. The reference group will support the evaluation at key moments of the evaluation process. Members will provide substantive technical inputs, will facilitate access to documents and informants, and will ensure the high technical quality of the evaluation products. The main responsibilities of the reference group are to:

- contribute to the preparation and scoping of the evaluation including the finalization of evaluation questions and the selection of regional/country case and desk studies
- provide feedback and comments on the inception report as well as regional/country notes, and on the overall technical quality of the work of the consultants
- provide comments and substantive feedback from an technical expert perspective on the draft and final evaluation reports
- act as the interface between the evaluators and the UNFPA services (in headquarters, regional and country offices), notably to facilitate access to informants and documentation
- assist in identifying external stakeholders to be consulted during the evaluation process
- participate in review meetings with the evaluation team as required
- play a key role in learning and knowledge sharing from the evaluation results, contributing to disseminating the results of the evaluation as well as to the completion and follow-up of the management response.

11. Quality assurance

Since the evaluation team is expected to be hired through a company, the latter will conduct quality control of all outputs prior to submission to the Evaluation Office. They will be expected to dedicate specific resources to quality assurance efforts, and must consider all time, resources, and costs related to this in their technical and financial bid. The bidder must present the quality assurance mechanisms which will be applied throughout the evaluation process as part of the technical offer.

UNFPA Evaluation Office quality assurance system, based on the UNEG norms and standards and good practices of the international evaluation community, defines the quality standards expected from this evaluation. A key element is the evaluation quality assessment grid (EQA (see Annex 5),

which sets out processes with in-built steps for quality assurance and outlines for the evaluation report and the review thereof. The EQA will be systematically applied to this evaluation.

The first level quality assurance of evaluation reports will be conducted by the Evaluation Office evaluation manager. The second level quality assurance will be conducted by the Evaluation Office internal reviewer. To further enhance the quality and credibility of this evaluation, the evaluation reference group will also comment on the reports, notably to verify accuracy of facts presented and validity of interpretations of evidence. The Director of the Evaluation Office maintains an oversight and quality assurance of the final evaluation report.

12. Indicative time schedule

Evaluation Phases and Stages	Deliverables (*)	Dates	Meetings (**)
PREPARATORY			
Consultations and documentary research with a view to drafting the Terms of Reference (EO + TD)	Terms of Reference (draft)	May 2014	
Tendering Process		June - September 2014	
Review of technical proposal (Evaluation Office/UNFPA)		September 2014	
Review of financial proposal (PSB/UNFPA)		September 2014	
Contracts Review Committee		September 2014	
Atlas analysis – needs assessment and expenditure analysis for selection of case studies (EO + TD + regional offices)	Excel master spreadsheet, financial analysis and powerpoint presentation, needs assessment reflected in powerpoint presentation	September 2014	
Set up of reference group for the evaluation (internal and external members)		October 2014	
Terms of Reference updated	Terms of Reference (final)	October 2014	
Contract Award		October 2014	
INCEPTION			
Preparation of inception report and pilot	Inception report (draft)	November 20 th 2014	Reference group meeting NY

			November 18 th - 19 th (team leader and at least one team member)
Pilot mission (country case study #1)	Debriefing presentation to country office (PowerPoint)	November 30 th - December 11 th 2014	Debriefing meeting in country office (team leader and team members)
Pilot country note and inception report	Pilot country case study Note (draft)	December 23 rd 2014	Team leader and at least one team member
	Inception report (final)	January 30 th 2015	
DATA COLLECTION			
Regional and country desk studies, survey, other instruments	Desk review and survey	January - March 2015	
Field Missions to four UNFPA programme countries	Debriefing presentations to regional/country offices (PowerPoint)	March- May 2015	Debriefing meetings in country offices (team leader and team members)
REPORTING			
Analysis and Reporting	Country case study notes (draft)	September 1 st 2015	
	Presentation of the results of the data collection to the Reference Group (PowerPoint)	October 2015	Reference Group Meeting NY (team leader and senior expert)
	Analysis workshop (2 days)	October 2015	Workshop in NY (evaluation team, evaluation manager and some members reference group)
	Country case study notes (final)	November 1 st 2015	
	Draft final report	October- December 2015	
	Presentation of the Draft final report to the Reference Group (PowerPoint)	February 2016	Reference Group Meeting NY (team leader and senior expert)
	Final report	April 2016	
MANAGEMENT RESPONSE			
Management Response	Management response	May 2016	Coordinated by Programme Division
DISSEMINATION			
Dissemination	Evaluation briefs (English, French, Spanish)	May-June 2016	

