



COUNTRY NOTE

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

**Egypt
2016**



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List of abbreviations and acronyms

AIDS	Acquired Immune Deficiency Syndrome
ANC	Antenatal Care
ASRO	UNFPA Arab States Regional Office
AUC	The American University of Cairo
AWP	Annual Work Plan
CAPMAS	Central Agency for Public Mobilization and Statistics
CCA	Common Country Assessment
CIDA	Canadian International Development Agency
COAR	UNFPA Country Office Annual Report
CP	Country Programme
CPAP	Country Programme Action Plan
CPD	Country Programme Document
CPE	Country Programme Evaluation
CSO	Civil Society Organisation
CST	Country Support Team
DRF	Development Results Framework
ECWR	Egyptian Center for Women’s Rights
EECARO	Eastern Europe and Central Asia Regional Office
EFHS	Egyptian Family Health Society
EFPA	Egyptian Family Planning Association
EIPR	Egyptian Initiative for Personal Rights
EQ	Evaluation Question
ESARO	East and Southern Africa Regional Office
Etijah	Youth and Development Consultancy Institute
FGD	Focus Group Discussion
FGM/C	Female Genital Mutilation/Cutting
FHI	Family Health International 360°
FP	Family Planning
GBV	Gender-Based Violence
GI	Group Interview
GoE	Government of Egypt
GOTHI	General Organisation for Teaching Hospitals & Institutes

GPS	Global Programming System
H&M	Hennes & Mauritz
HIV	Human Immunodeficiency Virus
HQ	Headquarters
ICPD	International Conference on Population and Development
IEC	Information Education Communication
IFMSA	International Federation of Medical Students' Association
IICPR	International Islamic Centre for Population Studies and Research
ILO	International Labour Organisation
INGO	International Non-Governmental Organisation
IP	Implementing Partner
JP	Joint Programme
JPO	Junior Professional Officer
LACRO	Latin America and the Caribbean Regional Office
M&E	Monitoring & Evaluation
MDG	Millennium Development Goal
MoE	Ministry of Education
MoFP	Ministry of Finance and Population
MoH	Ministry of Health
MoHP	Ministry of Health and Population
MoY	Ministry of Youth
MoYS	Ministry of Youth and Sports
MTR	Mid-Term Review
NAHR	Network of Associations for Harm Reduction
NCCM	National Council for Childhood and Motherhood
NCHR	National Council for Human Rights
NGO	Non-Governmental Organisation
NPC	National Population Council
NSRSH	National Strategy for Reproductive and Sexual Health
OECD-DAC	Development Assistance Committee of the Organisation for Economic Cooperation and Development
PME	Premarital Examination
RCT	Regional Centre for Training
RO	UNFPA Regional Office

RR	Reproductive Rights
SCIH	Swiss Centre for International Health
SH	Sexual Harassment
SIS	Strategic Information System
SMT	Senior Management Team
SP I	UNFPA Strategic Plan 2008-2011
SP II	UNFPA Strategic Plan 2014-2017
SSC	South-South Collaboration
SWAP	Sector-Wide Approach
Swiss TPH	Swiss Tropical and Public Health Institute
SYPE	Survey of Young People in Egypt
ToC	Theory of Change
ToR	Terms of Reference
ToT	Training of Trainers
UN	United Nations
UN Women	United Nations Entity for Gender Equality and the Empowerment of Women
UNAIDS	The Joint United Nations Programme on HIV/AIDS
UNCT	United Nations Country Team
UNDAF	United Nations Development Assistance Framework
UNDP	United Nations Development Programme
UNESCO	United Nations Educational, Scientific and Cultural Organisation
UNFPA	United Nations Population Fund
UNICEF	United Nations Children's Fund
UNIFEM	UN Development Fund for Women
USAID	United States Agency for International Development
VCT	Voluntary Counselling and Testing
WB	World Bank
WCARO	West and Central Africa Regional Office
WHO	World Health Organisation
YAP	Youth Advisory Panel
YFC	Youth Friendly Clinics
Y-PEER	Youth Peer Education Network

Structure of the case study note

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

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

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

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

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

Chapter 6 presents action points for UNFPA Egypt for the area of adolescents and youth for the current and forthcoming programme cycle.

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

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

1 Introduction

1.1 Purpose, objectives and scope of the evaluation of UNFPA support to adolescents and youth 2008-2015

The purpose of the evaluation is to assess the performance of UNFPA in its support to adolescents and youth during the period 2008-2015, falling under UNFPA Framework for Action on Adolescents and Youth and UNFPA Strategic Plan 2008-2013 (including the midterm review). The evaluation also provides key learning to contribute to the implementation of the current UNFPA Strategy on Adolescents and Youth 2012-2020 under the current UNFPA Strategic Plan 2014-2017 and to inform the development of the next Strategic Plan 2018-2021.

The primary objectives of the evaluation are:

- To assess how the frameworks, as set out in the UNFPA Strategic Plans 2008-2013 and 2014-2017, the UNFPA Framework for Action on Adolescents and Youth (implemented in 2007) and the UNFPA Strategy on Adolescents and Youth (2012), have guided the programming and implementation of UNFPA interventions in the field of adolescents and youth
- To facilitate learning, capture good practices and generate knowledge from UNFPA experience across a range of key programmatic interventions in adolescents and youth during the 2008-2015 period, in order to inform the implementation of relevant strategic plan outcomes and future interventions in the field of adolescents and youth.

The primary users of the evaluation are UNFPA staff at all levels, UNFPA public and private sector implementing partners, civil society organisations, policy makers and donors, as well as the end beneficiaries of UNFPA support. The results of the evaluation are also expected to be of interest and importance to other stakeholders and partners working on adolescents and youth in countries where UNFPA interventions are being implemented.

The evaluation covers the period 2008-2015, which corresponds to three programmatic periods embedded in three strategic planning documents: UNFPA Strategic Plan 2008-2011, Mid-term Review of the Strategic Plan 2012-13 and UNFPA Strategic Plan 2014-2017 as well as two adolescents and youth strategies (2006 and 2012). It takes stock of the evolution of UNFPA support to adolescents and youth since the deployment of the first adolescents and youth framework (2006) and analyses changes in focus, approaches and resource allocation.

The evaluation addresses the global, regional and country levels and considers both targeted and mainstreamed interventions in all UNFPA regions of operation. Thematic areas assessed include:

- Evidence-based advocacy for development, investment and implementation
- Sexual and reproductive health education and information for adolescents and youth
- Sexual and reproductive health services for adolescents and youth
- Initiatives to reach marginalised and disadvantaged adolescents and youth, especially girls
- Youth leadership and participation in policy dialogue and programming.

Particular attention is paid to the integration of cross-cutting issues such as gender equity, culturally sensitive and human rights-based approaches in UNFPA support to adolescents and youth.

The evaluation covers interventions directly relevant to adolescents and youth financed from core and non-core resources. It does not specifically focus on support to adolescents and youth in disaster, conflict or post-crisis settings.

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

1.2 Objectives of the country case study

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

The case study focuses on three specific areas:

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

1.3 Scope of the Egypt Case Study

This country case study covers UNFPA adolescents and youth interventions in Egypt during the period 2008 to 2015, with a stronger emphasis on recent years due to the learning aspect of the global evaluation of UNFPA support to adolescents and youth. It covers UNFPA work in the area of adolescents and youth with a particular emphasis on activities and partners in Cairo, Sohag, Menofia and Aswan, where site visits were conducted for data collection purposes. Due to time restrictions and/or security reasons certain areas of Egypt could not be visited, such as Minya, Assiut and Ismailia.

2 Methodology

2.1 Country case study selection

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

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

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

Indicator	Weight
Gini Coefficient, 2003-2012	10%
Proportion of population 15-24 years (%), 2010	5%
Population of 15-24, both sexes, combined, 2010, estimates thousands	5%
Adolescent birth rate (number of births per 1,000 girls 15-19 years, national)	12%
HIV prevalence (%), national, 2009	12%
Contraceptive prevalence (%), national	12%
Population with at least some secondary education (% aged 25 and above), female, 2005-2012	5%
Population with at least some secondary education (% aged 25 and above), male, 2005-2012	5%
Human Development Index, 2013	12%
Gender Inequality Index, 2013	12%
Government effectiveness, 2012, rank	10%

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

Table 2: Multi-indicator analysis (expenditure figures included)

Indicator	Weight
Expenditure on adolescents and youth 2012-2013 (U6 code only)	20%
Expenditure on adolescents and youth 2008-2011	20%
Gini Coefficient, 2003-2012	6%
Proportion of population 15-24 years (%), 2010	3%
Population of 15-24, both sexes, combined, 2010, estimates thousands	3%
Adolescent birth rate (number of births per 1,000 girls 15-19 years, national	7.2%
HIV prevalence (%), national, 2009	7.2%
Contraceptive prevalence (%), national	7.2%
Population with at least some secondary education (% aged 25 and above), female, 2005-2012	3%
Population with at least some secondary education (% aged 25 and above), male, 2005-2012	3%
Human Development Index, 2013	7.2%
Gender Inequality Index, 2013	7.2%
Government effectiveness, 2012, rank	6%

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

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

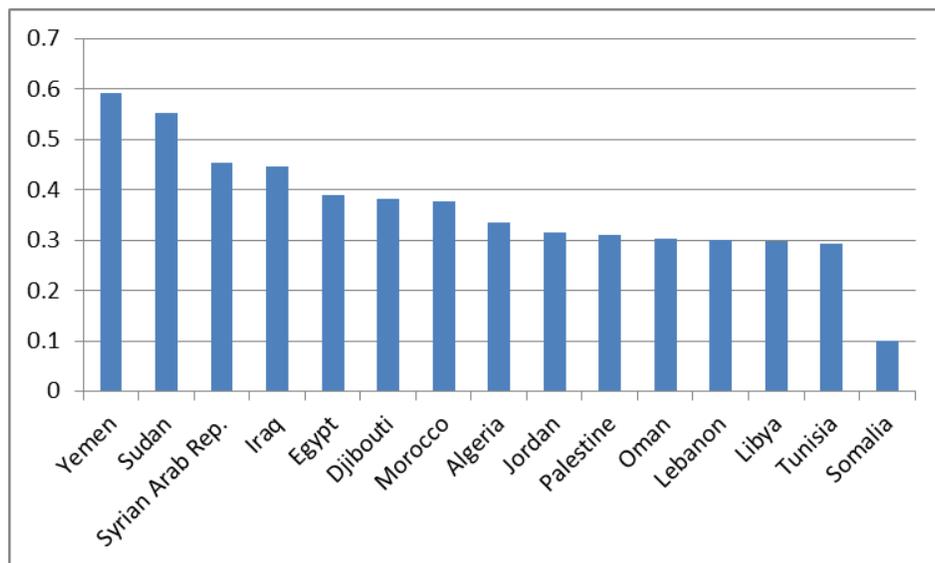
Furthermore, selected case studies should be illustrative for their respective regions as either a big country with a robust programme or a smaller country with greatest need.

Case study selection assessed need (as per selected indicators) and counter-weighted this ranking with UNFPA investment. Countries with greatest need and highest investment by UNFPA ranked highest. Qualitative

judgements were then made to select countries and regions that could offer a range of contexts, programmes and investment patterns (past versus present).

Egypt was selected for the Arab Region. As per the needs indicator analysis (health and development indicators) in Figure 1 below, the country ranked lowest in the upper third in terms of need.

Figure 1: Needs indicator analysis Arab Region (no expenditure data)



When health and development indicators were combined with UNFPA investment data Egypt ranked as one of the countries with medium investment and medium need (as per Figure 2 below).

Figure 2: Needs indicator analysis Arab Region (includes expenditure data)

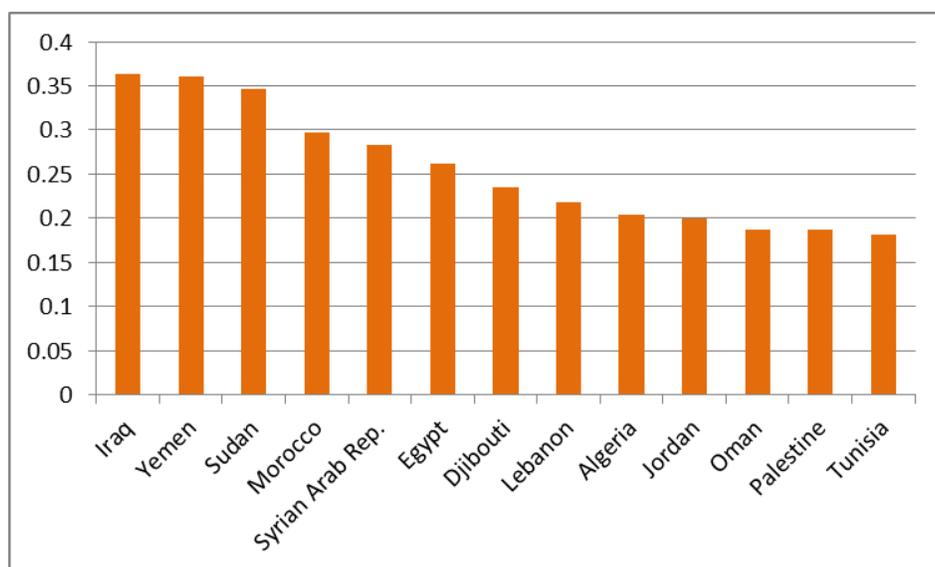


Table 3: Countries selected for case study visits

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

UNFPA country quadrants – modes of engagement by setting

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

In terms of country quadrant, Egypt falls within the yellow quadrant, meaning UNFPA support should focus primarily on advocacy and policy dialogue/advice and knowledge management.

Table 4: UNFPA modes of engagement

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

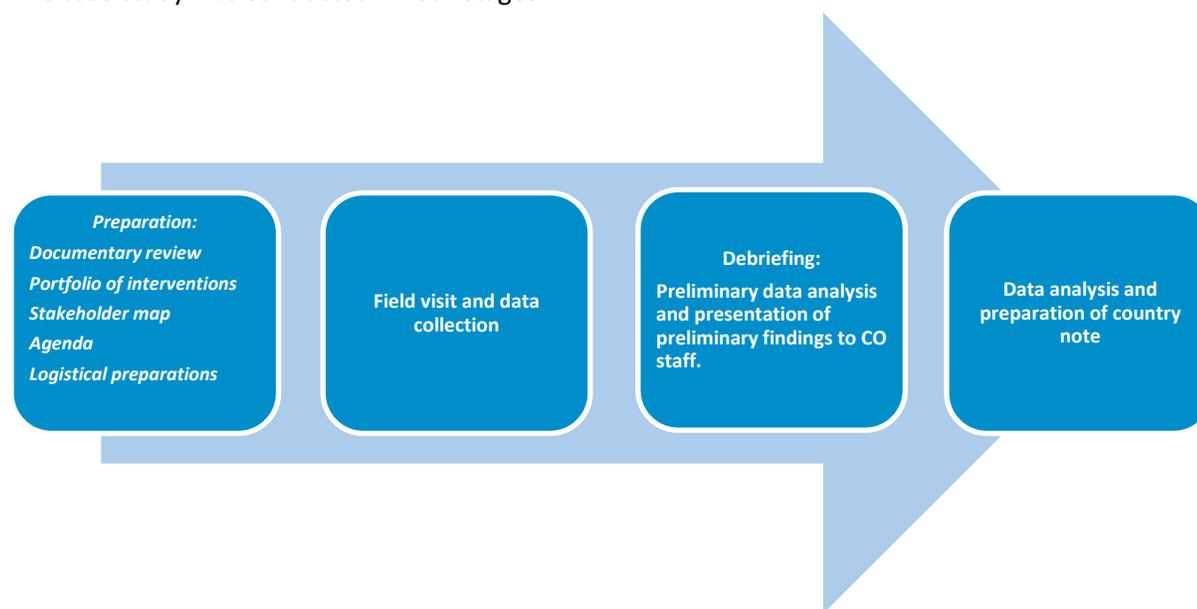
¹ UNFPA Strategic Plan 2014-2017. For example, in countries that have the highest needs and low ability to finance their own interventions (coloured red in the matrix above), UNFPA should be prepared to offer a full package of interventions, from advocacy and policy dialogue/advice through knowledge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

Table 5: UNFPA modes of engagement by country needs and income

Modes of engagement by country needs and income				
Ability to finance	Level of Need			
	Highest	High	Medium	Low
Low income countries	A/P, KM, CD, SD	A/P, KM, CD, SD	A/P, KM, CD	A/P, KM
Lower-middle income countries	A/P, KM, CD, SD	A/P, KM, CD	A/P, KM	A/P
Upper-middle income countries	A/P, KM, CD	A/P, KM	A/P	A/P
High income countries	A/P	A/P	A/P	A/P

2.2 Case Study Process

The case study was conducted in four stages:



1. *Preparation:* the team conducted a documentary review, including the portfolio of interventions and developed an updated stakeholder map (see Annex 2); and developed the agenda and logistical preparations in coordination with the country office.

2. *Data collection:* the team travelled to Egypt from 30 November to 11 December, 2014, to conduct interviews, focus group discussions and site visits. At the start of the mission, the evaluation team met with staff at UNFPA Egypt to them about the purpose, objectives, scope and evaluation methodology, and to be briefed on UNFPA adolescents and youth -related activities. A discussion was also held on the country context with an assessment of how difficult it is to work on adolescents and youth issues (see Section 3.5). Following the briefing, interviews were conducted with UNFPA staff. During the first week, interviews and group discussions were conducted in Cairo with government, UN organisations and other development partners. At the end of the first week, the team visited other areas of the country.

3. *Debriefing*: Preliminary analysis of data and presentation of preliminary findings and action points at debriefing session at the UNFPA Egypt country office on 11 December 2014;

4. *Data analysis* and preparation of country note: Review of the preliminary findings, further analysis and drafting of the country note were conducted in the weeks following the mission to Egypt

Data collection and analysis was undertaken by a seven person team comprised of a team leader, a UNFPA evaluation manager, a senior regional cooperation expert, a project associate, two senior national consultants and a national youth consultant.

2.3 Methodological framework

2.3.1 Methodological approach

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

The case study was inclusive, participatory, and integrated both gender equality and human rights perspectives⁵. The case study process was sensitive to gender, beliefs, culture and customs of all stakeholders. The team ensured a clear communication with stakeholders with respect to the case study's purpose, the criteria applied, and the intended use of the findings. The case study has ensured the participation of adolescents and youth as active members of the evaluation team and integrated the views and perspectives of beneficiaries. The voices of programme beneficiaries were captured by:

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

² See inception report for the thematic evaluation.

³ See inception report for the thematic evaluation.

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

⁵ In line with UNEG guidance.

Evaluation questions and criteria are shown in Table 6 below.

Table 6: Evaluation questions and criteria

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

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

2.4 Approach to data collection and analysis

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

1. Document Review: The evaluation team conducted a thorough document review including documents provided by UNFPA in Egypt and the regional office, such as strategic and planning documents, annual reports, annual work plans, mid-term reviews, program and thematic evaluations, communication products, documentation produced as a result of implementation of diverse interventions (e.g. training brochures in English and Arabic), monitoring and evaluation plans, reports as well as external documents and websites. The team also reviewed additional documents shared or recommended by consulted stakeholders in Egypt. Documents were reviewed with a gender-sensitive, human rights-based approach. Sections in documents

relating to the evaluation questions and sub-questions were entered into the evaluation matrix. A list of consulted documents is included in the Annexes (Annex 6: List of documents consulted).

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

3. Group interviews: conducted with adolescents and youth leaders.⁶

Interviewees were selected purposely based on a stakeholder mapping (see Annex 2). A total of 88 stakeholders were consulted, including 45 adolescents and youth beneficiaries (see Table 7 and Annex 8). Interviews included semi-structured in-depth interviews (IDIs) and group interviews (GIs), the latter usually among adolescents and youth leaders as well as local staff and volunteers.⁷ At the outset, stakeholders were informed about the evaluation and scope of interviewing and either written or oral consent was obtained. Interview protocols were used during all interviews. During the interview notes were taken by the evaluation team and the interview was voice-recorded. Interview notes were directly entered into the evaluation matrix after completion.

Table 7: Types and number of stakeholders consulted

Types and numbers of stakeholders consulted (n=88; adolescents and youth =45)						
UNFPA	UN Staff	Government Partners	Donors	International NGOs	National NGOs, CSOs, Academia	Adolescents and youth Beneficiaries
9	2	6	2	7	17	45
Definition of categories: UNFPA: all UNFPA staff UN Staff: staff from any other UN organisations Government Partners: including local and central levels and service providers Donors: including bilateral donors and foundations International NGOs: including international NGOs and CSOs National NGOs, CSOs and Academia: national NGO, CSO or academic institution including universities Adolescents and youth beneficiaries: including adolescents and youth leaders, volunteers, and youth led organizations						

3. Direct observation: Site visits were made in Aswan, Cairo and Menofia.

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

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

⁷ See Annex 9 for interview guides.

Methods for Data Analysis

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

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

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

Methods to ensure reliability and validity

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

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

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

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

Limitations and Mitigation Strategies

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

Table 8: Case study limitations and mitigation strategies

Evaluation limitations and mitigation strategies	
Limitation	Mitigation Strategy
Two stakeholders were unavailable for an interview during the time frame of the pilot mission in Egypt.	The two remaining interviews were scheduled after the pilot mission. One interview was conducted in Egypt by the national consultants of the Evaluation Team and one interview through Skype.
Limited number of visits to Youth Friendly Clinics/Youth Friendly Corners.	One Youth Friendly Clinic established with the support of UNFPA could not be visited as it was no longer operational at the time of our visit. Another Youth Friendly Clinic was under renovation and therefore not accessible, and a visit to Youth Friendly Corners was also not possible as they did not feel comfortable with foreigners visiting the site. Two Youth Friendly Clinics located in different geographical areas were visited.
Focus Group Discussions (FGDs) could not be conducted due to a high diversity of different stakeholders in each interview groups. Group interviews were conducted instead.	Due to a very short time frame of preparation for the mission, participant uniformity and limits in numbers could not be maintained for the planned focus group discussions. Instead the team conducted group interviews. Despite diverse stakeholder background (e.g. Y-PEERs, volunteers, direct and indirect beneficiaries) our adapted methodology for a group rather than a focus group captured the necessary information which was also validated by individual interviews.
Security situation in some parts of the country made it impossible to visit some project sites.	UNFPA is operating in 24 project sites all over the country and many of their ongoing and previous projects are implemented in more than one geographical location. The Evaluation Team therefore aimed for a thematically diverse and geographically balanced sample, conducting interviews with stakeholders located in Cairo, Aswan, Sohag and Menofia, covering urban, semi-urban areas and rural towns.

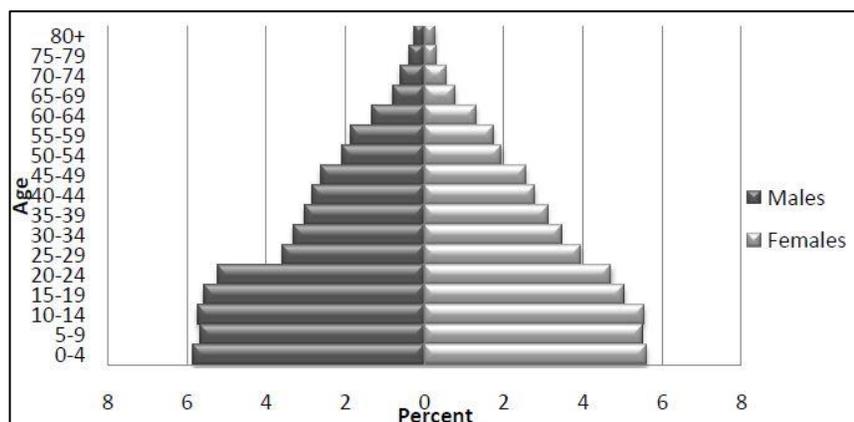
3 Situation analysis of adolescents and youth in Egypt

3.1 Demographics

UNFPA in Egypt is one of 15 field offices and their national partners in 20 countries and territories of the Arab State.⁸ Egypt’s territory spans 1,010,408 square kilometres and lies within the Nile Valley. Comprising large parts of the Sahara and Libyan Deserts, Egypt has a very arid climate with few scattered oases. The population is therefore concentrated along the Nile Valley and Delta, with 99 per cent of the population occupying only 5.5 per cent of the total land area.⁹ Despite rapid population expansion, the percentage of Egyptians living in urban areas (approximately 43.6 per cent)¹⁰ has remained unchanged since 1990.¹¹

With approximately 82 million inhabitants,¹² the country is experiencing a demographic “youth bulge,”¹³ with young people aged 10-24 constituting almost one-third of the total population.^{14,15} These young people face challenges as well as opportunities, with “...enormous pressures on the educational system and the labour and housing markets”.¹⁶

Figure 3: Egypt’s population pyramid in 2009¹⁷



Youth have gained an increasingly important position in the national agenda in recent years, with the development of a *National Policy for Youth in Egypt* in 2009 by the National Youth Council (the predecessor of

⁸ Document: UNFPA Relevant Thematic Documents (UNFPA. UNFPA Arab States 2015 [cited 2015]. Available from: <http://arabstates.unfpa.org/public/pid/10936>).

⁹ Document: Other Documents (Erin H. Fouberg CJN, Harm J. de Blij. Human Geography: People, Place and Culture. 2011 ed: John Wiley & Sons).

¹⁰ Document: Partner and Relevant Thematic Documents (UNICEF. UNICEF Statistics: Egypt 2013 [updated 24.12.2013/25.02.2015]. Available from: http://www.unicef.org/infobycountry/egypt_statistics.html).

¹¹ Document: Other Documents (El-Zanaty F, Way A. Egypt Demographic and Health Survey 2008. Cairo: 2009).

¹² Document: Partner and Relevant Thematic Documents (The World Bank, World DataBank: Explore. Create. Share: Development Data 2015 [02.03.2015]. Available from: <http://databank.worldbank.org/data/home.aspx>).

¹³ Document: Partner and Relevant Thematic Documents (The World Bank, World DataBank: Explore. Create. Share: Development Data 2015 [02.03.2015]. Available from: <http://databank.worldbank.org/data/home.aspx>).

¹⁴ Document: Partner and Relevant Thematic Documents (The World Bank, World DataBank: Explore. Create. Share: Development Data 2015 [02.03.2015]. Available from: <http://databank.worldbank.org/data/home.aspx>).

¹⁵ Approximately 20 per cent of the total population are between the age of 15-24 years. Document: The World Bank, World DataBank: Unemployment, youth male (percentage of male labor force ages 15-24) (modeled ILO estimate) 2015 [25.02.2015]. Available from: <http://data.worldbank.org/indicator/SU.UEM.1524.MA.ZS/countries>.)

¹⁶ Document: Other Documents (Tomahi Abdelhay A. EuroMed Youth III Programme: Studies on Youth Policies in the Mediterranean Partner Countries - Egypt. Marly-le-Roi: 2010).

¹⁷ Document: Partner and Relevant Thematic Documents (Population Council, Survey of Young People in Egypt. Cairo: 2011).

the current Ministry of State for Youth). However, an adolescents and youth policy has not yet taken effect and no clear definition of the age ranges of adolescence and youth among Ministries and their programmes exists.¹⁸

3.2 Socio-economic context

According to the first Survey of Young People in Egypt (SYPE) the majority of adolescents and youth live in rural areas (58.9 per cent), with approximately one-third living in urban formal and informal areas.¹⁹ A total of 42 per cent are located in Lower Egypt or Upper Egypt (34 per cent), while only 21 per cent reside in urban governorates.

