Final Report

Evaluation of the Safeguard Young People Programme (Phase 1) in Rwanda, Tanzania and Mozambique (2021–2023)

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List of Abbreviations and Acronyms

ABYM	Adolescent Boys and Young Men
AfriYAN	African Youth and Adolescents Network
ASRH	Adolescent Sexual and Reproductive Health
ASRH TWG	Adolescent Sexual and Reproductive Health Technical Working Group
ASRHR	Adolescent Sexual and Reproductive Health and Rights
AU	African Union
AYF	Adolescent and Youth-Friendly
AYFHS	Adolescent and Youth-Friendly Health Services
AYFHS TWG	Adolescent and Youth-Friendly Health Services Technical Working Group
AYP	Adolescents and Young People
AYSRH	Adolescent and Youth Sexual and Reproductive Health
CHW	Community Health Worker
COVID-19	Coronavirus Disease 2019
CSE	Comprehensive Sexuality Education
CSO	Civil Society Organisation
DREAMS	Determined, Resilient, Empowered, AIDS-free, Mentored and Safe
EAC	East African Community
EKN	Embassy of the Kingdom of the Netherlands
ESA	Eastern and Southern Africa
ESARO	East and Southern Africa Regional Offices
FGD	Focus Group Discussion
FGM	Female Genital Mutilation
GBV	Gender-Based Violence
GBV/VAC	Gender-Based Violence and Violence Against Children
GReAT	Global Report on Assistive Technology
HCFs	Healthcare Facilities
HCW	Healthcare Worker
HIV	Human Immunodeficiency Virus
HQ	Headquarters
IPs	Implementing Partners
KOICA	Korea International Cooperation Agency
M&E	Monitoring & Evaluation
MEL	Monitoring, Evaluating & Learning
MHM	Menstrual Health Management

MIET AFRIKA	Media in Education Trust
MOH	Ministry of Health
PEPFAR	U.S. President's Emergency Plan for AIDS Relief
PMO-LYED	Prime Minister's Office – Labour, Youth, Employment and Persons with Disability
REPSSI	Regional Psychosocial Support Initiative
RMNCAH	Reproductive, Maternal, Newborn, Child and Adolescent Health
SADC	Southern African Development Community
SADC PF	Southern African Development Community Parliamentary Forum
SBCC	Social and Behaviour Change Communication
SDC	Swiss Agency for Development and Cooperation
SGBV	Sexual and Gender-Based Violence
SH	Southern Hemisphere
SRH	Sexual and Reproductive Health
SRHR	Sexual and Reproductive Health and Rights
SSI	Semi-structured interview
STIs	Sexually Transmitted Infections
Swiss TPH	Swiss Tropical and Public Health Institute
SYP	Safeguard Young People
ToC	Theory of Change
TOP	Termination of Pregnancy
TP	Teenage Pregnancy
TWG	Technical Working Group
UHC	Universal Healthcare
UN	United Nations
UN Women	United Nations Entity for Gender Equality and the Empowerment of Women
UNAIDS	Joint United Nations Programme on HIV/AIDS
UNDP	United Nations Development Programme
UNESCO	United Nations Educational, Scientific and Cultural Organisation
UNFPA	United Nations Population Fund
UNFPA ESARO	UNFPA East and Southern Africa Regional Offices
UNICEF	United Nations Children's Fund
USAID	United States Agency for International Development
WHO	World Health Organisation

Executive Summary

Background

Adolescents and young people (AYP) in Africa are vulnerable, in the context of poverty and low socio-economic status, to STIs, new HIV infections, unintended pregnancies, child marriages and gender-based violence. To be able to be healthy, productive and happy and to achieve their potential, AYP need to understand, value and safeguard their sexual and reproductive health and rights (SRHR).

The Safeguard Young People (SYP) Programme was initiated in November 2013. The intentions of the programme are to influence the policy and legal environment, strengthen the demand for services through empowering adolescents and young people, and strengthen delivery of SRHR, GBV and HIV services for AYP individuals (aged 10-24 years) in the East and Southern Africa (ESA) region.

The SYP programme is led by the regional offices of the United Nations Population Fund (UNFPA) and funded by the Swiss Agency for Development and Cooperation (SDC) and other funders. The UNFPA partners with Government and CSOs for implementation. In 2021 the SYP programme expanded to Rwanda, Tanzania and Mozambique. These countries are the focus of this evaluation.

Evaluation objectives and methodology

The purpose of the evaluation was to assess the progress achieved by the SYP Programme in the first phase of implementation (2021–2023) across the three countries. The objective of the evaluation was to assess the programme's relevance, coherence, effectiveness, efficiency and sustainability in relation to the three outcomes outlines above. The evaluation focused on the outputs and outcomes observed at the level of programme implementers (or implementing organisations) as it was premature to assess outcomes/impact at beneficiary level.

The evaluation used a mixed-methods design in which primary qualitative data was collected from a selection of 18 sites (including health care facilities, schools and out of school CSE programmes) across the three countries. Semi-structured interviews and focus group discussions were conducted with UNFPA at regional and country level, SDC representatives at headquarters and country level, Regional Economic Communities, key line ministries (at national and district levels), and organisations delivering services to young people (CSOs, health care facilities, schools, out of school programmes, youth representative organisations). In total 12 key informant interviews, 58 semi-structured interviews and 27 focus group discussions were conducted. Secondary data included programme documents and monitoring data. The evaluation was limited by a small sample size per country, the time available for data collection and, most significantly, the exclusion of young people under 18 years.

Findings

Contextual factors impacting programme effectiveness

The general view of respondents is that patriarchal social norms based on cultural and religious beliefs influence perceptions and practices around child marriage, young people's sexuality, pre-marital sex (particularly for women), same-sex relationships and gender identity in all three countries. From the perspective of policies and legislation, a comparison of the countries shows relative agreement between the norms of Mozambique and Rwanda with Tanzania taking a recent turn towards more conservative attitudes and a more restrictive approach to key issues such as abortion, LGBTQIA+ rights and access to SRHR services and CSE education. Accessing vulnerable youth, particularly LGBTQIA+ individuals, is even more challenging, due to the disabling policy environment and hostility within their societies.

Poverty not only drives harmful decisions by young people that encourage child marriage and risky sexual behaviour (the consequences of which include teenage pregnancy, HIV, other STIs and GBV) but underpins the health and education system challenges evident in the three countries. Government ministries' limited budgets, lack of commitment to prioritising ASRHR and GBV and lack of coordination hinder the supply of quality, integrated and youth-friendly SRHR services.

Design and relevance

The SYP planning process involved key stakeholders at regional level, government ministries, youth organisations, and CSOs. While the long inception and planning process at the national level caused particular delays in implementation in Tanzania and Mozambique (started in 2022), the SYP Programme is perceived as highly relevant by governments, CSOs, youth network representatives, and other partners across all three countries, primarily because of its holistic approach, use of youth implementers and content and interventions that are tailored for the local context. While the programme does not yet sufficiently reach young people in their diversity, positive strides were made to include diverse young people, including internally displaced people, young people with disabilities and boys and men.

Coherence

Steering committees and working groups at regional and national levels have worked well as mechanisms to support planning, coordination, progress reporting and learning. UNFPA has good working relationships with relevant government departments at national and subnational levels. UNFPA and its CSO IPs work together effectively. Communication and co-ordination at a district level, particularly with government ministries, need to be strengthened. On the other hand, the programme's coherence was negatively impacted by a poor shared understanding between SDC and UNPFA (particularly at country level) about their roles, expectations, accountability and the regional nature of the programme. This led to a breakdown in communication, mistrust and challenges with the implementation of the SYP Programme in all three countries, particularly in Rwanda, where a decision was taken not to fund Phase 2 of the SYP Programme.

Efficiency

The SYP Programme in the three countries had significant implementation delays due to navigating the challenges of setting up multi-stakeholder relationships and coordination mechanisms and management challenges between SDC and UNFPA. Country offices and IPs reported insufficient funding, especially in relation to the demand for ASRHR services and funding delays generally challenged programme implementation. In two of the countries, a mismatch in funding cycles between the governments and the SYP Programme impacted planning and reporting on the activities achieved. Budgets were cut for the Rwanda SYP Programme following underspending in the first two years of the programme. A strength was that the CSO partners were sufficiently skilled in ASRHR and that UNFPA was valued for its expertise in advocacy, convening, coordination and SRHR.

Outcome 1: strengthening an enabling environment

The SYP Programme contributed to achieving an enabling environment in Mozambique, Rwanda and Tanzania where the regional legal and policy framework is being used to improve the ASRHR legal and policy environment, building on the gains of the work at regional level. Mainstreaming of MHM into adolescent and youth SRHR policies was achieved in all three countries. The SYP Programme made a significant contribution to establishing regional and national accountability frameworks to protect ASRHR and participation in the programme has strengthened the capacity of regional and national institutions. This includes the empowerment of AYP-serving institutions and youth-led networks at the regional and national levels. While the programme has supported the enabling environment through coordination, partnerships, knowledge management, information sharing and M&E systems, more work is needed across these areas in Phase 2.

Outcome 2: strengthening demand through empowerment

The SYP Programme generally met its Outcome 2, Output 4 and Output 5 targets, but has no data for reporting against two indicators. Progress was made with the provision of in-service teacher training and the formulation and distribution of CSE guidelines and manuals, the recruitment and training of community-based facilitators/

mentors/ activists, and the strengthening of referral mechanisms between schools, health facilities and community outreach stakeholders. However, limited post-training support, monitoring and quality assurance present challenges to CSE fidelity and implementation, in and out of school. Training has also not yet targeted school leadership, which may affect the institutionalisation and sustainability of in-school CSE initiatives.

Community and parent/ guardian engagement on key ASRHR issues need to be strengthened as prevailing gender norms, and religious and cultural beliefs, continue to act as barriers to access to - and uptake of - SRH services for AYP.

Outcome 3: strengthening delivery

The SYP Programme generally met its Outcome 3 targets but struggled with data availability for two indicators. Output 6 targets were mostly met, but did not meet the overall target on health service delivery points offering a standard package of AYF services. The programme exceeded its 2023 targets in growing a wide range of trained health providers for AYF services covering various SRHR and GBV-related topics. However, there are ongoing challenges in terms of follow-up training, mentoring and coaching in ensuring both the accuracy of information shared with AYP and the need for enhanced quality control by UNFPA. There was some progress in expanding AYF services in targeted districts and AYF 'safe spaces' in HCFs. CHWs also expanded outreach services beyond the HCF premises which increased demand for SRH services among AYP, leading to enhanced referral systems and service integration. The number of AYP accessing SRH services in targeted districts has increased but challenges remain, such as gaps in mental health services for AYP, and reaching diverse youth populations, including those with disabilities and LGBTQIA+ individuals.

Sustainability

Along with the positive indicators referred to above, the prospects for the sustainability of the programme are strong, given the level of buy-in from governments across the three countries regarding the relevance of the SYP Programme and their cooperation in implementation, as well as achievements in multi-sectoral coordination, strengthening CSO and youth structures, and the focus on policy and systems. There is a commitment to maintain the good practices taught through the programme at schools, healthcare facilities and communities despite some prevailing social norms. That being said, the governments' dependence on donor funding and their already serious restraints on infrastructure, staffing and provisioning, is a threat to sustainability.

Conclusion

Overall, the programme overcame most barriers and challenges to implementation and achieved most of its expected outcomes and outputs for Phase 1, despite issues related to coordination and challenging country contexts. It remains highly relevant at regional and country levels, across stakeholder groups.

Lessons Learnt and recommendations

Numerous lessons were learnt during Phase 1 (encapsulated in the main report) in relation to coordination; building key relationships; empowering youth organisations; the impact of poverty and the need for economic empowerment; the importance of post-training support; and the need to address socio-cultural norms across all levels of society. The priority recommendations stemming from these lessons (some of which are already partially implemented) are:

- The UNFPA country offices should focus its efforts on developing and nurturing multi-stakeholder partnerships and coordination structures, ensuring alignment of interests, buy-in and support for the SYP Programme.
- The SYP Programme should remain focused on its role to support policy improvement, develop the capacity of government, institutions, CSO partners and youth structures, and demonstrate models of service delivery for young people. This role should be clearly communicated to stakeholders. This will improve the relevance of UNFPAs efforts as it builds on existing strengths of the UNFPA. This will furthermore strengthen the government capacity to sustain SRHR services and support for young people. (UNFPA ESARO; high priority)
- To improve the sustainability, the UNFPA ESARO should provide more support for governments and youth structures to mobilise resources locally and internationally (through donor funding). (UNFPA ESARO; high priority)