	French and Spanish versions of the Executive summary of the final evaluation report		
	Management response (undertaken by management at UNFPA)	May 2016	
	Presentation of the evaluation results (PowerPoint) at the stakeholder workshop	May 2016	Presentation by the team leader and evaluation manager
	Presentation of the evaluation results and recommendations	September 2016	Presentation to the Executive Board (Director EO and evaluation manager). Team does not participate.

(*) in bold: deliverables to be produced by the evaluation team - for payment modalities see Section 14 below

13. The evaluation team

This evaluation is to be carried out by a multi-disciplinary team hired through a company. The company and the evaluation team members will not have been involved in the design, implementation or monitoring of UNFPA adolescents and youth interventions during the period under review, nor will they have other conflict of interest or bias on the subject.

The evaluation will follow UNEG Norms and Standards for Evaluation in the UN system and abide by UNEG Ethical Guidelines and Code of Conduct and any other relevant ethical codes (see Annex 3).

The core team is expected to be composed of **three to four** internationally recruited core members, including the team leader. The core team should draw upon specialized technical expertise, research and editorial assistance as necessary. It will be complemented by national expertise for the country case studies and should include women and men of mixed cultural backgrounds. The team members must be able to communicate clearly in English and must have excellent analytical and drafting skills. A working knowledge of Portuguese, French and Spanish will be an advantage, in particular for the data collection phase.

The **team leader** must have an extensive experience in leading evaluations of a similar size, complexity and character, as well as technical expertise in areas related to adolescents and youth, gender, human rights and sexual and reproductive health and rights. His/her primary responsibilities will be:

- guiding and managing the team throughout the evaluation phases;

- setting out the methodological approach;
- leading the pilot mission;
- reviewing and consolidating the team members' inputs to the evaluation deliverables;
- liaising with the UNFPA Evaluation Office and representing the evaluation team in meetings with stakeholders;
- delivering the inception reports, and evaluation report (including the regional/country case study notes) in line with the requested quality standards (see Annex 5).

The team members will bring together a complementary and balance combination of the necessary technical expertise in the thematic areas directly relevant to the evaluation (e.g. adolescents and youth, sexual and reproductive health and rights, developing countries health systems, gender equality and women's empowerment, human rights, behaviour and social change). They must also have experience in applying evaluation methods in their respective areas of expertise. Team members will:

- contribute to the design of the evaluation methodology;
- undertake in-depth documentary review;
- conduct field work to generate additional evidence from field visits and consultations of a wide range of stakeholders;
- participate in team meetings, including with stakeholders;
- prepare inputs and make contributions to the evaluation deliverables.

14. Specification of tender, cost of the evaluation and payment modalities

The bidder should submit a proposal consisting of two separate components: technical and financial. The technical proposal will be assessed by the EO while the financial proposal will be assessed by UNFPA procurement services.

In responding to the present terms of reference, the technical proposal should detail the services offered, and should contain at least the following (suggested number of pages is indicated):

- Technical profile of the company (2 pages). Information associated with financial stability should be presented in the annexes
- The bidder's understanding of the terms of reference (2 pages max)
- The approach and methodology (7 pages max)
 - a. Present the approach and methods for the thematic evaluation

- b. Present how the country case study approach will be combined with desk studies, questionnaires and other methods.
- c. Comment on any challenges or difficulties which might arise in structuring and conducting the evaluation, suggesting solutions when applicable.
- d. Quality assurance mechanisms which will be applied throughout the evaluation process, including reference to EQA in Annex 5.
- The proposed composition of the evaluation team (1 page max). Curriculum vitae of each team member should be annexed to the offer.
- A detailed time and work plan for fulfilment of the assignment including:
 - a. the roles, functions and responsibilities of the different team members;
 - b. estimates of the time required for the different tasks of the assignment, and
 - c. a staffing schedule that specifies the tasks performed by the team members and the time allocated to each of them (3 pages max)

The budget range for the overall cost of the evaluation is **USD 400,000 - USD 440,000**. The costs of the evaluation include:

- The evaluation as defined in the Terms of Reference
- The cost of translation of dissemination products
- The travel costs for participation in the reference group meetings and the stakeholder workshop, as well as all field missions.