Compared to 2009, the percentage of adolescents and youth (15-29 years) seeking migration declined by more than half to 2014 (now 8.8 per cent), which may be interpreted in line with the overall political instability in Egypt's neighbouring countries.²⁰

Egypt has faced the highest unemployment rate in the world for the past two decades, with an estimated 71.1 per cent of young women (15-24 years) and 25.8 per cent of young men unemployed in 2013.²¹ Specifically educated adolescents and youth and young women aged over 18 years face difficulties in regard to employment. Their economic dependency results in a prolonged "waithood," with adolescents and youth delaying family formation and independence.²²

Approximately 7.4 per cent of young Egyptians aged 15-29 years are illiterate, with significant higher levels in the Frontiers governorates²³ (17.8 per cent) and in rural Upper Egypt (13.8 per cent). The average age for marriage among adolescents and youth (15-29 years) is 19.6 for females and 23.6 for males. Approximately 29 per cent of female respondents in the SYPE 2014 were married before the age of 18, with 42.9 per cent located in Upper Egypt, showing significant variation among governorates.²⁴ Despite 18 years being the legal age of marriage, girls often marry at a younger age, especially in rural Upper Egypt, for socio-economic and cultural reasons. Young people often use the concept of "Urfi" marriage²⁵, which involves an agreement signed by two witnesses but not registered in official documents until the girl turns 18, by-passing the law.²⁶ It appears that Urfi marriage is increasingly popular among youth in Egypt for two reasons: First, the conservative environment in Egypt forbids sexual relationships prior to marriage and second, high costs of a marriage and high unemployment rates among youth force young couples to wait several years before marriage.²⁷

In 2009, 43.5 per cent of SYPE participants claimed that they had not received sufficient information on puberty.²⁸ Compared to 2009, a significant decrease in awareness of contraceptive methods (from 83.1 per cent

¹⁸ Document: Tomahi Abdelhay A. EuroMed Youth III Programme: Studies on Youth Policies in the Mediterranean Partner Countries - Egypt. Marly-le-Roi: 2010. Document: Partner and Relevant Thematic Documents (UNDP, Egypt IoNP. Egypt Human Development Report 2010: Youth in Egypt: Building our Future. New York: 2010).

¹⁹ Document: Partner and Relevant Thematic Documents (Population Council, Survey of Young People in Egypt. Cairo: 2011).

²⁰ Document: Partner and Relevant Thematic Documents (Population Council, Survey of Young People in Egypt. Cairo: 2011 and 2014).

²¹ Document: Partner and Relevant Thematic Documents (The World Bank, World DataBank: Explore. Create. Share: Development Data 2015 [02.03.2015]. Available from: <http://databank.worldbank.org/data/home.aspx>).

²² Document: Other Documents (Handoussa H. Situation Analysis: Key Development Challenges Facing Egypt, 2010).

²³ Frontier governorates in Egypt are covering Sinai and the deserts that lie west and east of the Nile river.

²⁴ Document: Partner and Relevant Thematic Documents (Population Council, Survey of Young People in Egypt. Cairo: 2014).

²⁵ Urfi (Arabic: عرفى) comes from the Arabic word Urf, referring to custom, convention, or a customary act. In its modern context, Urfi is used to connote something that is different from official state ceremony or procedure. In Egypt, a Nikah Urfi is a marriage that takes place without the public approval of the bride's guardians, though requires two witnesses (e.g. the father and the groom) and a Muslim cleric. Document: Other Documents: (Encyclopedia WH. Nikah 'urfi 2014 [cited 2015 21.10]. Available from: <http://www.worldheritage.org/article/WHEBN0003083707/Nikah%20%27urfi>).

²⁶ Document: Other Documents (Oraby D. Child Brides Are Screaming: Are We Listening? - Topic: Marriage and Family Formation. 2013).

²⁷ Document: Other Documents (Encyclopedia WH. Nikah 'urfi 2014 [cited 2015 21.10]. Available from: <http://www.worldheritage.org/article/WHEBN0003083707/Nikah%20%27urfi>, Oraby D. Child Brides Are Screaming: Are We Listening? - Topic: Marriage and Family Formation. 2013).

²⁸ Document: Partner and Relevant Thematic Documents (Population Council, Survey of Young People in Egypt. Cairo: 2014).

to 58.9 per cent in 2014), and their use (from 75 per cent to 58.1 per cent in 2014) was registered in 2014 among young married respondents (15-29 years). Rates of female genital mutilation/cutting (FGM/C) remain high, with 79 per cent of women between 10-29 years and 97 per cent of Egyptian women aged 15-49 being circumcised, mainly in a medical environment, despite recent legislation criminalising FGM/C in the country.²⁹

Research suggests that the Egypt overall policy environment for youth and adolescents' reproductive health has been continuously improving, although is not yet enabling for young people. Egypt's constitution provides for the protection of mothers, children, and youth and guarantees the right of women to medical, physical, psychological, and social healthcare. However, Egypt's population policy explicitly addresses youth through provisions for healthcare for girls prior to marriage, including premarital examination and counselling. Hence most RH services are only available to married girls and women, although RH services cover issues related to the whole life cycle.³⁰

Egypt registers high levels of sexual harassment experienced by women. According to a study conducted by UN Women et al. in 2013, over 99 per cent of girls and women in Egypt have experienced sexual harassment.³¹ The SYPE reports, that 65.8 per cent of all female respondents living in urban governorates have experienced sexual harassment in 2011 and 43.3 per cent of all female respondents had experienced sexual harassment in 2014.^{32,33} Of these, over 97 per cent were verbally harassed, with most incidents occurring on the street.³⁴

3.3 Political and legal context

Egypt has experienced great political change in recent years, being part of the Arab Spring, with young Egyptians playing a leading role in the revolution of January 25th, 2011, which ended the 30 year regime of its former president. "Fuelled by a widespread sense of political, economic and social exclusion (especially among youth)"³⁵ and as a result of "prolonged struggle for democracy"³⁶ young people became politically active, demanding "...their rights to freedom, justice, equality, and opportunity."³⁷ The political engagement of adolescents and youth in 2011 was a major change, given the very low civic engagement (2.3 per cent) of adolescents and youth in 2009.³⁸ The utilisation of media by young Egyptians played a crucial role in the revolution and has increased significantly in recent years. A quarter of youth aged 15-29 years reported using the internet in 2014, compared to less than 10 per cent in 2009, and over 80 per cent used other forms of media in 2014 versus 30 per cent in 2009.³⁹

²⁹ Documents: Partner and Relevant Thematic Documents (Population Council, Survey of Young People in Egypt. Cairo: 2014), Other Documents (El-Zanaty F, Way A. Egypt Demographic and Health Survey 2008. Cairo: 2009).

³⁰ Document: Other Documents (Oraby D. Using Mystery Clients to Assess the Quality of Care in the Youth Friendly Clinics of Teaching Hospitals. 2011).

³¹ Document: Partner and Relevant Thematic Documents (UN Women et al., Study on Ways and Methods to Eliminate Sexual Harassment in Egypt: 2013).

³² Document: Partner and Relevant Thematic Documents (Population Council, Survey of Young People in Egypt. Cairo: 2011).

³³ Document: Partner and Relevant Thematic Documents (Population Council, Survey of Young People in Egypt. Cairo: 2014).

³⁴ Document: Partner and Relevant Thematic Documents (Population Council, Survey of Young People in Egypt. Cairo: 2014).

³⁵ Document: Partner and Relevant Thematic Documents (United Nations Egypt. United Nations Development Assistance Framework for Egypt (2013 - 2017): Achieving MDGs with Inclusive Growth, Freedom, Social Justice and Dignity. Cairo).

³⁶ Document: Partner and Relevant Thematic Documents (United Nations Egypt. United Nations Development Assistance Framework for Egypt (2013 - 2017): Achieving MDGs with Inclusive Growth, Freedom, Social Justice and Dignity. Cairo).

³⁷ Document: Partner and Relevant Thematic Documents (Population Council, Survey of Young People in Egypt. Cairo: 2014).

³⁸ Document: Partner and Relevant Thematic Documents (Population Council, Survey of Young People in Egypt. Cairo: 2011).

³⁹ Document: Partner and Relevant Thematic Documents (Population Council, Survey of Young People in Egypt. Cairo: 2014).

In 2008 the Amendment of the *Child Law (Article 31)* included three significant changes: Firstly, it increased the legal age of marriage to 18. Secondly, it included mandatory medical examination as a precondition to issue a marriage certificate for to-be-weds. Thirdly, it criminalised FGM/C.⁴⁰

Shortly after, the Egyptian Initiative for Personal Rights filed a lawsuit in 2008 to Egypt's Court of Administrative Justice against Article 31 (bis) of the Civil Status Law, questioning the mandatory premarital examination. During the transition period, political forces sought to decrease the age of marriage for girls and questioned the legislation criminalising FGM/C.⁴¹ As a reaction, the National Population Council (NPC) – the governmental body establishing national population strategies and policies – implemented the National Strategy to Prevent Child Marriage as an element of the National Population and Development Strategy in 2014, securing the efforts made in regard to child marriage in Egypt.⁴²

All CSOs and NGOs were required to register under the *Law No. 84 of 2002 on Associations and Foundations* by November 2014. Registration was subject to government approval, which was not automatically granted. These developments are putting increasing pressure on the CSO/NGO sector, with registered NGOs now serving as intermediate bodies for non-registered NGOs to support project implementations activities, while many human rights organisations are being forced to discontinue their work.^{43,44}

3.4 Key adolescents and youth development partners in Egypt

Several key actors were involved in the implementation of adolescents and youth in Egypt. These included the Ministry of Health and Population and the National Population Council. UNFPA works closely with the National Council of Childhood and Motherhood (NCCM) of the Ministry of Health and its Adolescents Health Unit.

UNFPA is the lead organisation of the Joint Programme (JP) between different UN organisations, including the United Nations Children Fund (UNICEF), the United Nations Development Programme (UNDP), the Joint United Nations Programme on HIV/AIDS (UNAIDS) and the United Nations Educational, Scientific and Cultural Organisation (UNESCO) among others, coordinating interventions regarding youth. UNFPA works closely with international NGOs and donors, such as but not restricted to the United States Agency for International Development (USAID), the Population Council, the Ford Foundation, Pathfinder and Family Health International 360°. Furthermore, UNFPA works closely with numerous Egyptian non-governmental organisations on the issues of adolescents and youth, as well as networks of NGOs, such as the Youth Peer Education Network (Y-PEER) and the FGM Coalition.

3.5 Key challenges and opportunities for adolescents and youth programming

During the briefing session at the start of the data collection mission, UNFPA staff in Egypt together with the evaluation team discussed the country context related to legal, policy, regulatory, cultural, economic and

⁴⁰ Documents: UNFPA Documents (Premarital Counselling [cited 2015 21.10]. Available from: http://egypt.unfpa.org/english/Staticpage/2/ffb1956e-adbb-4ee9-97e9-d2308f67ac98/Premarital_Counseling.aspx), Other Documents (Law No. 12 of 1996 Promulgating the Child Law: Amended by Law No. 126 of 2008, (2008).

⁴¹ Documents: UNFPA Annual Reports (UNFPA 2012 Country Office Annual Report: Egypt. New York: 2013), Partner and Relevant Thematic Documents (Girls not Brides. Lessons Learned from Selected National Initiatives to End Child Marriage. 2015).

⁴² Document: Partner and Relevant Thematic Documents (Girls not Brides. Lessons Learned from Selected National Initiatives to End Child Marriage. 2015).

⁴³ Documents: NGO Law Monitor: Egypt 2015 [cited 2015]. Available from: <http://www.icnl.org/research/monitor/egypt.html>; Human Rights Watch, Egypt: Draft Law Threatens Independent Organisations. Enact Legislation to Protect Free Association. 2014 [cited 2015]. Available from: <https://www.hrw.org/news/2014/07/14/egypt-draft-law-threatens-independent-organizations>; BBC News: Egypt's al-Sisi imposes strict anti-terrorism laws 2015 [cited 2015 21.10]. Available from: <http://www.bbc.com/news/world-middle-east-33955894>.

⁴⁴ The development could be observed by the Evaluation Team in the country and was mentioned by several stakeholders.

political barriers to advocating for and implementing adolescents and youth programmes in Egypt. After consideration of each factor, the group came to a consensus as to how difficult it is to work on adolescents and youth issues in Egypt (Table 9).

The major and ongoing political changes in Egypt, which pose challenges in advancing the adolescents and youth sexual and reproductive health in the country were highlighted, particularly related to legal, policy and regulatory barriers. There has been an increasingly restrictive environment for adolescents and youth, especially girls and young women.⁴⁵ Furthermore, staff at Ministries and positions have changed frequently, which has made the strengthening of existing relationships and the establishment of new partnerships challenging. Given these barriers, consensus was reached that while some progress can be made, the context is moderately restrictive. However, some progress had been made in recent years, particularly after the more recent change of government. While CSO activities are still extremely restricted, most other programme partners and thematic areas were able to proceed with programming for adolescents and youth, albeit under tighter restrictions and oversight. Given the volatility of the region, further changes in the context with uncertain consequences for programming in the area of adolescents and youth are expected.

Table 9: Country context assessment

Country context assessment	
Factor	Value Scale
Laws, policies and regulations restrict adolescents and youth access to services <i>Value: 2</i>	3 = Heavily restrictive/ limiting 2 = Moderately restrictive / limiting; positive change has occurred in last 5 years 1= Not very restrictive / limiting; open to positive change 0 = Facilitative
Social, cultural, religious norms impede adolescents and youth access to information and services related to sexuality and sexual and reproductive health <i>Value: 2</i>	
Economic, political, environmental or internal (crisis in government; war/conflicts; public health crisis; other) stress factors restrict adolescents and youth programme implementation directly or indirectly <i>Value: 2</i>	
Historical or current social, economic and ethnic discrimination of specific populations limits access to marginalised or vulnerable adolescents and youth groups <i>Value: 3</i>	
Social, cultural, or religious restrictions on adolescents and youth (especially girls) participation limits meaningful engagement by adolescents and youth in programmes <i>Value: 2</i>	
Summary consensus assessment for Egypt: 2 = Moderately restrictive/limiting; positive change occurred in last five years	

⁴⁵ Document: UNFPA Annual Reports (UNFPA Country Office Annual Report 2012).

4 UNFPA support for adolescents and youth in Egypt

4.1 Summary of UNFPA programmatic support to adolescents and youth in Egypt

The UNFPA country programme with the government of Egypt consisted of projects reflecting three main themes: 1) population and development (PD), 2) reproductive health (RH), and 3) gender (G), with specific adolescents and youth related outcomes.⁴⁶ The midterm review in 2011 included a significant refocusing of the UNFPA CP, particularly in the areas of sexual and reproductive health and reproductive rights to improve the lives of women, adolescents and youth through human rights, gender and population dynamics approaches as captured in the current Strategic Plan for 2014-2017.⁴⁷ The mid-2013-2017 country programme shows a shift in main themes, namely: 1) young people's sexual and reproductive health and sexual and reproductive health education and information, 2) maternal and newborn health and 3) gender equality and reproductive rights.⁴⁸ Whereas some of the programmes and activities within the 8th and 9th Programme Cycle focus specifically on adolescents and youth, others target young people through a cross-cutting approach.⁴⁹ adolescents and youth programming in Egypt follows the UNFPA Strategy on adolescents and youth 2012 five strategic prongs, namely: 1. Enable evidence-based advocacy for comprehensive policy and program development, investment and implementation; 2. Promote sexual and reproductive health and reproductive rights education and information; 3. Build capacity for sexual and reproductive health service delivery; 4. Take bold initiatives to reach marginalized and disadvantaged adolescents and youth, especially girls; and 5. Promote youth leadership and participation.⁵⁰

4.2 Financial support for adolescents and youth in Egypt

The UNFPA country programme document (CPD) 2007-2011 envisioned assistance for Egypt (both regular and other resources) in the amount of USD 18.0 million, of which USD 4.25 million was budgeted for population and development, USD 9.5 million was budgeted for reproductive health, and USD 3.0 million was budgeted for gender, with an additional USD 1.25 million for programme coordination and assistance.⁵¹ Proposed indicative assistance for Egypt for the current cycle (mid-2013 to 2017) is a total of USD 14.0 million, with USD 3.25 million budgeted for young people's sexual and reproductive health and sexual and reproductive education and information, USD 6.8 million budgeted for maternal and newborn health, and USD 3.2 million budgeted for gender equality and reproductive rights. USD 0.75 million was allocated for programme coordination and assistance.⁵² Within the current country programme document (mid-2013 to 2017), proposed indicative assistance (in millions of USD) is listed by strategic plan outcome, with an indicative amount for adolescents and youth support included, specifically for their sexual and reproductive health and sexual and reproductive health education and information.

⁴⁶ Document: UNFPA Programming Documents (UNFPA Country programme for Egypt 2007 - 2011).

⁴⁷ Document: UNFPA Strategic Planning Documents (UNFPA Strategic Plan, 2014-2017).

⁴⁸ Document: UNFPA Programming Documents (UNFPA Draft Country Programme Document for Egypt mid-2013 - 2017).

⁴⁹ Document: UNFPA Relevant Thematic Documents (UNFPAEgypt - Because Everyone Counts: Youth - Overview [01.03.2015]. Available from: <http://egypt.unfpa.org/english/Staticpage/5/ff960a59-e5ca-4383-ae44-65b3efc7f536/Youth.aspx>).

⁵⁰ Document: UNFPA Strategic Planning Documents (UNFPA Strategy on Adolescents and Youth: Towards realizing the full potential of adolescents and youth. 2013).

⁵¹ Document: UNFPA Programming Documents (UNFPA Country programme for Egypt 2007 - 2011).

⁵² Document: UNFPA Programming Documents (UNFPA Draft Country Programme Document for Egypt mid-2013 - 2017).

For resource allocation purposes, in 2014, UNFPA categorised programme countries into “colour quadrants” based on the combination of need and ability to finance.⁵³ Egypt is classified within the “yellow” quadrant. Within yellow quadrant countries, UNFPA offers support by engaging in advocacy and policy dialogue/advice and knowledge management.⁵⁴

Based on an analysis of UNFPA Atlas financial data, including data from the Global Programming System (GPS) module,⁵⁵ Table 11 illustrates expenditure figures by project outcome codes in support of adolescents and youth (both regular and other resources) in Egypt for 2008-2015.

⁵³ The following indicators were used to determine need classification under the 2014-2017 SP: Proportion of births attended by skilled health personnel for the poorest quintile of the population; maternal mortality ratio; adolescent fertility rate; proportion of demand for modern contraception; HIV prevalence, 15-24 year olds; Gender Inequality Index. Document: UNFPA Strategic Plan 2014-2017, Annex 4 on Funding Arrangements.

⁵⁴ Document: UNFPA Strategic Plan, 2014 – 2017.

⁵⁵ For further information on Atlas and GPS coding/tagging as well as the methodology applied for the financial analysis please see Annex 4.

Table 10: Expenditure (USD) per project outcome code /output code (in GPS) for 2008-2014

Expenditure in USD per Project Outcome Code (in Atlas)/Output Code (in GPS) for 2008-2014								
Project Outcome/Output Codes	2008	2009	2010	2011	2012	2013	2014	Grand Total
P3		\$253,441.27	\$100,639.70	\$80,423.34				\$434,504.31
R5	\$67,064.46	\$133,155.88	\$110,306.82	\$45,242.86				\$355,770.02
U5		\$23,965.61	\$61,954.49	\$2,303.41		\$4,099.20		\$92,322.71
U6	\$482,721.09	\$245,744.52	\$224,911.81	\$189,574.53	\$156,479.30	\$258,099.60		\$1,557,530.85
SP Outputs 6-7-8							\$801,104.34	\$801,104.34
Grand Total	\$549,785.55	\$656,307.28	\$497,812.82	\$317,544.14	\$156,479.30	\$262,198.80	\$801,104.34	\$3,241,232.23

P3: Improved data availability and analysis around population dynamics, sexual and reproductive health (including family planning) and gender equality; **R5:** Improved access to sexual and reproductive health services and sexuality education for young people (including adolescents); **U5:** Gender equality and reproductive rights advanced particularly through advocacy and implementation of laws and policy; **U6:** Improved access to sexual and reproductive health services and sexuality education for young people (including adolescents); **SP Output 6:** Increased national capacity to conduct evidence-based advocacy for incorporating adolescents and youth and their human rights/needs in national laws, policies, programmes, including in humanitarian settings; **SP Output 7:** Increased national capacity to design and implement community and school based sexual and reproductive health and reproductive rights education and information; sexual and reproductive health education and information programmes that promote human rights and gender equality; **SP Output 8:** Marginalized girls: Increased capacity of partners to design and implement comprehensive programmes to reach marginalized adolescent girls including those at risk of child marriage.

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

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

2014 Expenditure (in USD) by SP Outputs 6-7-8 (under SP 2014-2017)	
SP Outcome 2, Output 6	\$801,104.34
Total	\$801,104.34

Source: Atlas (GPS) data.

Table 12 compares budget and expenditure in support of adolescents and youth by UNFPA in Egypt for the period 2008-14. Data indicate expenditure constantly declining after 2009 when UNFPA had invested approximately USD 656,000. While expenditures increased somewhat from their lowest point in 2012 (USD 156,000) to around USD 262,000 in 2013, there was a considerable increase in 2014 to USD 801,000.

Overall, UNFPA in Egypt spent just over USD 3 million during 2008 to 2014 for support to adolescents and youth, with a high rate implementation rate. Adolescents and youth expenditure accounted for 12.9 per cent of total country office expenditure for 2008 to 2014.⁵⁶

Table 12: Budget and expenditure in support of adolescents and youth from 2008-2014 (USD)

Budget and expenditure in support of adolescents and youth 2008-2014 (USD)			
Year	Budget	Expenditure	Implementation Rate
2008	\$567,003.00	\$549,785.55	97.0
2009	\$690,609.00	\$656,307.28	95.0
2010	\$504,715.00	\$497,812.82	98.6
2011	\$335,624.00	\$317,544.14	94.6
2012	\$156,479.74	\$156,479.30	100.0
2013	\$274,646.96	\$262,198.80	95.5
2014	\$841,268.44	\$801,104.34	95.2
Total	\$3,370,346.14	\$3,241,232.23	96.2

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

Table 13 shows that adolescents and youth programming has largely been financed by regular resources (roughly 71.5 per cent of total adolescents and youth expenditure). However, considerable other (earmarked) resources were raised from a number of donors, especially in 2009 and, most recently, in 2014. Other resources have been mobilised to a large extent from donor countries, but also from within the UN system and from one private sector partner.

Table 14 indicates annual expenditure by UNFPA and its numerous (13) governmental and non-governmental Implementing Partners (IPs) between 2008 and 2014 in Egypt.

⁵⁶ Total country office (CO) expenditure from 2008-2013: USD 21,444,916 (Source: Atlas dataset generated June 10, 2014). Total CO expenditure for 2014 is USD 3,689,985.83 (Source: Atlas GPS dataset generated in July 2015). Summing the two figures, total CO expenditure for 2008-2014: USD 25,134,902. Note that 2008-2011 CO expenditure data was added to 2012-2013 CO expenditure data and 2014 CO expenditure data to arrive at an estimate of total CO expenditure for 2008-2014. However, expenditure figures from 2008-2011 are not directly comparable to figures from 2012-2013 or 2014, due to changes in UNFPA accounting procedures and coding (with the introduction of the new SP in 2012 and another in 2014). Though this is the case, estimates can still be made.

Table 13: Source of adolescents and youth expenditure from 2008-2014 USD

Source of adolescents and youth Expenditure from 2008-2014 (USD)								
Funding Source	2008	2009	2010	2011	2012	2013	2014	Total
MULTI DONOR		\$118,998.98	\$100,639.70	\$80,423.34			\$68,754.52	\$368,816.54
H&M (HENNES & MAURITZ)						\$144,054.09		\$144,054.09
NETHERLANDS		\$134,442.29						\$134,442.29
USA							\$133,057.47	\$133,057.47
JP-UNFPA (FGM/C)		\$23,965.61	\$60,203.13					\$84,168.74
UNDP - MDTF							\$59,989.25	\$59,989.25
Total Other Resources (earmarked)		\$277,406.88	\$160,842.83	\$80,423.34		\$144,054.09	\$261,801.24	\$924,528.38
Total Regular Resources (not earmarked)	\$549,785.55	\$378,900.40	\$336,969.99	\$237,120.80	\$156,479.30	\$118,144.71	\$539,303.10	\$2,316,703.85
Grand Total	\$549,785.55	\$656,307.28	\$497,812.82	\$317,544.14	\$156,479.30	\$262,198.80	\$801,104.34	\$3,241,232.23

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

Table 14: Expenditure by Implementing Agency 2008-2014

Expenditure by Implementing Agency 2008-2014 in USD								
Implementing Agency	2008	2009	2010	2011	2012	2013	2014	Grand Total
UNFPA	\$104,094.37	\$81,401.47	\$118,351.50	\$35,561.61	\$65,223.84	\$215,359.87	\$439,133.35	\$1,059,126.01
Population Council		\$253,441.27	\$99,191.14	\$80,423.34				\$433,055.75
Government 1	\$132,984.17	\$102,393.24	\$157,178.45	\$0.07				\$392,555.79
Egyptian Family Planning Association (EFPA)	\$95,642.55	\$87,001.03	\$62,014.98	\$51,072.24	\$46,165.92	\$725.95		\$342,622.67
Youth and Development Consultancy Institute (Etijah)							\$230,058.77	\$230,058.77
Family Health International 360° (FHI)	\$150,000.00	\$76,273.00						\$226,273.00
Ministry of Family & Population (MoFP)				\$121,412.13	\$45,089.54	\$23,072.65		\$189,574.32
Government	\$67,064.46	\$55,797.27	\$1,749.56					\$124,611.29
Al-Shehab Institution for Comprehensive Development						\$18,941.13	\$68,754.52	\$87,695.65
School Age Health Department							\$63,157.70	\$63,157.70
Government 8			\$59,327.19	\$0.00				\$59,327.19
General Organisation for Teaching Hospitals and Institutes (GOTHI)				\$26,771.48				\$26,771.48
The Egyptian Centre for Women's Rights (ECWR)						\$4,099.20		\$4,099.20
Ministry of Health (MoH)				\$2,303.41				\$2,303.41
Grand Total	\$549,785.55	\$656,307.28	\$497,812.82	\$317,544.14	\$156,479.30	\$262,198.80	\$801,104.34	\$3,241,232.23

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

Table 15 captures expenditure in 2014 under SP outputs 6-7-8 (defined as targeted expenditure in support of adolescents and youth) by mode of engagement introduced with the 2014-2017 Strategic Plan. Expenditure was highest for capacity development at approximately USD 537,000 followed by “other” at USD 136,000. Expenditure on knowledge management as well as advocacy/policy dialogue and advice was just over USD 50,000 each. Service delivery expenditures were the smallest.

Table 15: Adolescents and youth Expenditure by Mode of Engagement for 2014 in USD

Adolescents and youth Expenditure in 2014 by Mode of Engagement (USD)	
Mode of Engagement (MoE)	Expenditure
ME01: Advocacy/Policy Dialogue and Advice	\$51,914.41
ME02: Knowledge Management	\$54,145.31
ME03: Capacity Development	\$536,861.47
ME04: Service Delivery	\$21,947.23
ME05: Other	\$136,235.92
Grand Total	\$801,104.34

Source: UNFPA Evaluation Office based GPS data.

Adolescents and youth financial resources summary

UNFPA is a key financial supporter of sexual and reproductive health programmes in Egypt, including adolescents and youth programming. Expenditure for adolescents and youth programming fluctuated between 2008 and 2014, with the lowest expenditure in 2012 (USD 156,479.30) and the highest in 2014 (USD 801,104.34), reflecting the impact of social and political unrest in the country. Nonetheless, implementation rates were high at over 95 per cent throughout the evaluation period.

Between 2008 and 2011 expenditure was largely financed by regular resources. However, a considerable amount of earmarked resources were mobilized from a number of donors until 2011. There was a notable increase in 2014 (Table 10). Between 2008 and 2011 expenditure fell under all four project outcome areas. With a substantial decrease in budget in 2012 and 2013, expenditure focused on gender equality and reproductive rights as well as sexual and reproductive health services and sexual and reproductive health education and information only. In 2014 however – and with a steep budget increase - expenditure focused exclusively on capacity building to conduct evidence-based advocacy for incorporating adolescents and youth and their human rights/needs in national laws, policies and programmes. The amount of budget, political circumstances, project outcomes and the introduction of quadrants - leading to a shift in programming - have influenced programme activities.