- There needs to be more formalised and sustainable mechanisms for engaging in partnerships with youth structures effectively, including financial elements. The SYP Programme needs an evidence-based framework for youth engagement to guide the meaningful engagement of young people in policy-making, and the design and implementation of programmes. This is particularly important given that the programme is about safeguarding young people. The UNFPA Guidance on enhancing youth participation in East and Southern Africa can be used as foundation for this framework. (UNFPA ESARO; high priority)
- The SYP Programme needs to continue strengthening youth-led organisations that can serve as advocates for ASRHR at local, national and regional levels. This should include both organisational and advocacy capacity building as this will improve their effectiveness in policy influence and service delivery. (UNFPA ESARO and Country Offices; high priority)
- A strategy for showcasing evidence of the regional benefits of the SYP Programme for SDC and UNFPA (particularly for country offices) is needed. The nature of the regional programme and expected engagements (e.g. between SYP countries, between SYP countries and RECs, between SYP countries and UNFPA ESARO) and in regional policy processes should be clearly defined, operationalised and monitored. This will improve the effectiveness and efficiency of the programme. (UNFPA ESARO and SDC HQ; high priority).
- The roles, expectations and communication and accountability mechanisms between UNFPA regional and country offices and SDC HQ and country offices needs to be collectively (across different levels) reviewed, unpacked, agreed, documented, and monitored in the next phase. A neutral facilitator should be brought on board to facilitate this conversation (UNFPA ESARO and SDC HQ; high priority).
- Structured and intentional community engagements/ dialogues must be implemented alongside in- and out-of-school CSE for AYP to ensure that parents/ guardians and religious and community leaders support shifts in demand for SRH services. (high priority)
- The SYP Programme should address systems of power and gender inequality through CSE programmes and policy dialogues. This should include strengthening the inclusion of men and boys in the SYP Programme and also addressing cultural norms, gender equality and the importance of ASRHR through engagements at a community level. (high priority)
- Importantly the SYP programme should focus on systematically integrating gender-transformative approaches to enhance the normative work around advancing gender equality at all levels e.g., legal/policy environment, organizational and community level interventions for changing discriminatory gender and social norms, drawing on the UNFPA Gender transformative approaches to achieve gender equality and SRHR Technical Note (2023) as a start. (high priority)
- UNFPA needs to strengthen the role it plays in terms of consistent quality control of training for teachers, community-based CSE facilitators, health workers and CHWs being rolled out by IPs and should draw on the regional guidance for this. (UNFPA ESARO and country offices; high priority)
- Post-training mentoring and monitoring support needs to be provided to trained implementers (e.g. educators, health care workers) including the provision of quality materials for reference and distribution to AYP. This support can be facilitated through using a training of trainers approach, similar to the Master Trainers initiative in Rwanda. (UNFPA country offices; Implementing partners; Sub-national government ministries; high priority)
- Although school health programmes provide entry points for the distribution of SRH supplies to AYP (e.g. condoms) this does not work in all policy and cultural contexts, thus necessitating strong linkages between school CSE programmes and HCFs to improve its **effectiveness**. This strategy should be strengthened in the next phase and the use of Mozambique's referral guide for teachers is a good tool to reference. (UNFPA and implementing partners; sub-national; high priority).
- Developing and implementing operational guidelines for the implementation and maintenance of youth-friendly spaces (e.g. youth corners in HCFs) including solutions for staffing and oversight of spaces (e.g. quality assessment scorecards used in Rwanda) will improve the **effectiveness and sustainability** of the programme. This should be done in partnership with relevant government ministries to strengthen their buy-in from the outset. (UNFPA ESARO, country offices; National government ministries; high priority).

1 Background

The Safeguard Young People (SYP) Programme was initiated in November 2013. The programme is co-financed by the Swiss Agency for Development and Cooperation (SDC), the Embassy of the Kingdom of the Netherlands[1] (EKN), the United Nations Population Fund (UNFPA) and other resources. The goal is that "the health and wellbeing of adolescents and young people (AYP) aged 10–24 is improved and maximised with a focus on their sexual reproductive health and rights (SRHR), including the reduction of HIV new infections in the SADC region", specifically in target countries. Figure 1 depicts the key outcomes[2]. The ToC is depicted in **Annexure A**.

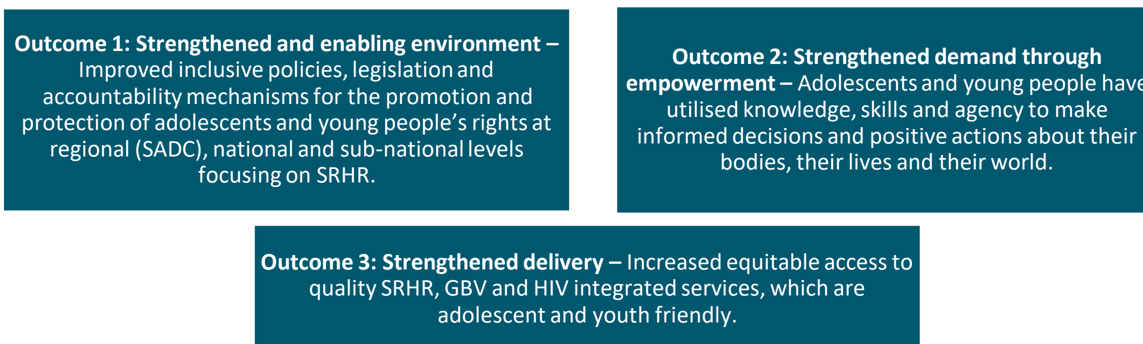

Figure 1: Theory of Change (ToC) outcomes.

The SYP Programme is a regional initiative spearheaded by the UNFPA East and Southern Africa Regional Offices (UNFPA ESARO). It was originally implemented in eight Southern African countries[3], and was expanded another four countries in 2021 (Rwanda, Tanzania, Mozambique and Angola). A final evaluation was conducted of the SYP programme in the original eight countries. The focus of this evaluation is on the first phase of implementation (2021–2023) in **Tanzania, Rwanda and Mozambique**, as well as progress made in regional economic communities – the East African Community (EAC) and the Southern African Development Community (SADC).

2 Evaluation Objectives and Methodology

Evaluation Purpose: The evaluation assesses the progress, results and experiences of the SYP Programme; demonstrates (to key stakeholders) accountability for performance in achieving development results and for invested resources; and extracts key lessons, good practices and recommendations to inform improvements in the formulation of the second phase of the programme. The **objective** of the evaluation was to assess the programme's relevance, coherence, effectiveness, efficiency and sustainability.

This evaluation focused on the results across the three countries rather than separately for each country. Since this was the first phase of the SYP Programme in the three countries, the **evaluation focused on outputs and outcomes at the level of programme implementers** (or implementing organisations). The outcomes and impacts for beneficiaries (e.g. young people) were not explored.

The evaluation utilised a **participatory approach** through periodic consultations with an evaluation reference group and obtained ethics approval as required in Tanzania. Data was collected from all three countries. Six sites were selected for fieldwork in each country; thus a total of 18 sites were sampled. Primary qualitative data was collected virtually and in person. Secondary data included programme documents and monitoring data.

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[1] EKN funds SYP in Mozambique.

[2] Annual report SYP Programme Results Framework 2021 - 2023.

[3] Botswana, Eswatini, Lesotho, Malawi, Namibia, South Africa, Zambia and Zimbabwe.

The evaluation had methodological **limitations**, such as the limited sample size per country, limited time and availability for fieldwork, and the exclusion of young people under 18 years. These are fully explained in Annexure B.

3 Findings: Contextual factors hindering or enabling programme effectiveness

Foregrounding the evaluation findings in the contextual factors that enabled or hindered achievement across all outcome areas provides the context for interpreting the performance of the SYP Programme.

Interviewees consistently reported that **patriarchal social norms** (based on cultural and religious beliefs) influenced perceptions and practices around child marriage, young people's sexuality and pre-marital sex (particularly for women), same-sex relationships and gender identity. These were evident from community to policy-making levels and hindered the quality of youth-friendly services, the uptake of services and the progress made on SRHR policies, particularly in East African countries.

"Generally speaking, the East African countries are a lot more conservative. You have neighbouring countries, like Uganda, who are big in the news in terms of anti-homosexuality movements and legal frameworks and then you have Kenya and Tanzania following suit. The is also the Muslim influence…so yes, EAC countries…require a lot more buy-in to the process." (UNFPA ESARO)

"Parents are sceptical about the CSE given to their children. They think this encourages them to have sex…" (Tanzania, Kakonko District, FGD Implementing Partner)

The table below compares the three countries' policies on aspects of the age of consent, Comprehensive Sexuality Education (CSE) in school, homosexuality and termination of pregnancy (TOP). These policies/ laws affect the provision of CSE in school, SRHR services in schools, young mothers returning to school, and access to SRHR services (particularly the age of consent).

Table 1: Comparison of CSE age of consent, homosexuality, and TOP policies across countries

Policy context	Rwanda	Tanzania	Mozambique
Age of consent for accessing SRHR services	18 years	The age of consent for voluntary HIV testing reduced from 18 to 15 years. The age of consent for SRHR services can differ based on the type of service.	The age of consent is 18 years.
CSE in schools	CSE is integrated into the national school curriculum.	Efforts were made to introduce CSE in schools but the implementation and provision of CSE faced challenges.	Policies and guidelines are in place for CSE in schools.
Same-sex relationships	Homosexuality is criminalised.	Same-sex sexual activity is criminalised.	Same-sex relationships are not criminalised.
Termination of pregnancy (TOP)	TOP is legal under certain circumstances: rape, incest, forced marriage, or when the pregnancy poses a risk to the woman's physical or mental health.	TOP is legal under certain circumstances: when the pregnancy is a risk to the woman's life.	TOP is legal under certain circumstances: rape, incest, forced marriage, or when the pregnancy poses a risk to the woman's physical or mental health.

Recently, a backlash has been evident across Africa (especially Tanzania), on progressive SRHR policies and services, including safe abortions and CSE and LGBTQIA+ rights. Existing policies are often misinterpreted or misunderstood at a local level.

"…we have a lot of laws and policies…but you may find that some districts are not implementing according to policy…in some districts they told us that they are not giving oral pills in schools as ministry did not allow this…then in another district you may find they are doing this and they will say the ministry said that if it's a mobile brigade then you can provide contractive pills and condoms." (Mozambique, KII, UNFPA)

Policy making in the three countries, and Africa more broadly, is time-consuming and gaining momentum on advocacy outcomes is challenged by changing governments and staff.

Health and education system challenges are evident in the three countries, underpinned by governments' limited budgets and limited prioritising of Adolescent Sexual and Reproductive Health and Rights (ASRHR) and Gender-Based Violence (GBV). Interviewees complained about stock outs, limited staff to deliver services, the turnover of trained staff and transport challenges that hinder the supply of quality, youth-friendly SRHR services. The integration of services is hindered by government ministries not effectively coordinating with one another.

Poverty drives harmful decisions by young people that encourage child marriage and risky sexual behaviour (like transactional sex and intergenerational sex), resulting in teenage pregnancy, HIV and other Sexually Transmitted Infections (STIs) and GBV.

"Economic hardship in life, which also make them expose themselves to risky behaviour, or forces their parents to marry them off when they are young." (Tanzania,SSI, Kakonko Rural[4] Educator, Kasanda Secondary)

Working with **young people** is challenging as they move around, and are difficult to provide services to over time. Accessing vulnerable youth is even more challenging, particularly due to the disabling policy environment and discrimination that they face within the community and from service providers (for example, with LGBTQIA+ groups). Young people's ability to advocate for their rights, contribute to policy conversations and run organisations is questioned and challenges their participation in decision-making.

The SYP Programme operates in challenging contexts where AYSRHR is generally impacted by poverty, harmful social norms, a disabling policy environment and limited health and education systems that respond inadequately to the demand. These factors should be considered when assessing the progress made by the SYP Programme, as reported below.

4 Findings: Design and relevance of the programme

Key evaluation question: To what extent are the objectives of SYP consistent with the evolving needs and priorities of adolescents and young people, country needs, implementation partners, global priorities and key stakeholders, including funding partners within the three countries?

This section provides an overview of the design process and the perceived relevance of the SYP Programme design in relation to the needs of stakeholders at different levels.

4.1 The design and inception of the SYP Programme in the three countries

The SYP Programme was initiated in the three countries in 2021. The planning process started at the UNFPA regional level, with country UNFPA and SDC offices providing input on proposals based on the local contexts.

The SYP programme was designed in consultation with Regional Economic Communities. Government Ministries and young people were involved to varying degrees in the design of the programme across the three countries, participating mainly through country structures (e.g. National Coordination Team) and regional structures (such as the Regional Coordination Team and Steering Committee). The most extensive engagement across stakeholders in planning the SYP programme is evident in Tanzania. These are further highlighted in Annexure C.

[4] Semi-structured interview.

Despite the varied involvement of the government, CSOs and young people across countries, stakeholders generally reported having positive relationships with the UNFPA.

The following challenges were reported in the planning process:

- Planning was conducted during **COVID-19** and so consultations were limited by challenges related to online engagement and stakeholders dealing with the pandemic crisis.
- The **time and effort required to build relationships** in new SYP countries were underestimated, and the targets set for the first year of implementation were unrealistic. Introducing, onboarding, getting buy-in from key stakeholders (e.g. Ministries and new implementing parntners (IPs)) and aligning the SYP Programme to government priorities, particularly given the multi-sectoral nature of the SYP Programme, took time. Ministries and youth structures were duplicated in Mainland Tanzania and Zanzibar, expanding the number of stakeholders to engage.
- Challenges between SDC and UNFPA in the **management of the programme** contributed to delays in the initiation and implementation of the programme.
- While young people were included in the planning, representation of young people in their diversity was insufficient.

The challenges in the planning and inception process caused delays in the implementation of programme activities at the country level. Rwanda started implementing in 2021, while Tanzania and Mozambique only began implementing in 2022.

4.2 Relevance of the SYP Programme for key stakeholders

The SYP Programme is consistently perceived by government, CSOs, youth network representatives, IPs and other global/regional/national partners across all three countries as being highly relevant as it addresses concerns about ASRHR, HIV, teenage pregnancy, school dropout, GBV, child marriage and the socio-economic status of young people. It is aligned to global and regional frameworks, complements the work of other funders and partners, and expands the existing work of CSOs. Annexure C provides details of the SYP programme's relevance at these various levels, while in this section we focus on its relevance for government and young people.

The programme is aligned with the three countries' **government** priorities and strategies and is perceived to strengthen and complement the implementation of existing policies and programmes[5].

"Yes, the programme seamlessly aligns with government priorities fostering effective collaboration with governmental bodies and other partners." (Rwanda, SSI, District Ministry of Health)

"The programme did not introduce new things, but are working towards what we as the ministry want to achieve, following the policy and guidelines that we have." (Zanzibar, Unguja District, SSI, Ministry of Health)

The SYP Programme has improved access to support and services for **young people** where there is a dire need. Efforts have been made across all countries to work with teenage/ young mothers, and men and boys (through, for example, a mentoring programme in Mozambique and motor bikers and street hawkers in Tanzania). Rwanda, in particular, has started working with young persons with disabilities, and Mozambique has targeted young people in conflict areas and internally displaced young people and has shown innovation in adapting the programme to suit a humanitarian context. Building the organisational capacity of young people's organisations/ networks has also been mentioned as being highly relevant.