Travel Expenses

The Vendor will be responsible for full cost of all travel, accommodation to/from during the full assessment period(s) of the evaluators/consultants. The destination countries at this moment are not known and the exact locations will be determined by UNFPA and the selected firm as part of the initial phase of the evaluation once the contract is in effect.

Travel related expenses will be reimbursed based on the actual values up to, but not exceeding the amount offered by the firm in their financial bid and also in line with maximum expenditure reimbursable limits as per UN travel rules and regulations.

Payment

Modalities

The payment modalities shall be as follow:

- 30% on acceptance of the draft pilot case study note (December 30th 2014)
- 20% on acceptance of draft country notes (September 30th 2015)
- 30% on acceptance of the draft final report (December 1st 2015)

- 20% on acceptance of the final report -- including: the French and Spanish versions of the executive summary, as well as the evaluation briefs (English/French/Spanish) and on presentation of the evaluation results (PowerPoint) at the stakeholder workshop (May 30th 2016)

Note that no payment will be processed until the corresponding deliverables are formally approved by the evaluation manager.

Annex 1. Structure for evaluation reports and country case study notes

a. Inception report

Table of Contents

List of Acronyms

List of Tables (*)

List of Figures

1 Introduction

Objectives of the evaluation; scope of the evaluation; overview of the evaluation process; purpose of the inception report.

2 The Global Context of Adolescents and Youth and UNFPA Support

An analysis of the global context (basic facts and challenges) and progress in support to adolescents and youth across the world; the global response to adolescents and youth; evolution of UNFPA response, the analysis of the UNFPA frameworks for adolescents and youth; the intervention logic (based on official documentation).

3 UNFPA Strategy and Intervention Logic

Overview of UNFPA adolescents and youth frameworks including UNFPA Strategic Plan and DRS (2008-2013); other relevant frameworks (HIV/Unintended pregnancies framework); reconstruction of intervention logic (theory of change) covering the different programming cycles.

4 Methodology

Description and rationale for methodological choice and approach including methodology for data collection, analysis and validation techniques. Sampling criteria, rationale and final selection of countries to be surveyed and global survey outline; harmonization of approaches across country case studies; instruments for data collection such as interview protocols for interviews and focus groups; limitations of the exercise and strategies to mitigate them. Description of how data should be cross-checked.

5 Proposed Evaluation Questions

A set of evaluation questions with the explanatory comments associated with each question; overall approach for answering the evaluation questions; detailed proposed evaluation questions (including: rationale; method/chain of reasoning; assumptions to be assessed and corresponding qualitative and/or quantitative indicators; feasibility); coverage of theme/issues stated in the ToR by each Evaluation Questions (table). The aim is to adequately focus the evaluation taking into consideration the usefulness of the questions, available information, limitations and constraints. The questions should be presented in an evaluation matrix (see annex 4).

6 Next Steps

A detailed work plan for the next phases/stages of the evaluation, including detailed plans for the visits in programme countries, including the list of interventions for in-depth analysis in the field (explanation of the value added for the visits); team composition and distribution of tasks; logistics for the field phase; the contractor's approach to ensure quality assurance of all evaluation deliverables.

7 Annexes

Portfolio of UNFPA adolescents and youth interventions; evaluation matrix; stakeholder map; template for survey; bibliography; list of persons met; terms of reference.