Funding for adolescents and youth programming in Egypt has largely been funded by regular resources. However, considerable other (earmarked) resources were raised from a number of donors, including donor countries, other UN organisations and one private sector partner. UNFPA directly implemented around a third of the resources for adolescents and youth programming during the evaluation period, and most adolescents and youth expenditure (USD 536,861.47) focussed on capacity development.

5 Findings

5.1 Relevance

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

Summary of findings

UNFPA adolescents and youth programming in Egypt was generally well aligned with the strategic and programmatic stipulations and principles set forth in UNFPA policies and strategies between 2008 and 2015. The country programme of 2007 – mid-2011 was well aligned with the first Strategic Plan (2008-2013), as well as the UNFPA Framework for Action on Adolescents and Youth (2007). Under the second Strategic Plan (2014-2017), the country programme of mid-2013 - 2017 aligns in general terms, although attention to Outputs 6 and 8 is not specified. Similarly, regarding the UNFPA Strategy on Adolescents and Youth (2012), the current country programme reflects prong III in its attention to youth-friendly health services. However, attention to other prongs is weaker and gaps and challenges identified in the evaluation of the 2007-2011 country programme are not sufficiently addressed.

UNFPA support in the area of adolescents and youth aligned with the national priorities of the Government of Egypt, although maintaining coherence of adolescents and youth programming between government and other partners has been challenged by political and social change and the absence of clear national policies and strategies on adolescents and youth needs. UNFPA has maintained a strong relationship with the Ministry of Health. Activity planning has been based on limited needs assessments, although no profound analysis of the most marginalised young people has been conducted at subnational level to better target programming for adolescents and youth with the greatest needs. Adolescents and youth leaders, beneficiaries and their organisations have participated in the planning of UNFPA adolescents and youth support, including in the area of youth-friendly health services.

UNFPA has been able to maintain the coherence of adolescents and youth programming in Egypt during a period of social and political upheaval, due to skilled leadership and strong strategic thinking. UNFPA demonstrated flexibility and adaptability in appropriately reorienting adolescents and youth projects and programmes in response to increasing restrictions on civil society and non-governmental organisations, as well as an increasingly conservative social context. For example, UNFPA demonstrated careful selection of partner organisations and appropriately adjusted programmatic interventions (for example, by using informal education techniques to advance sexual and reproductive health education and information in the country).

5.1.1 Alignment of UNFPA support with UNFPA policies and strategies in the area of adolescents and youth⁵⁷

⁵⁷ Evaluation assumption 1.1.

UNFPA adolescents and youth programming in Egypt was generally well aligned with the strategic and programmatic stipulations and principles set forth in UNFPA policies and strategies between 2008 and 2015. Analysis of the Egypt two country programme documents (CPDs) from the evaluation period (2007 – mid-2011, extended until mid-2013, and mid-2013 – 2017) indicates that the programmes were aligned to the two relevant UNFPA Strategic Plans (2008-2013 (SP I); and 2014-2017 (SP II)). Under the first SP, the country programme (CP) of 2008 – 2012 appears well aligned generally with outcomes 1.2, 2.4, 2.5.⁵⁸ With its focus on youth friendly health services and inclusion of youth in the population and development component, the programme also aligned well with keys 1 and 3 of the UNFPA Framework for Action on Adolescents and Youth (2007).⁵⁹

During the subsequent UNFPA SP, the Egypt CP of mid-2013 to 2017 gave greater attention to adolescents and youth issues, as shown by the addition of a dedicated adolescents and youth component, and specific inclusion of adolescents and youth as beneficiaries within the gender component of the programme. Overall, the programme aligned with outcome 2 of the SP, although attention to Outputs 6 and 8 (evidence-based advocacy for adolescents and youth and comprehensive programmes to reach marginalised girls) is lacking.⁶⁰ Similarly, regarding the UNFPA Strategy on Adolescents and Youth (2012), the CP reflects prong III in its attention to youth friendly health services, but attention to prongs I, II and IV is weaker.⁶¹

The CP does also not directly respond to past lessons learned. For example, although the lessons learned section of the CP refers to on-going gaps in data on the RH needs of adolescents and youth, there is no output or strategy designed to address these gaps; and although the country programme evaluation (CPE) of the 2007 – 2011 CP recommended greater efforts to reach out-of-school young people through peer education, this is not mentioned. Nevertheless, the CP did move towards greater outreach through Y-Peer to reach out of school youth indicating that while not all activities were well represented in the CP, activities were aligned to UNFPA Strategic priorities.

5.1.2 Alignment of UNFPA support with national (government and CSOs) priorities and needs in the area of adolescents and youth⁶²

UNFPA aligned its support for adolescents and youth in Egypt with the national priorities of the government of Egypt and partners during the evaluation period. However, given the political transitions and social unrest that have taken place since 2011, maintaining coherence on the adolescents and youth agenda between government agencies and partners in Egypt has been challenging.⁶³

UNFPA attempted to align its support to the needs of adolescents and youth as identified in plans and policies in Egypt, but this has been hampered by the absence of clear national policies and strategies. A National Youth

⁵⁸ Outcome 1.2: Young people's rights and multi-sectoral needs incorporated into public policies, poverty reduction plans and expenditure frameworks, capitalizing on the demographic dividend. Outcome 2.4: Demand, access to and utilization of quality HIV and STI prevention services, especially for women, young people and other vulnerable groups, including populations of humanitarian concern increased. Outcome 2.5: Access of young people to SRH, HIV and gender-based violence prevention services, and gender-sensitive life skills-based SRH education improved as part of a holistic multi-sectoral approach to young people's development.

⁵⁹ Key 1: Supportive policy making that applies the lens of population structure and poverty dynamics. Key 3: Sexual and reproductive health services.

⁶⁰ Specifically, there is no direct mention of 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; or Output 8: Increased capacity of partners to design and implement comprehensive programmes to reach marginalised adolescent girls including those at risk of child marriage.

⁶¹ Prong I: Evidence-based advocacy for development, investment and implementation. Prong II: Promote comprehensive sexuality education. Prong III: Build capacity for sexual and reproductive health service delivery, including HIV prevention, treatment and care. Prong IV: Bold initiatives to reach the most vulnerable.

⁶² Evaluation assumption 1.2.

⁶³ Interview UNFPA staff. Direct observation.

Policy was adopted prior to the revolution. Following the revolution, a new National Youth Policy was planned (without UN involvement), but has not yet been developed, leading to a lack of a clear framework for adolescents and youth programming in the country.⁶⁴ Similarly, UN organisations including UNFPA and the government did not share a joint strategic framework for meeting adolescents and youth needs, and the coordination of activities between adolescents and youth stakeholders was variable. UNFPA nonetheless maintained a strong relationship with the Ministry of Health (MoH) on adolescents and youth-related matters particularly with the National Council for Childhood and Motherhood.⁶⁵ However, UNFPA did not have close working partnerships with the Ministry of Education or the Ministry of Youth at the time of the evaluation team visit.⁶⁶

UNFPA support has reflected an understanding of adolescents and youth needs as determined by adolescents and youth leaders and beneficiaries, by conducting a consultative process with youth-led organisations and other adolescents and youth stakeholders to align its CP with their needs.⁶⁷ For example, a “task force” comprised of representatives from the Ministry of Health, UNFPA and experts in the field – together with selected adolescents and youth – participated in the planning of youth-friendly clinics.⁶⁸ Furthermore, planning of broader UNFPA activities was based on (abbreviated) needs assessments, though no assessment with a focus on marginalised and vulnerable adolescents and youth at the sub-national level could be identified. Specifically, UNFPA together with partners implemented the Survey for Young People in Egypt 2011 (SYPE) to inform evidence-based planning.⁶⁹ The SYPE informed the development of both the National Population Strategy and the Sexual and Reproductive Health Strategy.⁷⁰

5.1.3 Responsiveness of UNFPA support to changing contexts while maintaining coherence of programmes⁷¹

In its support to adolescents and youth, UNFPA has been able to appropriately respond to the changing political and social context in Egypt during the evaluation period. Stakeholders noted that UNFPA was able to navigate political changes and maintain the coherence of its programming in an uncertain environment, due to the bold and sophisticated leadership and strategic thinking of UNFPA senior management in the country.⁷²

UNFPA responded to increasing restrictions on civil society organisations (CSOs) and non-governmental organisations (NGOs) by convening a task force of all UN organisations working on youth in Egypt to better coordinate their efforts and strengthen partnerships.⁷³ Since the registration of CSOs and NGOs was made mandatory under Law No. 84 of 2002 on Associations and Foundations, NGOs must receive prior approval for project activities from governmental institutions, creating challenges for their work, and in some cases, threatening their existence.⁷⁴ UNFPA demonstrated flexibility throughout these political changes, by carefully selecting partners and interventions to ensure sustainability of their programme activities.⁷⁵ For example, UNFPA worked through a national NGO that was accredited by the government - the Youth and Development

⁶⁴ Interview: UN Staff. Document: UNFPA Annual Reports (COARs 2008 – 2014). Direct observation.

⁶⁵ Interviews: UNFPA Staff, Donor. Direct observation.

⁶⁶ Interviews: UNFPA Staff, UN Staff. Documents: UNFPA Annual Reports (COARs 2008 – 2014).

⁶⁷ Interviews: UNFPA Staff, Government, NGO.

⁶⁸ Interviews: Government.

⁶⁹ Interviews: INGO. Documents: Partner and Relevant Thematic Documents (SYPE 2011, 2014).

⁷⁰ Interviews: UNFPA Staff, INGO. Direct observation.

⁷¹ Evaluation assumption 1.3 of the evaluation matrix.

⁷² Interviews: UNFPA Staff, NGO. Direct observation.

⁷³ Interviews: UNFPA Staff, UN Staff. Document: UNFPA Annual Report (COAR 2011).

⁷⁴ Interviews: NGO, INGO. Direct observation.

⁷⁵ Interviews: UNFPA Staff, NGO, adolescents and youth Beneficiaries.

Consultancy Institute (ETIJAH⁷⁶) - to provide support to other non-accredited NGOs and CSOs that were heavily affected by the restrictions.

UNFPA also demonstrated flexibility, adaptability and timeliness by reorienting projects and programmes in response to social changes.⁷⁷ Despite a rise in conservative social values in the country,⁷⁸ UNFPA used innovative methods to make use of volunteers and social media to continue to reach adolescents and youth and to foster its agenda in regard to adolescents and youth sexual and reproductive health and reproductive rights.⁷⁹ For example, UNFPA ensured the ongoing provision of adolescent sexual and reproductive health education (which was not integrated into the formal Egyptian school curriculum during the period under evaluation) through local NGOs and peer educators, offering informal education outside of schools, as well as through theatre-based techniques.⁸⁰

⁷⁶ Interviews: UNFPA Staff, NGO, adolescents and youth Beneficiaries.

⁷⁷ Interviews: UN Staff, INGO. Documents: UNFPA Annual Report (COARs 2008 – 2014). Direct observation.

⁷⁸ See Section 5.1.6 on cultural sensitivity for further discussion.

⁷⁹ Interviews: UN Staff, INGO. Document: UNFPA Annual Report (COAR 2013).

⁸⁰ Interviews: NGO, adolescents and youth Beneficiaries. Document: Partner and Relevant Thematic Documents (Y-PEER Evaluation).

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

Summary of findings

UNFPA incorporated human rights approaches into its adolescents and youth programming in Egypt, and has supported partners to do so. UNFPA used human rights language in its information, education and communication materials, and advanced the adolescents and youth human rights agenda through advocacy, policy, and legislative work, particularly in regard to female genital mutilation / cutting (FGM/C) and gender-based violence including sexual harassment. UNFPA has also promoted the rights of young people to participate at all levels of policy development, implementation and monitoring, and has raised awareness and supported partners to integrate the human rights of adolescents and youth in the design and implementation of interventions. However, UNFPA had to be selective in its promotion of adolescents and youth sexual and reproductive health rights, due to political and social restrictions.

UNFPA incorporated gender-responsive approaches within adolescents and youth programming in Egypt, and supported partners to do so, but did not explicitly address gender barriers for adolescents and youth faced in accessing information and services. However, UNFPA successfully pushed for greater disaggregation and analysis of data by gender, supported capacity building in regard to gender issues. It also played a key role in amending and developing legislation to address gender issues faced by adolescents and youth, as evidenced by the outlawing of FGM/C and the development of a law criminalising sexual harassment in 2014. More broadly, UNFPA developed the capacity of partners, including the government, to design gender-responsive interventions for adolescents and youth.

UNFPA successfully integrated culturally sensitive approaches into programming despite the sensitive nature of sexual and reproductive health topics in Egypt, and supported partners to do so. For example, UNFPA support in partnership with religious leaders and faith-based academic institutions has resulted in attitudinal change by religious leaders on child marriage and GBV. However, some stakeholders perceived UNFPA as too culturally sensitive and self-censoring, with negative consequences for effectively addressing more sensitive adolescents and youth issues in the country.

UNFPA in Egypt recognised the need to prioritise marginalised and vulnerable adolescents and youth, including adolescent girls, in its programming, but did not extensively do so during the evaluation period. No systematic or shared identification of and approach to marginalised and vulnerable adolescents and youth existed within UNFPA, or between UNFPA and other stakeholders. Efforts were made to reach young people at risk of HIV infection and to include adolescents and youth from a variety of backgrounds in participatory platforms. However, marginalised and vulnerable adolescents and youth were not sufficiently targeted by UNFPA education and health service interventions, and UNFPA has not achieved high visibility as a prominent convener for marginalised and vulnerable adolescents and youth, including adolescent girls in Egypt.

5.1.4 Incorporation of human rights-based approaches in adolescents and youth strategies and programmes⁸¹

Human rights-based approaches have been incorporated into adolescents and youth programming by UNFPA in Egypt, as well as by partners with UNFPA support. UNFPA interventions have used human rights language, as reflected in information, education and communication materials collected and reviewed by the evaluation team.⁸² However, UNFPA had to be selective in its promotion of adolescents and youth sexual and reproductive health rights. UNFPA, stakeholders and beneficiaries alike faced social and political restrictions in working on certain human rights topics.⁸³ As a result, UNFPA has made more progress on gender-related human rights for adolescents and youth, particularly in regard to female genital mutilation / cutting (FGM/C) and gender-based violence (GBV), than on other, more sensitive human rights-related topics.⁸⁴ For example, UNFPA advocated for new legislation to protect women against sexual harassment with the support of the Egyptian Center for Women's Rights (ECWR) and supported a campaign titled "Making our Streets Safe for Everyone".⁸⁵ Further, UNFPA supported awareness sessions in communities and the development of a reference guide and training programme for religious leaders to advocate against GBV (first published in October 2009).⁸⁶

UNFPA also helped revise policies and strategies to integrate a human rights based approach, reflecting the needs of adolescents and youth to information and services. One such example is support for the implementation of the National HIV/AIDS Strategy, ensuring that the needs human and rights of young people are integrally included. Further, UNFPA helped design guidelines for the mandatory premarital examination⁸⁷, to ensure that it does not infringe upon the rights of to-be-wed couples, and supported the implementation of the law prohibiting FGM/C in the country.⁸⁸

UNFPA furthermore promoted the rights of young people to participate at all levels of policy development, implementation and monitoring.⁸⁹ For example, UNFPA supported the establishment of the UN Youth Advisory Panel in 2008, giving voice to adolescents and youth at the policy and programming levels. Youth were also supported to participate in a youth consultation chaired by the Minister of Health and Population and the chairperson of the National Population Council to discuss the post 2015 agenda. Other examples include the invitation of youth leaders to participate at regional and global meetings (e.g. the ICPD@20 meeting) and the implementation and monitoring of projects by Y-PEER.⁹⁰

Beyond UNFPA's own commitment to safeguarding and supporting the human rights of youth,⁹¹ the organisation has raised awareness and supported partners to integrate human rights of adolescents into their activities. For example, through the "Advocacy for Reproductive Rights" project between 2007 and 2013, UNFPA supported the Ministry of Health (MoH)⁹² in the production and dissemination of a Reproductive Rights and Gender

⁸¹ Evaluation assumption 2.1.

⁸² Adolescents and youth documents published with support of UNFPA Egypt.

⁸³ Interviews: INGO, adolescents and youth Beneficiaries.

⁸⁴ Interviews: UNFPA Staff, NGO, adolescents and youth Beneficiaries. Documents: UNFPA Annual Reports (COARs 2008 – 2014), Reviews, Evaluations and Assessments (Ford K, Youssef H, Galal S, El-Helw M. Decentralized Evaluation of the UNFPA Country Programme for Egypt 2007-2011: Final Report. 2011). Direct observation.

⁸⁵ Documents: UNFPA Annual Reports (COAR 2011, COAR 2012, p. 24), UNFPA Relevant Thematic Documents (Website UNFPA Egypt).

⁸⁶ Documents: UNFPA Annual Reports (COAR 2008, 2011, 2012), Evaluations, Reviews and Assessments (CPE 2011).

⁸⁷ Document: UNFPA Relevant Thematic Documents (UNFPA Premarital Examination Manual 2009).

⁸⁸ Interviews: UNFPA Staff. Documents: UNFPA Annual Report (COAR 2008), Evaluations, Reviews and Assessments (Shawky et al.).

⁸⁹ Document: UNFPA Annual Report (COAR 2011).

⁹⁰ Interviews: UNFPA Staff, Government, NGO, adolescents and youth Beneficiaries. Documents: UNFPA Annual Reports (COAR 2012, 2013).

⁹¹ Documents: Partner and Relevant Thematic Documents (UN System Wide Action Plan on Youth. Alignment with UNDAF Egypt). Direct observation.

⁹² The Ministry of Health (MoH) changed name during the period, being for a short time the Ministry of Health and Population. For the purposes of this report, we will refer to the Ministry of Health throughout the period as the MoH.

Reference Manual, as well as a Training Manual for training service providers and to advocate for reproductive rights with media and ministries in 2008. UNFPA also supported the Regional Centre for Training (RCT) in the development of a Reference Manual for Premarital Care Services targeting MoH service providers (2009).⁹³ Capacity building on reproductive rights was also undertaken for officers at the National Council for Human Rights, community and religious leaders, as well as service providers and peer educators.⁹⁴

5.1.5 Incorporation of gender-responsive approaches and strategies to address gender barriers in adolescents and youth strategies and programmes⁹⁵

UNFPA incorporated gender-responsive approaches within adolescents and youth programming in Egypt, with a greater focus on gender-related rights, particularly in regard to FGM/C and GBV – compared to other sensitive topics in the country.⁹⁶ Stakeholders explicitly recognised UNFPA strength and sensitivity in integrating gender approaches into their work and advocacy.⁹⁷ However, attention to gender barriers faced specifically by adolescents and youth was not as strong. Document review revealed that internal documents such as the COARs, as well as posters and signs displayed in UNFPA supported youth-friendly clinics visited by the evaluation team, did not include gender-transformative language or specific reference to gender barriers adolescents and youth face in accessing information, services or other key aspects of their lives.⁹⁸ However, UNFPA worked to identify barriers faced by adolescents and youth by supporting the collection and analysis of gender-disaggregated adolescents and youth data in Egypt, and developed gender-disaggregated indicators to be used in policy dialogue.⁹⁹

UNFPA has had a particular focus in recent years on FGM/C, early marriage and GBV including sexual harassment within its adolescents and youth programming during the evaluation period. UNFPA, as a member of the Gender Working Group in Egypt¹⁰⁰, supported and campaigned for the amendment of the Child Law ratified in 2008, protecting the rights of adolescent girls by outlawing FGM/C.^{101,102} Furthermore, together with other UN and civil society organisations, particularly the Egyptian Centre for Women’s Rights, UNFPA called attention to sexual harassment in the country and supported the drafting of a law against sexual harassment from 2008 onwards. It continued its support and initiated a conference on sexual harassment in the region in 2010 and advocated for the new law through a campaign on sexual harassment in 2011.¹⁰³ The Prime Minister of Egypt supported the need for further research on sexual harassment in the country in 2010.¹⁰⁴ Subsequently, and due at least in part to the long-standing advocacy and support of UNFPA, a new law criminalising sexual harassment was passed

⁹³ Documents: UNFPA Annual Reports (COAR 2008, 2009), UNFPA Relevant Thematic Documents (Reference Manual for Premarital Services 2009).

⁹⁴ Interviews: adolescents and youth Beneficiaries. Documents: UNFPA Annual Reports (COARs 2008-2010, COAR 2012, p. 23).

⁹⁵ Evaluation assumption 2.2.

⁹⁶ See Section 5.1.4.

⁹⁷ Interviews: UN Staff, Donor, INGO.

⁹⁸ Documents: UNFPA Annual Reports (COARs 2008 – 2014), Evaluations, Reviews, and Assessments (CPE 2011). Direct observation.

⁹⁹ Documents: UNFPA Annual Report (COAR 2011), Partner and Relevant Thematic Documents (SYPE 2014), Evaluations, Reviews and Assessments (Shawky et al.).

¹⁰⁰ Interviews: UN Staff, Donor, INGO. Documents: UNFPA Annual Reports (COAR 2010 – 2011).

¹⁰¹ Documents: UNFPA Annual Reports (COAR 2008 - 2010), UNFPA Relevant Thematic Documents (Child Law document 2008, Website UNFPA Egypt).

¹⁰² After the law passed, the Egypt country office created a technical steering committee that decided on the exact medical examinations required to issue the certificate for to-be-weds. Additionally, UNFPA trained a pool of trainers who rolled out this procedure as well as developed training modules. The management and training of this pre-marital service was sustained through the Egyptian Ministry of Health.

¹⁰³ Documents: UNFPA Annual Reports (COARs 2008, 2010, 2011), UNFPA Relevant Thematic Documents (UNDP, Women U, UNFPA. Social, Economic and Legal Empowerment of Egyptian Women, 2013).

¹⁰⁴ Document: UNFPA Annual Report (COAR 2010).

in June 2014, covering verbal, physical, behavioural, phone and online sexual harassment. However, despite ongoing advocacy by UNFPA and other UN organisations, enforcement of the law remains incomplete.¹⁰⁵

UNFPA also developed the capacity of partners (policy makers, religious leaders, health professionals and media personnel) and the government (MoH and the National Council for Human Rights) to design gender-responsive interventions for adolescents and youth.¹⁰⁶ UNFPA facilitated the design of interventions to address gender barriers by, for example, supporting the MoH in the production and dissemination of a Gender Reference and Training Manual to be utilised for training service providers.¹⁰⁷ Further, UNFPA supported the adolescent health unit of the National Council of Childhood and Motherhood (NCCM) in the provision of community awareness sessions to bring attention to gender equality and girls' and women's rights.¹⁰⁸ Young religious leaders also received training and information on reproductive rights and gender issues with the aim of disseminating these messages to adolescent girls.¹⁰⁹ In response to the 2011 CPE recommendations which stated that "UNFPA would do well to consider working with the Egyptian Church on a similar project addressing all population, reproductive health and gender issues, especially GBV from a Christian perspective"¹¹⁰ UNFPA expanded its efforts by also training Christian religious leaders on these topics.¹¹¹

5.1.6 Integration of culturally-sensitive approaches in adolescents and youth interventions¹¹²

UNFPA integrated culturally sensitive approaches into programming despite the sensitive nature of sexual and reproductive health topics in Egypt, and particularly in conservative areas of the country.¹¹³ Egypt is in a transitional time where topics such as ensuring access to family planning services for young unmarried women, working with marginalised and vulnerable adolescents and youth and the integration of sexual and reproductive health education and information in schools are highly stigmatised.¹¹⁴ For example, the efforts undertaken by UNFPA and partners to integrate a module on sexuality into the questionnaire of the SYPE 2011 were met with strong opposition by the government, which finally rejected the module.¹¹⁵

Given these constraints, UNFPA has tried to maintain a fine balance between the integration of culturally sensitive approaches and the promotion of human rights, including sexual and reproductive health and reproductive rights.¹¹⁶ While partners recognised the challenges posed by the social and political context, some perceived UNFPA to have shown insufficient leadership on sensitive issues – for example by using very subtle language in its messaging - which may have limited progress for the adolescents and youth agenda in the country.¹¹⁷

¹⁰⁵ Interviews: NGO. Document: UNFPA Relevant Thematic Documents (UNFPA Website: <http://egypt.unfpa.org/english/News/90148576-b9ac-4b8e-ad9e-12cf7522625a>).

¹⁰⁶ Interviews: UNFPA Staff, UN Staff, Donor. Documents: UNFPA Annual Reports (COARs 2010 - 2011, UNFPA Relevant Thematic Documents (UNFPA Website: http://egypt.unfpa.org/english/Staticpage/4/2091d235-c9bf-45a9-88ad-295f00cf53a4/Gender_Equality_and_Human_Rights.aspx).

¹⁰⁷ Documents: UNFPA Annual Reports (COARs 2008 – 2009).

¹⁰⁸ Document: UNFPA Annual Report (COAR 2008)

¹⁰⁹ Documents: UNFPA Annual Report (COAR 2011), Evaluations, Reviews, and Assessments (CPE 2011).

¹¹⁰ Document: Evaluations, Reviews, and Assessments (CPE 2011).

¹¹¹ Interviews: NGO. Documents: UNFPA Annual Report (COAR 2011), Evaluations, Reviews, and Assessments (CPE 2011).

¹¹² Evaluation assumption 2.3.

¹¹³ Documents: UNFPA Annual Reports (COARs 2010, 2012), Evaluations, Reviews, and Assessments (Addressing the Reproductive Health Needs and Rights of Young People since ICPD: The contribution of UNFPA and IPPF - Egypt Country Evaluation Report, 2003).

¹¹⁴ Interviews: INGO, NGO. Documents: UNFPA Annual Reports (COARs 2008 - 2014). Direct observation.

¹¹⁵ Interviews: UNFPA Staff, Donor, INGO. Document: Partner and Relevant Thematic Documents (SYPE 2011).

¹¹⁶ See examples given in Sections 5.1.4 and 5.1.5.

¹¹⁷ Interviews: INGO. Direct observation.

However, UNFPA also supported partners to integrate culturally sensitive approaches in adolescents and youth interventions. One prominent example is support for the International Islamic Centre for Population Studies and Research (IICPR) at the Al-Azhar University to create a reference guide and training manual for religious leaders. Capacity building for religious leaders and outreach to communities, parents and adolescents and youth was provided to advocate for adolescent reproductive health, rights and gender issues with a particular focus on GBV, FGM/C, early marriage and HIV prevention.¹¹⁸ UNFPA has also supported the capacity building of service providers and FGM Coalition members in a culturally sensitive way.¹¹⁹ The 2011 country programme evaluation found that UNFPA support had resulted in attitudinal change by religious leaders on child marriage and GBV, but ongoing reticence to change regarding FGM.¹²⁰ It recommended further assessment of the impact of training provided to religious leaders and its potential in behaviour change.¹²¹

5.1.7 Prioritisation of interventions that identify and include adolescents and youth, particularly the most vulnerable and marginalised, especially adolescent girls¹²²

UNFPA in Egypt recognised the need to prioritise marginalised and vulnerable adolescents and youth, including adolescent girls in its programming, but did not extensively do so during the evaluation period. An explicit focus on marginalised and vulnerable adolescents and youth (including definitions, disaggregated data), and clear reporting on this area of programming (e.g. COARS) was not apparent.¹²³ Furthermore, it appeared that neither a common definition, systematic identification procedure, nor a consistent approach to marginalised youth and adolescents exist in the country; Different partner organisations have individual definitions and priorities.¹²⁴ These issues may reflect that fact that working with/for marginalised and vulnerable adolescents and youth, who often belong to stigmatised groups, is highly sensitive in Egypt, and that inclusion of marginalised and vulnerable adolescents and youth, including very young adolescent girls, requires extensive inputs, including significant logistical efforts and higher costs.¹²⁵

UNFPA has nonetheless targeted vulnerable and marginalised adolescents and youth at risk of HIV infection in their programming (e.g. through support in data collection), although the decision to do so did not appear to be founded on an evidence-based mechanism to identify the most vulnerable adolescents and youth in the country. Specifically, UNFPA has chaired the HIV/AIDS Thematic Group since 2009 and attempted to increase the utilisation of voluntary counselling and testing (VCT) services by young people by integrating VCT and STI services into all UNFPA supported youth-friendly clinics.¹²⁶ Further, UNFPA supported the work of an NGO targeting at-risk youth (including drug users at risk for HIV) and is a member of the newly established Network of Associations for Harm Reduction (NAHR) in Egypt, aimed at reaching marginalised and at-risk populations.¹²⁷

UNFPA also worked to facilitate the meaningful participation of marginalised and vulnerable adolescents and youth, by inviting young people from different backgrounds to obtain their views about their needs regarding

¹¹⁸ Interviews: Donor. Documents: UNFPA Programming Documents (CPD 2007-2011), UNFPA Annual Reports (COARs 2010, 2011), Evaluations, Reviews, and Assessments (CPE 2011).