The following **good practices and strategies (**further detailed in Annexure C) enabled the relevance of the programme amongst stakeholders:

[5] The National Strategy for Adolescent Health and School Health and Plano Quinquenal do Governo - Government Five-year Plan (Mozambique); National Youth Policy (2015) and National School Health Policy (2014) of Rwanda; National Five-year Development Plan, Education and Health Sector Plans, National Accelerated Action and Investment Agenda for Adolescent Health and Wellbeing (Tanzania).

- The regional programme **logframe, lessons learnt** from previous programmes, the **positive reputation** of the SYP Programme and flexible design enabled relevance at a country level.
- Having **key line ministries and young people involved** in planning processes and governance structures and conducting regular meetings at the district level developed trusting partnerships and opened lines of communication.
- Working across sectors and bringing **multiple partners and ministries** together to address ASRHR.
- **The SYP Programme was adapted to align to the local context** through, for example conducting needs assessments, adjusting the design of the programme and translating the content into local languages.
- The SYP Programme **built on previous programmes**, especially in Mozambique, which allowed them to build on existing partnerships and institutional knowledge.
- The **multipronged interventions of** the SYP Programme improve its relevance and effectiveness: creating demand through educating young people in and out of formal institutions; developing the capacity of service providers to address the demand for youth-friendly, integrated SHRH and other services; providing economic empowerment opportunities addressing drivers of GBV, child marriage and teenage pregnancy and risky behaviour; addressing the policy context and systemic barriers to improve ASRHR; and challenging attitudes, values and social/ cultural norms at the community level.
- In terms of **methodologies used**, having youth implement demand creation and outreach services has been deemed a relevant and effective strategy to access young people. Topics and methodologies were reported to be **age-appropriate** by stakeholders interviewed in Mozambique and Rwanda.

"The SYP strategy…involves young people themselves in implementation…Peer educations are from those sectors, communities…those peer educators understand the context of their communities…and are friends to the young people who are beneficiaries." (Rwanda, District Ministry of Youth)

- The programme has done well to reach young people through **multiple access points** including youth in high-risk conflict areas (e.g. Nampula), schools, higher learning institutions, out-of-school, religious and other community leaders, social media and youth district officers.

Two key challenges limited the relevance of the SYP programme. These are summarised here and expanded in Annexure C. The SYP programme is catalytic and leverages the support of other programmes to expand SRHR services. However, it is still insufficient to meet the demand for SRHR services. This is due a larger challenge of the healthcare system, rather than a limitation of the SYP Programme strategy. Secondly, the programme has not sufficiently reached diverse young people. The backlash against LGBTQIA+ groups, as well as the costs of tailored interventions for hard to reach young people, makes it challenging reach these groups in a sustainable way. As the SYP Programme is in its infancy in the three countries, it is reasonable to expect that the programme has not fully reached youth in their diversity. The SYP programme continues to focus its regional advocacy activities on including hard to reach youth.

Key point summary: Design and Relevance

- Key stakeholders at regional (AU and EAC), government ministries and young people were reportedly involved in the SYP planning process.
- The inception and planning process at the national level took longer than expected. This caused delays in implementation which only started in 2022 in two (Tanzania and Mozambique) of the three countries.
- The SYP Programme is perceived as highly relevant by governments, CSOs, youth network representatives, IPs and other partners across all three countries. The following have been key enablers for relevance: the holistic approach used (i.e. its multipronged interventions, working with multiple stakeholders); having youth implementers; and tailoring the content and interventions for the local context.
- Positive strides have been made to include diverse young people, including internally displaced people, rural and urban youth, young people out of school, young people with disabilities and boys and men. The SYP programme does not sufficiently reach young people in their diversity. This needs to be strengthened in the next phase.

5 Findings: Coherence of the SYP Programme

Key evaluation question: Is the programme working coherently internally (given the governance and management arrangement) and externally (with partners)?

This section explores the internal coherence (relationship between SDC, UNFPA and their IPs) and external coherence (relationship between UNFPA and other organisations working in the AYSRHR sector) of the SYP Programme. The findings in this section are aligned with Output 3 in the results framework. However, they are reported here as it is important to understand the factors related to coherence and how this influenced the overall implementation of the SYP Programme.

5.1 Internal coherence

In this section we explore the governance, management and coordination of the SYP with its internal partners: UNFPA, SDC, government ministries and CSOs, including youth structures.

5.1.1 Governance

Annexure D provides an overview of the regional governance structures, i.e. the steering committee and technical co-ordination team. It further provides more details on the challenges experience with country level governance structures. These are summarised in this section.

Mozambique has a National Steering Committee, and each country has a National Coordination Team. The steering committee generally comprises senior officials from key line ministries, CSO IPs and youth structures, who have decision-making authority and are responsible for political decision-making. National Coordination Teams are made up of technical staff within the same organisations who meet quarterly to discuss coordination, progress and challenges. Generally, structures are co-chaired by a key line Ministry.

The SYP programme in Rwanda was criticised for not having a National Steering Committee as this was envisaged by the SDC to be critical to enable policy discussions, bring together key decision-makers and enhance sustainability. Setting this up this Steering Committee in Rwanda was not possible as the government was reluctant, and this would have taken time. The absence of the steering committee did not affect government stakeholders' involvement in planning the SYP programme, the perceived relevance of the SYP Programme (discussed in Section 4.2), and satisfaction with the coordination and communication (discussed in Section 5.1.3). There is political support for the programme, evidenced by the programme being launched by the Minister of Youth.

Given the multi-sectoral nature of the programme, the conservative social norms around AYSRHR and the political context which varies from country to country, the challenges around establishing a functional steering committee and the pushback against CSE (discussed under Outcome 2), are not unique to Rwanda. These challenges have also been pointed out in Tanzania and East Africa more broadly (highlighted in Section 4). There are still valid arguments for having a National Steering Committee. The approach taken by UNFPA Rwanda seems to have been pragmatic and more focused on downstream coordination in the first phase and should now be strengthened moving upstream.

In Tanzania, CSOs reported not being sufficiently involved in national structures, and district-level officials in Tanzania and Mozambique reported feeling left out of coordination structures. This hinders proper communication, coordination and representation of different perspectives in decision-making.

5.1.2 Management of the programme between SDC and UNFPA

UNFPA country offices have the responsibility of overseeing the implementation of the SYP Programme in-country, ensuring its contextual relevance, developing partnerships and coordinating with the government and CSOs, advocacy, providing technical and financial support to IPs, and monitoring & evaluation (M&E). UNFPA

ESARO has similar responsibilities located at the regional level, oversees the SYP Programme across countries and coordination and accountability to SDC.

UNFPA is valued by SDC in two of the three countries for its expertise and experience in youth SRHR[6], national and provincial presence, relationship with duty-bearers (at local, national level and regional levels), increased reach due to relationships with CSOs and advocacy capacity. In two of the three countries, the advocacy role of UNFPA was emphasized, with participants highlighting that UNFPA needs to continue and intensify its focus on advocacy and capacity strengthening of the healthcare and education system to respond to AYSRHR issues.

The SYP is a regional programme and so, historically, UNFPA ESARO and the SDC Southern Africa Regional office lead the overall management of the programme. A strategic decision was, however, taken by the SDC to phase out regional programmes[7]. This meant that UNFPA ESARO would engage directly with SDC HQ, and SDC country offices within the three additional SYP countries would play a role in management and decision-making. This changed the management dynamics of the SYP Programme (compared to previous iterations of the programme) between SDC and UNFPA country offices. Annexure D highlights that there was a breakdown in communication, confusion about roles and mistrust between SDC and UNPFA country offices, which added another layer of complexity that hindered the implementation of the programme across the three countries. It was evident that there were misaligned expectations and insufficient time and effort invested to establish clear roles, accountability and trust between SDC and UNFPA country offices. This was critical as the programme had entered its first phase in the three countries under a different management arrangement.

All the country offices experienced these challenges to some degree, but Tanzania and Mozambique managed to remedy the challenges over time. Tanzania seemed to be more intentional about how to navigate these dynamics, which resulted in a more satisfactory engagement at the country level. Rwanda was the most challenged by these dynamics and as a result, SDC Rwanda decided to not fund the second phase of the SYP Programme, despite the government and partners acknowledging its relevance. Given the complexities described, the evaluators perceive this decision to have been premature.

5.1.3 Partnerships and coordination for implementing the SYP Programme

UNFPA partners with government ministries, CSOs and youth networks/ structures to implement the SYP Programme, which built on previous programmes such as the My Choice and BIZ Generation Programmes in Mozambique and a Korean-funded youth programme in Rwanda. Mechanisms such as technical working groups (TWGs) provided good platforms for bringing partners together to coordinate their work.

Nurturing partnerships through coordination is generally challenged as this takes much time and effort, particularly given the multi-stakeholder nature of the programme, turnover of staff in IPs and the government's slow, bureaucratic processes. UNFPA's coordination role for SYP should not be underestimated and should be afforded sufficient time and resources, balanced against the need to deliver the first phase of implementation.

Regional Economic Communities

The EAC interviewee reflected positively on the complementary role that UNFPA plays in the region, highlighting the value added in policy inputs, their national presence and potential to oversee implementation at the country level and neutrality in relation to the politics within governments:

"The comparative advantage of EAC is that we have mandate to convene all the member states and share any policy proposal that we have, which I think the UNFPA has leveraged well…The fact that UNFPA has country office…when it comes to actual implementation and advocating at the national level, we take advantage of this structure which is good for us…When people hear that things are coming from the UN…(they are) always willing to listen…The UNFPA can say things that we can't say..." (SSI, EAC)

Government implementing partners

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[6] Particularly in Mozambique where this was entirely new for SDC.

[7] Except the SYP programme in Southern Africa, as it is in its last phase of implementation.

UNFPA works with relevant government departments focusing on health, youth, education and gender at national and subnational levels. There is not yet a formal collaborative relationship with the Ministry of Higher Education in Tanzania and the Ministry of Education in Zanzibar and Mozambique.

Most government representatives interviewed indicated a positive collaborative relationship between different levels of government and UNFPA and its CSO IPs. This is underpinned by regular communication (often in technical committee meetings), jointly identifying needs/ priorities, working within the guidelines and structures of the government, and having an open collaborative approach that allows the government to shape the SYP Programme.

"There were no challenges. The collaboration with the local government has been good…SYP works in line with government priorities…Whenever we need them, they are available. Communication is good…The structures are well built on existed structures and government initiatives. The synergy is clear, the partnership is guided and the collaboration full." (Rwanda, SSI, , Karongi District, Ministry of Education)

"The programme listens to our advice and follows our guidelines in the interest of Karongi youth population." (Rwanda, SSI, Karongi, Rusizi District, Ministry of Youth)

Although all government officials indicated a positive relationship with UNFPA and its IPs, some areas were highlighted for improvement. Government partners mentioned a need to plan collaboratively for implementation and reporting on progress (e.g. consultation in choosing districts/ schools in Mozambique – reported by one district official). The SYP Programme would benefit from more frequent discussions with the government about challenges faced (e.g. how to reach youth that have dropped out of school and the turnover of teachers) and reporting on progress.

UNFPA finds itself having to compromise between upholding its values and commitments to SRHR and working within conservative country contexts, where ASRHR and intersecting issues such as LGBTQIA+ and abortion rights are taboo subjects. UNFPA's challenge is to work strategically to advance SRHR while being contextually sensitive.

CSO implementing partners

The SYP programme built on the existing strengths of its CSO partners and allowed them to expand their work. They created good synergy and complementarity amongst CSO implementing partners and had a positive working relationship with them. This is expanded on in Annexure D (internal coherence).

UNFPA sees the value of CSOs and youth structures in their capacity to implement programmes, their capacity to push back at conservative agendas around SRHR, and to find ways to provide services within the sometimes inhibiting local context. Youth structures play a critical coordination role and formalised mechanisms for collaborating and compensating youth structures are needed to properly recognise their critical role. This is further discussed in **Section 7.2.2**.

Regional level coordination

SYP Programme IPs gather annually to present progress on the SYP Programme, learn from and connect between countries and plan for implementation. This regional coordination meeting presents opportunities to showcase the work, improves accountability and indirectly pressurizes governments to advance ASRHR.

South-South cooperation took place through exchange visits to Mozambique, South Africa, Rwanda, Namibia and Eswatini. These were sometimes part of regional co-ordination meetings, and other times stand-alone exchanges. SYP Tanzania has had the most extensive engagement at the regional level through learning exchanges and regular online learning sessions facilitated by the regional office. The extent of technical engagement between the UNFPA country and ESARO offices in other countries was not clear in the evaluation findings. However, engagements at regional-level meetings and exchanges were reportedly useful. The Tanzania office mentioned that it benefited from learning about youth-friendly services and youth corners from an exchange visit and is considering implementing these to improve its practice.

Despite efforts to communicate the nature and advantages of the regional programme, it does not seem to be clearly understood and valued by both SDC and UNFPA. This is perhaps due to priority having been given to setting up the in-country programme, remedying the challenges encountered and pushing for implementation in this initial phase. There is also a misconception at the country level that having a regional programme means compromising local relevance. Likewise, the expected engagements between regional economic communities and the SYP Programme (at regional and country levels) are not understood by country office staff (of both UNFPA and SDC). There is, however, still an openness to the potential benefits of the regional programme. The strategic advantage of the regional programme and practical guidelines for engagement, coordination and leveraging support and expertise at a regional level need to be clearly defined and operationalised in the next phase. This should be the responsibility of both the UNFPA ESARO and SDC HQ.