() Tables, graphs and diagrams should be numbered and have a title.*

b. Country case study notes

Each country case study should be of a maximum 30-page length (excluding annexes). The country case studies allow the evaluation team to gather and analyse information on the UNFPA support at country level, which together with the inception, desk review and survey findings should feed the global assessment reported in the Final Report. These country case studies should be prepared after the field visits, they should respect the agreed structure

Table of Contents

List of Acronyms

List of Tables (*)

List of Figures

1 Introduction

Scope of the thematic evaluation; purpose and structure of the country case study

2 Methodology of the Country Case Study

The selection of country case studies (process and criteria); justification for selecting Country X; scope of the country case study; data collection and analysis during the country case study including limitations and restrictions

3 Short description of adolescents and youth in [name of Country]

Country background; UNFPA response in the country

4 Findings of the Country Case Study

Findings corresponding to the issues/themes corresponding to the evaluation questions (note: the purpose is not to answer to the evaluation questions in the case studies)

5 Conclusions

Observations to inform the synthesis report

6 Annexes

Key data of country X; overview of UNFPA interventions in country X (2008-2014); data triangulation; data triangulation, data collection result matrix; all questionnaires and instruments used including focus groups report template; list of documents consulted; list of people interviewed

() Tables, graphs and diagrams should be numbered and have a title.*

c. Final report

Table of Contents

List of Acronyms

List of Tables (*)

List of Figures

Executive Summary

1 Introduction

Purpose of the evaluation; background information on context of A&Y; mandate and strategy of UNFPA in the field of adolescents and youth, and support at global, regional and country levels

2 Methodology

Methodological approach, methods and tools used in evaluation design; analysis of UNFPA strategic framework; evaluation questions and assumptions to be assessed; the typology of UNFPA-funded activities; staged sampling to define the geographical scope of the evaluation; methods and tools used for data collection; limitations to data collection; methods and tools used for data analysis; methods of judgment; the approach to triangulation; validation techniques. Description of the evaluation process

3 Main findings and analysis

Response to each evaluation question: assumptions to be assessed; evaluation criteria covered; summary of the response; detailed response

4 Conclusions

For each conclusion: summary; origin (which evaluation question(s) the conclusion is based on); evaluation criteria covered; related recommendations(s); detailed conclusion

5 Recommendations

For each recommendation: summary; priority level (very high/high/medium); target (administrative unit(s) to which the recommendation is addressed); origin (which conclusion(s) the recommendation is based on); operational implications. Recommendations must be: linked to the conclusions; clustered, prioritized and targeted at specific business units; accompanied by timing for implementation; useful and operational

The final version of the evaluation report shall be presented in a way that enables publication without need for any further editing (see section e below).

Annexes shall be confined to a separate volume

Regional/ country case study notes; evaluation matrix duly completed; portfolio of interventions; methodological instruments used (survey, focus groups, interviews etc.); bibliography; list of people interviewed; terms of reference.

() Tables, Graphs, diagrams, maps etc. presented in the final evaluation report must also be provided to the Evaluation Office in their original version (in Excel, PowerPoint or word files, etc.).*

See examples of evaluation reports at: <http://unfpa.org/public/home/about/Evaluation>

d. Reports cover

UNFPA logo (there should be no other logo/ name of company)

Title of the evaluation:

Evaluation of the UNFPA Support to Adolescents and Youth 2008-2014

Title of the report (example: Inception Report)

Evaluation Office

New York

Date

The following information should appear on page 2:

- Title of the evaluation
- Title of the report
- Name of the evaluation manager
- Names of the members of the reference group
- Names of the evaluation team

Any enquiries about this Report should be addressed to:

Evaluation Office, United Nations Population Fund

E-mail: evb@unfpa.org - Phone number: +1 212 297 2620

See examples of evaluation reports at: <http://unfpa.org/public/home/about/Evaluation>

e. Editing guidelines

Evaluation reports and notes are formal documents. Therefore they shall be drafted in a language and style which is appropriate and consistent and which follows UN editing rules, in particular:

Acronyms: In each section of the report, words shall be spelt out followed by the corresponding acronym between parentheses. Acronyms or abbreviations should be used only when mentioned repeatedly throughout the text. The authors must refrain from using too many acronyms. In tables and figures, acronyms should be spelt out in a note below the table/figure.