¹¹⁹ Interviews: UNFPA Staff, NGO. Documents: UNFPA Annual Reports (COARs 2010, 2011, 2012).

¹²⁰ Document: Evaluations, Reviews, and Assessments (CPE 2011).

¹²¹ Document: Evaluations, Reviews, and Assessments (CPE 2011).

¹²² Evaluation assumption 2.4.

¹²³ Documents: UNFPA Annual Reports (COARs 2008 – 2014).

¹²⁴ Interviews: UNFPA Staff, INGO. Documents: UNFPA Annual Reports (COARs 2008 – 2014).

¹²⁵ Interviews: UNFPA Staff, INGO. Direct observation.

¹²⁶ Documents: UNFPA Annual Reports (COARs 2008 – 2014).

¹²⁷ Interviews: INGO.

youth friendly clinics.¹²⁸ UNFPA further supported the Youth and Development Consultancy Institute (YDCI) to ensure that voices of marginalised adolescents and youth in rural areas and at the grassroots level reached the committee responsible for drafting the new constitution.¹²⁹ UNFPA also actively sought the views of adolescents and youth in the design and content of the first SYPE, and convened a Youth Advisory Panel (YAP) in 2008 that included marginalised adolescents and youth.¹³⁰ Despite the continuation of the YAP, activities and engagement with the Panel decreased over time, especially after 2013, due to heavy workload at UNFPA.¹³¹

However, marginalised and vulnerable adolescents and youth were not sufficiently targeted through peer education efforts, as emphasised by the Y-PEER evaluation. Stakeholders interviewed were ambivalent about whether Y-PEER is ready and well equipped to target this adolescents and youth sub-group.¹³² Similarly, barriers faced by the most marginalised and vulnerable young people in accessing health services were not sufficiently addressed.¹³³

Overall, UNFPA has not achieved high visibility as a prominent convener on issues pertinent to marginalised and vulnerable adolescents and youth, including adolescent girls in Egypt.

5.2 Effectiveness and Sustainability

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

Summary of findings

UNFPA contributed to an increase in the availability of integrated sexual and reproductive health services for adolescents and youth in Egypt during the evaluation period, although supported services were not always of high quality, widely available, and / or sustainable. UNFPA supported the establishment of youth-friendly centres (YFCs) through funding services led by the Egyptian Family Planning Association and the General Organisation for Teaching Hospitals & Institutes, as well as through the provision of capacity building, including the development of manuals for service providers and adolescents and youth peer educators. However, no national guidelines or protocols for youth-friendly health services exist and the quality of services was variable. UNFPA-supported services were generally integrated, offering HIV and STI services as well as gender-based violence counselling, but availability of YFCs was limited by moderate coverage across the country.

UNFPA undertook several sustainability measures for the phasing out of funding for YFCs. YFCs embedded in former reproductive health clinics and led by the Egyptian Family Planning Association reached self-sustainability, while clinics located at teaching hospitals did not. Reasons for this included the choice of clinic location within tertiary hospitals, high staff turnover and a decrease in income. UNFPA did not address youth-

¹²⁸ Interview: Government.

¹²⁹ Interviews: UNFPA Staff, adolescents and youth Beneficiaries. Document: UNFPA Annual Reports (COAR 2013). Direct observation.

¹³⁰ Interview: UNFPA Staff, INGO. Document: UNFPA Relevant Thematic Documents (Joint UNFPA/UNICEF/Y-PEER Egypt youth advisory panel: AIDS 2008 – XVII International AIDS Conference - Abstract no. TUPE0976).

¹³¹ Interviews: UNFPA Staff, UN staff.

¹³² Interviews: adolescents and youth Beneficiaries. Document: Evaluations, Reviews and Assessments (Y-PEER Evaluation). Direct observation.

¹³³ See sections 5.2.1 and 5.2.2 for further discussion of youth-friendly health services and comprehensive sexual and reproductive health education and information respectively.

friendly health services in Egypt with a multi-sectoral approach. For example, UNFPA did not work in partnership with the Ministry of Youth.

Despite UNFPA contribution to National Population Strategy and the Sexual and Reproductive Health Strategy legal and policy barriers remained for unmarried adolescent access to sexual and reproductive health services. Likewise, UNFPA support for the National Council of Childhood and Motherhood to reduce gender barriers through community awareness sessions did not appear to have reduced socio-cultural and gender barrier enough to increase utilisation of sexual and reproductive health services by adolescents and youth in the country.

UNFPA did not support formal sexual and reproductive health and reproductive rights education and information; in Egypt during the evaluation period, because the social, cultural and political environment was viewed as unfavourable to do so. To ensure the provision of sexual and reproductive information and education to adolescents and youth, UNFPA instead supported the delivery of health messages through extra-curricular and out of school activities, as well as at information corners located in YFCs.

UNFPA developed the capacity building of partners, including local NGOs, peer educators, trainers and religious leaders for the delivery of sexual and reproductive health and reproductive rights education and information; to in- and out-of-school adolescents and youth. UNFPA also supported the peer education approach through Y-PEER. This youth network subsequently developed into an important and strong network of peer educators, although ongoing support is required to ensure that peer education consistently delivers appropriate, accurate information to adolescents and youth. UNFPA also made use of innovative approaches, such as social media, to deliver sexual and reproductive health and reproductive rights education and information; messages for young people, and fostered multi-sectoral partnerships for advancing sexual and reproductive health education and information in the country. However, it is not clear that UNFPA contributed to increasing use of sexual and reproductive health services or changed sexual risk behaviour among adolescents and youth. Changes were observed at the population level in understanding of how to prevent transmission of HIV among respondents aged 15-29 years in later years of the evaluation period, but stigma around HIV also appeared to increase, and UNFPA's contribution to these changes cannot be assessed.

Testing of the Theory of Change (ToC) pathway for health services and education, which was reconstructed from the ToC developed by UNFPA for the current Strategic Plan (2014 – 2017), confirmed that all Modes of Engagement were used to strengthen national capacity for adolescents and youth sexual and reproductive health services, although less attention was devoted to advocacy and policy dialogue, facilitation of partnerships and coordination, and mainstreaming of adolescents and youth issues within other programmatic areas. Testing of the education pathway was limited by the fact that UNFPA did not comprehensively support sexual and reproductive health education and information in Egypt. However, between Output and Outcome levels, findings confirmed that overcoming socio-cultural, legal and gender barriers is fundamental in achieving increased availability and use of integrated sexual and reproductive health services and sexual and reproductive health and reproductive rights education and information; for adolescents and youth. It was also crucial that service providers and teachers, as well as other community leaders, be effective at reaching adolescents and youth victims / survivors of violence and adolescents and youth generally. As national ownership of youth-friendly health services and sexual and reproductive health education and information has not yet been achieved in Egypt, it was not clear if national ownership increases and sustains resources for integrated sexual and reproductive health services, information and education, including GBV and HIV, or for sexual and

reproductive health and reproductive rights education and information. However, evidence affirmed the importance of adhering to international standards, and use of accurate, age-disaggregated data, in order to deliver high quality youth-friendly health services and sexual and reproductive health and reproductive rights education and information.

5.2.1 Availability and use of quality, integrated and sustainable sexual and reproductive health services (including contraceptives, HIV & GBV) for adolescents and youth ¹³⁴

UNFPA contributed to an increase in the availability of integrated sexual and reproductive health services for adolescents and youth in Egypt during the evaluation period, although supported services were not always of high quality, widely available, and / or sustainable.

UNFPA contributed to sexual and reproductive health service delivery to young people, and built the capacity of partners to do so, by supporting the establishment of youth friendly clinics in Egypt. Some UNFPA-supported youth-friendly centres (YFCs) are located in former reproductive health clinics (led by the Egyptian Family Planning Association - EFPA), with others placed within tertiary hospitals (led by the General Organisation for Teaching Hospitals & Institutes - GOTHI).¹³⁵ However, the coverage and availability of YFCs as supported by UNFPA in Egypt remains modest. There are a total of 12 YFCs in eight governorates led by EFPA, while the number of GOTHI-led YFCs, located in six governorates, increased from five YFCs in 2009 to nine YFCs in 2010.^{136,137} GOTHI YFCs at the time of the evaluation were however no longer operational. Furthermore, YFCs are mainly situated in cities.

UNFPA supported the capacity development of partners for the provision of youth-friendly health services in Egypt. It provided training for staff of implementing partners,¹³⁸ service providers (such as YFC managers, physicians and nurses)¹³⁹ and peer educators.¹⁴⁰ Training materials aligned to international standards and technical assistance were also provided by Family Health International (FHI), a UNFPA implementing partner, to EFPA and GOTHI. The training materials included family planning and reproductive health manuals for providers working at YFCs, a youth reproductive health training manual for peers and a monitoring and evaluation guide to support quality services. UNFPA also supported FHI to provide training to EFPA staff, as well as information, education and communication materials used at clinics.¹⁴¹ However, UNFPA did not specifically support partners to develop guidelines, protocols and standards for healthcare workers to deliver youth-friendly health services, and no such national guidelines exist.¹⁴²

¹³⁴ Evaluation assumption 3.1.

¹³⁵ Documents: UNFPA Annual Work Plans (AWPs EFPA), Evaluations, Reviews and Assessments (CPE 2011).

¹³⁶ YFCs implemented by EFPA were located in Dakahlia, Menoufia, Ismailia, Qalyubia, Minia, Matruh, Aswan, and Red Sea. YFCs implemented by GOTHI were located in Cairo, Aswan, Sohag, Beheira, Menofia, and Qalubia. Documents: UNFPA Annual Work Plans (AWP EFPA: 2009, 2010, 2011; AWP GOTHI: 2009, 2010, 2011).

¹³⁷ By 2010 the number of YFC at teaching hospitals increased from five to a total of nine YFCs. Documents: UNFPA Annual Reports (COAR 2009, p. 21, COAR 2010, p. 15, UNFPA Annual Work Plans (AWP 2009, AWP 2010).

¹³⁸ Interviews: NGO.

¹³⁹ Interviews: UNFPA Staff, adolescents and youth Beneficiaries. Documents: UNFPA Programming Documents (CPD 2013-2017), UNFPA Annual Reports (COAR 2009, p. 21; COAR 2010, p. 15; COAR 2011, COAR 2012, p. 15).

¹⁴⁰ Interview: NGO. Documents: UNFPA Annual Reports (COAR 2012, p. 15, COAR 2011).

¹⁴¹ Interview: INGO. Documents: UNFPA Annual Reports (COAR 2011), Evaluations, Reviews and Assessments (CPE 2011, Annex 10).

¹⁴² Interview: UNFPA Staff.

UNFPA-supported YFCs offered integrated services, but the quality of delivered services was often inconsistent or weak. As observed by the evaluation team, EFPA-led YFCs offered a wider range of integrated medical services than were reported to have been offered at the GOTHI-led services, including antenatal care, selected laboratory services, family planning and reproductive health services, STI testing and treatment and voluntary counselling and testing for HIV. The GOTHI-led YFCs in teaching hospitals offered reproductive health counselling and referrals for antenatal care and family planning clients to relevant hospital departments,¹⁴³ as well as premarital counselling and examination, and mandatory certificates for to-be-weds.¹⁴⁴ Though the quality of UNFPA-supported YFCs appears to be improving,¹⁴⁵ many key criteria of youth friendly services¹⁴⁶ have not yet been addressed, such as privacy, the range of contraceptives offered, emphasis on dual protection, assurance of confidentiality, acceptable waiting times, affordability of fees (particularly for the most vulnerable and marginalised adolescents and youth) and availability of a separate space for adolescents and youth.¹⁴⁷ Overall the quality of services provided by EFPA-led YFCs was rated as “good” by the UNFPA country programme evaluation of 2011, whereas YFS provided through GOTHI at tertiary hospitals were rated as “poor”.¹⁴⁸ The evaluation team found no evidence that GBV services were integrated into the UNFPA supported YFS.¹⁴⁹

UNFPA support does not appear to have improved use of sexual and reproductive health services by adolescents and youth in the country. Document review revealed mixed results regarding patterns of use of YFCs among adolescents and youth, with low overall uptake of services.¹⁵⁰ While EFPA-led YCS reportedly registered an increase in uptake every year, youth-friendly health services offered in tertiary teaching hospitals struggled to attract youth.¹⁵¹ The uptake of youth friendly services by unmarried young people, as well as vulnerable and marginalised adolescents and youth was low.¹⁵² Furthermore, because Egypt’s population policy explicitly addresses youth only through provisions for healthcare for girls prior to marriage and premarital examination and counselling, most reproductive health services are only available to married females. As such, YFCs in Egypt are visited by more young women than young men, with the language of information, education and communications materials largely aimed explicitly at girls and women.¹⁵⁴ Other factors contributing to low uptake at YFCs included YFCs being a new concept for Egyptians, clients not being aware of YFCs, low visibility of clinics, the need to include parents, existence of cultural barriers for unmarried girls and boys, geographical barriers, inconvenient opening hours, variability of services, low provider performance, high staff turnover, and inadequate advertisement.¹⁵⁵ Further concerns about privacy and confidentiality were raised – e.g. no YFC had a special waiting area to secure confidentiality.¹⁵⁶

¹⁴³ Interviews: UNFPA Staff. Document: Evaluations, Reviews and Assessments (CPE 2011).

¹⁴⁴ Interviews: UNFPA Staff. Documents: UNFPA Annual Reports (COAR 2010, p. 15), Evaluations, Reviews and Assessments (CPE 2011).

¹⁴⁵ Interviews: UNFPA Staff, Government. Document: Evaluations, Reviews and Assessments (CPE 2011).

¹⁴⁶ Documents: UNFPA Relevant Thematic Documents (Website: UNFPA – Youth-Friendly Services; Website: <http://web.lb.unfpa.org/adolescents/youthfriendly.htm/key>).

¹⁴⁷ Interview UNFPA Staff. Direct observation. Documents: Evaluations, Reviews and Assessments (CPE 2011).

¹⁴⁸ Document: Evaluations, Reviews and Assessments (CPE 2011).

¹⁴⁹ Interview: UNFPA Staff, NGO. Direct observation.

¹⁵⁰ Interviews: adolescents and youth Beneficiaries. Documents: UNFPA Annual Reports (COARs 2009, 2010), Evaluations, Reviews and Assessments (CPE 2011).

¹⁵¹ Interviews: Government. Document: Evaluations, Reviews and Assessments (CPE 2011), Partner and Relevant Thematic Documents (UN System Wide Action Plan on Youth. Alignment with UNDAF Egypt, 2014).

¹⁵² For detailed information and graphics on uptake of YFCs please view the Ford et al. (2011) Country Programme Evaluation. Document: Evaluations, Reviews and Assessments (CPE 2011).

¹⁵³ Interviews: INGO, NGO, adolescents and youth Beneficiaries. Documents: Partner and Relevant Thematic Documents (Oraby, Doaa 2011 – Mystery Client Evaluation of YFC at TH 2011). Direct observation.

¹⁵⁴ Document: Evaluations, Reviews and Assessments (CPE 2011). Direct observation.

¹⁵⁵ Interviews: Government, INGO, adolescents and youth Beneficiaries. Document: Evaluations, Reviews and Assessments (CPE 2011). Direct observation.

¹⁵⁶ Document: Partner and Relevant Thematic Documents (Oraby, Doaa 2011 – Mystery Client Evaluation of YFC at TH 2011)

UNFPA, through policy work and the gender programme, contributed to reducing socio-cultural, legal, and gender barriers to help create an enabling environment for sustainable, integrated sexual and reproductive health services. For example, UNFPA supported National Council of Childhood and Motherhood (NCCM) in

community awareness sessions on gender and rights of women and girls¹⁵⁷. UNFPA also worked through young religious leaders to disseminate gender and rights message to adolescent girls.¹⁵⁸ Although stakeholders praised UNFPA strength and sensitivity in integrating gender approaches into their work and advocacy¹⁵⁹ attention to gender barriers in services was less apparent in the documentation available in the YFS clinics visited by the evaluation team. For example, posters and brochures did not include gender-transformative language or specific reference to gender barriers adolescents and youth face in accessing information, services or other key aspects of their lives¹⁶⁰

UNFPA did however successfully advocate with partners including the government to increase the availability and use of sexual and reproductive health services by adolescents and youth through their involvement in the National Population Strategy and the Sexual and Reproductive Health Strategy.¹⁶¹ Despite UNFPA and partners efforts, restrictions remain in Egypt to allowing unmarried adolescents access to contraceptives services. There was little evidence however that UNFPA supported partners to address sexual and reproductive health services for adolescents and youth using multi-sectoral approaches. For example, UNFPA has limited partnership with the Ministry of Youth, largely due to their lack of interest in sexual and reproductive health issues.¹⁶² UNFPA supported YFS remained as stand-alone services within the Government clinics, but in the private, NGO clinics of the EFPA, integration of services was more readily achieved in the small, integrated clinics.

The EFPA-led YFCs supported by UNFPA have devoted efforts to increasing their national ownership and sustainability, including capacity building of staff and the use of marketing strategies to promote youth-friendly health services.^{163 164} As a result, the potential sustainability of EFPA-led clinics appears promising, although sustainability efforts and the phasing out of UNFPA support were perceived differently by various stakeholders.¹⁶⁵ In contrast, YFCs implemented at the tertiary level by GOTHI were not sustainable due to high staff turnover (at the management level as well as at the service provider level), low uptake due to their location, low quality of services provided and decrease in income, in part due to the withdrawal of UNFPA support in 2012.¹⁶⁶ Furthermore, the phasing out of UNFPA financial support to YFCs was not well managed, with an inadequate exit strategy. Subsequently, YFCs situated at teaching hospitals were discontinued.¹⁶⁷

UNFPA did not address youth-friendly health services in Egypt with a multi-sectoral approach. For example, UNFPA did not work in partnership with the Ministry of Youth and was therefore unable to make full use of existing youth centres in Egypt in order to increase the demand for services among young people.¹⁶⁸ Similarly, there was no evidence that efforts to deliver sexuality information and education to young people were effectively used to increase usage of health services.

Box 1: Revision of Theory of Change pathway for services

Revision of the Theory of Change pathway for services

Modes of Engagement¹⁶⁹ to Output 1¹⁷⁰

¹⁵⁷ Document: UNFPA Annual Report (COAR 2008).

¹⁵⁸ Documents: UNFPA Annual Reports (COAR 2011), Evaluations, Reviews and Assessments (CPE 2011).

¹⁵⁹ Interviews: UN Staff, Donor, INGO.

¹⁶⁹ Mode of Engagement (MoE) 1: Capacity development including technical assistance and training. MoE 2: Service delivery, commodity security, behaviour change communication, health systems strengthening. MoE 3: Advocacy and policy dialogue / advice. MoE 4: Knowledge development and management; design and dissemination of guidance and tools. MoE 5: Facilitation of partnerships and coordination, including multi-sectoral, South-South and triangular collaboration. MoE 6: Mainstreaming of adolescents and youth issues within other programmatic areas.

¹⁷⁰ Output 1: Strengthened national capacity to make comprehensive adolescents and youth SRH services available including HIV and GBV care and treatment.

Output 1: Strengthened national capacity to make comprehensive adolescents and youth sexual and reproductive health services available, including HIV and GBV care and treatment. In Egypt, this ToC pathway held true, with all Modes of Engagement used, although less attention was devoted to advocacy and policy dialogue (**Mode of Engagement 3**), facilitation of partnerships and coordination (**Mode of Engagement 5**) and mainstreaming of adolescents and youth issues within other programmatic areas (**Mode of Engagement 6**).

Output 1 to Outcome A¹⁷¹

Between Output 1 and Outcome A, **Hypothesis a** (key socio-cultural, legal and gender barriers are overcome) was found to be a fundamental issue to be addressed for increased availability and use of integrated sexual and reproductive health services for adolescents and youth. In Egypt, significant remaining socio-cultural, legal and gender barriers have hampered the uptake of sexual and reproductive health services by young people.

Hypothesis b (service providers and teachers are effective at reaching adolescents and youth victims / survivors of violence) also proved valid in Egypt, although it is too narrowly focussed to capture the importance of reaching all adolescents and youth via linked education and health service interventions. In Egypt, where services are only partially integrated, and no formal sexual and reproductive health education and information exists, it is not clear that UNFPA-supported education initiatives improve uptake of sexual and reproductive health services, and the degree to which gender-based violence is addressed within informal sexual and reproductive health education and information is unclear, thus limiting the reach of UNFPA support to adolescents and youth, including survivors of violence.

Testing of **Hypotheses e** (national ownership increases and sustains resources for integrated sexual and reproductive health services, information and education, including GBV and HIV) was limited in Egypt by the fact that national ownership of youth-friendly health services is yet to be realised. For this to be achieved, political commitment to adolescents and youth health services and their funding would be required.

The Egypt case study furthermore demonstrates the importance of adhering to international standards (ideally with support from robust guidelines, standards and protocols), in order to deliver high quality youth-friendly health services (new hypothesis). Similarly, it was notable that in Egypt, insufficient collection and use of accurate, age-disaggregated data related to the use and quality of health services (new hypothesis), constituted a missed opportunity to ensure that UNFPA-supported services were of high quality and available and accessible to those most in need.

¹⁶² Interview: UNFPA Staff, Government

¹⁶³ Interview: UNFPA Staff. Documents: UNFPA Annual Reports (COARs 2009, 2010, 2012).

¹⁶⁴ Documents: UNFPA Annual Reports (COAR 2010), Evaluations, Reviews and Assessments (CPE 2011).

¹⁶⁵ Interviews: Government, NGO. Documents: Evaluations, Reviews and Assessments (CPE 2011). Direct observation.

¹⁶⁶ Interviews: UNFPA Staff. Documents: UNFPA Annual Reports (COARs 2011, 2012), Evaluations, Reviews and Assessments (CPE 2011), Partner and Relevant Thematic Documents (Oraby, Doaa 2011 – Mystery Clients Evaluation).

¹⁶⁷ Interviews: UNFPA Staff, NGO. Documents: Partner and Relevant Thematic Documents (Oraby, Doaa 2011 – Mystery Clients Evaluation).

¹⁶⁸ Interviews: UNFPA Staff, UN staff, INGO. Direct observation.

¹⁶⁹ Mode of Engagement (MoE) 1: Capacity development including technical assistance and training. MoE 2: Service delivery, commodity security, behaviour change communication, health systems strengthening. MoE 3: Advocacy and policy dialogue / advice. MoE 4: Knowledge development and management; design and dissemination of guidance and tools. MoE 5: Facilitation of partnerships and coordination, including multi-sectoral, South-South and triangular collaboration. MoE 6: Mainstreaming of adolescents and youth issues within other programmatic areas.

¹⁷⁰ Output 1: Strengthened national capacity to make comprehensive adolescents and youth SRH services available including HIV and GBV care and treatment.

¹⁷¹ Outcome A: Increased availability and use of integrated SRH services by adolescents and youth.

5.2.2 Availability and sustainability of sexual and reproductive health education and information for adolescents and youth¹⁷²

In Egypt no sexual and reproductive health education and information programmes were implemented by UNFPA during the period under evaluation. Rather, UNFPA contributed to increased availability of sexual and reproductive health information for adolescents and youth by supporting the delivery of health messages through extra-curricular and out-of-school activities, as well as at information corners located in YFCs. The reason for this approach was that UNFPA (and some other stakeholders) considered the political environment unfavourable for discussion or implementation of sexual and reproductive health education and information in policies or school curricula.¹⁷³ However, other stakeholders reported that access to and implementation of sexual and reproductive health education and information in schools has been a challenge in the past, but that the environment for the implementation of sexual and reproductive health education and information has improved.¹⁷⁴ Currently, reproductive health is part of regular formal education curricula,¹⁷⁵ although some teachers and lecturers avoid mentioning any sensitive topics.¹⁷⁶ The perceived sensitivity of topics differs among regions, locations, educators and recipients of health messages.¹⁷⁷ However, sexual and reproductive health education and information seminars conducted in schools are increasingly requested by teachers and parents - a development affirmed by programme activities in 2013.¹⁷⁸ Overall, it was not clear to what degree UNFPA support contributed to reducing the socio-cultural, legal and gender barriers to sexual and reproductive health education and information by facilitating the engagement of parents, teachers or communities.

UNFPA developed the capacity building of stakeholders, such as local NGOs, peer educators, trainers and religious leaders for the delivery of sexual and reproductive health education and information to in- and out-of-school adolescents and youth.¹⁷⁹ For example, UNFPA supported the International Federation of Medical Students Associations, with medical students serving as peer educators at the university level.¹⁸⁰ Furthermore, building on successful engagement with religious leaders to deliver sexual and reproductive health messages to adolescents and youth, UNFPA replicated its efforts by targeting Christian preachers. UNFPA also specifically engaged in the capacity building of young people as trainers of trainers, peer educators and volunteers and supported the translation and dissemination of the National Standards of Peer Education through its youth education and advocacy programmes.¹⁸¹ At the national level, UNFPA provided training to peer educators, which facilitated partnerships between NGOs, the government and Y-PEER as well as the FGM Coalition.¹⁸²

UNFPA support for sexual and reproductive health education and information in Egypt has focussed strongly on the peer education approach implemented by Y-PEER - an independent youth network that works to advocate

¹⁷² Evaluation assumption 3.2.

¹⁷³ Interviews: NGO, adolescents and youth Beneficiaries. Documents: UNFPA Annual Reports (COARS 2011 – 2013).

¹⁷⁴ Interviews: UNFPA staff, NGO, adolescents and youth Beneficiaries. Documents: UNFPA Annual Reports (COARS 2010 – 2013), Evaluations, Reviews and Assessments (CPE 2011).

¹⁷⁵ Interview: Donor, NGO. Direct observation.

¹⁷⁶ Interview: Government, Donor, NGO. Documents: Evaluations, Reviews and Assessments (CPE 2011).

¹⁷⁷ Reproductive rights were described as sensitive topics by peer educators.

¹⁷⁸ Interviews: Government, NGO, adolescents and youth Beneficiaries. Documents: UNFPA Relevant Thematic Documents (Operational Guidance for sexual and reproductive health and reproductive rights education and information, p. 24).

¹⁷⁹ Interviews: NGO, adolescents and youth Beneficiaries. Documents: UNFPA Annual Reports (COARS 2009 – 2012), Evaluations, Reviews and Assessments (CPE 2011), UNFPA Relevant Thematic Documents (Operational Guidance for CSE, p. 24).

¹⁸⁰ Interviews with INGO, adolescents and youth Beneficiaries. Documents: UNFPA Annual Reports (COARS 2012 – 2013), Partner and Relevant Thematic Documents (Y-PEER Egypt: Y-PEER: Strengthening and Expanding Capacity for Delivery of High Quality Peer Education Systems in Arab States, Eastern Europe and Central Asia).

¹⁸¹ Documents: UNDAF 2013-2017, COAR 2012.