5.2 External coherence

UNFPA works with external partners at national and regional levels to address ASRHR and AYP. This work includes UN agencies, other development agencies (USAID/ PEPFAR) and CSOs. Annexure D (External Coherence) details the alignment of the UNFPA and the SYP programme with UN frameworks, and regional and national initiatives and programmes (including UN Sustainable Development Cooperation Framework, Spotlight Initiative, DREAMS, etc).

Much of UNFPA's collaboration and coordination happens through participating in TWGs, steering committees and networks of the various programmes at regional and national levels[8]. External partner interviewees[9] reflected positively on their relationships with UNFPA and its participation in working groups, highlighting its leadership role. According to a UN partner, UN agencies compete for funding and innovative programmes and this hinders better coordination of programmes. Another external partner indicated that, while they work in complementary and reinforcing ways, there is little collaboration and coordination on a practical project level. This was confirmed by community facilitators and another UNFPA country focal person. While there are higher-level synergies among UN organisations and CSOs, more formal joint meetings/ coordination mechanisms are needed at the district and local levels in all three countries to support more practical collaboration.

Key point summary: Coherence

- UNFPA works with relevant government departments at national and subnational levels focusing on health, youth, education and gender.
- Steering committees and TWGs have worked well as mechanisms to support planning, coordination, progress reporting and learning at a country level.
- Positive collaborative relationships exist between governments at different levels and UNFPA and its CSO Ips. Challenges with government and CSO partners mostly exist at the district level where communication and reporting are considered insufficient.
- The value of CSOs and youth structures lies in their capacity to implement and challenge conservative agendas around SRHR for young people.
- There was no shared understanding between SDC and UNPFA about roles, expectations, accountability and the regional nature of the programme. This led to a breakdown in communication, mistrust and challenges with the implementation of the SYP Programme in all three countries, particularly in Rwanda, where a decision was taken not to fund Phase 2 of the SYP Programme.
- Despite efforts to communicate the nature and advantages of the regional programme, both SDC and UNFPA at the country level do not seem to fully understand and value the regional programme.

[8] e.g. UN Agency Network in Tanzania and Tanzania National School Health Programme Technical Working Group
[9] Including partners such as Global Affairs Canada and UNAIDS.

6 Findings: Efficiency

Evaluation question: How economically have resources/ inputs (funds, human resources, time, etc.) been used to create results?[10]

The findings in this section are based on reports from interviewees rather than a detailed efficiency analysis (as agreed in the inception phase). The findings for efficiency are summarised here and expanded in Annexure E.

The SYP programme managed to achieved most targets set in the timeframe, although there were implementation delays due to contracting delays in Mozambique, and navigating challenges in initiating the programmes in new SYP countries (as highlighted in Section 4 and 5.1.2).

Generally, country offices and IPs reported insufficient funding in relation to the demand for services. Funding delays were widely mentioned as a challenge[11] which delayed programme implementation. In two of the countries, a mismatch in funding cycles between the governments and the SYP Programme impacted planning and reporting on activities. Funds were underspent in the first two years of the SYP Programme[12]. UNFPA attributed this underspending to much of the groundwork still being done (establishing relationships with government, county co-ordination structures, etc.) before implementation. Budgets were cut for the Rwanda programme due to underspending.

The most efficient strategies used by the SYP programme were having CSOs who had existing skills and reach in communities, working with youth representative organisations, leveraging the regional aspects of the programme which prevented duplication across countries, and using mobile services to improve access.

7 Findings – Outcome 1: Strengthened and enabling environment

Evaluation question: *To what extent have SYP Programme outcomes and outputs been achieved in line with the ToC?*

This section presents the assessment of the extent to which the SYP Programme's Outcome 1 and Outputs 1–3 were achieved in line with the ToC. The three outputs are:

- Strengthened the capacity of regional and national institutions to enable a conducive regional and national legal and policy environment, including accountability mechanisms, aimed at promoting and protecting AYP's rights.
- Empowered AYP-serving institutions and networks advocate and effectively participate in international, regional and national decision-making and accountability mechanisms.
- Enhanced effective coordination, partnerships, knowledge management, strategic information and M&E of the SYP Programme at regional and national levels.

7.1 Overview of achievements against output and outcome indicators

Overall, the SYP Programme met its targets for Outcome 1 and all three countries achieved all three targets. Output 1 was partially achieved as all three countries documented policy dialogues. However, two countries conducted a demographic dividend study, as there were no targets set for Tanzania. For Output 2, the target numbers of youth network members trained in advocacy for SRHR and youth development were surpassed in Rwanda and partially achieved in Mozambique and Tanzania. Targets for the number of functional national and district youth networks were surpassed in Mozambique and Tanzania and achieved in Rwanda. Output 3 was also partially achieved. All three countries now have platforms that facilitate the dissemination of strategic information. The targeted numbers of regional publications through the SYP Programme were reached in

[10] Efficiency questions related to management have been address in Section 5, and monitoring, evaluation and learning in Section 7.3.3.
[11] By UNFPA country offices, CSO and government implementing partners.
[12] A total budget utilisation rate of 71% was reported in 2021. 2022 Narrative report did not have utilisation rate reported.

Rwanda, surpassed in Tanzania but not achieved in Mozambique. All three countries successfully established the continued existence of in-country functional SYP coordination mechanisms. The performance against Outcome 1 and the Output 1–3 indicators is shown in detail in Annexure F.

7.2 Implementation support provided through the SYP programme

A review of primary and secondary data revealed that the planned SYP Programme activities have largely been implemented. The contributions made by UNFPA and its IPs during the first phase of the SYP across the districts in all three countries fall into the categories depicted in the figure below.

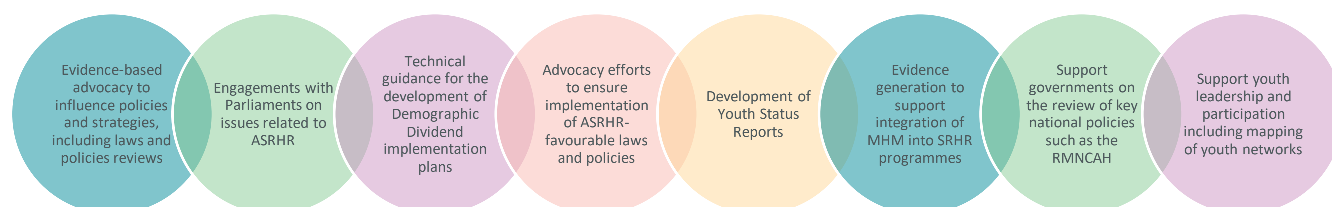

Figure 2: Categories of contributions made by UNFPA and its IPs during the first phase of SYP across the districts in all three countries

7.2.1 Enablers and strengths in the support provided through the SYP Programme

Among the strengths of the support provided through the SYP Programme in achieving the Outputs and Outcome 1, as reported by respondents, were the financial, technical and convening support from SYP at different levels:

"There are visible changes, the technical working groups are more structured and prepared at all levels. There is management capacity at both government and implementing organisation level." (Mozambique, national government, SSI)

In addition, respondents mentioned the continual capacity-building of young people's organisations to enable them to engage with governments and advocate for their rights and thereby gain credibility and visibility at the country level. It was reported from all three countries that young people are more confident in demanding and defending their rights. Further, the governments took ownership of the SYP Programme and coordination meetings with IPs at all levels were reported in Mozambique, Tanzania and Rwanda. In addition, the alignment of the SYP Programme with government strategy, e.g. the Programa Geração Biz Mozambique national strategy was reported by the respondents and noted in the 2022 Annual Report as an important strength.

Good practice example: Mozambique's Programa Geração Biz, the national school and adolescent health strategy, was officially endorsed, which constitutes a remarkable achievement that sets the stage for further creating and consolidating an enabling environment for youth-friendly policy formulation and advocacy. Furthermore, at the subnational level, the buy-in process of the strategy was conducted in the three provinces currently implementing the SYP Programme.

Additional good practices reported as part of the evaluation include the ongoing building of awareness and understanding around youth needs among all stakeholders and actors and the building of the capacity of youth representatives for policy advocacy:

"We have expanded the afriYAN network, more members have joined, and we are able to advocate our issues. The availability of a strong youth network made all this possible. We were all involved in the process." (Tanzania, SSI, AfriYAN)

A key enabler for the achievements of Outputs 1–3 and Outcome 1 was reported to be the proper coordination of all partners and involvement of all stakeholders to ensure the updating of key policy documents to guide planning and service delivery, which also included proactive decision-making processes at the regional and national levels.

7.2.2 Challenges in the support provided through the SYP Programme

Respondents reported key challenges experienced during Phase 1 of the SYP Programme, related to the barriers of what remains to be achieved. The absence of an evidence-based framework for meaningful youth engagement at all levels to ensure the safeguarding of young people's participation and also outline the sustainability of youth-led organisations in terms of financial and human resources, was noted as a key challenge. UNFPA has recognised the issue of youth compensation and has already started integrating this concern into its advocacy agendas and started consulting with other like-minded multilateral and bilateral partners to design and promote youth work with appropriate career and financial compensation. This remains an area for ongoing discussion and action within the SYP Programme and can be part of the evidence-based framework.

A challenge mentioned by several stakeholders was that policy processes take time and government officials change, as highlighted below and in Section 3:

"There is a delay in developing policies for example it was supposed to be in place last year but until now, it is not yet implemented, we do not understand why." (Tanzania, FGD, youth representative organisation,)

In addition, some youth-led organisations mentioned being challenged by the perception of donors that they as young people cannot lead and manage organisations, which results in limited funding for youth structures/ organisations both within the SYP Programme and more generally. Given the cross-cutting and critical role that youth structures play in the SYP Programme across all three Outcomes, it is important that they be properly recognised and appropriately compensated.

"If we were able to receive the second phase it would be amazing – we were beginning to convince even the stakeholders and donors to shift the funds to make sure implementation is youth-led – it makes a difference of young people leading the work compared to adult-led programmes." (Rwanda, FGD, Youth Representative)

7.3 Achievement of outputs

7.3.1 Output 1: Strengthened capacity of regional and national institutions

This section assesses the strengthened capacity of regional and national institutions to enable a conducive regional and national legal and policy environment, including accountability mechanisms, aimed at promoting and protecting AYP's rights. The SYP Programme performed well in relation to the indicators related to Output 1. The results can be found in Annexure F. Furthermore, all respondents reported that the SYP Programme had strengthened the capacity of regional and national institutions to ensure support and to manage ASRHR as part of an enabling environment for programme implementation.

The findings of the evaluation indicate that the SYP Programme contributed to increased awareness, values and engagement of duty-bearers. Youth are considered cross-cutting priorities and can be dealt with by various government institutions, as noted by a Mozambique CSO IP, for example. The respondents reported increased capacity at both the regional and national levels and commitment to the rights and wellbeing of AYP, contributing to an enabling environment with the three countries and the region, as illustrated by the following quote:

"We also had good political will; you know you cannot do something without good political will from above. We had the approval from high above to review the policies since they were outdated." (Tanzania, SSI, national government)

The support from the SYP Programme enabled governments to review and pass national laws and policies and also the ratification and domestication of international protocols. For example, Tanzania and Mozambique endorsed the ESA Commitment in 2021, with support received from the SYP Programme and leadership from SADC and EAC and have developed national implementation roadmaps. At a regional level, the UNFPA East and Southern Africa Regional Office (ESARO), the UN 2gether 4 SRHR programme, Spotlight and the SYP Programme continue to support the Campaign on Accelerated Reduction on Maternal Mortality in Africa plus (CARMMA+), which is a great opportunity to accelerate progress towards the dream of attaining universal ASRHR. A list of policies, frameworks, standards and strategies contributed to by the SYP Programme is provided in Annexure F (and also Annexure I for service delivery guidelines).

The SYP Programme Results Framework notes that all three countries have documented policy dialogues held on key emerging issues, including climate change and ASRHR, ASRHR in UHC and SRHR needs for boys and young men and this is supported by the data collected during this evaluation. Respondents mentioned emerging evidence of the creation of dialogue spaces at national and district levels, on these topics between stakeholders, including decision-makers and young people. However, this remains a critical area for ongoing implementation and documentation in terms of achieving the overarching Outcome 1 and dealing with cross-cutting issues of gender equality, GBV, SRHR and social and organisational contexts.

7.3.2 Output 2: Empowered adolescents and young people serving institutions and networks

Empowered adolescents and young people serving institutions and networks advocate and effectively participate in international, regional and national decision-making and accountability mechanisms. Across the three countries, the SYP Programme has been very effective in empowering AYP-serving institutions and networks. All respondents reported how the SYP Programme contributed to building the capacity of youth networks and ensuring their representation, leadership and participation in the governance of the SYP Programme:

"This programme helped us to engage more youth organisations in these activities. The programme empowered adolescents and young people to be more engaged, like the capacity that has been done for more than 100 youth as leaders in the AfriYAN." (Rwanda, SSI, national government)

Government, youth structures and external stakeholders reported that the SYP Programme made a significant contribution to improving organisational and advocacy capacity in the youth-led and youth-representative organisations:

"SYP supported us by opening up the political environment to pass laws protecting adolescents and young people. We also participated in the updating and strengthening of relevant national and regional policies, national legislation, and accountability mechanisms." (Mozambique, FGD, youth representative)

"SYP helps us to build and increase capacity for us – organisation management and helps our organisational capacity. Also, how we engaged in the programme – sitting in national and regional coordination committees made sure the voices of young people are fully represented." (Rwanda, FGD, Youth Representative)

"The programme was designed to deal with issues such as increased youth participation in leadership and decision-making, this is one of the areas which we as the ministry have been trying to work on and are happy that it is one of the programme components." (Tanzania, Zanzibar, SSI, National duty-bearer)

An important foundation for empowering adolescents and young people serving organisations is the establishment of the current status and what the needs of these organisations are, as noted by several respondents. The good practice example below shows how the SYP Programme in Tanzania contributed to the mapping of these organisations as a basis for further capacity strengthening.