Capitalization: Capitalize high ranking officials' titles even when not followed by a name of a specific individual. Capitalize national, political, social, civil etc. groups – e.g. Conference for Gender Equity, Committee on HIV/AIDS, Commission on Regional Development, Government of South Africa.

- Capitalize common nouns when they are used as a shortened title, for example, the 'Conference' (referring to the Conference on Gender Equity) or the 'Committee' (referring to the Committee on HIV/AIDS). However, do not capitalize when used as common nouns – e.g. 'there were several regional conferences.'
- Some titles/names corresponding to acronyms are *not capitalized* – e.g. human development index (HDI), country office (CO).
- Use lower case for: UNFPA headquarters; country office; country programme; country programme evaluation; regional office, country programme document; results framework; results-based monitoring framework; monitoring and evaluation system.

Numbers: Spell out single-digit whole numbers. Use numerals for numbers greater than *nine*. Always spell out simple fractions and use hyphens with them (e.g. *one-half of...*, *a two-thirds majority*). Hyphenate all compound numbers from *twenty-one* through *ninety-nine*. Write out a number if it begins a sentence. Use % symbol in tables and "per cent" in the text

Terminology: Use "UN organizations" not "sister agencies." Do *not* use possessive for innate objects (UNFPA's, UNICEF's, the Government's, the country's, etc.). Instead, use: the UNFPA programme, the government programme, the UNICEF intervention, etc.

Bibliography

Author (last name first), *Title of the book*, City: Publisher, Date of publication.

Author (last name first), "Article title," Name of magazine (type of medium). Volume number, (Date): page numbers, date of issue.

URL (Uniform Resource Locator or WWW address) author (or item's name, if mentioned), date.

List of people consulted

- should include the full name and title of people interviewed as well as the organization to which they belong
- should be organized in alphabetical order (English version) with last name first
- should be structured by type of organization

See United Nations Editorial Manual Online at: <http://dd.dgacm.org/editorialmanual/>

Annex 2. Selected bibliography

UNFPA strategic documents

UNFPA Strategic plan 2008-2011 (DP/FPA/2007/17)

http://www.unfpa.org/exbrd/2007/secondsession/dpfpa_2007_17_eng.pdf

UNFPA, Strategic Plan - Midterm review of the UNFPA strategic plan, 2008-2013 (DP/FPA/2011/11)

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<http://www.unfpa.org/public/home/about/strategic-direction>

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UNFPA, Strategy for Adolescents and Youth, 2012

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http://www.unfpa.org/webdav/site/global/shared/documents/UNFPA_SRH_Framework_Final_Version.pdf

UNFPA, Choices not Chance: UNFPA Family Planning Strategy 2012-2020

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UNFPA, Annual reports 2008 through 2013

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UNFPA, Transitional Biennial Budgeted Evaluation Plan, 2014-2015 (DP/FPA/2014/2)

UNFPA, 2013 Revised Evaluation Policy (DP/FPA/2013/5).

UNFPA relevant documents on adolescents and youth

UNFPA, State of the World Population 2008 - Generation of Change: Young People and Culture. Youth supplement.

UNFPA, State of the World Population 2013 - Motherhood in Childhood: Facing the challenge of adolescent pregnancy

UNFPA/UNESCO, Sexuality Education: A ten-country review of school curricula in east and Southern Africa, 2012

UNFPA, GPRHCS Annual Reports 2009 through 2012

UNFPA, Key Results of the GPRHCS 2007 – 2012

<http://www.healthrights.mk/pdf/Vesti/English/2013/2/2007-2012%20GPRHCS%20brochure.pdf>

UNFPA, Mid-term Review of GPRHCS 2007-2012
<http://www.unfpa.org/webdav/site/global/shared/documents/publications/2013/Synthesis%20Report%2011th%20January%202011-1.pdf>

UNFPA, Increasing Access to Reproductive Health Key Results of the Global Programme to Enhance Reproductive Health Commodity Security 2007-2012

<http://www.unfpa.org/public/home/publications/pid/14325>

UNFPA, Preventing HIV and Unintended Pregnancies: Strategic Framework 2011 – 2015
<http://www.unfpa.org/public/cache/offonce/home/publications/pid/10575>