¹⁸² Document: UNFPA Annual Report (COAR 2012). Direct observation.

for adolescents and youth sexual and reproductive health by empowering young people.^{183,184} With UNFPA support, Y-PEER in Egypt has increased its national ownership and sustainability over time.¹⁸⁵ Indeed, Y-PEER Egypt and its solid network of NGOs have established a large and impressive team of highly motivated peer educators and volunteers throughout the country.¹⁸⁶ Since 2008 Y-PEER has been overseen by the National Council for Childhood and Motherhood (NCCM), which sets standards on the peer education delivered in the country and oversees content. However, the Y-PEER Egypt evaluation and direct observation by the evaluation team pointed to the need for increased efforts to ensure high quality and appropriate content of information messages delivered through peer education.¹⁸⁷ Peer educators also reported the need for updated material and to receive continuous training.¹⁸⁸

UNFPA also aimed to address the right of adolescents and youth to sexual and reproductive health information by building multi-sectoral partnerships. In addition to facilitating partnerships between NGOs, the government and Y-PEER, UNFPA has built partnerships with numerous NGOs and actively engaged with the Ministry of Health, with which it maintained a long-term relationship, as well as with the Ministry of Family and Population and its Adolescents' Health Unit. However, during the period under evaluation and in light of change within ministries, no partnerships were established with the Ministry of Education or with the Ministry of Youth and Sports.^{190,191} Furthermore, the previously strong relationship between UNFPA and NCCM has weakened over the evaluation period, in light of the perceived rise in conservatism in Egypt.¹⁹²

It is not clear if UNFPA has contributed to increasing use of sexual and reproductive health services or changed sexual risk behaviour among adolescents and youth. It appears that youth corners at YFCs, where health messages are delivered, do attract adolescents and youth.¹⁹³ However, there was no evidence to support the assumption that these activities have led to an increase in service uptake. Similarly, a lack of monitoring and evaluation of innovative approaches including social media campaigns, websites, and theatre plays used by UNFPA and its partners to reach young people mean that their impact and effectiveness cannot be assessed.¹⁹⁴

At the population level, there has been positive change in the percentage of young people who can correctly identify ways of preventing the transmission of HIV since 2011, although major misconceptions and stigma about HIV increased over the same time frame (see Table 16 below, comparing findings from the SYPE 2011 and SYPE 2014). There is insufficient evidence to attribute these changes to UNFPA support.

Table 16: Comparison of knowledge and perceptions regarding HIV among adolescents and youth in Egypt

¹⁸³ Y-PEER was selected as network of the year among the global network (COAR 2012) and efforts acknowledged by the Ministry of Health and Population at the World AIDS Campaign (Y-PEER Evaluation 2008). Y-PEER conducts a pyramid training model for capacity building of peer educators and volunteers working through local NGOs in schools, in out-of-school settings and at YFCs.

¹⁸⁴ Documents: Evaluations, Reviews and Assessments (CPE 2011), Partner and Relevant Thematic Documents (Y-PEER Egypt: Y-PEER: Strengthening and Expanding Capacity for Delivery of High Quality Peer Education Systems in Arab States, Eastern Europe and Central Asia, 2008).

¹⁸⁵ Interviews: adolescents and youth Beneficiaries.

¹⁸⁶ Interviews: adolescents and youth Beneficiaries. Document: Evaluations, Reviews and Assessments (CPE 2011). Direct observation.

¹⁸⁷ The evaluation team observed a situation where false content was spread in the name of a partner organisation supported by UNFPA.

¹⁸⁸ Interviews: adolescents and youth Beneficiaries. Documents: Evaluations, Reviews and Assessments (Y-PEER Egypt Evaluation 2008).

¹⁸⁹ Interviews: adolescents and youth Beneficiaries.

¹⁹⁰ The Ministry of Youth has changed names during the period under evaluation and has also been called the Ministry of Youth and Sports. For the purposes of this report, we will refer to the Ministry of Youth throughout the period as the Ministry of Youth or MoY.

¹⁹¹ Interviews: UNFPA Staff, UN Staff. Documents: Evaluations, Reviews and Assessments (CPE 2011).

¹⁹² Interviews: UNFPA Staff, NGO. Documents: UNFPA Relevant Thematic Documents (Website UNFPA Egypt).

¹⁹³ Interviews: Government, adolescents and youth Beneficiaries. Document: Evaluations, Reviews and Assessments (CPE 2011).

¹⁹⁴ Interviews: UNFPA Staff, NGO. Documents: UNFPA Annual Reports (COARs 2010 – 2013), Evaluations, Reviews and Assessments (CPE 2011). Direct observation.

Knowledge/Perception	SYPE 2011 % of respondents	SYPE 2014 % of respondents
Respondents who knew that HIV can be transmitted:		
... sexually	82.4%	93.7%
... through contaminated blood	62.9%	89.2%
... through sharing a needle	20.3%	79.9%
... from mother to child	10.3%	32.5%
Respondents who wrongly believed that HIV can be transmitted through:		
... insect bites	0.8%	16.8%
... sharing food with an infected person	1.6%	22.6%
Respondents willing to ride in a car with someone infected with HIV	21.2%	17.1%

Sources: SYPE 2011, SYPE (Panel) 2014

Box 2: Revision of Theory of Change pathway for sexual and reproductive health education and information

Revision of the Theory of Change pathway for sexual and reproductive health education and information
Modes of Engagement to Output 2¹⁹⁵
<p>Output 2: Increased national capacity to design and implement community and school-based sexual and reproductive health education and information that promotes human rights and gender equality.</p> <p>The Egypt case study was only partially able to test this pathway, because UNFPA did not promote a sexual and reproductive health education and information curriculum according to international standards during the evaluation period. However, attention to Modes of Engagement 1, 4 and 5 (specifically capacity development, knowledge development and management, and facilitation of partnerships respectively) was apparent.</p>
Output 2 to Outcome B¹⁹⁶
<p>between Output 2 and Outcome B, testing of Hypothesis a¹⁹⁷ in this case study confirmed the critical importance of overcoming key socio-cultural, legal and gender barriers to deliver sexual and reproductive health education and information. In Egypt, because the socio-cultural and political context was viewed unfavourable, UNFPA made little progress in overcoming these barriers, and no sexual and reproductive health education and information interventions were implemented. As a result, Hypothesis c¹⁹⁸ could not be tested by this case study.</p>

¹⁹⁵ Output 2: Increased national capacity to design and implement community and school-based comprehensive sexuality education that promotes human rights and gender equality.

¹⁹⁶ Outcome B: Increased availability of comprehensive sexual and reproductive health education and information.

¹⁹⁷ Hypothesis a: Key socio-cultural, legal and gender barriers are overcome.

¹⁹⁸ Hypothesis c: Sexual and reproductive health education and information is comprehensive and follows internationally agreed standards.

In Egypt, testing of **Hypothesis b**¹⁹⁹ revealed little evidence that UNFPA support ensured that service providers and teachers were effective at reaching adolescents and youth, including victims / survivors of violence. Rather, it appeared that critical links were missing in a holistic approach to meeting the sexual and reproductive health needs of young people: i.e. coordination of sexual and reproductive health education and information and service delivery initiatives, to ensure cross-referral, service integration and multi-sectoral approaches to both (**new hypothesis**).

Reaching out-of-school adolescents and youth (**Hypothesis d**)²⁰⁰ remains critical in achieving increased availability of sexual and reproductive health education and information, but UNFPA efforts in this area were not evident in Egypt. As was the case with testing of the services pathway, national ownership of sexual and reproductive health and education for adolescents and youth has not been achieved in Egypt (**Hypothesis e**),²⁰¹ and would depend on the development of political will and commitment to prioritise and fund this programmatic area (**modified hypothesis**).

Testing of **Hypothesis f**²⁰² in Egypt confirmed that engaging with parents, teachers and schools can be a factor in increasing availability of sexual and reproductive health education and information to adolescents and youth, as demonstrated by the rise in requests by parents and teachers for school sexual and reproductive health education and information seminars. However, the hypothesis does not appear to reflect the importance of broader community engagement to overcome the range of barriers to sexual and reproductive health education and information faced by adolescents and youth in Egypt (**modified hypothesis**).

As was the case with testing of the services pathway, there was little evidence in Egypt of the use of age-disaggregated data related to the sexual and reproductive needs of young people to advocate for - and inform - policies, programmes and strategies in the area of sexual and reproductive health education and information, suggesting that **Hypothesis h and i**²⁰³ should be included in this pathway.

¹⁹⁹ Hypothesis b: Service providers and teachers are effective at reaching adolescents and youth victims / survivors of violence.

²⁰⁰ Hypothesis d: Information and education reach out-of-school adolescents and youth.

²⁰¹ Hypothesis e: National ownership increases and sustains resources for integrated SRH services, information and education including HIV and GBV care and treatment.

²⁰² Hypothesis f: Parents, schools and community leaders engage in adolescents and youth comprehensive sexual and reproductive health education and information.

²⁰³ Hypothesis h: Governments support the collection, disaggregation and dissemination of data related to adolescents and youth. Hypothesis i: Data / evidence influences policies, programmes and priorities.

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

Summary of findings

UNFPA contributed to increasing the priority given to adolescent girls in Egypt through leading the Adolescents and youth task force and participating in the UN Joint Adolescent Girls Task Force. It also implemented interventions for adolescent girls within specific programmatic areas, most prominently the prevention of FGM/C, with lesser attention to gender-based violence and child marriage. UNFPA also successfully worked with partners to advocate for key legislative advances for adolescent girls, including the increase of the minimum age for marriage to 18 years, a recent law against sexual harassment, and the prohibition of FGM/C. However, UNFPA has not significantly facilitated the engagement and participation of adolescent girls, and there is no evidence that UNFPA support significantly increased the priority given to their needs and rights in national policies, strategies or programmes. Egypt does not have any national health, social or economic asset-building programmes for adolescent girls.

UNFPA strengthened national capacity for the collection, analysis, dissemination and use of disaggregated adolescents and youth data in Egypt over the evaluation period. UNFPA offered high-level support with multiple partners to conduct national surveys on young people in the country in 2011 and 2014, thus building of capacity for the collection of data among NGOs and government staff. The resulting data is regarded as high quality and valuable, although opinion was mixed on whether UNFPA had sufficiently disseminated data, with some stakeholders reporting that material could be better disseminated and used to strategically advance the adolescents and youth agenda in Egypt with a particular focus on adolescent girls. Furthermore, more data on specific sub-groups are needed, including on the most marginalised and vulnerable. UNFPA efforts to collect and use such data, including on key marginalised populations, have been stymied by a government embargo on its publication. However, UNFPA missed an opportunity to use such data to better target their own programmes.

Testing of the evaluation Theory of Change (ToC) pathways for adolescent girls showed use of four Modes of Engagement to increase capacity of partners to design and implement comprehensive programmes that reach marginalised adolescent girls, including capacity development, advocacy and policy dialogue / advice, knowledge development and management, and facilitation of partnerships. For strengthening national capacity on adolescents and youth data, UNFPA provided support in the form of technical assistance, knowledge development and management, and multi-sectoral partnerships. Further testing of the adolescent girls pathway in this case study was limited by the narrow focus of UNFPA interventions for adolescent girls in the country. However, testing of the data pathway confirmed the importance of government support for the collection, disaggregation and dissemination of data related to adolescents and youth. It also showed that available data and evidence were not consistently used to influence policies, programmes and priorities in Egypt, even within UNFPA, with the result that evidence-based policies and programmes that incorporate the needs of adolescents and youth are under-developed.

5.2.3 Priority given to adolescent girls in national development policies and programmes ²⁰⁴

Throughout the period under review, UNFPA explicitly targeted marginalised girls - including married girls and girls at risk of child marriage and FGM/C, very young adolescents (aged 10-14) and adolescent girls living in urban slums.²⁰⁵ UNFPA mainly targeted adolescent girls through its gender component, with a particular focus on FGM/C, gender-based violence and early marriage.²⁰⁶ Interventions for adolescent girls, however, were focused on two main areas. Firstly, UNFPA initiated and chaired the Adolescents and youth Task Force in 2011 with members of 15 UN organisations in the country, taking the lead on joint programmes and initiatives related to adolescents and youth.²⁰⁷ The UN Joint Adolescent Girls Task Force emerged out of the adolescents and youth Task Force, including members of UNICEF, UNESCO, ILO, UN Women and UNFPA, demonstrating involvement in issues related to adolescent girls in Egypt.²⁰⁸

Secondly, between 2008-2013, UNFPA worked extensively to develop evidence-based programmes against FGM/C, and to develop the capacity of partners to programme for FGM/C prevention and to address relevant laws, policies and barriers. UNFPA contributed to a joint programme on FGM/C (namely, the UNFPA-UNICEF Joint Programme on FGM/C: Accelerating Change),²⁰⁹ which did not reach its ambitious overall objective in all countries, but contributed positively to change at the national level in Egypt.²¹⁰ UNFPA also supported the FGM Coalition, a vast network of NGOs that aims to streamline messaging related to FGM/C, raise awareness, and mobilise parents, outreach workers, the Ministries of Education and Health, CSOs, social workers, lawyers, religious leaders and media staff against FGM/C. Despite political changes and a rise in conservatism UNFPA continued its support for capacity building of FGM Coalition members and service providers.^{211,212} UNFPA furthermore supported capacity building of the civil society to advocate to the constitutional committee on issues related to adolescent girls, such as FGM/C.

Beyond FGM/C, UNFPA directly and with partners advocated for reduction in legal barriers affecting adolescents and youth, including adolescent girls and their rights. Policy dialogue and advocacy by UNFPA and partners, as well as UNFPA support to the government (especially the Adolescent Reproductive Health Unit at the National Council for Childhood and Motherhood) resulted in the amendment of the Child Law (ratified in 2008) to criminalise FGM/C and increase the minimum age of marriage to 18 years.²¹³ Furthermore, despite the increasing influence of conservative social values in Egypt during the evaluation period, UNFPA responded to increasing rates of sexual harassment and the ongoing practice of FGM/C in the country through support for the enforcement of laws against FGM/C in Egypt and through its joint programming.²¹⁴ In addition, after strong advocacy from UNFPA and partners, a law criminalising sexual harassment was endorsed in 2014. However,

²⁰⁴ Evaluation assumption 4.1.

²⁰⁵ Interviews: UNFPA Staff. Documents: UNFPA Annual Reports (COARs 2011, 2012, p. 15), Partner and Relevant Thematic Documents (UNDAF 2013-2017).

²⁰⁶ Interviews: NGO. Documents: UNFPA Annual Reports (COARs 2009, 2010, 2012, 2013), UNFPA Annual Work Plans (Annual Work Plans 2008 – 2014).

²⁰⁷ Documents: UNFPA Programming Documents (CPAP 2013-2017, p. 14).

²⁰⁸ Documents: UNFPA Relevant Thematic Documents (UNFPA Egypt Website: "Arab Spring: Spring for Women?" The French Ministry of Foreign and European Affairs invited UNFPA to talk about its efforts to advance the rights of adolescent girls in Egypt. <http://egypt.unfpa.org/english/News/aa013e20-e004-4c64-8c4e-97955a574ca1>).

²⁰⁹ Documents: UNFPA Annual Work Plans (UNFPA; National Population Council: Annual Work Plan (Cover Page) 2012).

²¹⁰ Documents: Evaluations, Reviews and Assessments (Joint Evaluation: UNFPA – UNICEF Joint Programme on Female Genital Mutilation / Cutting: Accelerating Change, 2008 – 2012).

²¹¹ Interviews: UNFPA staff. Documents: UNFPA Annual Reports (COARs 2009, 2012).

²¹² Documents: UNFPA Annual Reports (COARs 2010, 2013), Evaluations, Reviews and Assessments (CPE 2011).

²¹³ Documents: UNFPA Annual Reports (COARs 2008, 2010); Partner and Relevant Thematic Documents (Law No. 12 of 1996 Promulgating the Child Law: Amended by Law No. 126 of 2008).

²¹⁴ UNFPA developed animations on FGM/C and child marriage, held two conferences on these topics, and supported the awareness raising against FGM/C, including through a campaign against FGM/C in 2012. Interview: UNFPA Staff. Documents: UNFPA Annual Report (COAR 2008), Evaluations, Reviews and Assessments (CPE 2011, Evaluation JP FGM/C).

stakeholders assessed that UNFPA could give stronger attention to sexual harassment among adolescents and youth specifically.²¹⁵

No specific evidence-based programmes addressing adolescent pregnancy or child marriage, including the practice of “Urfi” marriage,²¹⁶ were implemented by UNFPA in Egypt during the evaluation period. However, UNFPA supported the training of religious leaders on child marriage, as well as FGM/C, gender-based violence and adolescents and youth sexual and reproductive health generally. Religious leaders subsequently requested more training on adolescents and youth sexual and reproductive health issues, and showed a change in attitudes regarding child marriage.²¹⁷

Little evidence was identified of UNFPA specifically working to ensure participation of adolescent girls in programmes, or that UNFPA mainstreamed the engagement and participation of adolescent girls into other programmatic areas. However, two examples were noted: The peer education project led by NCCM with support from UNFPA aimed to reach rural girls and girls from frontier governorates,²¹⁸ and one NGO was supported to provide education and support to adolescent girls aged 8-12 years.²¹⁹ In general, evaluation and monitoring of project activities specifically targeting adolescent girls were limited.²²⁰ As a result, there is no evidence that UNFPA-supported participation of adolescent girls increased the priority given to their needs and rights nationally, or support for their participation among parents, schools and communities.

There are no national health, social, or economic asset-building programmes that reach adolescent girls in Egypt.

Box 3: Revision of Theory of Change pathway for prioritisation of adolescent girls

Revision of the Theory of Change pathway for prioritisation of adolescent girls
Modes of Engagement to Output 3²²¹
<p>Output 3: Increased capacity of partners to design and implement comprehensive programmes that reach marginalised adolescent girls, particularly those at risk of child marriage and adolescent pregnancy. In Egypt, the pathway holds true in a limited sense: These modes of engagement, with the exception of mainstreaming (Mode of Engagement 6) were successfully adopted for interventions against FGM/C, but have not been used as part of a holistic approach to meeting the broader needs of adolescent girls in the country. Key legislative advances against sexual harassment, child marriage and FGM/C were made after many years of UNFPA advocacy (Mode of Engagement 3). Notably, Mode of Engagement 5²²² (facilitation of partnerships), which was not included in this pathway, was a key component of activities for adolescent girls in Egypt, as evidenced by the prominence of joint programming.</p>
Output 3 to Outcome C²²³

²¹⁵ Interviews: UNFPA Staff, NGO.

²¹⁶ For further discussion of the practice of Urfi marriage, see section 5.1.5 on gender-responsive approaches.

²¹⁷ Document: Evaluations, Reviews and Assessments (CPE 2011).

²¹⁸ Document: UNFPA Annual Report (COAR 2012).

²¹⁹ Interview: NGO.

²²⁰ Document review. Direct observation.

²²¹ Output 3: Increased capacity of partners to design and implement comprehensive programmes that reach marginalised adolescent girls, particularly those at risk of child marriage and adolescent pregnancy.

²²² Mode of Engagement 5: Facilitation of partnerships and coordination, including multi-sectoral, South-South and triangular collaboration.

²²³ Outcome C: Increased priority on adolescent girls in national development policies and programmes.

Testing of this pathway in the Egypt case study was limited by the narrow focus of UNFPA interventions for adolescent girls in the country. Certainly, adolescent girls continue to face a number of key socio-cultural, legal and gender barriers in Egypt (**Hypothesis a**), which will need to be overcome to achieve increased prioritisation of their needs in policies and programmes (Outcome C). Similarly, testing of **Hypothesis f** was constrained by the fact that no sexual and reproductive health education and information programme exists in Egypt, but evidence suggests that this hypothesis fails to capture the broader community engagement and change in social norms that would be required to improve the position of adolescent girls in society (**modified hypothesis**).

In addition, although adolescent girls have not yet been extensively targeted as programme beneficiaries in Egypt (**Hypothesis j**), it was noted that the wording of this hypothesis contradicts the UNFPA strategic objective of meaningful participation of adolescents and youth, including the most marginalised and vulnerable (suggesting the need for revision).

In Egypt, it was not apparent that UNFPA utilised data / evidence on adolescent girls to influence policies, programmes and priorities (**Hypothesis i**) or that increased investments for marginalised and vulnerable adolescents and youth were achieved (**Hypothesis g**), with the result that the needs of adolescent girls remain under-prioritised in policies and programmes (i.e. **Outcome C** has not been achieved).

5.2.4 Collection, analysis and use of disaggregated adolescents and youth data²²⁴

UNFPA has strengthened national capacity for the collection and analysis of disaggregated adolescents and youth data in Egypt. UNFPA has generated adolescents and youth sexual and reproductive health data and conducted broader studies on adolescents and youth in Egypt, and supported partners to do so. However, UNFPA also encountered internal and external challenges regarding the analysis, use and dissemination of data.

²²⁴ Evaluation assumption 4.2.

UNFPA supported the capacity of partners for the collection, analysis and use of data by acting as the lead agency for the Survey of Young People in Egypt (SYPE) in 2011 - the first of its kind after more than 10 years.²²⁵ The SYPE 2011 involved numerous UN partners and other stakeholders, including the government,^{226,227} with UNFPA ensuring the participation of adolescents and youth throughout the process.²²⁸ UNFPA facilitated the survey, and achieved quick dissemination of results. Based on the results of the survey, policy briefs were developed, with a particular focus on the most marginalised and vulnerable youth, including adolescent girls.²²⁹ Despite its overall success, it must be noted that the official statistical agency of Egypt (Central Agency for Public Mobilisation and Statistics, CAPMAS) refused to include a sexuality module in the survey.²³⁰ Furthermore, UNFPA and other stakeholders noted that insufficient attention was given to the analysis of data for specific advocacy and policy dialogue, which they attributed to a lack of technical competency in this area.²³¹ With support from UNFPA, a follow-up (panel) survey of the SYPE was successfully conducted in 2014. The SYPE is seen as a reliable and valuable source of data on adolescents and youth in Egypt among stakeholders, but it is not clear to what degree it has influenced programmes and investments to incorporate the needs of adolescents and youth, particularly adolescent girls.²³²

UNFPA also provided capacity building to non-governmental partner organisations as well as CAPMAS through support for several other adolescents and youth surveys.²³³ For example, UNFPA supported the collection of data on marginalised and vulnerable adolescents and youth in the country,²³⁴ supported the collection of data on HIV, and conducted other studies including a baseline survey prior to implementation of YFCs and a Knowledge, Attitudes and Practices (KAP) study with religious leaders on FGM/C. Nonetheless, some stakeholders and the CPE emphasised that more data – including from small-scale and specialised surveys – of higher quality is needed to inform adolescents and youth programming and monitor results.²³⁵

Indeed, it was not clear that disaggregated data on adolescents and youth was consistently used by UNFPA and its partners to better focus and target their support for adolescents and youth. Differences of opinion existed on UNFPA capacity to disseminate data: Some stakeholders perceived that UNFPA-supported data was well disseminated, while others thought material could be more widely shared and used to strategically advance the adolescents and youth agenda in Egypt with a particular focus on adolescent girls.²³⁶ This was, in part, because some data collected were perceived as too sensitive by the government to be disseminated and published.²³⁷ As a result, data collected with UNFPA support on marginalised populations at risk of HIV was embargoed for publication by the government and not used, even internally by UNFPA, to inform their own programming.²³⁸

Box 4: Revision of Theory of Change pathway for evidence-based advocacy and data

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

Modes of Engagement to Output 4²³⁹

According to the evaluation Theory of Change (ToC), as reconstructed from the ToC developed by UNFPA for the current Strategic Plan (2014 – 2017), four modes of engagement (activities)²⁴⁰ should be used to achieve

²²⁵ Interviews: UNFPA Staff, Donor. Document: UNFPA Annual Report (COAR 2008.)

²³⁹ Output 4: Strengthened national capacity for production, analysis and use of adolescents and youth data for evidence-based laws, policies and programmes that integrated the needs and rights of adolescents and youth.

²⁴⁰ Namely, Mode of Engagement (MoE) 1: Capacity development including technical assistance and training, MoE 3: Advocacy and policy dialogue / advice, MoE 4: Knowledge development and management; design and dissemination of guidance and tools, and MoE 5: Facilitation of partnerships and coordination, including multi-sectoral, South-South and triangular collaboration.

Output 4: Strengthened national capacity for production, analysis and use of adolescents and youth data. In Egypt, this pathway proved partially true. UNFPA strengthened national capacity for adolescents and youth data by providing technical assistance (**Mode of Engagement 1**), including for knowledge development and management (**Mode of Engagement 4**). Multi-sectoral partnerships (**Mode of Engagement 5**) also contributed to the successful production, analysis and use of adolescents and youth data. However, it was less clear that available data were used for advocacy purposes (**Mode of Engagement 3**). As noted in testing of the education and services pathways, although the use of adolescents and youth evidence and data was not mainstreamed into other programmatic areas in Egypt (**Mode of Engagement 6**), doing so would likely contribute to policies and programmes that meet the needs and rights of adolescents and youth (**Output 4**), suggesting the need to add this mode of engagement to the pathway.

Output 4 to Outcome D²⁴¹

Testing of this pathway in Egypt confirmed the importance of government support for the collection, disaggregation and dissemination of data related to adolescents and youth (**Hypothesis h**). Indeed, political will and government commitment to identifying and meeting adolescents and youth needs is crucial in securing funding for the collection of adolescents and youth data and adolescents and youth programming more generally (**new hypothesis**). However, in Egypt, data and evidence were not consistently used to influence policies, programmes and priorities in Egypt, even within UNFPA (**Hypothesis i**), with the result that evidence-based policies and programmes that incorporate the needs of adolescents and youth (Outcome D) are under-developed. **Hypothesis g** could not be adequately tested in this case study, because of the lack of significant focus on marginalised adolescents and youth including adolescent girls.

²²⁸ Interview: INGO.

²²⁹ Interview: UN Staff. Document: UNFPA Annual Report (COAR 2011).

²³⁰ Interviews: UN Staff, INGO. Documents: UNFPA Annual Report (COAR 2010).

²³¹ Interviews: UN Staff, INGO.

²³² Interviews: UN Staff, INGO. Documents: UNFPA Annual Report (COAR 2011). Direct observation.

²³³ Interviews: Donor, INGO. Document: UNFPA Annual Report (COAR 2013).

²³⁴ For example, data collection on adolescents and youth in a disadvantaged governorate.

²³⁵ Interviews: INGO, NGO. Document: Evaluations, Reviews and Assessments (CPE 2011).

²³⁶ Interviews: Donor, INGO, NGO.

²³⁷ Interviews: UNFPA Staff, INGO. Direct observation.

²³⁸ Interviews: UNFPA Staff, INGO. Direct observation.

²³⁹ Output 4: Strengthened national capacity for production, analysis and use of adolescents and youth data for evidence-based laws, policies and programmes that integrated the needs and rights of adolescents and youth.

²⁴⁰ Namely, Mode of Engagement (MoE) 1: Capacity development including technical assistance and training, MoE 3: Advocacy and policy dialogue / advice, MoE 4: Knowledge development and management; design and dissemination of guidance and tools, and MoE 5: Facilitation of partnerships and coordination, including multi-sectoral, South-South and triangular collaboration.

²⁴¹ Outcome D: Evidence-based policies and programmes incorporate the needs of adolescents and youth.

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

Summary of findings

UNFPA has successfully facilitated and institutionalised youth participation through a variety of activities nationally, regionally and globally. UNFPA contributed to developing the capacities of youth advocates as well as adolescents and youth organisations and networks. However, lack of attention and support by UNFPA following the completion of ICPD review process which had created a platform for youth participation and engagement reduced the mandate of the few existing networks.

UNFPA also supported adolescents and youth representatives and youth organisations to participate in the in planning, implementation, monitoring and evaluation of programmes. At the government level, UNFPA enabled youth to meaningfully participate and engage in policy dialogue through diverse channels, demonstrating UNFPA convening power. Y-PEER is now independently conducting monitoring and evaluation as a result of UNFPA support. UNFPA also facilitated the participation of adolescents and youth in numerous regional and global processes.