Good practice example: Research mapping of youth-led and youth-serving organisations in Tanzania. A database of 594 youth-led and youth-serving organisations was established by this study. However, information on what these NGOs do and where they are located was available for 64% of the mapped youth-led and youth-serving organisations. Several helpful recommendations are made in the Report.[13]

The ongoing work of strengthening young people's capacity to engage the government and advocate for their rights was reported to be an achievement but also an ongoing priority going forward. A key message is that the incremental building of capacity among organisations representing young people has been an important initial achievement, especially in the face of the CSE backlash. However, as this is still Phase 1, long-term outcomes need ongoing capacity processes as well as M&E. In addition, the evaluation has shown that the activities related to this output and outcome have made significant progress. Several respondents mentioned that much remained to be done, especially related to meaningfully engaging with and building the capacity of youth in their diversity (e.g. youth living with disabilities, LGBTQIA+ youth, etc.) and those at the district level, and also dealing with challenging contexts, social norms and topics related to AYP's SRHR.

7.3.3 Output 3: Enhanced coordination, partnership, knowledge management, strategic information, M&E systems

This output focuses on the enhanced coordination, partnerships, knowledge management, strategic information and M&E of the SYP Programme at regional and national levels, the overarching and cross-cutting elements of which are reported in Section 5.

In terms of knowledge generation and production, three of the four the planned outputs were reported in the SYP Programme Results Framework. Examples shared by respondents included the national mapping and capacity assessment of youth-led organisations and research on teenage pregnancy led by youth organisations in Rwanda. Other examples noted in the SYP Annual Reports include a COVID-19 study - the impact on ASRHR with a focus on HIV and early and unintended pregnancies, a study of persons living with disabilities in Rwanda, as well as a technical brief on ASRHR and mental health.[14]

M&E systems were described as being in place in all three countries. These systems were used to capture data that was analysed for programmatic and reporting purposes and also discussed at joint meetings with key stakeholders. However, some respondents noted that the beginning of Phase 2 provided an opportunity to review and update M&E, communication and quality assurance systems as some shared concerns that the information flows between IPs and district services (for example, Cabo Delgado province in Mozambique) needed further consideration.

Reporting lines and expectations were not clear. This was contributed to by the mismatch in expectations about the functional relationships among UNFPA ESARO, UNFPA COs, SDC HQ and the Swiss Embassies in Tanzania, Mozambique and Rwanda as discussed in Section 6 on Coherence. In addition, Section 7 on Efficiency addresses time delays in implementation and initial budget underspend. Even though targets were met by the end of Phase 1 this was all interlinked with the coordination elements which are reported under this Output 3. Given the importance in the first phase of a focus on initiating relationships and setting up coordination mechanisms, the balance between this and a focus on indicators related to the delivery of the programme should be reviewed, as this could compromise the strategic coordination role that the UNFPA plays.

[13] Mapping of youth-led and youth serving organisations in Tanzania Report NIMR 2022
[14] Additional examples are: the assessment of youth-friendly SRH services in five regions in Tanzania; Rapid Assessment of the Status of Menstrual Health in Rwanda; and a baseline survey in Nampula province and relevant thematic studies on maternal mortality, youth and gender in Mozambique (SYP Annual Reports 2022–2023).

7.4 Achievement of Outcome 1: Improved inclusive policies, legislation and accountability mechanisms

The achievements of Outcome 1, focusing on improved and inclusive policies, legislation and accountability mechanisms, need to be understood in the limited timeframe of three years of SYP Phase 1 in Rwanda, Mozambique and Tanzania. This outcome builds on the foundation of the achievements of the regional value added by the SYP Programme, which has made a substantive contribution to enabling continental and regional utilisation and harmonisation of the legal environment on ASRHR over the past 9+ years. It is important to note that that UNFPA through the SYP Programme and other programmes has supported the development of regional policy, legal and programmatic frameworks such as SADC SRHR protocols, Model Laws and others as also documented in the previous evaluation. All three countries benefited from the domestication of these regional guiding frameworks at the countries level, which was complemented by UNFPA ESARO engaging in advocacy, capacity building and other linked interventions with members of parliaments, CSOs and other stakeholders.

As documented in the SYP Programme Results Framework, all three countries are utilising the regional legal framework to improve the ASRHR legal and policy environment and established accountability frameworks for the protection of ASRHR by the end of Phase 1. Annexure F includes a list of policies and frameworks that the SYP Programme contributed to at regional and national levels. The qualitative data and findings of this evaluation provide further depth and insights into the qualitative indicators and data reports in the Results Framework. The SYP Programme contributed to achieving improved Menstrual Health Management (MHM) which has been mainstreamed into SRHR policies in all three countries. However, several respondents noted the importance of further work to demystify and debunk myths and cultural taboos about menstruation.

Good practice example: In 2022, the SYP Programme completed a rapid assessment of the status of menstrual health (MH) and produced a Menstrual Health Policy Brief. The study found that regarding the enabling environment, Rwanda has recognised MH as a human right and has endorsed international instruments. These were widely disseminated and will support ongoing advocacy on national standards for reusable MH products, including an assessment of the impact of a government waiver of Value Added Tax on MH products.[15]

Key point summary for Strengthened Enabling Environment:

- The SYP Programme made a substantive contribution to achieving an enabling environment in all three countries.
- Mozambique, Rwanda and Tanzania are utilising the regional legal framework to improve the ASRHR legal and policy environment and have established accountability frameworks for the protection of ASRHR.
- Mainstreaming of MHM into adolescent and youth SRHR policies was achieved in all three countries. However, this work needs to continue to address myths and misconceptions.
- The SYP Programme made a significant contribution to establishing regional and national accountability frameworks to protect ASRHR.
- The SYP Programme strengthened the capacity of regional and national institutions to ensure support of and enable programme implementation.
- A key cross-cutting contribution of the SYP Programme is the empowerment of AYP serving institutions and networks at the regional and national levels. This should be sustained and enhanced at the local level during Phase 2.
- The SYP Programme has supported the enabling environment by establishing and sustaining coordination mechanisms, partnerships, knowledge management, strategic information and M&E systems but more work is needed across all these areas in Phase 2 of the SYP Programme.

[15] Safeguard Young People Programme Regional Annual Report (2022)

8 Findings: Outcome 2: Strengthened demand through empowerment

Evaluation question: *To what extent have SYP Programme outcomes and outputs been achieved in line with the ToC?*

The following section outlines the findings related to **Outcome 2: Strengthened demand through empowerment**. The SYP Programme aims to empower AYPs with the knowledge, skills and agency to make informed decisions and take positive action about their bodies, lives and world. The outputs evaluated are **Output 4**: Strengthened capacity of institutions to design and implement integrated, quality CSE; and Output 5: Strengthened capacity of institutions to deliver quality social behaviour change communication interventions to generate adolescents' and young people's demand for integrated SRHR, GBV and HIV information and services, with a focus on HIV and substance abuse prevention.

A limitation in terms of reporting in this section is that the evaluation sample did not include primary data collection with AYP. As a result, the findings presented below are based on inputs from programme implementers, government stakeholders, community-based actors and school staff.

8.1 Overview of achievement against output and outcome indicators

While Mozambique and Rwanda focused on the institutionalisation of quality and inclusive CSE in schools[16], SYP programming in all three countries included support for the provision of out-of-school CSE / social behaviour change communication (SBCC) programming (including TuneMe), the integration of CSE in pre-service teacher training, and the establishment and strengthening of referral mechanisms between schools, health care providers and social services. All three countries focussed on the integration of youth economic empowerment and ASRHR programming.

Overall, the programme met its targets at outcome level. No data is available for reporting on the percentage of girls dropping out of school due to pregnancies in the targeted SYP districts. However, evaluation participants in all three countries reported perceptions that school retention is improving as a result of programme-supported interventions. In addition, targets set for the number of unintended pregnancies averted at a national level due to the use of modern contraception, were greatly exceeded.17 In terms of the achievement of targets set for Outputs 4 and 5, there were variations across the three countries in relation to their selected programme focus areas and levels of performance. An overview of performance against Outcome 2, Output 4 and Output 5 indicators is provided in Annexure G.

8.2 Implementation support provided through the SYP programme

The support provided by UNFPA and its IPs during the first phase of the SYP Programme in Mozambique, Rwanda and Tanzania falls into six categories. These are summarised in the diagram below.

[16] For mainland Tanzania and Zanzibar, in-school CSE support was provided by UNESCO, while UNFPA focused on out-of-school CSE / SBCC programmes as a cost-efficiency mechanism and to avoid duplication of efforts. However, programme documents indicate that UNFPA will introduce in-school CSE support over the coming phase of the SYP Programme.

[17] A target of 1 781 000 (850 000 in Mozambique, 520 000 in Rwanda, 411 002 in Tanzania) was set for achievement by 2023. Programme M&E data indicates that over 7 million unintended pregnancies (7 038 631) were averted; that is, 2 650 000 in Mozambique, 1 826 627 in Rwanda and 2 562 004 in Tanzania.

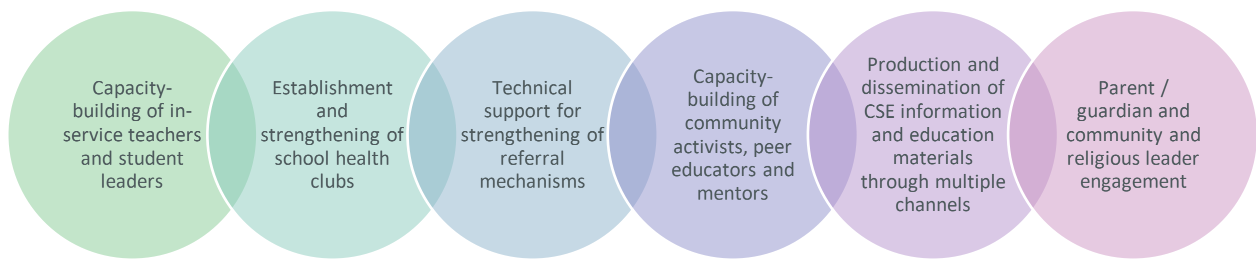

Figure 3: Main intervention strategies of SYP in relation to Outcome 2

8.2.1 Strengths and best practices in the support provided through the SYP

A key overarching strength of the support provided by the SYP Programme is its provision of a comprehensive set of resources at the regional level to provide a clear and consistent framework for country-level adaptation and implementation of CSE initiatives. These include the Regional CSE Resource Package (2018)[18] to support the delivery of out of school CSE; the International Technical and Programmatic Guidance on Out-of-School CSE[19], which complements the International Technical Guidance on Sexuality Education published in 2018; and the Breaking the Silence (BTS) CSE guide, lesson plans and training guide, which support facilitators and teachers in their provision of CSE to learners with different abilities and disabilities.[20] New technical and programmatic guidelines were also developed for the iCAN package, which focuses on young people living with HIV.

The programme's adoption of a partnership approach and its flexible and adaptive nature were also highlighted as programme strengths. The partnership approach allows for consensus building and collaboration among key stakeholders in CSE provision, thus strengthening implementation on the ground. In addition, SYP's flexibility and adaptability allow for country-level contextualisation, an important consideration given that social, cultural and religious factors vary across SYP Programme countries but play a key role in the endorsement and roll-out of CSE initiatives.

Another programme strength is SYP's use of a range of approaches for out-of-school CSE. Tanzanian evaluation participants highlighted this given the heterogeneous nature of out-of-school AYP, while Rwandan respondents emphasised the programme's use of youth-appropriate approaches, including theatre, games, dance and competitions. In Mozambique, the use of peer-to-peer mentoring was also highlighted as a good practice. Evaluation participants noted that this approach works well in stimulating demand for SRH services as young people are often highly motivated to assist/ support their peers and also know what type of messaging or communication will resonate best among those of a similar age group. Aligned to this is the SYP Programme's use of multiple communication channels for awareness raising and information sharing. These include radio

[18] This Resource Package includes a facilitator's manual and programming guide, pamphlets, posters and a monitoring and observation tool.

[19] The *International Technical and Programmatic Guidance on Out-of-School CSE: An evidence-informed approach for non-formal, out-of-school programmes* (UNFPA, 2020) provides a clear definition of out-of-school CSE plus guidance on how to develop out-of-school CSE programmes, including curricula and teaching and learning materials that are evidence-based, culturally responsive, age and developmentally appropriate and trauma-informed. It also provides information on delivering out-of-school CSE to specific groups of young people, including young people with disabilities (physical, intellectual, young people who are deaf and hard of hearing, young people who are blind, young people with autism spectrum disorder, young people with psychosocial disabilities, young people in humanitarian settings, young indigenous people, young lesbian, gay and bisexual people, young men who have sex with men, young transgender people, young intersex people, young people living with HIV, young people who use drugs, young people who sell sex and young people in detention.

[20] Safeguard Young People Programme Regional Annual Report (2021).

programming[21] (noted in Mozambique, Zanzibar and Rwanda specifically), sport (Tanzania), print media (FEMA magazines were produced and distributed to schools and local CSOs in Mainland Tanzania and Zanzibar with programme support), and the production and dissemination of animated videos for young adolescents (AMAZE). The use of a range of communication channels does, to some extent, address concerns related to the digital divide and access challenges. However, the evaluation found limited mentions of the use of SYP digital media by country-level evaluation participants, indicating that this programme element requires further discussion regarding relevance and obstacles to uptake.

Another success is the UNFPA's development of technical guidance on the integration of ASRHR and economic empowerment initiatives for youth in collaboration with the ILO and World Bank in 2021. This demonstrates a high level of programme responsiveness to country needs (all three countries highlighted the need for economic strengthening to enable a comprehensive approach to the protection of ASRHR) and the need to address structural barriers to ASRHR. For example, a number of evaluation participants in Mozambique reported the roll-out of support interventions, particularly for young girls, including the provision of school uniforms and supplies, birth registration and access to savings and loan schemes. As previously noted, community facilitators, IPs, external stakeholders and school staff reported perceptions that this is contributing to higher levels of school retention in programme-targeted areas. In Rwanda, UNFPA worked closely with UNDP to facilitate AYP access to economic empowerment initiatives. While SYP focused on strengthening demand through youth empowerment, UNDP supported young mothers by setting them up in cooperatives, providing technical and vocational education and training, and facilitating their access to markets. Evaluation participants in Tanzania also reported providing training to AYP on entrepreneurial skills and savings groups.