UNFPA and Harvard School of Public Health, A Human rights based Approach to Programming: Practical Information and Training Materials, 2010

http://www.unfpa.org/webdav/site/global/shared/documents/publications/2010/hrba/hrba_manual_in%20full.pdf

UNFPA, Engaging Men and Boys: A Brief Summary of UNFPA Experience and Lessons Learned, 2013

https://www.unfpa.org/webdav/site/global/shared/documents/publications/2013/UNFPA%20Engaging%20men%20and%20boys_web-2.pdf

ILO, Integrating Gender Equality in Monitoring and Evaluation of Projects, Guidance Note 4, March 2014

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IAWG, Community Pathways to Improved Adolescent Sexual and Reproductive Health: A Conceptual Framework and Suggested Outcome Indicators. December 2007. Washington, DC and New York, NY: Inter-Agency Working Group (IAWG) on the Role of Community Involvement in ASRH.

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<http://www.unfpa.org/public/home/about/Evaluation/EBIER/CPE>

UNFPA, Evaluations of UNFPA country programmes managed by UNFPA country offices are also available at: <http://web2.unfpa.org/public/about/oversight/evaluations/>

The following evaluation reports were assessed (EQA – see Annex 4) as of good quality:

- Evaluation of UNFPA/Bosnia Herzegovina Country Programme (2013)

- Evaluation of UNFPA/Cambodia 3rd Country Programme (2011)
- Evaluation of the UNFPA/Jordan 7th Country Programme (2011)
- Evaluation of the UNFPA/Mexico Country Programme (2013)
- Evaluation of the UNFPA/Thailand 9th Country Programme (2011)
- Evaluation of the UNFPA/Togo Country Programme (2013)

Note: over 50 country programme evaluations are currently available within UNFPA evaluation database. Each evaluation report is accompanied by a quality assessment (EQA) which evaluators should consult prior to using the information provided in the reports. The overall poor or unsatisfactory quality of a report does not preclude the possibility that some sections of a report could be of good quality and may provide reliable information. Detailed guidance is provided in each EQA.

Evaluation guidance

UNFPA Evaluation Office, **Handbook on How to design and conduct a country programme evaluation at UNFPA**, 2013

<http://www.unfpa.org/public/home/about/Evaluation/Methodology>

*Note: this handbook was specifically designed as a guide to help evaluation managers and evaluators apply methodological rigor to evaluation practices in UNFPA country offices. The handbook presents a set of evaluation tools and templates for (i) structuring information; (ii) data collection; and (iii) data analysis. A number of those **tools and templates** can be used for the present thematic evaluation, in particular: evaluation matrix; effects diagram; list of atlas projects by CPAP outputs and Strategic Plan Outcome (notably for country case study notes); Stakeholder map, etc.*

UNEG, Integrating Human Rights and Gender Equality in Evaluation - Towards UNEG Guidance, 2011

Department of Foreign Affairs, Trade and Development, Integration of Gender Equality in Program-led Evaluations, 2014 Canada

Annex 3. Code of conduct and norms for evaluation in the UN system

Evaluations of UNFPA-supported activities need to be independent, impartial and rigorous and evaluators must demonstrate personal and professional integrity. In particular:

1. To avoid **conflict of interest** and undue pressure, evaluators need to be **independent**. The members of the evaluation team must not have been directly responsible for the policy/programming-setting, design, or overall management of the subject under evaluation, nor should they expect to be in the near future. Evaluators must have no vested interest and should have the full freedom to conduct impartially their evaluative work, without potential negative effects on their career development. They must be able to express their opinion in a free manner.
2. The evaluators should protect the anonymity and **confidentiality of individual informants**. They should provide maximum notice, minimize demands on time, and respect people's right not to engage. Evaluators must respect people's right to provide information in confidence, and must ensure that sensitive information cannot be traced to its source. Evaluators are **not expected to evaluate individuals**, and must balance an evaluation of management functions with this general principle.
3. At times, evaluations uncover **evidence of wrongdoing**. Such cases must be reported discreetly to the appropriate investigative body.
4. Evaluators should be **sensitive to beliefs, manners and customs** and act with integrity and honesty in their relations with all stakeholders. In line with the UN Universal Declaration of Human Rights, evaluators must be sensitive to, and **address issues of discrimination and gender equality**. They should avoid offending the dignity and self-respect of those persons with whom they come in contact in the course of the evaluation. Knowing that evaluation might negatively affect the interests of some stakeholders, evaluators should conduct the evaluation and communicate its purpose and results in a way that clearly respects the dignity and self-worth of all stakeholders.
5. Evaluators are responsible for the **clear, accurate and fair** written and/or oral presentation of study limitations, evidence based findings, conclusions and recommendations.