Although adolescents and youth beneficiaries valued this support, selection procedures for adolescents and youth representatives were insufficiently transparent, with inadequate diversity among the adolescents and youth selected despite strong efforts in this regard by UNFPA. Participation of adolescents and youth leaders from rural and remote areas and adolescent girls was less strongly supported by UNFPA. Adolescents and youth leaders in Cairo requested more participation and representation at all levels and voiced their desire to being treated as equal partners. Given the rapidly changing political environment including the increasing voice of youth during the evaluation period, it was not possible to assess whether increased support by UNFPA to strengthen civil society participation and youth mobilisation resulted in greater priority given to sexual and reproductive health by adolescents and youth and their organisations and groups in Egypt.

Testing of the Theory of Change (ToC) pathway for adolescents and youth leadership and participation in Egypt showed it to be generally valid, although it was noted that Output 5 should include reference to adolescents and youth leaders as well as their organisations and networks, to reflect the finding that UNFPA also engaged with individual young people. Similarly, Outcome E (increased adolescents and youth leadership and participation) does not capture a causal effect of strengthened adolescents and youth organisations, networks and institutional structures (Output 5) via logical hypotheses, and these should be re-considered to emphasise meaningful adolescents and youth participation to ensure that adolescents and youth needs and priorities are reflected in sexual and reproductive health policies and programmes. In Egypt, this outcome was achieved in part because adolescents and youth leaders were effectively included in formal decision-making processes (a factor not captured by the ToC). The original pathway also inadequately emphasises the need to include adolescent girls as agents of change.

5.2.5 Capacities of youth advocates and of adolescents and youth organisations, networks, and institutional structures that promote leadership and participation of adolescents and youth²⁴²

UNFPA contributed to developing the capacities of youth advocates as well as adolescents and youth organisations and networks during the evaluation period, and facilitated ad hoc and institutionalised youth participation through a variety of activities nationally, regionally and globally.

UNFPA supported the establishment and strengthening of numerous youth networks, such as Y-PEER Egypt, the Arab Youth Coalition, the National Youth Task Force and the Youth Advisory Panel (YAP). UNFPA also facilitated the capacity building of youth advocates and responded to their requests for stronger involvement, e.g. through the YAP (requested and eventually led by Y-PEER with support from UNFPA and UNICEF).²⁴³ At the time of the evaluation visit, it was planned that the YAP would be followed by a Youth Advocacy Group, with a strong focus on capacity building of adolescents and youth as advocates for youth issues.²⁴⁴ However, it appeared that the mandates of some existing networks previously supported by UNFPA with explicit mandates such as inputting into the ICPD review which had created a platform for youth participation and engagement process lost momentum – possibly also because UNFPA staff were less available due to heavy workload to maintain support and guidance for their efforts.²⁴⁵

UNFPA also supported adolescents and youth representatives and youth organisations to participate in the in planning, implementation, monitoring and evaluation of programmes. For example, UNFPA facilitated the participation of adolescents and youth throughout the process of the SYPE 2011 and provided technical and financial support for an international advocacy campaign (10 Days of Activism) launched by the international Y-PEER network and taken up by Y-PEER Egypt.²⁴⁶ UNFPA also supported Y-PEER and partner organisations in the planning, implementation, monitoring and evaluation of their programmes.²⁴⁷ Y-PEER is now conducting M&E activities independently, including the mobilisation of resources, demonstrating its sustainability.²⁴⁸ Despite these efforts, some Y-PEER beneficiaries from more distant governorates were not involved in the planning and design of interventions, but implementation processes only.²⁴⁹

UNFPA also contributed to the participation of adolescents and youth representatives and youth organisations at the policy level. UNFPA enabled youth to meaningfully participate and engage in policy dialogue at the government level through diverse channels, demonstrating its convening power. For example, UNFPA facilitated the input of youth to the National Population Strategy was developed with input of youth. Despite challenges in communication between youth and government representatives, positive feedback was received and uncensored communication provided a vehicle for youth to share their opinions, which resulted in further openness of the government to dialogue with youth leaders. Other examples of UNFPA support for adolescents and youth participation in policy dialogue included support for a roundtable discussion with youth, meetings between youth and members of the Constitutional Committee, and the collection of youth opinions from around the country, which were shared with the Committee responsible for drafting the constitution. UNFPA also

²⁴² Evaluation assumption 5.1.

²⁴³ Interviews: UN Staff. Document: UNFPA Annual Report (COAR 2012), UNFPA Relevant Thematic Documents (Website UNFPA Egypt).

²⁴⁴ Interviews: NGO, adolescents and youth Beneficiaries.

²⁴⁵ Interviews: NGO, adolescents and youth Beneficiaries.

²⁴⁶ Interview: INGO. Documents: UNFPA Annual Reports (COARs 2010, 2012).

²⁴⁷ Interview: adolescents and youth Beneficiaries. Document: UNFPA Annual Report (COAR 2013). Direct observation.

²⁴⁸ Document: UNFPA Annual Report (COAR 2012).

²⁴⁹ Interviews: NGO, adolescents and youth Beneficiaries.

supported the participation of youth in Post-2015 consultations targeting youth, which were presented to the National Population Council in the presence of ministry representatives.²⁵⁰

Furthermore, UNFPA supported the skills training of adolescents and youth leaders by facilitating their participation in numerous regional and global processes, such as the ICPD@20 regional and global meetings, the Arab Youth Coalition for ICPD beyond 2014, the Girl Rising Conference in 2014, the Arab Regional Coalition for Youth, the Regional Voluntarism Workshop in Morocco 2014 and the International Voluntarism Day in Cairo 2013.²⁵¹ Although adolescents and youth beneficiaries valued this support, selection procedures for adolescents and youth representatives were insufficiently transparent, with inadequate diversity among the adolescents and youth selected, despite efforts by UNFPA staff to assure equal chances for participation.²⁵² It was noted that youth leaders were sometimes hand-selected externally, including by UNFPA HQ, undermining selection processes and transparency efforts established by UNFPA in Egypt.²⁵³ However, partners, beneficiaries valued the work of Y-PEER members and volunteers supported by UNFPA.²⁵⁴

UNFPA showed limited efforts to build the capacity of marginalised and vulnerable adolescents and youth, and in particular adolescent girls, despite statements in support of this approach in UNFPA strategies and documents - likely because engagement proved challenging.^{255 256 257} Notable exceptions were UNFPA support for an NGO working with marginalised young people and inclusion of marginalised and vulnerable adolescents and youth as members of the Youth Advisory Panel. In the early years of the panel's existence UNFPA attempted to include more marginalised young people and adolescents but challenges of such inclusion was eventually deemed too complex to maintain. Inclusion of adolescents, especially marginalised ones such as those living on the street for example, required social support and an adult supervisor to attend meeting which increased costs and taxed the organisational capacity of those organising the meetings.

Adolescents and youth beneficiaries were not satisfied with how selection for youth participation in the various panels, and activities was conducted despite extensive efforts by UNFPA to be as transparent and equitable as possible in their selection process.²⁵⁸ adolescents and youth from rural and remote areas of Egypt reported that their participation in planning of interventions was not requested, and that lack of financial support for their participation in events in Cairo prevented their involvement, while adolescents and youth based in Cairo, requested more participation and representation at all levels, voicing their desire to being treated as equal partners by UNFPA.²⁵⁹ Full involvement of the diversity of adolescents and youth in Egypt was aspired to by UNFPA but fell short of their ambitions due to an overreliance on Y-Peer and an under representation of other adolescents and youth networks in Egypt also hoping to claim space in leadership and participatory platforms during the period.^{260 261}

Given the rapidly changing political environment including the increasing voice of youth during the evaluation period, it was not possible to assess whether increased support by UNFPA to strengthen civil society participation and youth mobilisation resulted in greater priority given to sexual and reproductive health by adolescents and youth and their organisations and groups in Egypt.

Box 5: Revision of Theory of Change pathway for adolescents and youth leadership and participation

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

Modes of Engagement to Output 5²⁶²

Output 5: Strengthened adolescents and youth organisations, networks and institutional structures. Testing of this pathway in Egypt showed it to be valid, although it was noted that **Output 5** should include reference to adolescents and youth leaders as well as their organisations and networks, to reflect the finding that UNFPA engaged with individual young people in the area of leadership and participation (**revised output**).

Output 5 to Outcome E²⁶³

Testing of pathway 5 highlighted that **Outcome E** (increased adolescents and youth leadership and participation) does not capture a causal effect of strengthened adolescents and youth organisations, networks and institutional structures (**Output 5**). Rather, Outcome E should emphasise meaningful adolescents and youth participation to ensure that adolescents and youth needs and priorities are reflected in sexual and reproductive health policies and programmes (**revised Outcome**). This revised outcome was achieved by UNFPA in Egypt because adolescents and youth leaders were effectively included in formal decision-making processes (such as the YAP, **new hypothesis**). Testing of **Hypothesis k** (engaging in sexual and reproductive health is a priority for adolescents and youth-focused organisations and groups) was not possible in this case study, because the degree to which adolescents and youth groups prioritised sexual and reproductive health issues as a result of UNFPA support was not clear. However, the wording of **Hypothesis I** (full civil society participation and youth mobilisation is facilitated) is too imprecise to capture a clear causal relationship with the intended outcome of meaningful adolescents and youth leadership and participation (suggesting the need to remove or reword the hypothesis). Furthermore, the original pathway does not adequately emphasise the need to include adolescent girls as agents of change (**new hypothesis**).

²⁵⁰ Interviews: UN Staff, adolescents and youth Beneficiaries. Document: UNFPA Annual Report (COAR 2013).

²⁵¹ Interviews: UN Staff, Donor, INGO. Document: UNFPA Annual Report (COAR 2013).

²⁵² Interviews: UNFPA Staff, adolescents and youth Beneficiaries. Documents: UNFPA Relevant Thematic Documents (Joint UNFPA/UNICEF/Y-PEER Egypt youth advisory panel: AIDS 2008 – XVII International AIDS Conference - Abstract no. TUPE0976).

²⁵³ Interviews: UNFPA Staff.

²⁵⁴ Interviews: UN Staff, INGO. Document: Evaluations, Reviews and Assessments (CPE 2011, Y-PEER Evaluation 2008).

²⁵⁵ Document: Partner and Relevant Thematic Documents (UNDAF 2013-2017).

²⁵⁶ Interviews: adolescents and youth Beneficiaries. Direct observation.

²⁵⁷ For detailed information please view Chapter 5.2.5.

²⁵⁸ Interviews: UNFPA Staff, NGO, adolescents and youth Beneficiaries.

²⁵⁹ Interviews: adolescents and youth Beneficiaries.

²⁶⁰ Interviews: UN Staff, Donor, adolescents and youth Beneficiaries.

²⁶¹ Interviews: UN Staff, Donor, adolescents and youth Beneficiaries.

²⁶² Output 5: Strengthened adolescents and youth organisations, networks and institutional structures.

²⁶³ Outcome E: Increased adolescents and youth leadership and participation.

5.3 Efficiency

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

Summary of findings

Financial resources available for UNFPA adolescents and youth activities fluctuated considerably during the evaluation period, with mixed opinions on whether resources were adequate. Overall expenditure for adolescents and youth activities was over USD 3.2 million between 2008 and 2014. UNFPA successfully capitalised on its comparative advantage in the area of adolescents and youth to mobilise external resources, and achieved consistently high implementation rates.

UNFPA had skilled human resources in place for adolescents and youth interventions in Egypt, although most staff members were over-stretched by multiple responsibilities. UNFPA staff members were commended for their technical expertise, but require ongoing capacity building to strengthen skills in strategic thinking, policy work, effective planning, and monitoring and evaluation.

UNFPA had systems in place in Egypt for adolescents and youth monitoring and reporting purposes between 2008 and 2014, and conducted several evaluations which were used to improve adolescents and youth interventions. Systems were also in place for financial management, and UNFPA facilitated the collection of data and scientific evidence related to adolescents and youth to inform evidence-based project planning. However, reporting and use of results to scale up effective activities and inform similar interventions in other settings were not systematically applied, and in general there was insufficient monitoring of adolescents and youth interventions. Attention to collecting good practices and successful models, and using them to inform the design and replications of similar interventions in other settings was also insufficient.

The Arab States regional office (ASRO) of UNFPA provided some advice, guidance and training to the Egypt country office to build their capacity for adolescents and youth interventions, especially in the area of strategic guidance on gender related issues such as preventing GBV, and FGM/C and engaging men and boys in transforming gender discrimination. ASRO also provided support in the region for working with faith-based organisations through a *2014 Arab FBOs Declaration in Support of the Post-2015 Development Agenda Toward Enhancing The Faith-Based Organizations' Role in Arab States in the Field of Sexual and Reproductive Health Beyond 2015*. Despite support in the area of gender, ASRO provided limited technical assistance in the area of adolescents and youth to UNFPA, likely because the country office did not request it. In general, the provision of high-quality and timely advice, guidance and training to the country office was limited by barriers related to staffing structure, institutional culture, and the closure of the country support team office.

5.3.1 Allocation and distribution of human and financial resources to support adolescents and youth programmes²⁶⁴

Financial resources available for UNFPA adolescents and youth activities fluctuated considerably during the evaluation period. Opinions were mixed on whether UNFPA funding for adolescents and youth activities was

²⁶⁴ Evaluation assumption 6.1.

adequate.²⁶⁵ Between 2008 and 2014, UNFPA had an approximate overall expenditure for adolescents and youth activities of over USD 3.2 million. Starting with over USD 500'000 in 2008, expenditure decreased to USD 156,000 in 2012 and then slightly increased in 2013 (USD 262,000). The adolescents and youth budget then appeared to significantly increase in 2014 to USD 841,000. UNFPA successfully capitalised on its comparative advantage in the area of adolescents and youth to mobilise external resources, including by leveraging external funds for project activities – for example, H&M support for the SYPE 2011 and ASRO support for Y-PEER activities. However, the funds of bilateral partners and donors decreased over time, with competing agendas and strict regulations challenging the mobilisation of external funds.²⁶⁶

UNFPA itself directly implemented around a third of resources for adolescents and youth programming, with the rest implemented by 13 implementing partners (IPs). UNFPA adolescents and youth expenditure implemented by government and NGOs decreased from 2010 onwards, with a steep increase in direct expenditure for UNFPA in 2013. Implementation rates were consistently high, averaging 96.2 per cent across the evaluation period. Overall, stakeholders were appreciative of UNFPA financial support.²⁶⁷ Despite the political turmoil during the period, UNFPA managed to minimise administrative hurdles to maintain its implementation rates and meet their planned objectives at the country level.²⁶⁸

Table 17: Budget and expenditure in support of adolescents and youth from 2008 – 2014 (USD).

Table 17: Annual Budgets and Expenditure in Support of adolescents and youth from 2008-2014 (USD)			
Year	Budget	Expenditure	Implementation Rate
2008	\$567'003.00	\$549'785.55	97.0 %
2009	\$690'609.00	\$656'307.28	95.0 %
2010	\$504'715.00	\$497'812.82	98.6 %
2011	\$335'624.00	\$317'544.14	94.6 %
2012	\$156'479.74	\$156'479.30	100.0 %
2013	\$274'646.96	\$262'198.80	95.5 %
2014	\$841'268.44	\$801'104.34	95.2 %
Total	\$3'370'346.14	\$3'241'232.23	96.2 %

Ensuring sustainability of interventions often proved difficult, for numerous reasons, including the changing political landscape and overall commitment to adolescents and youth programming by partners.²⁶⁹ The phasing out of UNFPA financial support to youth-friendly centres, was not guided by a clear exit strategy, with the result that intended outcomes were not met and centre locations did not align with international standards.²⁷⁰

UNFPA had skilled human resources in place for adolescents and youth interventions in Egypt, although most staff members were over-stretched during the evaluation period.²⁷¹ Upon approval of the CPD 2013-2017,

²⁶⁵ Interviews: UNFPA Staff, NGO, INGO, adolescents and youth Beneficiaries.

²⁶⁶ Interviews: INGO. Documents: UNFPA Annual Reports (COARs 2008, 2010, 2012, 2013).

²⁶⁷ Interviews UNFPA Staff, NGO, INGO, adolescents and youth Beneficiaries.

²⁶⁸ Interviews: UNFPA Staff, INGO, NGO.

²⁶⁹ Interview: UNFPA Staff, NGO.

²⁷⁰ Interviews: UNFPA Staff, NGO. Document: Partner and Relevant Thematic Documents (Mystery Client Evaluation).

²⁷¹ Interviews: UNFPA Staff, INGO, NGO. Documents: UNFPA Annual Reports (COARs 2008, 2009, 2012, 2013).

staffing was re-aligned with programme priorities, which resulted in the establishment of an adolescents and youth reproductive health officer position. A Y-PEER focal point was also employed, with responsibility for scaling-up adolescents and youth activities.²⁷² These staff members had not received formal training on adolescents and youth sexual and reproductive health, and had multiple competing responsibilities. Similarly, mid-level and senior staff was overwhelmed with administrative responsibilities and were not able to fully invest their time in their field of competency.²⁷³ UNFPA hired consultants to cover the FGM/C & humanitarian response portfolios, funded by UNFPA Headquarters and USAID respectively, and a junior professional officer from Norway on sexual and reproductive health who started in early 2014.²⁷⁴

The position of the Representative was vacant for over one year between 2011 and 2012 with other positions frozen, or not filled despite requests to UNFPA Headquarters. During this time the Assistant Representative was acting as the Country Representative. This coincided with great political change in the country and the development of the new Country Programme, which required extensive interactions with the government, UN country team, SMT and civil society organisations to align with national priorities.²⁷⁵ Nevertheless, interviewees highly valued the senior staff that was perceived as strategic thinkers and skilled communicators.²⁷⁶

In general, UNFPA staff members were able to compensate for the insufficiency of human resources for adolescents and youth issues through technical expertise and hard work, and were especially appreciated in the area of technical advice by adolescents and youth stakeholders.²⁷⁷ However, staff skills in the area of policy development related to adolescents and youth were more limited. There is also an ongoing discrepancy between the expectations set out in the new business model,²⁷⁸ which requires UNFPA in Egypt to focus on advocacy, policy dialogue, and knowledge management, and the current staff skill set.²⁷⁹ Given the ongoing difficult political situation in the country, more investment is required in capacity building of mid-level staff to strengthen their skills in strategic thinking, policy work, effective planning, and monitoring and evaluation.²⁸⁰

5.3.2 Systems (including monitoring and evaluation) to gather data, evidence and lessons learned at all levels on multi-sectoral, innovative, successful, replicable models/programmes to support the design and implementation of UNFPA interventions in the area of adolescents and youth²⁸¹

UNFPA had systems in place in Egypt for adolescents and youth monitoring and reporting purposes between 2008 and 2014, with a resource mobilisation plan, a monitoring and evaluation (M&E) plan, and a monitoring matrix listing standard monitoring activities according to level of results to improve monitoring of the country programme.²⁸² Several evaluations were conducted during the period of 2008-2014, including the country programme evaluation in 2011, a mystery client evaluation and an evaluation of Y-PEER in Egypt, and

²⁷² Interviews: UNFPA Staff. Document: UNFPA Annual Report (COAR 2012).

²⁷³ Interviews: UNFPA Staff. Direct observation.

²⁷⁴ Interviews: UNFPA Staff. Documents: UNFPA Annual Reports (COAR 2012, COAR 2013, p. 25).

²⁷⁵ Interview: UNFPA Staff. Documents: UNFPA Annual Report (COAR 2012, p. 21).

²⁷⁶ Interviews: INGO, NGO. Direct observation.

²⁷⁷ Interviews: UN Staff, INGO, adolescents and youth Beneficiaries. Direct observation.

²⁷⁸ Under the Business Model of the 2014 – 2017 UNFPA Strategic Plan, countries were categorised according to their level of need and ability to finance interventions. Egypt was categorised as a “yellow” country, and is expected to focus on advocacy, policy dialogue, and knowledge management rather than service delivery or capacity development.

²⁷⁹ Interviews: UNFPA Staff. Documents: UNFPA Strategic Planning Documents (UNFPA Strategic Plan 2014-2017, p. 31).

²⁸⁰ Interviews: UNFPA Staff. Direct observation.

²⁸¹ Evaluation assumption 6.2.

²⁸² Documents: UNFPA Annual Reports (COARs 2008, 2013), Evaluations, Reviews and Assessments (CPE 2011).

recommendations clearly influenced subsequent adolescents and youth programming.²⁸³ However, reporting and use of results to scale up effective activities and inform similar interventions in other settings were not systematically applied. It also appeared that recommendations for increased M&E of adolescents and youth projects and activities were not taken up. For example, monitoring and evaluation on how peer education and training M&E influences uptake of YFC services was not conducted during the evaluation period despite the programmatic emphasis by UNFPA on such outreach activities connected to services. As a result, some stakeholders reported that UNFPA missed opportunities to increase its visibility and to implement cost-effective adolescents and youth programming by replicating successful projects and moving away from ineffective approaches.²⁸⁴

In general, there was insufficient monitoring and evaluation of adolescents and youth activities, particularly related to the quality and impact of training and messaging through peer educators and volunteers,²⁸⁵ the use, impact, costs and benefits of innovative approaches (such as the use of social media, campaigns and concerts) to reach adolescents and youth, and the impact of adolescents and youth initiatives on health service uptake.²⁸⁶ For example, although some youth-friendly centres attracted more adolescents and youth clients each year, the overall uptake among adolescents and youth was low²⁸⁷ and the reasons behind uptake patterns were unclear.²⁸⁸ This may have been due in part to the fact that the staff M&E position did not have clear terms of reference or reporting lines to senior management.²⁸⁹

Attention to collecting good practices and successful models, and using them to inform the design and replications of similar interventions in other settings was also insufficient. Systematic knowledge sharing – particularly among staff – appeared limited, although some improvements were registered between 2008 and 2010.²⁹⁰ While UNFPA documented and shared some good practices, they did not use existing databases (MyUNFPA Good Practices Database and Docushare) to document programme improvements and best practice examples.²⁹¹ It was also noted by the evaluation team that the UNFPA Egypt website was not up-to-date in 2014, limiting the potential of the website as an information portal. While some stakeholders recognised the dissemination of data and material, others emphasised the need to better share lessons learned and good practices within UNFPA and across the region.²⁹²

UNFPA had an essential role in the collection of data and scientific evidence related to adolescents and youth, with a focus on facilitating the collection of data, rather than on analysis. UNFPA also supported data collection on adolescents and youth prior to project implementation to inform evidence-based project planning, for example through a survey prior to implementation of youth-friendly centres, a Knowledge, Attitudes and Practices (KAP) study with religious leaders on FGM/C, and focus group discussions for the SYPE.²⁹³ Nevertheless, more robust evidence-based planning, for example through baseline and follow-up studies, would have strengthened

²⁸³ One example is the provision of training to Christian religious leaders. Documents: Evaluations, Reviews and Assessments (CPE 2011, Evaluation of Y-PEER), Partner and Relevant Thematic Documents (Mystery Client Evaluation).

²⁸⁴ Interviews: NGO, INGO.

²⁸⁵ Interviews: adolescents and youth Beneficiaries. Documents: Evaluations, Reviews and Assessments (CPE 2011, Evaluation of Y-PEER). Direct observation.

²⁸⁶ Documents: Evaluations, Reviews and Assessments (CPE 2011, Evaluation of Y-PEER). Direct observation.

²⁸⁷ Documents: Evaluations, Reviews and Assessments (CPE 2011).

²⁸⁸ Interviews: Government, NGO. Direct observation.

²⁸⁹ Interviews: UNFPA Staff, Government, NGOs.

²⁹⁰ Documents: UNFPA Annual Reports (COARs 2008, 2010).

²⁹¹ Documents: UNFPA Annual Reports (COARs 2010, 2013). Direct observation.

²⁹² Interviews: Donor, INGO. Document: UNFPA Relevant Thematic Documents (Website UNFPA Egypt).

²⁹³ Interviews: UNFPA staff, Government, NGO. Documents: UNFPA Annual Reports (COARs 2008 – 2014).

some projects and activities,²⁹⁴ and helped to address the planning challenges posed by the need to align with the goals of ICPD, ICPD+5, MDGs, and UNDAF as well as government priorities. In some cases, this led to overloaded outcomes and outputs in results frameworks, while the actual impact of programming was not captured, giving the impression of underachievement.²⁹⁵ For further discussion of UNFPA activities around the collection and use of disaggregated data for adolescents and youth, see Section 5.2.4.

Systems were in place to enable access to financial information for management of finances and reporting purposes. NEX implementing partners evaluated and monitored their own projects, reporting directly to UNFPA. However, some partners have received negative audit reports, suggesting a need for greater capacity building of partners in M&E.²⁹⁶

5.3.3 Advice, guidance and training to UNFPA country offices by HQ and RO for adolescents and youth interventions²⁹⁷

Overall, the Arab States regional office (ASRO) of UNFPA developed the capacity of the UNFPA country office in Egypt to implement adolescents and youth interventions through the provision of advice, strategic guidance and other assistance.

ASRO provided strategic guidance and technical inputs on the Common Country Assessment (UNDAF), country programme formulation and implementation, and programming processes.²⁹⁸ UNFPA in Egypt also received support for monitoring and evaluation activities to improve the quality of programming, with one staff member participating in learning sessions at ASRO.²⁹⁹ However, ASRO provided limited technical assistance in the area of adolescents and youth to UNFPA in Egypt, which largely did not request it, instead promoting exchanges between country offices.³⁰⁰

The support received from ASRO by UNFPA in Egypt varied in terms of relevance, quality, timeliness during the evaluation period.³⁰¹ In 2008 and 2009 the support of ASRO was perceived as sub-optimal, which was attributed to the transitional stage of the regional office and new technical assistance guidelines, which had not yet been fully operationalised.³⁰² After 2012, ASRO provided substantially more guidance and policy declarations on thematic issues primarily related to gender such as preventing GBV, and FGM/C and engaging men and boys in transforming gender discrimination. ASRO also providing support in the region for working with faith-based organisations through a 2014 Arab FBOs Declaration in support of the Post-2015 Development Agenda.³⁰³

²⁹⁴ Interviews: Government. Document: Evaluations, Reviews and Assessments (CPE 2011).

²⁹⁵ Documents: Evaluations, Reviews and Assessments (CPE 2011).

²⁹⁶ Interviews: UNFPA Staff, adolescents and youth Beneficiaries. Documents: UNFPA Annual Reports (COARs 2008 – 2014).

²⁹⁷ Evaluation assumption 6.3.

²⁹⁸ Documents: UNFPA Annual Reports (COARs 2010, 2011, 2013).

²⁹⁹ Documents: UNFPA Annual Reports (COARs 2009, 2010).

³⁰⁰ Interviews: UNFPA Staff, adolescents and youth Beneficiaries. Document: UNFPA Annual Report (COAR 2012).

³⁰¹ Documents: UNFPA Annual Reports (COARs 2008, 2010, 2011, 2012, 2013).

³⁰² Documents: UNFPA Annual Reports (COAR 2009, 2008).

³⁰³ Documents: UNFPA Strategic Planning Documents (UNFPA Regional Strategy on Prevention and Response to Gender-Based Violence in the Arab States, 2013), UNFPA Relevant Thematic Documents (Adolescent Boys and Young Men, 2016), Partner and Relevant Thematic Documents (Rabat Declaration, 2013; Toward Enhancing the Faith-Based Organizations' Role in Arab States in the Field of Sexual and Reproductive Health Beyond 2015).

5.4 Partnership, Coordination and Comparative Advantage

EQ7. To what extent has UNFPA provided leadership, coordinated effectively and established partnerships to advance adolescents and youth issues at global, regional and country levels? To what extent has UNFPA promoted South-South cooperation to facilitate the exchange of knowledge and lessons learned and to develop capacities in UNFPA programme countries for advancing adolescents and youth policies and programmes?