8.2.2 Challenges in the support provided through the SYP

As mentioned elsewhere in this report, an overarching challenge is the limited programme reach to date. This was highlighted by evaluation participants in light of the persistent and widespread need for accurate and up-to-date SRHR information among AYP, but also indicates a misinterpretation of the catalytic nature of the SYP Programme. Limited access to young people in remote or difficult-to-reach areas was highlighted by respondents in Tanzania and Rwanda, while Mozambican interviewees noted challenges with working in conflict areas where AYP are on the move. While Rwandan evaluation participants felt that good progress had been made in raising awareness regarding the rights of AYP with disabilities, those in Tanzania felt that more work in this regard was required. There was limited mention of the programme's ability to reach LGBTQIA+ community members. However, this is understandable given the countries' social norms and religious and cultural beliefs, as discussed under section 4.

8.3 Achievement of outputs

8.3.1 Output 4: Strengthened capacity of institutions to design and implement integrated, quality CSE in schools

Although targets were not met in Mozambique and Tanzania, good progress was achieved in relation to providing primary and secondary schools with life skills-based HIV and sexuality education, with 48 491 schools reported as doing so (168 Mozambique, 2 416 Rwanda, 45 907 Tanzania) compared to 1 917 at baseline (67 for Mozambique, 1 850 for Rwanda). To date, 4 601 567 learners[22] (182 406 in Mozambique and 4 419 161 in Rwanda) have received CSE lessons. However, gaps in programme monitoring make confirmation of the levels of CSE inclusivity and quality challenging. In addition, programme M&E data indicates that functional referral mechanisms between health, education and social services have been established in 42 of the target 52 project districts/administrative units.

[21] This includes the radio drama series produced as part of the *Let's Talk* multimedia campaign to reduce early and unintended pregnancy in Eastern and Southern Africa.
[22] This indicator is not being tracked in Tanzania.

Activities conducted under Output 4 that have contributed to the above results include the establishment and strengthening of school-based health corners or clubs in Mozambique and Rwanda, where learners meet weekly for teacher-facilitated discussions on SRH-related topics. In-service teachers in Rwanda[23] and Mozambique confirmed receiving training on SRH-related topics, including risks associated with early marriage; the prevention of early, unintended pregnancy, STIs and HIV; personal hygiene, sexual and gender-based violence (SGBV); menstrual health; mental health; and substance abuse. This training aimed to support teacher delivery of CSE content across school subjects**.** Training on referral mechanisms was also provided and this seems to be facilitating several positive outcomes, including high levels of collaboration between schools, healthcare facilities and those conducting community outreach and community-based delivery of SRH services. For example, in Mozambique, IPs, school staff and community outreach implementers reported that schools refer learners to local healthcare facilities and to mobile brigades coordinated by the district health facilities. In addition, community activists and healthcare workers (HCWs) are invited by school staff to conduct talks at school health clubs.

Primary and secondary data indicate that in-service teachers also received instruction on 'active methodologies' and teaching techniques,[24] together with CSE guidelines, handbooks and reference materials, although these seem to vary across sites and countries. For example, the Rwanda Basic Education Board recalled CSE training handbooks and manuals for secondary school teachers owing to "unauthorised content on gender identities".[25] As a result, these teachers did not receive the planned CSE training manuals.

Frequently mentioned challenges related to Output 4 include the short duration of in-service teacher training[26] as well as limited post-training mentoring, monitoring and quality assurance. This seems to be impacting teachers' levels of confidence in addressing SRHR issues. For example, those participating in focus group discussions (FGDs) in Rwanda noted that they *"…did not have the same level of knowledge as doctors, but can only share what we know."* School staff in Rwanda and Mozambique also noted that only a few teachers are trained per school, which presents challenges when these staff are unavailable or resign from their positions.

"Sometimes, only one teacher was trained and others might get a question from the learners that they do not know how to address. The capacity building should continue so that other teachers get the training too. Sometimes the teacher who was trained may not be there and then the learners don't know who they should go to."(Rwanda,SSI, School Principal)

Good practice example: In Rwanda, a 10-day workshop was undertaken to provide training to 81 master trainers. These trainers will support the roll-out of in-service teacher training, thus expanding the programme's reach. In addition, 89 student leaders were trained to integrate SRHR into their school health club activities.

CSE training for school leaders, for example, head teachers and principals, has also been limited to date, while school-based FGD participants and interviewees noted that they had limited access to information and education materials for distribution to learners. Reports of limited available time for CSE, both classroom- and school club-based, were also noted among evaluation participants in Mozambique and Rwanda.[27] This indicates that further support may be required to assist teachers in integrating CSE-related topics into their daily teaching and learning activities.

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[23] The competence-based curriculum was introduced in Rwanda in 2016. This saw the integration of CSE as one of eight cross-cutting issues to be addressed during lesson delivery of other subjects. Gaps in teacher capacity to provide high-quality CSE as a cross-cutting issue led to UNFPA's partnership with *Inspire Educate and Empower Rwanda* to provide teacher capacity strengthening. See *IEE - UNFPA Activity Report on school-based CSE* (n.d.).

[24] Imbuto Foundation Field Visit Narrative Report (June 2023, page 2).

[25] IEE - UNFPA Activity Report on school-based CSE (no date, included page 6).

[26] This generally seems to take place over 3–5 days.

[27] In Rwanda, CSE is not a standalone subject but has been integrated into the national competence-based curriculum and into subjects such as biology, history and citizenship, general studies and communication skills.

Lastly, although the SYP Annual Report 2022 notes the development of a stand-alone module on the impacts of climate change on the rights, health and wellbeing of AYP[28] for in- and out-of-school delivery, none of the FGD participants reported receiving training on the inclusion of climate change for in-school CSE.

8.3.2 Output 5: Strengthened the capacity of institutions to deliver proven and tailored quality social behaviour change communication interventions to generate adolescents' and young people's demand for integrated SRHR, GBV and HIV information and services, with a focus on HIV and substance abuse prevention

SYP Programme M&E data indicates that 3 270 389 young people (boys and girls)[29] have been reached with SBCC or CSE programmes to date, exceeding the target of 1 765 986.

Good practice example: The SYP Programme has focused on the out-of-school CSE component as well as the development of out-of-school CSE guidelines and training materials as a means of enabling the delivery of CSE in safe, convenient and conducive community spaces. This is particularly relevant where legal and policy provisions restrict the delivery of in-school CSE.

Programme support for out of school CSE includes the recruitment and training of peer educators, community activists and mentors to conduct community outreach activities and to refer AYP to service providers. This took place in all three countries and covered similar topics to those listed under Output 4; that is, risks associated with early marriage; contraception, STIs and HIV; personal hygiene; SGBV; menstrual health; mental health; and substance abuse. No mention was made of the integration of climate change into training sessions for provision of out-of-school CSE. In addition, facilitator guides have been provided to support the planning and facilitation of out-of-school CSE activities.

Good practice example: In Mozambique, mobile brigades were established to provide services to AYP displaced by the conflict in Cabo Delgado province. In addition, referrals for counselling and support services for AYP who had experienced trauma were made by IPs working in the area.

A key **strength** of the programme in relation to Output 5 is the recruitment and training of local peer educators and mentors from programme-targeted areas. This was highlighted by Mozambican IPs in particular as a means of facilitating communication and information sharing as the peer educators and mentors speak local dialects and have a good understanding of local culture. As noted previously, evaluation participants in all three countries also highlighted the effectiveness of youth-to-youth communication, arguing that this made messaging about ASRHR more relatable and hence impactful.

Good practice example: In Rwanda, the National Association of Deaf Women was engaged as an SYP Programme IP. This greatly facilitated community awareness-raising related to the rights of girls and young women with disabilities.

In addition to the above-mentioned training of community outreach facilitators, evaluation participants in all three countries reported the hosting of community dialogues and events with parents/ guardians, community and religious leaders, to raise awareness regarding ASRHR, child marriage and GBV, and to encourage their support of programme interventions at community and school levels. However, evaluation participants in Mozambique and Rwanda stated that this was not a particularly strong programme component at present, and that more needed to be done in future programme phases to strengthen these interventions. Similarly, Tanzanian evaluation participants noted that the implementation of parent-child communication programmes has been limited to date.[30]

"Cultural issues play a big role here so we have to work closely with community leaders as they are the ones that decide on a lot of issues related to young people. The voice of the community leader is very well

[28] This is titled *'Resilient Futures: Young people, the climate crisis and SRHR'*.
[29] 768 720 Mozambique, 688 569 Rwanda, 1 813 100 Tanzania.
[30] Programme M&E data supports this; that is, only Rwanda and Mozambique have established national integrated Parent-Child Communication (PCC) programmes.

heard and when he or she gives recommendations, the community will listen, the youth with listen and so will their parents. This was a key learning for us, that we need to do more with community leaders to support young people's SRHR." (Mozambique, SSI, Implementing Partner)

A number of **good practices** emerged in relation to out-of-school CSE. For example, Mozambique and Rwanda conducted research to support the evidence-based design and planning of their out-of-school CSE initiatives.

- In Mozambique, a mapping of 26 communities and five schools took place to inform the development of community-level interventions.[31]
- In Rwanda, Swiss TPH collaborated with UNFPA to conduct a mapping to identify the intersectional needs of out-of-school AYP aged 10–24 years. The National Youth Council and National Youth Volunteerism Forum participated in the mapping in the Karongi, Nyamasheke and Rusizi districts. Following the analysis of the mapping data, results were shared with key stakeholders for the development of a joint resilience plan. This plan aims to meet the needs of AYP, particularly in terms of CSE and skills training.

In addition, although there is no M&E data regarding the integration of gender transformative interventions involving boys and young men into ASRHR programmes, primary data indicates that efforts are underway to include adolescent boys and young men (ABYM) in programme activities. In Mozambique, community-level discussions were held with ABYM on SRH, human rights, conflict resolution, violence and gender while in Tanzania, boys' clubs were established to address the underlying drivers of SGBV and teenage pregnancy.

The most frequently noted **challenges** in relation to out-of-school CSE are noted below.

- **Short timeframes for training** with limited follow-up for quality assurance, monitoring and mentoring (Mozambique and Rwanda). As for in-school CSE, this may be linked to reported knowledge gaps. For example, out-of-school CSE facilitators in Mozambique noted knowledge gaps regarding STIs and abortion, while those in Tanzania indicated that they needed more capacity strengthening on how to engage ABYM.
- **Resource limitations**: In Rwanda, community facilitators reported that budget constraints limited their hosting of dances, games and competitions as well as their access to incentives and transport. This aligns with concerns expressed by some evaluation participants regarding youth volunteerism and the possibility that trained and experienced youth facilitators may be lost to the programme given their need for income. In Mozambique, community facilitators noted that they had received **limited information and educational materials** for distribution to AYP.

Good practice example: In Tanzania, the Prime Minister's Office – Labour, Youth, Employment and Persons with Disability (PMO-LYED) developed National Life Skills Training Standards and a training manual for out-of-school youth. These will be used nationally by all stakeholders while the PMO-LYED remains the overall owner, coordinator and overseer of programme implementation. The PMO-LYED will train life skills national trainers in every region, as well as development partners, to implement the National Life Skills and Training standards. Development partners may train their own life skills facilitators under close supervision and approval from the PMO-LYED. The trained life skills national trainers will then cascade the training to life skills peer educators at the community level.

8.4 Achievement of Outcome 2: Adolescents and young people have knowledge, skills and agency

The section below presents the evaluation findings regarding outcomes achieved to date.

Teachers and community facilitators' knowledge, attitudes and behaviour regarding CSE and SRHR

A considerable number of FGD participants (including teachers in Mozambique and Rwanda, and community facilitators/ outreach workers in all three countries) reported improved knowledge regarding ASRHR, SGBV,

[31] Safeguard Young People Programme Regional Annual Report (2022)

family planning, early marriage and gender norms, as well as increased levels of self-confidence and skill to discuss these issues with AYP.

"We are very confident now because we have been trained and we are confident when providing this education because we know what we are talking about. Even for difficult people – in the past it was difficult to deal with them, but now we are more confident and have better means to approach and speak to people that are resistant to ASRH. We were also trained to do referrals and so we can do these now." (Tanzania, FGD, community facilitator)

As indicated in the above quote, FGD participants also noted an increase in their level of knowledge of relevant service providers and how to refer AYP to these stakeholders (including healthcare facilities, social services and the police). However, these same evaluation participants reported gaps in their knowledge, as noted previously in this section. They also indicated that there was a need for further training and mentoring.

Parents'/ caregivers'/ community leaders' knowledge, attitudes and behaviour around SRHR, HIV and GBV

A number of similarities were noted in the changes reported by parents/ guardians and community leaders in the three countries under review. For example, community facilitators and school staff in all three countries reported higher levels of recognition of the SRHR of AYP among parents/ guardians and community and religious leaders, and a reduction in stigmatisation of AYP seeking SRH services. In Mozambique and Tanzania, it was reported that parents are increasingly granting permission for their children to access SRH services and, in some cases, are even accompanying their children to HCFs to seek treatment.

"Parents are being much more supportive of their adolescents and young people. In the past, when an adolescent got pregnant, she would be chased out of her home and the parents would disown her. I have an example of a mother whose 16-year-old daughter fell pregnant. She supported her and brought her to the ANC clinic and is still supporting her now. This was not the case in the past. Even male parents have changed and are a little more involved in the SRH issues of their children." (Tanzania, FGD, community outreach worker)

Despite these positive outcomes, evaluation participants in all three countries noted that religious and cultural beliefs still present barriers to the provision of CSE in and out of school, as demonstrated in the quote below.