A declaration of absence of conflict of interest must be signed by each member of the team and shall be annexed to the offer. No team member should have participated in the preparation, programming or implementation of UNFPA adolescents and youth interventions during the period under evaluation.

See **Code of conduct for evaluation in the United Nations System** at:

<http://www.unevaluation.org/search/index.jsp?q=UNEG+Ethical+Guidelines>

See **Norms for evaluation in the United Nations System** at:

http://www.unevaluation.org/papersandpubs/documentdetail.jsp?doc_id=21

Annex 4. Evaluation matrix

EQ1 : To what extent ...			
Assumptions to be assessed	Indicators	Sources of information	Methods and tools for the data collection
Assumption 1 ...			
<p>➤ <i>Evaluators must fill this box with all relevant data and information gathered during the data collection phase in relation with the elements listed with the 'assumptions to be assessed' column and their corresponding indicators.</i></p> <p><i>The information placed here can stem from: documentary review, interviews, focus group discussions, etc.</i></p> <p><i>The evaluation team must ensure that all the information displayed:</i></p> <ul style="list-style-type: none"> ✓ <i>is directly related to the indicators listed above;</i> ✓ <i>is drafted in a readable and understandable manner;</i> ✓ <i>makes visible the triangulation of data;</i> ✓ <i>the information source (s) are referenced in footnotes.</i> 			
Assumption 2			

Note: See example in EO Handbook on How to Conduct Country programme Evaluations

Annex 5. Quality assurance of the evaluation report

The Evaluation Office recommends that the evaluation quality assessment grid (below) is used as an element of the proposed quality assurance system.

The main purpose of the evaluation quality assessment grid is to ensure that the evaluation report complies with professional standards while meeting the information needs of the intended users. The assessment of the strengths and weaknesses of the evaluation report gives an indication of the relative reliability of its results.

The quality assurance assessment of the ***draft evaluation report*** must be performed by the contractor. Based upon the results of this assessment, the evaluation team leader shall revise and make all necessary corrections (form and substance) to the draft final report prior to submitting the report to the review of the evaluation manager (Evaluation Office/UNFPA).

The contractor should also apply the quality assessment grid to the ***final evaluation report***.

1. Structure and Clarity of the Report

To ensure report is user-friendly, comprehensive, logically structured and drafted in accordance with international standards

Does the report clearly describe the evaluation, how it was conducted, the findings of the evaluation, and their analysis and subsequent recommendations? Is the structure *logical*? Is the report *comprehensive*? Can the information provided be *easily understood*?

Checklist of minimum content and sequence required for structure:

- (i) Acronyms; (ii) Executive Summary; (iii) Introduction; (iv) Methodology including Approach and Limitations; (v) Context; (vi) Findings/Analysis; (vii) Conclusions; (viii) Recommendations.
- *Minimum requirements for Annexes (to be presented in a separate volume):* Country case study notes; Evaluation matrix duly completed/edited; Portfolio of interventions; Methodological instruments used (survey, focus groups, interviews etc.); Bibliography; List of People Interviewed; Terms of reference.

2. Executive Summary

To provide an overview of the evaluation, written as a stand-alone section and presenting main results of the evaluation.

Does it read as a stand-alone section, and is a *useful* resource in its own right? Is it brief yet *sufficiently detailed*, presenting the main results of the evaluation, and including *key elements* such as methodology and conclusions and recommendations?