Summary of findings

UNFPA has provided technical and political leadership to advance the adolescents and youth agenda in Egypt, and is highly respected as the leading organisation in this area in Egypt. UNFPA has proven its ability as a prominent convener on the adolescents and youth in a time of tremendous political challenges. UNFPA fostered strong partnership with the Ministry of Health and its sub-divisions, and showed political and strategic agility through its successful advocacy and lobbying for the amendment of the Child Law in 2008, and the endorsement of the law against sexual harassment in 2014. Other key achievements include working with partners to create a Youth SWAP in Egypt, and participating in national mechanisms for adolescents and youth priority-setting, programming and funding, including theme groups and task forces. However, UNFPA has not achieved prominence as a convener for adolescent girls and their rights, and stakeholders and partners emphasised the need for UNFPA to be even more courageous in strongly pushing the adolescents and youth agenda.

UNFPA facilitated coordination and multi-sector partnerships for adolescents and youth issues in Egypt throughout the evaluation period, including by establishing platforms for UN organisations and other networks in Egypt to coordinate adolescents and youth programming. UNFPA also contributed to the coordination of stakeholder efforts for adolescents and youth by ensuring common aims and objectives, including by ensuring coherent division of labour by establishing and leading the UN Adolescents and youth Task Force. Furthermore, UNFPA facilitated fundraising and leveraging for the adolescents and youth agenda by leading multi-sector partnerships to leverage and pool resources among stakeholders and donors. As such, UNFPA is perceived as a key partner in the area of support to adolescents and youth by other stakeholders in Egypt, although it appeared that more systematic coordination is needed at project level, and that increased efforts are required to develop new partnerships and to maintain and maximise existing partnerships, networks and working groups. Some South-South collaboration efforts were facilitated by UNFPA in Egypt, but these appeared sporadic and ad hoc.

5.4.1 Technical and political leadership for advancing the global, regional and national adolescents and youth agendas³⁰⁴

UNFPA has provided technical and political leadership to advance the national adolescents and youth agenda in Egypt, and is highly respected as the leading organisation in the area of adolescents and youth in Egypt.³⁰⁵ Despite tremendous political changes during the evaluation period, UNFPA fostered strong partnership with the Ministry of Health and its sub-divisions, and showed political and strategic agility through its successful advocacy

³⁰⁴ Evaluation assumption 7.1.

³⁰⁵ Interviews: UN Staff, Donor, INGO, NGO.

and lobbying for the amendment of the Child Law in 2008, and the endorsement of the law against sexual harassment in 2014.³⁰⁶

UNFPA demonstrated its convening power for adolescents and youth issues by working with partners to create a Youth SWAP in Egypt to further collaboration in this area.³⁰⁷ This facilitated consensus on how to commonly align action plans with the UNDAF, ensuring that UNFPA priorities were shared with other stakeholders through common aims, objectives and approaches.³⁰⁸ UNFPA also participated in other national mechanisms regarded to adolescents and youth priority-setting, programming and funding. It chaired the HIV/AIDS Thematic Group from 2009 onwards and founded and led the UN Adolescents and youth Task Force (which convenes UN agencies working on adolescents and youth to align and share their programmatic inputs), from which the UN Joint Adolescent Girls Task Force emerged, with UNFPA being a member.³⁰⁹ However, UNFPA has not achieved prominence as a convener for adolescent girls and their rights, as a result of its limited focus on their needs in Egypt. Adolescents and youth stakeholders, including partners, emphasised the need for UNFPA to act on its comparative advantages in convening power and facilitation of partnerships to be even more courageous in pushing the adolescents and youth agenda in Egypt, particularly related to the needs of adolescent girls, by using partnerships and data more strategically to influence work on the policy level.³¹⁰

5.4.2 Coordination, multi-sectoral partnerships and South-South collaboration to promote and utilise synergies at country level³¹¹

UNFPA facilitated coordination and partnerships for adolescents and youth issues in Egypt throughout the evaluation period. Specifically, it was very active in establishing platforms for UN organisations in Egypt to coordinate programming related to adolescents and youth and in fostering multi-sectoral partnerships, despite challenges posed by the lack of a National Youth Strategy.³¹²

UNFPA is perceived as a key partner in the area of support to adolescents and youth by other stakeholders in Egypt.³¹³ UNFPA contributed to the coordination of stakeholder efforts for adolescents and youth by ensuring common aims and objectives, for example through support provided to numerous NGOs and CSOs, and participation in several networks, such as the FGM Coalition and the Network of Associations for Harm Reduction. In addition, UNFPA aligned its activities with national needs and priorities, based on the “Situation Analysis: Key Challenges Facing Egypt” reflected in the UNDAF, the Mid-Term Review of the UNDAF 2007-2011, the five transition priority strategies which informed the update of the UNDAF, as well as through its contribution to the implementation of the national HIV/AIDS Strategy.³¹⁴ The lack of a revised National Youth Strategy, however, hampered multi-sectoral strategies and coordinated efforts to address the needs of adolescents and

³⁰⁶ Interviews: UNFPA Staff. Documents: UNFPA Annual Reports (COARs 2008, 2010), UNFPA Relevant Thematic Documents (Website UNFPA Egypt), Partner and Relevant Thematic Documents (Law No. 12 of 1996 Promulgating the Child Law: Amended by Law No. 126 of 2008). Direct observation.

³⁰⁷ The Inter-Agency Network on Youth Development (IANYD) – with active involvement of adolescents and youth – developed the United Nations System-Wide Action Plan on Youth (Youth SWAP) endorsed in April 2013, to enhance coherence and synergies of United Nations activities related to young people, and launched by the Secretary General as a means to collectively align with the outcomes of the current UNDAF. Documents: Partner and Relevant Thematic Documents (United Nations Systemwide Action Plan on Youth: Thematic Areas - Health 2014, Available from: <http://unyouthswap.org/thematic-areas/health>; United Nations System-wide Action Plan on Youth: Report, 2014.)

³⁰⁸ Interviews: UNFPA Staff, UN Staff.

³⁰⁹ Also referred to the Youth Technical Task Force. Documents: UNFPA Relevant Thematic Documents (Website UNFPA Egypt).

³¹⁰ Interviews: UN Staff, Donor, INGO, adolescents and youth Beneficiaries. Direct observation.

³¹¹ Evaluation assumption 7.2.

³¹² Interviews: UNFPA Staff, UN Staff. Documents: UNFPA Annual Reports (COARs 2008, 2010, 2011).

³¹³ Interviews: UN Staff, Donor, INGO, NGO.

³¹⁴ Documents: Partner and Relevant Thematic Documents (UNDAF 2014 – 2017), Other Documents (Situation Analysis: Key Development Challenges Facing Egypt, 2010; HIV/AIDS Strategic Framework 2012 – 2016).

youth, although UNFPA technically and financially supported the National Population Strategy to ensure that the needs and rights of adolescents and youth were adequately addressed.³¹⁵

UNFPA worked to limit overlap between activities and ensure the coherent division of labour among UN organisations by establishing and leading the UN Adolescents and youth Task Force. UNFPA also implemented joint programming and activities with the UN country team, with a particular focus on FGM/C (see Chapter 5.2.3) and gender-based violence.³¹⁶ To further foster joint planning and improve coordination among UN organisations in Egypt, in 2014 UNFPA proactively led the UN Youth Consultative Group– a joint UN country team platform – to review the UN Secretary General’s Youth-SWAP.³¹⁷ As a consequence, partners demonstrated their commitment to adolescents and youth issues by deciding to initiate the Youth SWAP.³¹⁸ Similarly, UNFPA partnered with UNICEF to realise the first SYPE, including by mobilising partners and leveraging the necessary funds.³¹⁹

UNFPA further facilitated fundraising and leveraging for the adolescents and youth agenda in Egypt by leading multi-sectoral partnerships and pooling of resources among stakeholders and donors.³²⁰ One prominent example was UNFPA partnerships with the government and NGOs for the implementation of youth-friendly centres in numerous governorates.

However, at project level more systematic coordination is needed.³²¹ In addition, interviews revealed that UNFPA continued to work with long-standing partners, whereas limited efforts were made to develop new partnerships, particularly with new government entities, to advance the adolescents and youth agenda in Egypt.³²² Further, some existing partnerships, networks and working groups were under-utilised, due to heavy work load and the need to prioritise other areas of engagement including for example the Arab Youth Coalition, the Youth Advisory Panel, and partnership with specific ministries, namely the Ministry of Youth and the Ministry of Education.³²³

South-South collaboration was facilitated by ASRO on gender related topics such as FGM/C and GBV but not specifically on adolescents and youth issues (See section 5.3.3). ASRO did however facilitate collaboration and support for adaptation of a regional curriculum (developed in Lebanon) through the Ministry of Finance and Population and with full facilitation of UNFPA and Y-PEER.³²⁴ Such efforts appeared sporadic and ad hoc, with no common approach at the programme level.³²⁵

³¹⁵ Document: UNFPA Annual Report (COAR 2010). Direct observation.

³¹⁶ See project list in Annex. Interviews: UNFPA Staff. Documents: UNFPA Annual Reports (COARs 2008 – 2014), UNFPA Annual Work Plans (AWPs 2008 – 2014).

³¹⁷ The Inter-Agency Network on Youth Development (IANYD) – with active involvement of adolescents and youth – developed the United Nations System-Wide Action Plan on Youth (Youth SWAP) endorsed in April 2013, to enhance coherence and synergies of United Nations activities related to young people, and launched by the Secretary General as a means to collectively align with the outcomes of the current UNDAF. Interviews: UNFPA Staff, UN Staff. Documents: UNFPA Annual Reports (COARs 2008, 2011), Partner and Relevant Thematic Documents (United Nations Systemwide Action Plan on Youth: Thematic Areas - Health 2014. Available from: <http://unyouthswap.org/thematic-areas/health>, United Nations System-wide Action Plan on Youth: Report, 2014.)

³¹⁸ Interviews: UNFPA Staff, UN Staff.

³¹⁹ Interviews: UNFPA Staff, UN Staff, INGO. Documents: UNFPA Annual Reports (COARs 2008, 2010).

³²⁰ Interviews: Donor, INGO, NGO.

³²¹ Interviews: UNFPA Staff, UN Staff. Direct observation.

³²² Interviews: UNFPA Staff, UN Staff, Donor, NGO.

³²³ Interviews: UNFPA Staff, Government, UN Staff, NGO, adolescents and youth Beneficiaries.

³²⁴ See Section 5.3.3.

³²⁵ Interviews: UNFPA Staff, UN staff.

6 Action-oriented suggestions for UNFPA in Egypt

1. Increase the quality of youth-friendly clinics

UNFPA Egypt has supported the establishment of youth-friendly clinics (YFCs), but there is a need for further support for policy development to ensure higher quality of care and demand for service. UNFPA should push for the development and implementation of national standards and guidelines for YFCs. It is important to further strengthen the understanding by professionals of YFC principles, while YFCs need a more balanced, gender-sensitive approach, to ensure that they are equally attractive to young women and men as well as girls and boys. Further, it is advised to carefully assess the location of youth friendly clinics, particularly when embedding them in existing services, to ensure they are accessible to adolescents and youth clients.

2. Use data more effectively

UNFPA has played a leadership role in advancing the collection, analysis and dissemination of data on adolescents and youth in Egypt. More could be done to strategically design surveys and studies to capture information that is not currently available, particularly on marginalised and vulnerable adolescents and youth and adolescent girls, and disseminate to influence work at the policy level. Best practices and lessons learned could equally be better disseminated and used for policy and programming. This could be done through new and or better use of knowledge sharing platform (for example, through a database on the UNFPA Egypt website) to more strategically and regularly disseminate results, best practices, and lessons learned at national and regional level.

3. Increase visibility and efforts for vulnerable and marginalised adolescents and youth, including adolescent girls

Data and evidence should be better used to identify and target the most marginalised and vulnerable, particular adolescent girls. This would focus adolescents and youth programme activities and interventions more effectively. Y-PEER and the Network of Associations for Harm Reduction, for example, could be better utilised to reach marginalised and vulnerable adolescents and youth populations. Current efforts in programming on adolescents and youth - with a particular focus on adolescent girls, marginalised and vulnerable adolescents and youth, and cross-cutting issues - are not easily recognisable in UNFPA documentation, monitoring and reporting. UNFPA efforts to identify and target adolescent girls using human rights-based approaches and gender-transformative programming should be better reported and disseminated.

4. Invest in existing networks and new partnerships

Existing networks and working groups (e.g. Youth Advisory Panel, Arab Youth Coalition, the Network of Associations for Harm Reduction, the National Youth Task Force) have great potential but require more active engagement/maintenance by UNFPA for optimal capitalisation. Furthermore, UNFPA should explore

and invest in new partnerships, particularly with the ministries of youth and education, and strengthen existing partnerships to further link project activities with those of other UN organisations – for example, youth centres as an entry point to improve adolescents and youth uptake of sexual and reproductive health services.

5. Conduct closer monitoring and evaluation of activities

Closer monitoring and evaluation of activities is suggested, particularly related to the quality and impact of training and messaging through peer educators and volunteers, the use, impact and cost-benefit equation of innovative methods (such as the use of social media, campaigns and concerts) to reach adolescents and youth, and their impact on service uptake among adolescents and youth. Although attitudinal change by religious leaders on child marriage and gender-based violence has been achieved, further assessment of the impact of training provided to religious leaders and potential behaviour change is suggested.

6. Continue support for Y-PEER for a broader and more transparent youth involvement

Good attention has been given to the first generation of Y-PEER leaders in Egypt. UNFPA should consider the value of continuing its support for the new generation of Y-PEER leaders, particularly from governorates, to ensure sustainability and quality of messaging. Equally Y-PEER could be better used to achieve key UNFPA objectives. Y-Peer, for example could be encouraged to partner with the Network of Associations for Harm Reduction to reach marginalised and vulnerable adolescents and youth populations. Further investment is needed to maintain similar levels of activism and engagement by young leaders. Y-peer would also benefit from a more systematic and transparent nomination system for their leaders to ensure wider participation and representation of adolescents and youth.

7. Strengthen skills among staff for support in the area of adolescents and youth as required for alignment with the current strategic plan

UNFPA's categorisation as a yellow quadrant country under the current strategic plan demands greater attention to policy and advocacy dialogue/advice and knowledge management, investment and capacity building. Mid-level staff need to further strengthen their skills in strategic thinking, policy advocacy and effective planning including M&E to be effective under the changing modes of operation.

8. Establish a platform for dialogue

UNFPA should advocate for and take the lead in establishing a regular platform for dialogue on adolescents and youth issues that is multi-sectoral (including various ministries, donors, research organisations, NGOs, CSOs, the private sector, UN organisations and youth-led organisations) to regularly bring adolescent sexual and reproductive health issues for discussion and policy-making into the broader adolescents and youth agenda and streamline activities at national level.

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

CONSIDERATION 1: Consequences of UNFPA colour quadrants for staff capacities

The 2014-2017 Strategic Plan introduces modes of engagement by development setting. Country offices are to tailor support (i.e. the modes of engagement) according to the country's need and ability to finance. For some country offices, including Egypt, this has meant a move away from service delivery and project management towards more upstream work: policy and advocacy-oriented engagement. This shift requires reorientation of interventions and facilitation, mentoring and training, particularly of mid-level staff on how to be effective in political advocacy and policy influencing. It is not necessarily the case that existing adolescents and youth staff, often coming out of the youth movement locally, will be best positioned to move the political agenda largely controlled by senior government officials. As such, investments should be made in capacity building of existing staff in advocacy and policy work, new staff should be recruited according to skills in these areas, and job descriptions should be reviewed to ensure to ensure all staff are "fit for purpose."

CONSIDERATION 2: Potential of South-South cooperation

South-South cooperation can be highly effective for the transfer of technical knowledge, and is very relevant as a UNFPA support modality given the requirements of the current Strategic Plan and business model. However, it has not been adequately prioritised and utilised to date. Improving use of South-South cooperation to share results, best practices, and lessons learned on adolescents and youth issues between countries and regions could positively improve evidence-based programming in Egypt and elsewhere.

CONSIDERATION 3: Leadership in politically volatile and conservative settings

Strong leadership in politically volatile and conservative settings largely determines the effectiveness and efficiency with which UNFPA can move the adolescents and youth agenda. Given the sensitivities of the issues, a balance between bold international representatives and politically astute, culturally sensitive and well respected local mid-level and senior staff is crucial – as is the case in Egypt. It is the balance and collaboration between these leadership styles that advances can be made in more challenging settings.

CONSIDERATION 4: Evidence base for targeting and engaging marginalised and vulnerable adolescents and youth

Targeting marginalised and vulnerable adolescents and youth, including adolescent girls, requires a common definition, adequate mapping and identification of their needs through data collection to inform evidence-based intervention planning. Where existent, data needs to be fully utilised in regard to analysis and dissemination, and where possible, marginalised and vulnerable adolescents and youth should be included as part of the sample. Innovative strategies are required to integrate the voice of marginalised and vulnerable adolescents and youth, including girls, at all levels.

CONSIDERATION 5: Reporting on cross-cutting issues and target populations

The reporting in country office annual reports, particularly on cross-cutting issues such as human rights, gender and cultural sensitivity, as well as the inclusion of marginalised and vulnerable adolescents and youth and adolescent girls, should be more precise. Where possible it should be clearly indicated who is being targeted when referring to adolescents and youth (e.g. through gender- and age-disaggregated data).

CONSIDERATION 6: Monitoring and evaluation of peer education

In an environment not favourable for the implementation of sexual and reproductive health and reproductive rights education and information, such as in Egypt, peer educators are often perceived locally as a highly effective way to deliver sexual and reproductive health messages. However, innovative ideas, such as health messaging through peer educators and the use of social media, require close monitoring and evaluation of the quality of content and impact. Y-PEER as a vehicle for transmitting adolescent sexual and reproductive health or sexual and reproductive health education and information messaging needs to be carefully monitored.

CONSIDERATION 7: Increasing the diversity of partners

UNFPA aims to be a lead agency that engages, involves and respects the input of adolescents and youth through their programmes, projects and interactions with partners. A youth mapping of adolescents and youth leaders and youth-led organisations on a regular basis has the potential to identify and increase the participation and involvement of effective youth initiatives and increase diversity and representation among adolescents and youth, particularly including marginalised and vulnerable youth.

UNFPA's strong and longstanding partnerships, working mainly with likeminded, long-standing partners, have facilitated implementation of its mandate. UNFPA is encouraged to further invest in new and innovative partnerships and at the same time, fully explore the potential of existing networks and working groups, particularly with adolescents and youth.

Annexes

Annex 1: Key Country Data

Country ARAB REPUBLIC OF EGYPT	
Geographical location	<ul style="list-style-type: none"> Arab States
Land area	<ul style="list-style-type: none"> Approximately one million square kilometres³²⁶
Terrain	<ul style="list-style-type: none"> Much of the land is desert, and only 6% of Egypt's area is inhabited. Largest, most densely settled population among the Arab countries The majority of Egyptians live either in the Nile Delta located in the north of the country or in the narrow Nile Valley south of Cairo³²⁷
People	
Population	<ul style="list-style-type: none"> Approx. 82 million (2013)³²⁸
Population growth rate (average annual)	<ul style="list-style-type: none"> Total of Egypt's population increased by more than 40% between 1997 and 2007. Despite the sizeable population expansion, the percentage of the Egyptian population living in areas classified as urban remained virtually unchanged during the period.³²⁹
Urban population	<ul style="list-style-type: none"> Urbanized population: 43.6% (2012) Average annual growth rate of urban population 2% (2012-2030)³³⁰
Net migration rate	<ul style="list-style-type: none"> -215,681 (2012)³³¹
Age structure	<ul style="list-style-type: none"> 0-14 years: 31% (2011) 15-64 years: 63% (2013)³³²
Median age	<ul style="list-style-type: none"> 24 years³³³
Religion	<ul style="list-style-type: none"> 94% Muslim and 6% Christian (Census 1986)³³⁴
Government & Politics	

³²⁶ Document: 4. El-Zanaty F, Way A. Egypt Demographic and Health Survey 2008. Cairo: 2009.

³²⁷ Document: 4. Ibid.

³²⁸ Document: 5. Bank TW. World DataBank: Explore. Create. Share: Development Data 2015 [02.03.2015]. Available from: <http://databank.worldbank.org/data/home.aspx>.

³²⁹ Document: 4. El-Zanaty F, Way A. Egypt Demographic and Health Survey 2008. Cairo: 2009.

³³⁰ Document: 3. UNICEF. UNICEF Statistics: Egypt 2013 [updated 24.12.201325.02.2015]. Available from: http://www.unicef.org/infobycountry/egypt_statistics.html.

³³¹ Document: 5. Bank TW. World DataBank: Explore. Create. Share: Development Data 2015 [02.03.2015]. Available from: <http://databank.worldbank.org/data/home.aspx>.

³³² Document: 5. Ibid.

³³³ Document: 61. Roudi F. United Nations Expert Group Meeting on Adolescents, Youth and Development: Youth Population and Employment in the Middle East and North Africa: Opportunity or Challenge? New York: 2011 UN/POP/EGM-AYD/2011/06.

³³⁴ Document: 62. Egypt MoFA. Culture and Tourism [cited 2015 01.03]. Available from: <http://www.mfa.gov.eg/English/InsideEgypt/Tourism/Pages/default.aspx>.

Government	<ul style="list-style-type: none"> • Constitutions: several previous; latest approved by a constitutional committee in December 2013, approved by referendum held on 14-15 January 2014, ratified by interim president on 19 January 2014 (2014) • Legislative branch: the previous bicameral legislature was dissolved in July 2013 and under the 2014 constitution was changed to the unicameral House of Representatives (minimum of 450 seats with up to 5 percent appointed by the president; members to serve 5-year terms); the process for elected members as stated in Article 102 of the 2014 constitution may be majoritarian, proportional list, or a mixed system; the previous bicameral parliament consisted of the Shura Council (at least 150 seats with up to one-tenth of body appointed by the president to serve six-year terms) and the House of Representatives (at least 350 seats); members elected by popular vote to serve five-year terms) <p>elections (for new House of Representatives): unscheduled but expected in mid- to late-2014³³⁵</p>
Key political events	<ul style="list-style-type: none"> • 28 February 1922 (from UK protectorate status; the revolution that began on 23 July 1952 led to a republic being declared on 18 June 1953 and all British troops withdrawn on 18 June 1956); note - it was ca. 3200 B.C. that the Two Lands of Upper (southern) and Lower (northern) Egypt were first united politically • 23 July – National Day • January 2011 – Political unrest³³⁶
Seats held by women in national parliament	<ul style="list-style-type: none"> • 2.0% (2013)³³⁷
Economy	
Income Group (The World Bank List)	<ul style="list-style-type: none"> • Lower middle income group³³⁸
Main industries	<ul style="list-style-type: none"> • Textiles, food processing, tourism, chemicals, pharmaceuticals, hydrocarbons, construction, cement, metals, light manufactures³³⁹
GPD per capita PPP USD	<ul style="list-style-type: none"> • 3154.9 (2012)³⁴⁰
GPD growth rate (at constant 2005 prices (annual %))	<ul style="list-style-type: none"> • 2.2% (2012)³⁴¹
Social Indicators	
Human Development Index (HDI) and rank	<ul style="list-style-type: none"> • 0.682 (2013) – female HDI value: 0.617 – male HDI value 0.722³⁴²
Poverty headcount ratio (at national poverty lines (% of population))	<ul style="list-style-type: none"> • 25.2% (2011)³⁴³

³³⁵ Document: 63. Agency CI. The World Factbook: Egypt 2014 [updated 22.06.201401.03.2015]. Available from: <https://www.cia.gov/library/publications/the-world-factbook/geos/eg.html>.

³³⁶ Document: 63. Ibid.

³³⁷ Document: 64. UNdata. Statistics [updated July 201401.03.2015]. Available from: [http://data.un.org/Data.aspx?q=Egypt+datamart\[MDG\]&d=MDG&f=seriesRowID%3a557%3bcountryID%3a818#MDG](http://data.un.org/Data.aspx?q=Egypt+datamart[MDG]&d=MDG&f=seriesRowID%3a557%3bcountryID%3a818#MDG).

³³⁸ Document: 5. Bank TW. World DataBank: Explore. Create. Share: Development Data 2015 [02.03.2015]. Available from: <http://databank.worldbank.org/data/home.aspx>.

³³⁹ Document: 63. Agency CI. The World Factbook: Egypt 2014 [updated 22.06.201401.03.2015]. Available from: <https://www.cia.gov/library/publications/the-world-factbook/geos/eg.html>.

³⁴⁰ Document: 3. UNICEF. UNICEF Statistics: Egypt 2013 [updated 24.12.201325.02.2015]. Available from: http://www.unicef.org/infobycountry/egypt_statistics.html.

³⁴¹ Document: 3. Ibid.

³⁴² Document: 65. UNDP. Human Development Report 2014: Sustaining Human Progress: Reducing Vulnerabilities and Building Resilience - Explanatory note on the 2014 Human Development Report composite indices - Egypt. 2014.

³⁴³ Document: 5. Bank TW. World DataBank: Explore. Create. Share: Development Data 2015 [02.03.2015]. Available from: <http://databank.worldbank.org/data/home.aspx>.

Unemployment (total (% of total labour force))	<ul style="list-style-type: none"> • 12.7%³⁴⁴
Ratio of youth unemployment rate to adult unemployment rate, both sexes (Age 15-24)	<ul style="list-style-type: none"> • 5.8 (2007)³⁴⁵
Unemployment, youth total (% of total labour force ages 15-24)	<ul style="list-style-type: none"> • 38.9% (2013)³⁴⁶
Life expectancy at birth, both sexes (years)	<ul style="list-style-type: none"> • Female: 73.5% • Male: 68.7% (2010-2015)³⁴⁷
Under 5 mortality (per 1,000 live births)	<ul style="list-style-type: none"> • 22 (2013)³⁴⁸
Maternal mortality (deaths of women per 100,000 live births)	<ul style="list-style-type: none"> • 45/100,000 live births (2013)³⁴⁹
Fertility rate total (live births per women)	<ul style="list-style-type: none"> • 24births/1,000 population (2012)³⁵⁰
Death rate, crude (per 1,000 people)	<ul style="list-style-type: none"> • 7 (2012)³⁵¹
Physicians density	<ul style="list-style-type: none"> • 2.8 physicians/1,000 population (2010)³⁵²
Health expenditure (% of GDP)	<ul style="list-style-type: none"> • 5.0 % of GDP (2012)³⁵³
Births attended by skilled health personnel, %	<ul style="list-style-type: none"> • 78.9% (2008)³⁵⁴
Abortion rate women aged 15-49	<ul style="list-style-type: none"> • No information available.
Contraceptive prevalence rate (age 15-49)	<ul style="list-style-type: none"> • 60.3% (2006-2012)³⁵⁵
Unmet need for contraception (% of married women ages 15-49) (year/%)	<ul style="list-style-type: none"> • 9.2%³⁵⁶
Prevalence of HIV, total (% of population ages 15-49)	<ul style="list-style-type: none"> • 0.1% (2013)³⁵⁷

³⁴⁴ Document: United Nations World Statistics Pocketbook 2014 edition. New York: 2014.

³⁴⁵ Document: UN Data. Country profile: Egypt [01.03.2015]. Available from: <http://data.un.org/CountryProfile.aspx?crname=Egypt>.

³⁴⁶ Document: World DataBank: Explore. Create. Share: Development Data 2015 [02.03.2015]. Available from: <http://databank.worldbank.org/data/home.aspx>.

³⁴⁷ Document: Ibid.

³⁴⁸ Document: Ibid.

³⁴⁹ Document: Ibid.

³⁵⁰ Document: Ibid.

³⁵¹ Document: Ibid.

³⁵² Document: Ibid.

³⁵³ Document: Ibid.

³⁵⁴ Document: El-Zanaty F, Way A. Egypt Demographic and Health Survey 2008. Cairo: 2009.

³⁵⁵ Document: United Nations World Statistics Pocketbook 2014 edition. New York: 2014.