"There is the challenge of parents who believe that if teenagers know about and seek SRH services, they will become sex workers." (Mozambique, FGD, community outreach worker)

Youth knowledge and skills of SRHR

Programme implementers, school staff, district government officials and out-of-school CSE facilitators reported several outcomes among AYP targeted by the SYP Programme. These outcomes were directly linked to the programme, which was viewed as facilitating higher levels of knowledge regarding SRH services, and where and how to access them. This is leading to an increased uptake of SRH services – a key contributor to decreasing early, unintended pregnancy, early marriage and STIs, including HIV. Programme implementers, community facilitators, teachers and principals also reported that AYP are more aware of their rights and exhibit higher levels of confidence in articulating them.

"The biggest benefit is the information. Teenagers are well-informed of their rights. This means that there is a decrease in the number of premature unions, teenage pregnancies and other teenage problems." (Mozambique, FGD, Teacher, Mozambique)

Key point summary for strengthened delivery

- The SYP Programme generally met its Outcome 2, Output 4 and Output 5 targets, but has no data for reporting against two indicators.[32]
- There has been good progress with the provision of in-service teacher training and the formulation and distribution of CSE guidelines and manuals.
- Similarly, the programme achieved good results with the recruitment and training of community-based facilitators/ mentors/ activists.
- High levels of collaboration between schools, healthcare facilities and community outreach stakeholders are facilitating referrals and the provision of a package of SRH services to AYP.
- However, limited post-training support, monitoring and quality assurance present challenges to CSE fidelity and implementation, both in and out of school.
- Training has also not yet targeted school leadership, which presents challenges in terms of the institutionalisation and sustainability of in-school CSE initiatives.
- There is a need to strengthen religious and community leader and parent/ guardian engagement on key ASRHR issues, particularly in light of prevailing social norms, and religious and cultural beliefs, that act as barriers to ASRHR.
- While the programme has achieved considerable reach through its in- and out-of-school CSE interventions, challenges persist in reaching youth with disabilities and those living in remote or hard-to-reach areas.

9 Findings: Outcome 3: Strengthened delivery

Evaluation question: To what extent have the SYP outcomes and outputs been achieved in line with the theory of change?

This section presents the findings related to Outcome 3: Increased equitable access to quality SRHR, GBV and HIV integrated services which are AYP friendly; and Output 6: National systems strengthened to respond, expand and deliver quality integrated SRHR, GBV and HIV services, which are sustainable and adolescent and youth friendly (AYF) within universal healthcare (UHC), education and social protection frameworks.

9.1 Overview of achievement against output and outcome indicators

The performance against Outcome 3 and Output 6 indicators is provided in Annexure H. Overall, the programme met its targets for Outcome 3 (although data is unavailable for two of the four outcome indicators). Targets for Output 6 were either met or exceeded, apart from one indicator (number of health service delivery points offering a standard package of AYF health services) where the intended target was not achieved.

9.2 Implementation support provided through the SYP Programme

A review of primary and secondary data revealed that the planned SYP activities have largely been implemented. The contributions made by UNFPA and its IPs during the first phase of the SYP across the districts in all three countries fall into the categories depicted in the diagram below.

[32] The percentage of girls dropping out of school due to pregnancies in the targeted SYP districts, and country integration of gender transformative interventions involving boys and young men into ASRHR programmes.

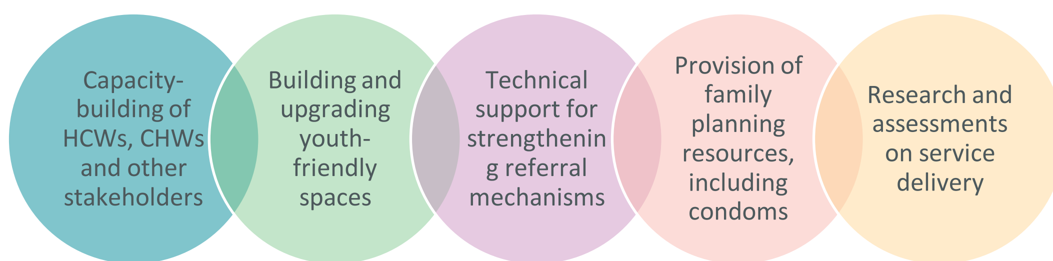

Figure 4: Main intervention strategies of SYP

An overarching strength of these UNFPA-led interventions is that they leverage existing initiatives by the Ministry of Health (MOH) and other partners in the SRHR sector, thus enhancing the impact through 'layering' SYP with other services for AYP. However, an overarching challenge is the limited reach in targeted districts despite the high demand for SRH services among AYP.

9.2.1 Achievement of Output 6: National systems strengthened to deliver quality integrated SRHR, GBV and HIV services

Training of healthcare professionals

The training of both facility-based HCWs and CHWs is the most frequently mentioned contribution of UNFPA and its IPs in the targeted districts during the first phase of the SYP.

The number of pre-service and in-service providers trained in AYF health services grew from 185 at baseline (50 Mozambique, 136 Rwanda[33]) to 1 475 (81 Mozambique, 697 Rwanda, 697 Tanzania). This exceeds the 2023 target of 1 368.

The target group for capacity building was expanded to include other stakeholders in Mozambique and Tanzania. For example, teachers were trained to identify SRH needs among learners and refer them to HCFs (Mozambique), and lecturers from higher education institutions were trained with experts in the disability sector, e.g. sign language experts (Tanzania)[34].

Good practice example: In Tanzania, IPs partnered with the MOH to develop a training manual and conduct centralised and on-the-job training of HCWs.

During focus groups, healthcare professionals mentioned a range of training topics covered, including: ASRHR; the provision of integrated AYFs; GBV identification and management; and the preparation and design of lessons. In Tanzania, CHWs were trained in facilitation and public speaking skills. In Mozambique and Tanzania, HCF staff appreciated the design of the training package which assisted to break down taboos and negative attitudes related to SRH for AYP. The use of games and interactive training methods was well received, and in Rwanda, the provision of guideline documents post-training is a strength.

A frequently mentioned, **cross-cutting challenge** is insufficient follow-up training and mentoring to ensure that the messages being shared with AYP are correct. CHWs confirmed that they struggle to answer some questions asked by AYP. A further gap is UNPA quality control of training done by IPs; insufficient duration of training (most training was 3–5 days); inadequate inclusion of climate change, GBV and TOP; limited number of trainers to deliver the training (Rwanda); and the limited number of service providers being trained at each facility given the great demand. In one FGD, CHWs said that they did not receive the manuals and guidelines they were promised they would get after the training.

[33] There was no baseline available for Tanzania for this indicator.

[34] In Rwanda, only the CHWs at the two sampled sites had received training while the facility staff included in the FGD had not participated in training on AYFS under the SYP Programme.

Increased number of HCFs providing AYF services

The SYP Programme scaled up AYF services in the targeted districts across the three countries. The number of health service delivery points offering a standard package of AYF health services in the SYP Programme districts increased from a baseline of 29 to 89 by 2023 although the 2023 overall target of 98 was not achieved – Mozambique and Rwanda surpassed or met this target, but Tanzania did not. The reasons for not reaching the target on this indicator were not specifically explored in the evaluation but the strengths and challenges related to expanding AYF services generally are presented below. In addition, all three countries reported having strengthened condom programming for young people, which contributed to the distribution of over 280 million condoms, well beyond the 2023 target of over 35 million.

Scaling up of safe spaces for youth

The SYP Programme has expanded 'safe spaces' for youth in HCFs, establishing youth corners (all three countries) and youth-friendly clinics/ centres (Tanzania and Rwanda). This practice enhances HCFs' capacity to meet the increased demand from AYP post-outreach campaigns. UNFPA contributed the funds for construction or upgrades and for the provision of materials like TVs, furniture and computers. It was frequently mentioned by HCF staff and implementers that these safe spaces have improved access to AYF services for AYP (see section on outcomes below). The biggest challenge is limited staffing to run the safe spaces. Some HCFs address this by allocating specific youth SRH service days. One youth corner included in the sample is dysfunctional due to a lack of resources and poor management of the space by the HCF. This highlights the need for clear operational guidelines and strengthening of the oversight mechanisms of the spaces.

In response to these challenges, and acknowledging that this is a learning process for both UNFPA and other partners, UNFPA, in partnership with WHO is promoting youth responsive health systems. The focus here is on the integration of youth friendliness within the whole health facility instead of establishing a youth corner which is cost inefficient and challenging for maintenance and management. 35 Countries were engaged in these consultations and further online capacity building engagements were conducted in this regard.

Expanding outreach services

HCFs are extending services beyond their premises through CHWs, engaging in community outreach activities across all visited sites, offering family planning services, monitoring AYP service use, making referrals and escorting AYP to HCFs (noted in Mozambique). This strategy: a) boosts service accessibility for young people, b) fosters demand for SRH services, and c) enhances referral systems and service integration.

> **Good practice example:** In Mozambique, mobile brigades collaborate with community activists to deliver a comprehensive package of SRH services in communities (**see case study annexure**).

CHWs operate in various settings like schools, community gatherings, religious institutions and universities, employing diverse outreach methods like dialogues, door-to-door campaigns, information sessions, plays and flyer distribution.

The mobile brigades in Mozambique have been particularly effective in facilitating access to SRH services for AYP in the unstable humanitarian setting found in Cabo Delgado province. As one IP in the region confirmed:

"The fact that we are working in an emergency situation means that the activities are readapted to humanitarian assistance issues, which is why mobile brigades are also set up to reach girls and boys affected by armed conflicts." (Mozambique, SSI, CSO Implementing Partner)

A district government official from Cabo Delgado confirmed the presence of mobile brigades at the community level and the SYP Programme's response to the needs of AYP in the district:

"The SYP programme responds to the needs of young people at community level, improves access to information about their sexual and reproductive health, and creates demand so that these young people

[35] See https://www.who.int/publications/i/item/9789240081765

can access specific health services (through mobile brigades)." (Mozambique, SSI, District Ministry of DPS, Cabo Delgado).

Rwanda and Tanzania effectively integrate SRH outreach with sports, games and movies to attract youth, often partnering with peer educators for better engagement because they are deemed to be more 'relatable'.

Good practice example: In Zanzibar, CHWs organise 'Bonanzas', large gatherings reaching numerous AYP with SRH messages.

UNFPA in Tanzania partners with the Football Association to raise awareness about GBV during matches, however it is unclear whether this is done generally or under SYP. Challenges in outreach work include the lack of incentives and transportation for CHWs, insufficient equipment (e.g. PA systems, flyers, HIV kits) and neglect of cross-cutting issues like climate change in outreach messages. Cultural and religious beliefs impede information sharing, with schools in Zanzibar restricting SRH topics discussed during talks to AYP. Effective practices involve close collaboration with parents, caregivers and community leaders to improve AYP access and dismantle the stigma surrounding SRH services. In Zanzibar, involving influential figures like sheikhs and shehas in awareness activities facilitates community acceptance and engagement in SRH initiatives.

"Here in Zanzibar, sheikhs and shehas are very influential, you cannot conduct a meeting without involving the sheha, he is the president of the street, so you must involve him. He will then tell his citizens that we will be going for the awareness creation activities." (Zanzibar,FGD, centre-based staff)

Strengthening service integration

The evaluation of the SYP Programme reveals a lack of a clear framework for measuring service integration across provider, facility and systems levels. The evaluation determined that there appears to be progress with service integration. Interviews and FGDs highlight provider-level integration, facilitated by the comprehensive training received. In Mozambique, activists refer adolescents to health centres for services like family planning and HIV testing. In Rwanda, youth corners offer a range of services including family planning, counselling, access to vocational skills training and livestock (one site). However, mental health services for AYP are a gap.

Facility-level integration is evident in Mozambique where community activists engage in talks and CSOs provide services in youth-friendly spaces, strengthening community-health centre ties. In Tanzania, HCF staff said they provide SGBV, screening and HIV services and one-stop centres in district hospitals support GBV survivors, who are mostly AYP.

Good practice example: In Rwanda, the staff at the SYP-constructed youth corner act as Intermediaries between youth and staff at the HCF – doing an initial screening and making referrals.

Good practice example: Systems-level integration involves mostly collaboration between HCFs, youth centres and schools. A good practice example is Mozambique's referral guide for teachers to refer learners to HCFs (which includes referral forms and a back-referral system), and another referral guide for HCFs to refer GBV cases to one-stop centres located at hospitals. This is coupled with work upstream where a National Adolescent Sexual and Reproductive Health Technical Working Group (ASRH TWG) has resulted in effective collaboration with partners in Adolescent and Youth-Friendly Health Services (AYFHS) planning (SYP Annual Report, Mozambique, 2022). The absence of community-based NGOs working in SRH in some communities hinders effective referral systems, posing a barrier to integration.

Strengthened institutions

The SYP Programme partners in Rwanda, Tanzania and Mozambique collaborate closely with the various Ministries of Health, Education, Youth and Sports, thus enhancing institutionalisation and sustained change. A review of SYP annual reports across the three countries reveals that the programme supported various studies and assessments on SRH service delivery, such as the assessment of youth-friendly SRH services in five regions in Tanzania; Rapid Assessment of the Status of Menstrual Health in Rwanda; and a baseline survey in Nampula province and relevant thematic studies on maternal mortality, youth and gender in Mozambique (SYP Annual Reports 2022–2023). Several national SRH documents were developed in Tanzania to support health service

delivery including the Male Involvement Guideline for RMNCAH services; national guidelines on linkages between health facilities and schools; orientation of HCWs on national mentorship guides for AYFHS and GBV/ VAC; Paraprofessional training guideline; and National Framework for provision of SRHR and GBV services in Higher Learning and Tertiary Institutions (SYP Annual Report, Tanzania, 2022).