Structure: (i) Purpose and scope of the evaluation; (ii) Background of the evaluation; (iii) Methodology; (iv) Main findings; (v) Conclusions; (v) Recommendations

Maximum length 6-7 page

3. Design and Methodology

To provide a clear explanation of the methods and tools

Is the *methodology* used for the evaluation clearly described and is the rationale for the methodological choice justified? Have cross-cutting issues (people in marginalized and vulnerable situations, youth and gender equality) been paid specific attention in the design of the evaluation? Are key processes (tools used, triangulation, and consultation with stakeholders) discussed in sufficient detail? Are *constraints* and *limitations* made explicit (including limitations applying to interpretations and extrapolations; robustness of data sources, etc.) and discussed?

Minimum content and sequence:

- Explanation of methodological choice, including constraints and limitations;
- Techniques and Tools for data collection provided in a detailed manner;
- Triangulation systematically applied throughout the evaluation;
- Details of participatory stakeholders' consultation process are provided;
- Specific attention to cross-cutting issues (people in marginalized and vulnerable situations, youth, gender equality) in the design of the evaluation.

4. Reliability of Data

To clarify data collection processes and data quality

Are *sources* of data clearly stated for both primary and secondary data? Is it clear why case studies were selected and what purpose they serve? Are all relevant materials related to case studies, interviews (list of interviewees, questionnaires) etc. annexed to the report? Are the limitations, and methods to address them, discussed? What other *data gaps* are there and how have these been addressed?

- Sources of qualitative and quantitative data have been identified;
- Credibility of primary (e.g. interviews and focus groups) and secondary (e.g. reports) data established and limitations made explicit.

5. Findings and Analysis

To ensure sound analysis and credible findings

Findings: Is there a *clear pathway* from data to findings, so that all findings are *evidence-based*?

Are *biases* stated and discussed? Are *unintended* findings reported and discussed?

- Findings stem from rigorous data analysis;
- Findings are substantiated by evidence;
- Findings are presented in a clear manner.

Analysis: Are *interpretations* of the findings understandable? Are *assumptions* clearly stated and extrapolations well explained? Are their *limitations* (or drawbacks) discussed? Does the analysis respond to *all* evaluation questions? If not, are *omissions* (of both evaluation criteria and questions) recognized and explained? Has the analysis examined *cause and effect* links between

an intervention and its end results? Are *contextual factors* identified and their influence discussed?

- Interpretations are based on carefully described assumptions;
- Contextual factors are identified;
- Cause and effect links between an intervention and its end results (including unintended results) are explained.

6. Conclusions

To assess the validity of conclusions

Are the conclusions organized in priority order? Do the conclusions amount to a reasonable *judgment* of the findings and are their links to evidence made clear? Are there any limitations and are these made clear? Do they present an *unbiased* judgment by the evaluators of the intervention or have they been influenced by preconceptions or assumptions that have not been discussed?

- Conclusions are based on credible findings;
- Conclusions are organized in priority order;
- Conclusions must convey evaluators' unbiased judgment of the intervention;
- Conclusions include: Summary; Origin (which evaluation question(s) the conclusion is based on); Evaluation criteria covered; Related recommendations(s); Detailed conclusion.

7. Recommendations

To assess the usefulness and clarity of recommendations

Is there a *logical flow* from the conclusions to recommendations? Are they strategic and clearly presented in a priority order which is consistent with the *prioritization* of conclusions? Are they *useful* – sufficiently detailed, targeted and likely to be implemented and lead to *further action*? How have the recommendations *incorporated* stakeholders' views and has this affected their *impartiality*?

- Recommendations flow logically from conclusions;
- Recommendations must be strategic, targeted, realistic and operationally-feasible;
- Recommendations must take into account stakeholders' consultations whilst remaining impartial;
- Recommendations should be presented in priority order
- Recommendations include: Summary; Priority level (very high/high/medium); Target (administrative unit(s) to which the recommendation is addressed); Origin (which conclusion(s) the recommendation is based on); Operational implications.

8. Meeting Needs

To ensure that Evaluation Report responds to requirements (scope and evaluation questions) stated in the ToR

Does the report adequately address the information needs and responds to the *requirements stated in the ToRs*? In particular, does the report respond to the evaluation questions identified in the inception report?



UNFPA - Because everyone counts

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