³⁵⁶ Document: El-Zanaty F, Way A. Egypt Demographic and Health Survey 2008. Cairo: 2009.

³⁵⁷ Document: World Bank, World DataBank: Explore. Create. Share: Development Data 2015 [02.03.2015]. Available from: <http://databank.worldbank.org/data/home.aspx>.

Prevalence of HIV, both sexes (% ages 15-24)	<ul style="list-style-type: none"> • <0.1% (2012)³⁵⁸
Gender inequality index (GDI) and rank	<ul style="list-style-type: none"> • 0.58 – rank: 128 (2013)³⁵⁹
Gender-based-violence (% women aged 15-49)	<ul style="list-style-type: none"> • married women (72 percent) and unmarried • female youth (94 percent) report having been • verbally harassed in the streets • (25 percent) of respondent married • women reported that they had suffered • violence from their in-laws³⁶⁰
Female Genital Mutilation/Cutting (FGM/C)	<ul style="list-style-type: none"> • 97% (Age 15-49)³⁶¹ • Legal ban on FGM/C in country³⁶²
Adult literacy rate	<ul style="list-style-type: none"> • Total population: 73.9% (2008-2012)³⁶³
Individuals using the internet	<ul style="list-style-type: none"> • 44.1% (2012)³⁶⁴
Youth and Adolescents	
Population aged 10-19, Thousands 2012	<ul style="list-style-type: none"> • 15235.9³⁶⁵
Population aged 10-19, Proportion of total population (%)	<ul style="list-style-type: none"> • 18.9% (2012)³⁶⁶
Adolescent birth rate	<ul style="list-style-type: none"> • 49.5% (2006-2010)³⁶⁷
Births by age 18 (%)	<ul style="list-style-type: none"> • 6.5% (2008-2012)³⁶⁸
Adolescents currently married/ in union (%), female	<ul style="list-style-type: none"> • 13.1 % (2002-2012)³⁶⁹
Contraceptive prevalence, among girls aged 15-19 (year/%)	<ul style="list-style-type: none"> • 23.4% (2008)³⁷⁰
Unmet need for contraception	<ul style="list-style-type: none"> • Age 15-19: 7.9% • Age 20-24: 9.0%³⁷¹
Adolescent fertility rate (births per 1,000 women ages 15-19)	<ul style="list-style-type: none"> • 43 (2012)³⁷²
Teenage childbearing (15-19 years)	<ul style="list-style-type: none"> • 10%³⁷³

³⁵⁸ Document: UNICEF Statistics: Egypt 2013 [updated 24.12.201325.02.2015]. Available from: http://www.unicef.org/infobycountry/egypt_statistics.html.

³⁵⁹ Document: UNDP. Human Development Report 2014: Sustaining Human Progress: Reducing Vulnerabilities and Building Resilience - Explanatory note on the 2014 Human Development Report composite indices - Egypt. 2014.

³⁶⁰ Document: USAID, Women NCF. Egypt: Violence against Women Study: Summary of Findings. 2009.

³⁶¹ Document: El-Zanaty F, Way A. Egypt Demographic and Health Survey 2008. Cairo: 2009.

³⁶² Document: UNFPA. Egypt - Because Everyone Counts: Youth - Overview [01.03.2015]. Available from: <http://egypt.unfpa.org/english/Staticpage/5/ff960a59-e5ca-4383-ae44-65b3efc7f536/Youth.aspx>.

³⁶³ Document: UNICEF. UNICEF Statistics: Egypt 2013 [updated 24.12.201325.02.2015]. Available from: http://www.unicef.org/infobycountry/egypt_statistics.html.

³⁶⁴ Document: United Nations World Statistics Pocketbook 2014 edition. New York: 2014.

³⁶⁵ Document: UNICEF Statistics: Egypt 2013 [updated 24.12.201325.02.2015]. Available from: http://www.unicef.org/infobycountry/egypt_statistics.html.

³⁶⁶ Document: Ibid.

³⁶⁷ Document: Ibid.

³⁶⁸ Document: Ibid.

³⁶⁹ Document: Ibid.

³⁷⁰ Document: UN Data. Country profile: Egypt [01.03.2015]. Available from: <http://data.un.org/CountryProfile.aspx?crname=Egypt>.

³⁷¹ Document: El-Zanaty F, Way A. Egypt Demographic and Health Survey 2008. Cairo: 2009.

³⁷² Document: World Bank. World DataBank: Explore. Create. Share: Development Data 2015 [02.03.2015]. Available from: <http://databank.worldbank.org/data/home.aspx>.

³⁷³ Document: El-Zanaty F, Way A. Egypt Demographic and Health Survey 2008. Cairo: 2009.

Justification of wife-beating among adolescents (%), female	<ul style="list-style-type: none"> • 50.4% (2002-2012)³⁷⁴
Comprehensive knowledge of HIV among adolescents (%), male	<ul style="list-style-type: none"> • 16% (2008-2012)³⁷⁵
Comprehensive knowledge of HIV among adolescents (%), female	<ul style="list-style-type: none"> • 3.1 (2008-2012)³⁷⁶
Lower secondary school gross enrolment ratio	<ul style="list-style-type: none"> • 96.2% (2008-2012)³⁷⁷
Upper secondary school gross enrolment ratio	<ul style="list-style-type: none"> • 50.6% (2008-2012)³⁷⁸
Use of mass media among adolescents (%), female	<ul style="list-style-type: none"> • 97% (2002-2012)³⁷⁹
adolescents and youth laws and policies	
Insurance coverage (and free coverage) for sexual and reproductive health services for adolescents and youth	<ul style="list-style-type: none"> • No information available
Consent restriction for sexual and reproductive health services based on age or marital status	<ul style="list-style-type: none"> • No information available
Any restrictions on legal abortion	<p>The Egyptian Penal Code of 1937 (sections 260-264) prohibits abortion in all circumstances. Under the general principles of criminal law, however, an abortion may be performed to save the life of the pregnant woman, that is, on grounds of necessity. This condition is described in general terms in Article 61 of the Penal Code, which states that “a person who commits a crime in case of necessity to prevent a grave and imminent danger which threatens him or another person shall not be punished, on condition that he has not caused it on his own volition or prevented it by other means”. In addition, the condition of necessity is sometimes interpreted in Egypt as encompassing cases where the pregnancy may cause serious risks to the health of the pregnant woman as well as cases of foetal impairment.³⁸⁰</p> <p>Grounds on which abortion is permitted:</p> <ul style="list-style-type: none"> • To save the life of the woman Yes* • To preserve physical health No • To preserve mental health No • Rape or incest No • Foetal impairment No

³⁷⁴ Document: UNICEF Statistics: Egypt 2013 [updated 24.12.201325.02.2015]. Available from: http://www.unicef.org/infobycountry/egypt_statistics.html.

³⁷⁵ Document: Ibid.

³⁷⁶ Document: Ibid.

³⁷⁷ Document: Ibid.

³⁷⁸ Document: Ibid.

³⁷⁹ Document: Ibid.

³⁸⁰ Document: Shahawi. Egypt: Abortion Policy 2001.

	<ul style="list-style-type: none"> • Economic or social reasons No • Available on request No <p>Additional requirements:</p> <ul style="list-style-type: none"> • Three physicians must certify that an accepted indication for the performance of the abortion exists. • The husband's consent is required unless the physician believes the operation is needed.
GBV criminal code or statutory requirements (e.g. requires medical confirmation of violation)	<p>An amendment of the Penal Code was endorsed early June 2014, criminalising sexual harassment.</p> <p>The amendment defined "sexual harassment" for the first time in Egypt's history and represents a major step towards achieving safety of Egyptian women and girls in public spaces. This law is a concrete result of combined efforts by the Egyptian Government together with civil society and UN agencies.³⁸¹</p>
Marital age	<ul style="list-style-type: none"> • 18 years of age (Amendment of the Child Law)³⁸²
FGM restrictions	<ul style="list-style-type: none"> • Criminalisation of FGM/C throughout the country (Amendment of the Child Law)³⁸³
Mandatory school drop out if pregnant	<ul style="list-style-type: none"> • No information available
National law or policy covering adolescent sexual and reproductive health and youth participation in governance	<p>There are many formal regulations that organise the field of youth work in Egypt: Firstly, Law 77 issued in 1975, and modified in 1978, which regulates the formation and activities of institutions and bodies that work in the field of youth. Secondly, the presidential decrees that established the main coordinating bodies which formulate and implement the national policy and thirdly, the bills and regulations that the concerned ministry issued to deal with youth such as the bills of youth centres and student union. It is important to note that Law 77 has been the only legislation related to youth drafted by the government and adopted by the parliament. The main dilemma with this law is that it does not clearly determine the place and role of youth in society, as well as the responsibility of that society and public institutions towards them. This law regulates the work of youth bodies and actors, though it does not refer to the youth policy or the definition of youth. Furthermore, there is instability and inconsistency in institutions and bills. There is no well-defined legislation that looks at youth from a comprehensive and inclusive perspective. Some stakeholders have advocated for a law for youth similar to the Child Law, but the problem of overlap between the jurisdiction of ministries and agencies has hindered its development.³⁸⁴</p>
Health policies covering adolescent sexual and reproductive health service integration	<ul style="list-style-type: none"> • No information available
National strategy for adolescents and youth	<ul style="list-style-type: none"> • No operational National Adolescents and youth Strategy

³⁸¹ Documents: UNFPA. Sexual Harassment n.d. [cited 2015]. Available from: http://egypt.unfpa.org/english/Staticpage/3/c94040b0-542a-4a2d-a549-da8756195c6e/Sexual_Harassment.aspx, 71. Women U. UN Egypt calls for firm stand on violence against women 2014. Available from: <http://www.unwomen.org/en/news/stories/2014/6/new-anti-sexual-harassment-law-in-egypt>.

³⁸² Document: Law No. 12 of 1996 Promulgating the Child Law: Amended by Law No. 126 of 2008, (2008).

³⁸³ Document: Ibid.

³⁸⁴ Document: Tomahi Abdelhay A. EuroMed Youth III Programme: Studies on Youth Policies in the Mediterranean Partner Countries - Egypt. Marly-le-Roi: 2010.

development, health, education, etc.	
Other relevant laws, polices or regulations facilitating or restricting adolescents and youth sexual and reproductive health and participation	<ul style="list-style-type: none"> • Mandatory premarital examination (Amendment of the Child Law)³⁸⁵
Millennium Development Goals (MDGs) Progress by Goal	
1 Eradicate Extreme Poverty and Hunger	Very likely to be achieved, on track ³⁸⁶
2 Achieve Universal Primary Education	Very likely to be achieved, on track ³⁸⁷
3 Promote Gender Equality and Empower Women	Possible to achieve if some changes are made ³⁸⁸
4 Reduce Child mortality	Very likely to be achieved, on track ³⁸⁹
5 Improve Maternal Health	Very likely to be achieved, on track ³⁹⁰
6 Combat HIV/AIDS, Malaria and other Diseases	Very likely to be achieved, on track ³⁹¹
7 Ensure Environmental Sustainability	Insufficient information ³⁹²
8 Develop a Global Partnership for Development	Insufficient information ³⁹³

³⁸⁵ Document: Law No. 12 of 1996 Promulgating the Child Law: Amended by Law No. 126 of 2008, (2008).

³⁸⁶ Document: United Nations MDG Monitor: Tracking the Millenium Development Goals - Egypt 2007 [01.03.2015]. Available from: http://www.mdgmonitor.org/country_progress.cfm?c=EGY&cd=.

³⁸⁷ Document: Ibid.

³⁸⁸ Document: Ibid.

³⁸⁹ Document: Ibid.

³⁹⁰ Document: Ibid.

³⁹¹ Document: Ibid.

³⁹² Document: Ibid.

³⁹³ Document: Ibid.

Annex 2: Stakeholder Map

Stakeholder Group	Type of Organization	Main Level of Operation	Where (if regional)	Main Institutional Capacities				URL
				Technical Expert Group	Knowledge Sharing & Dissemination	Policy Analysis and Dialogue	Producing Research Evidence	
Adolescent and Health Unit (MoH)	Government	country		X	X	X	X	
Al-Azhar University	University	country		X	X		X	http://www.azhar.edu.eg/En/u.htm
Canadian International Development Agency (CIDA)	Donor	global		X	X	X	X	http://www.international.gc.ca/development-developpement/index.aspx?lang=eng
Central Agency for Public Mobilization and Statistics (CAPMAS)	Government	country		X	X	X	X	www.capmas.gov.eg/
Egyptian Center for Women's Rights (ECWR)	NGO	country		X	X	X	X	http://ecwronline.org/
Egyptian Family Health Society (EFHS)	NGO	country		X	X			
Egyptian Family Planning Association (EFPA)	NGO	country		X	X			http://efpa-eg.net/en/home.php

El-Shehab Foundation	NGO	country		X	X			http://www.shehabinstitution.org/
Swedish International Development Agency	Donor	global		X	X	X	X	http://www.sida.se/English/
Embassy of the Netherlands	Donor	global		X	X	X	X	http://egypt.nlembassy.org/
Etijah	NGO	country		X	X			http://etijah.org/
Family Health International 360 (FHI)	INGO	global		X	X		X	http://www.fhi360.org/
FGM Coalition	Network	country		X	X	X		http://www.banatkamla.net/english/the-coalition-against-fgm.html
Ford Foundation	INGO	global		X	X	X	X	http://www.fordfoundation.org/
Future Association for Development	NGO	country		X	X			
General Organizations for Teaching Hospitals & Institutes (GOTHI)	NGO	country		X	X			http://www.gothi.gov.eg/
International Federation of Medical Students' Associations (IFMSA)	Network	global		X	X			http://ifmsa.org/
Ministry of Health and Population (MoHP)	Government	country		X	X	X	X	http://www.mohp.gov.eg/default.aspx

National Population Council	Government	country		X	X	X	X	
National Youth Task Force	Network	country						
National Council for Childhood and Motherhood (NCCM; MoH)	Government	country		X	X	X	X	
One World	INGO	global		X	X			http://www.oneworld.org/
Pathfinder	INGO	global		X	X			http://www.pathfinder.org/
Population Council	INGO	global		X	X	X	X	http://www.popcouncil.org/
Step	NGO	country		X	X			
The Coptic Association of Social Services (CASS)	NGO	country		X	X			
UN Women	UN Fund/ Programme	global		X	X	X	X	http://www.unwomen.org/en
UNAIDS	UN Fund/ Programme	global		X	X	X	X	http://www.unaids.org/en/?gclid=CMeFwriviMkCFda4Gwod-uABBBQ
UNDP	UN Fund/ Programme	global		X	X	X	X	http://www.undp.org/

UNESCO	UN Fund/Programme	global		X	X	X	X	http://en.unesco.org/
UNICEF	UN Fund/Programme	global		X	X	X	X	http://www.unicef.org/
UNIFEM	UN Fund/Programme	global		X	X	X	X	http://www.unwomen.org/en
University of Cairo	University	country		X	X		X	http://cu.edu.eg/Home
USAID	Donor	global		X	X	X	X	https://www.usaid.gov/
WB	Donor	global		X	X	X	X	http://www.worldbank.org/
WHO	UN Fund/Programme	global		X	X	X	X	www.who.org
Etijah - Youth and Development Consultancy Institute	NGO	country		X	X			http://etijah.org/
Y-PEER	Network	global		X	X			http://www.ypeeregypt.com/

Annex 3: Portfolio of UNFPA adolescents and youth Interventions in Egypt (2008-2014)

The below table provides an overview of UNFPA projects/components related to adolescents and youth in Egypt between 2008 and 2014. The following information derive from the UNFPA Website (35), the UNFPA Egypt Country Programme Evaluation 2007-2011 (57) and the Annual Work Plans (2008-2014) of the respective programs ((73-88)).

Implementing Agency	Funding Source	Other Implementing Agencies/Partners	Beneficiaries	Geographical Location
EGY08P06 ADVOCACY REPRODUCTIVE RIGHTS				
Government	CO Programme Delivery	Regional Center for Training (RCT), NCHR	Clients (Men, women and youth); capacity building of health service provider	Ismaileya, Port-Said, Kalyoubia, Shouhag, Asyout, Benisuef, Fayoum, Cairo, and Mounofia
Ministry of Health and Population (MoHP)/Ministry of Health (MoH)	CO Programme Delivery			
EGY08P08 POPULATION & REPRODUCTIVE HEALTH EDUCATION FOR YOUTH				
Government 1 / National Council for Childhood and Motherhood (NCCM)	CO Programme Delivery		Adolescents in general, in/out of school youth, parents ; capacity building of trainers of NGOs & teachers providing RH information, Y-PEER, peer educators, young people, civil society	Governorates include Cairo, Giza, Fayoum, Ismailia, Kena, Sohag, Menia, Beni Suef, Sharqiya, Aswan, Assiut, North Sinai, Bahira and Marsa Matrouh
Ministry of Family & Population	CO Programme Delivery			
UNFPA	CO Programme Delivery			
	H&M (Hennes & Mauritz)			
EGY08P10 YOUTH FRIENDLY SERVICES				
Egyptian Family Planning Association (EFPA)	H&M (Hennes & Mauritz)	Y-PEER, Local focal points, UNFPA, NCCM, Cairo University, AUC, MTV	Service provider, young people, especially young girls, peer educators, students, marginalized	Governorates of Ismailia, Qaliobia, Menofia, Dakahlia, Aswan, El Menia, Red Sea and
	CO Programme Delivery			

			population (such as central security forces)	Matrooh
Family Health International (FHI)	CO Programme Delivery		Clients, HIV-seropositive patients, MARG	
UNFPA	CO Programme Delivery			
EGY8G47A CAMPAIGN AGAINST SEXUAL HARASSMENT				
Egyptian Center for Women's Rights (ECWR)	CO Programme Delivery		General population, women, communities	Egypt
EGY8P21A SURVEY OF YOUNG PEOPLE IN EGYPT (SYPE 2010; SYPE 2014)				
Population Council		Multi-donor (JP Egypt-UNDP, UNICEF, UNIFEM) Netherlands	I/NGOs, government, adolescents and youth	Egypt
UNFPA				
		SYPE 2010: Egyptian Cabinet, Information and Decision Support Center (IDSC), Egypt National Centre for Examination and Educational Evaluation, the Central Agency for Public Mobilization and Statistics (CAPMAS), Ford Foundation, the World Bank, the Canadian International Development Agency (CIDA), the Embassy of the Netherlands, the Swedish International Development Agency		
		SYPE 2014: USAID, Ford Foundation, UN Women, UNV, UNAIDS, UNESCO, WHO, Silatech, Tennessee University		

EGY8R51A CAPACITY BUILDING FOR YOUTH SEXUAL AND REPRODUCTIVE HEALTH EDUCATION AND INFORMATION (SUPPORT TO YFC BY FHI)				
Family Health International	CO Programme Delivery	EFPA, GOTHl	adolescents and youth, service provider, youth peer	
UNFPA	CO Programme Delivery			
EGY8R54A TEACHING HOSPITALS YOUTH FRIENDLY SERVICES				
General Organizations for Teaching Hospitals & Institutes (GOTHl)	CO Programme Delivery		adolescents and youth, service provider	Cairo, Behaira, Monofeya, Qalyoubeya, Sohag and Aswan
Government	CO Programme Delivery			
Government 8	CO Programme Delivery			
UNFPA	CO Programme Delivery			
EGY9U601 STRENGTHENED CAPACITY FOR COMMUNITIES				
Al-Shehab Institution for Comprehensive Development	H&M (Hennes & Mauritz)	IFMSA, Ma3looma, Y-PEER, Scouts	Women and young people	Overall Egypt; Sohag and Assiut
UNFPA	H&M (Hennes & Mauritz)			
Youth and Development Consultancy Institute – Etijah Association	CO Programme Delivery			
GRP6G42A GLOBAL AWARENESS ON GBV IMPACT				
UNFPA	JP POOL FGM/C	UNICEF		

Annex 4: List of documents consulted

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Annex 5: List of People Consulted

Definition of Categories:

UNFPA: all UNFPA staff

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

Government Partners: including local and central levels and service providers

Donors: including bilateral donors and foundations

International NGOs: including international NGOs and CSOs

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

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

UNFPA				
#	First Name	Family Name	Sex	Position Name of Organisation
1	Marta	Agosti	f	UNFPA (previously)
2	May	El Sallab	f	FGM Coordinator UNFPA
3	Gehad	Elsyed Khalil		Y-PEER Coordinator UNFPA
4	Germaine	Haddad	f	Gender Focal Point UNFPA
5	Magdy	Khaled		UNFPA Assistant Representative UNFPA
6	Ahmed	Malah	m	adolescents and youth Programme Officer UNFPA
7	Mona	Moustafa	f	Programme Specialist UNFPA
8	Jaime	Nadal		Country Director UNFPA
9	Veronica	Overlid	f	Intern FGM/C program UNFPA
UN Staff				
#	First Name	Family Name	Sex	Position Name of Organisation
10	Noha	Tarek		Programme Officer, adolescents and youth Task Force Member UNESCO
11	Salma	Wahba		UNICEF
Government Partners				
#	First Name	Family Name	Sex	Position Name of Organisation
12	Gamal	El Kashef		OIC of the General Department for School Age Children Health Ministry of Health and Population

13	Youssef Abdel Raof	El Sayed		Director Youth Friendly Clinic Menofia, Egyptian Family Planning Association (EFPA)
14	Asmaa Mohamed Safan	Galal		Program Coordinator Youth Friendly Clinic Menofia, Egyptian Family Planning Association (EFPA)
15	Sarah	Gamal El-Din El-Shafie		Adolescents and youth Officer Egyptian Family Planning Association (EFPA)
16	Mohamed	Khattab		Director Egyptian Family Planning Association (EFPA)
17	Khaled Abdel Sadeq	Mohamed		Director Youth Friendly Clinic Aswan, Egyptian Family Planning Association (EFPA)

Donors

#	First Name	Family Name	Sex	Position Name of Organisation
18	Shahira	Hussein		Senior Program Manager USAID, Office of Health & Population
19	Hala	Youssef		Ford Foundation (previously NCP)

International NGOs

#	First Name	Family Name	Sex	Position Name of Organisation
20	Mohamed	Abou Nar		Country Manager Pathfinder, LLC
21	Sherif	Elkamhawi		Senior Program Officer Family Health International 360
22	Ghadaa	Ezzeldin		Heads of service provider OneWorld UK
23	Doaa	Oraby		Population Council (previously Family Health International)
24	Rania	Roushdy,		Senior Research Manager Population Council
25	Reham	Salama		Local focal point Y-PEER, GP International Federation of Medical Students' Associations (IFMSA)
26	Karim	Sallam		Women around the Clock, GP International Federation of Medical Students' Associations (IFMSA)

National NGOs, CSOs, Academia

#	First Name	Family Name	Sex	Position Name of Organisation
27	Osama	Aba El-Yazid		Programme Officer Future Association for Development
28	Ragaa Hashem	Abd El-Galil		Clinic staff El Helal Charity Association
29	Nagwaa Wadee	Amin		The Coptic Association of Social Services (CASS), FGM Coalition;
30	Mona Refaat	Basta		The Coptic Association of Social Services (CASS), FGM Coalition;
31	Romanda Ezaak	Ebraheem		The Coptic Association of Social Services (CASS), FGM Coalition;
32	Mohamed Magdy	Elkayhat		Member FGM Coalition
33	Mohamed Magdy	Elkayhat		Member National Youth Task Force
34	Hisham	ElRouby		President & CEO PETijah
35	Hanan Kamel	Habib		The Coptic Association of Social Services (CASS), FGM Coalition;
36	Mohamed	Hussien		Member National Youth Task Force

37	Trezaa Sayed	Labe		The Coptic Association of Social Services (CASS), FGM Coalition;
38	Gehan Adel	Lamee		The Coptic Association of Social Services (CASS), FGM Coalition;
39	Talal	Maarouf		Technical Project Assistant National Youth Task Force, UNDOC Regional Office for the Middle East & North Africa
40	Sanaa Galal	Mohamed		Clinic staff El Helal Charity Association
41	Zinab	Radwan		Head Step
42	Reneh	Sayed		The Coptic Association of Social Services (CASS), FGM Coalition;
43	Mamdouh M	Wahba		President Egyptian Family Health Society

adolescents and youth Beneficiaries

#	First Name	Family Name	Sex	Position Name of Organisation
44	Mahmoud	Abd El Aziz		Volunteer Youth Friendly Clinic Egyptian Family Planning Association (EFPA)
45	Ahmed	Abd El-Hameed		Volunteer El-Karnak for Development
46	Ahmed Metwally	Abd El-Hameed		Volunteer Y-Peer
47	Israa	Abd El-Moneim		Volunteer Y-Peer
48	Khaled Elsayeed	Abd Elsabour		Volunteer Y-Peer
49	Mahmoud Shabaan	Abd El-Salam		Volunteer Roayaa for Development and Training
50	Hassan, Abdelkhalek	Abdelkhalek		Volunteer Y-Peer
51	Ahmed Shehata	Abdellatef		Volunteer Y-Peer
52	Amira Youssef	Ahmed		Volunteer Y-Peer
53	Yousra Mohamed	Ali		Volunteer Egyptian Family Planning Association (EFPA)
54	Doaa Mohamed	Amin		Volunteer Sohbat El-Kheir Association
55	Mohamed Ragab	Besheer		Volunteer Y-Peer
56	Amany	Darweesh		Volunteer Y-Peer
57	Mohamed Hossam	El-Din		Volunteer Y-Peer
58	Ruba	El-Gamal Kamal		Volunteer Y-Peer
59	Shreen Ali	Elhassan		Volunteer Y-Peer
60	Mohamed	El-Sadaany		Volunteer Y-Peer
61	Ahmed Tolba	Elsayed		Volunteer Y-Peer
62	Tayseer	Elsayed Salah		Volunteer Youth Friendly Clinic Egyptian Family Planning Association (EFPA)
63	Mona Raef	Farouk		Volunteer Y-Peer

64	Abdelrahman	Farouk	Volunteer Y-Peer
65	Basma Elsayed	Habib	Volunteer Y-Peer
66	Noha	Hany Mohamed	Volunteer Youth Friendly Clinic Egyptian Family Planning Association (EFPA)
67	Ahmed Hassan	Hassan	Volunteer Y-Peer
68	Tamer	Hassbo	Volunteer Y-Peer
69	Huda	Hussen	Volunteer Y-Peer
70	Aya Mohamed	Ihab	Volunteer Y-Peer
71	Ahmed	Khalifa	Volunteer Y-Peer
72	Mamdouh	Magdy	Volunteer Youth Friendly Clinic Egyptian Family Planning Association (EFPA)
73	Doha Mohamed	Mahmoud	Volunteer Y-Peer
74	Roquia	Mahmoud Abd El-Motelb	Volunteer Y-Peer
75	Mohamed Ibrahim	Mansour	Volunteer Y-Peer
76	Sayed Mahmoud	Mohamed	Volunteer Y-Peer
77	Adel Elsayed	Mohamed	Volunteer Y-Peer
78	Mohamed Ahmed	Negm El-Din	Volunteer Egyptian Family Planning Association (EFPA)
79	May Mohamed	Negm El-Din	Volunteer Egyptian Family Planning Association (EFPA)
80	Hend Ramdan	Omar	Volunteer Y-Peer
81	Esraa Badr Elbeet	Osmaan	Volunteer Y-Peer
82	Ahmed	Radawan Mohammed Rafin	Volunteer Youth Friendly Clinic Egyptian Family Planning Association (EFPA)
83	Mohamed	Saber El Sayed	Volunteer Youth Friendly Clinic Egyptian Family Planning Association (EFPA)
84	Dina	Shabaan	Volunteer Youth Friendly Clinic Egyptian Family Planning Association (EFPA)
85	Mohamed	Shaymaa Fouaad	Volunteer Health Enhancement Association
86	Khaled Saber	Taha	Volunteer Egyptian Family Planning Association (EFPA)
87	Ahmed Salah	Tawfeek	Volunteer Y-Peer
88	Saber	Walaa Abd El-Naser	Volunteer Social Services Association