All three countries now integrate gender and age-disaggregated indicators on ASRHR into their M&E systems, a development observed since the baseline assessment, when only Rwanda had done such integration. In Tanzania, MOH facility data tools have been updated to include AYP indicators, enabling the tracking of service utilisation at the district level. Mozambique incorporates SYP indicators into the MOH M&E system (SIGMA), with support for facility-level data collection on AYP attendance. In Rwanda, one IP uses scorecards to support bi-monthly quality assessment of youth-friendly spaces. Despite these interventions, two government officials across two countries mentioned that the implementation of national guidelines varied across districts and one UNFPA country office official said that standard service delivery needed to improve down to the grassroots level.

9.3 Achievement of Outcome 3: Quality SRHR, GBV and HIV integrated services

9.3.1 Shifts in knowledge and attitudes of healthcare service providers

As a result of the trainings, healthcare professionals and CHWs said they had gained knowledge and skills in working with AYP and how to deal with SGBV cases. In one FGD, CHWs mentioned that the training was particularly helpful in building their skills for working with AYP from younger age groups:

"We have managed to deal with adolescents better, especially in serving younger adolescents, for example, one who is 13 years old. In the past we did not know how to deal with younger adolescents and how to talk to them," (Tanzania, FGD, centre-based staff)

This finding was confirmed during interviews with district-level and facility-level stakeholders across most sites who noted a shift in attitudes among staff trained in youth-friendly services towards AYP seeking SRH services:

"In the past service providers did not prioritise adolescents and young people when they come for services, they also used to think they are not supposed to seek SRHR services because they are very young. But after training, this attitude has changed in general." (Tanzania, SSI, District Ministry of Health)

"Before the programme from UNFPA we used to receive clients without considering age or categories but today we realise that young people need particular attention." (Rwanda, SSI, Health facility manager)

The above quote suggests that health professionals targeted by the SYP Programme now acknowledge the need for specialised attention to AYP SRH needs. Some respondents highlighted how these skills lead to young people experiencing improved service delivery:

"When we go for other missions we can see the beneficiaries of the programme, the AYP, are happy with the services that they are being provided with - and the service providers are also happy", (Mozambique, SSI, UNFPA country focal person)

It should be noted, however, that these findings have not been confirmed by AYP who are using the services as they were not included in the evaluation sample.

9.3.2 Improved access to quality integrated SRHR, GBV and HIV services for youth

AYP accessing SRHR services increased significantly in targeted districts by 2023, surpassing baseline figures. Yet overall, 2023 targets remain unmet. Mozambique and Tanzania saw improved HIV service access among youth, exceeding 2023 targets (see Annexure H).

Respondents were unanimous that a key contributor from UNFPA was the provision of safe spaces that provide youth-friendly, confidential services:

"Having a safe space for young people in the health centre. This has increased the number of young people who use SRH services. This privacy for youth has really helped them overcome the fear and shame of asking for services." (SSI, Rwanda, HCF manager)

Another contributor to improved access is the outreach workers who reach higher numbers of AYP, expand service reach into remote areas and create greater demand for services. However, during interviews and focus groups, it was frequently highlighted that young people in all their diversity are not being targeted with SRH services, including AYP with disabilities, members of the LGBTQIA+ community, sex workers or young people who are using drugs. A good starting point is UNFPA's disability awareness checklist for health staff and facilities to assess the level of access for persons with disabilities. Criminalisation of homosexuality makes it a particularly difficult community to access services. In addition, young people in deep rural areas are still not being reached.

Good practice example: In Rwanda, an IP researched barriers to SRH service access for youth with disabilities across five districts.

A stock out of SRH supplies (e.g. IUDs, condoms) due to poor supply chain management is the most frequently mentioned barrier to AYP's access to SRH services.

Key point summary for strengthened delivery

- The SYP Programme generally met its Outcome 3 targets but struggled with data availability for two indicators. Output 6 targets were mostly met, but fell short on health service delivery points offering a standard package of AYF services.
- There has been significant growth in a wide range of trained health providers for AYF services, which exceeded 2023 targets, covering various SRHR and GBV-related topics.
- Limited follow-up training, mentoring and coaching pose challenges to ensuring the accuracy of information shared with AYP and there is a need for enhanced quality control by UNFPA.
- The SYP Programme expanded AYF services in targeted districts, albeit falling short of the 2023 overall target.
- The expansion of AYF 'safe spaces' in HCFs increased accessibility to SRH services, but staffing remains a challenge.
- CHWs expanded outreach services beyond the HCF premises which enhanced access and demand for SRH services among AYP and has led to enhanced referral systems and service integration.
- Integration efforts across provider, facility and systems levels show progress, despite challenges like limited NGO involvement hindering effective referral systems and gaps in mental health services for AYP.
- While the number of AYP accessing SRH services in the targeted districts has increased, challenges persist in reaching diverse youth populations, including those with disabilities, and members of the LGBTQIA+ community, especially in Tanzania where members of the LGBTQIA+ community are criminalised.

Annexure I addresses the emerging impact of the SYP programme.

10 Findings: Sustainability

Key evaluation question: To what extent are the positive outcomes of the project and the flow of benefits likely to continue after the SYP ends?

In this section, we identify early signs of the sustainability of the SYP Programme in the three countries and mechanisms to strengthen this.

Sustainability is central to the design of the SYP Programme. The centrality of government buy-in and ownership; multi-sectoral coordination; strengthening CSO, government implementers and youth structures; and, the focus on policy and systems influence are key mechanisms built into the SYP Programme to enable sustainability.

The greatest strength of the SYP Programme is the level of buy-in from governments across the three countries regarding the relevance of the SYP Programme and their cooperation for implementation. At the implementation level, there is a commitment to maintain the good practices taught through the SYP Programme at school, healthcare facility and community levels. However, the effects of social norms should not be underestimated in this regard. In a few instances, activities related to SYP have been institutionalised through funding allocations by the relevant government (e.g. Cabo Delgado, Mozambique).

The greatest threat to sustainability is the governments' dependency on donor funding and the health systems challenges that go with being under-resourced (e.g. stock outs and limited and overburdened human resources). The sustainability of the SYP Programme can be strengthened by supporting government and youth structures to mobilise resources and to provide consistent post-training support to ensure quality and sustained implementation.

11 Conclusion

This final evaluation showed that the SYP Programme is holistic in its design and highly relevant at regional level and within the three target countries, across stakeholder groups.

In terms of **Outcome 1**, the SYP Programme achieved almost all the indicators and made a substantive contribution to achieving an enabling environment in all three countries, which are now using the regional legal framework to improve the ASRHR legal and policy environment and have established accountability frameworks for the protection of ASRH rights. The mainstreaming of MHM into adolescent and youth SRHR policies was achieved in all three countries and this work needs to continue to address myths and misconceptions. In terms of partnerships and coordination, much of the first phase of the SYP Programme was used to set up national governance structures with representation across government ministries, civil society and youth structures. As a result, coordination at these levels is generally good, although communication and coordination at district levels need to be strengthened.

A good level of progress was achieved in relation to **Outcome 2**. Support has been provided by the SYP programme to in-service teachers for the integration of CSE in lesson delivery, school-based clubs for SRH awareness raising, and referral mechanisms between schools, health facilities and community outreach stakeholders appear to be functioning well. The evaluation found evidence that the three countries are utilising a range of innovative and youth-friendly methods for out-of-school CSE. The CSE resources developed at the SYP/UNFPA regional level has provided a clear and consistent framework for the above-mentioned interventions. The SYP's support of the integration of ASRHR and economic empowerment initiatives is furthermore a strength. Post-training support/ mentoring, monitoring and quality assurance needs to be strengthened in the next phase as this is hampering CSE fidelity and implementation both in and out of school. While community and parent/ guardian engagement has commenced, this area of programme implementation requires strengthening to address persistent cultural and religious barriers to the uptake of SRH services by AYP. Challenges persist in reaching youth with disabilities and those living in remote or hard-to-reach areas. Lastly, there is limited evidence of the integration of climate change into CSE/ SBCC initiatives and the use of digital communication and education applications.

The SYP Programme made considerable strides towards achieving its **Outcome 3** and Output 6 targets. Despite significant growth in trained health providers for AYF services and expanded AYF services in targeted districts, challenges such as limited follow-up training and staffing issues remain. Nonetheless, expanding AYF safe spaces in healthcare facilities and the outreach services by CHWs have enhanced access to and demand for SRH services among AYP. Several good practice examples emerged, such as the mobile brigades in Mozambique that are improving access for AYP in hard-to-reach and unstable humanitarian settings. Service integration efforts across provider, facility and systems levels progressed, but limited NGO involvement and gaps in mental health services for AYP persist as challenges. While AYP accessing SRH services in targeted districts increased, it remains challenging to reach diverse youth populations, especially those with disabilities and members of the LGBTQIA+ community, particularly in Tanzania where members of the LGBTQIA+ community are criminalised.

Poverty, social norms, the policy context, health and education system challenges and young people's challenges with access are key contextual factors that influenced the implementation and outcomes achieved by the SYP Programme.

Incoherence in the relationship between UNFPA and SDC impacted this phase of the SYP Programme. Expectations, communication and accountability were often unclear, leading to a breakdown in trust and challenges with implementation. The most extreme impact of this dynamic was the discontinuation of programme funds in Rwanda. Despite these challenges, the SYP Programme in the three countries made considerable progress in achieving its targets.

12 Lessons learnt and recommendations

The following lessons have been learnt in this phase of the SYP programme. Recommendations have been provided to help build on these lessons; these have been prioritised to provide some guidance in terms of the urgency and importance of this being addressed, given the challenges reported in the evaluation.

Lesson learnt 1: Section 4 and 5 highlight the coordination role of the UNFPA (at regional and country level) as being critical for the SYP Programme as it enables a more holistic approach to addressing SRHR, GBV and related services for AYP. It also shows that establishing relationships with key line ministries at different levels, aligning interests and facilitating the coordination of ministries among themselves and with CSOs and youth structures takes time, and intentional and consistent effort. This is especially the case given the complex nature of the programme, the political context and social norms in SYP-targeted countries.

Recommendations:

- To strengthen the **coherence and sustainability** of the programme, the UNFPA country offices should focus its efforts on developing and nurturing these multi-stakeholder partnerships and coordination structures, ensuring alignment of interests, buy-in and support for the SYP Programme. (UNFPA country offices; high priority in any *new* SYP programme countries)
- The implementation plan and MEL framework should take into account this initial set-up phase and set realistic activities, timeframes and targets to be achieved in the first phase of an SYP Programme. This will strengthen the **efficiency** of the programme by setting realistic targets. (UNFPA ESARO; high priority for any *new* SYP programme countries)
- The next phase of the SYP Programme should strengthen the functionality of country Steering Committees and Technical Coordination Teams through improved representation of key stakeholders (where this is still a gap). Communication, feedback and planning mechanisms that mirror the multi-sectoral structures at national and provincial levels need to be strengthened at a local/ district level within countries. This will strengthen the **coherence and sustainability** of the programme. (UNFPA country offices; medium priority)

Lesson learnt 2: Section 4.2 highlights the increased demand for the SYP Programme to expand in target countries. While this reflects its relevance, it points to a tension in the role of the SYP as implementer versus developing the capacity of healthcare and education systems to meet the demand.

Recommendations:

- The SYP Programme should remain focused on its role to support policy improvement, develop the capacity of government, institutions, CSO partners and youth structures, and demonstrate models of service delivery for young people. This role should be clearly communicated to stakeholders. This will improve the **relevance** of UNFPAs efforts as it builds on existing strengths of the UNFPA. This will furthermore strengthen the government capacity to **sustain** SRHR services and support for young people. (UNFPA ESARO; high priority)
- To improve the **sustainability**, the UNFPA ESARO should provide more support for governments and youth structures to mobilise resources locally and internationally (through donor funding). (UNFPA ESARO; high priority)
- Mechanisms to provide evidence for policy-making should be strengthened to support **effectiveness** of Outcome 1. One such example is that the implementation of ASRHR programming in conflict areas (e.g. Cabo Delgado, Mozambique) should be documented and shared for learning. (UNFPA ESARO; low priority)

Lesson learnt 3: Sections 4.1 and 7.3.2 show that youth leaders, implementers and structures play a critical coordination, advocacy and implementation role in the SYP Programme, and have been key for the relevance of the SYP Programme. The use of peer-to-peer mentoring works well in stimulating demand for SRH services through youth-friendly approaches.

Recommendations:

- There needs to be more formalised and sustainable mechanisms for engaging in partnerships with youth structures **effectively**, including financial elements. The SYP Programme needs an evidence-based framework for youth engagement to guide the meaningful engagement of young people in policy-making, and the design and implementation of programmes. This is particularly important given that the programme is about safeguarding young people. The UNFPA Guidance on enhancing youth participation in East and Southern Africa can be used as foundation for this framework. (UNFPA ESARO; high priority)
- The SYP Programme needs to continue strengthening youth-led organisations that can serve as advocates for ASRHR at local, national and regional levels. This should include both organisational and advocacy capacity building as this will improve their **effectiveness** in policy influence and service delivery. (UNFPA ESARO and Country Offices; high priority)

Lesson learnt 4: Section 5.1.3 highlights that the benefits for the SYP Programme of having a regional programme have not been fully embraced and harnessed by the SYP Programme in the three countries.

Recommendation:

- A strategy for showcasing evidence of the regional benefits of the SYP Programme for SDC and UNFPA (particularly for country offices) is needed. The nature of the regional programme and expected engagements (e.g. between SYP countries, between SYP countries and RECs, between SYP countries and UNFPA ESARO) and in regional policy processes should be clearly defined, operationalised and monitored. This will improve the **effectiveness and efficiency** of the programme. (UNFPA ESARO and SDC HQ; high priority).
- The roles, expectations and communication and accountability mechanisms between UNFPA regional and country offices and SDC HQ and country offices needs to be collectively (across different levels) reviewed, unpacked, agreed, documented, and monitored in the next phase to improve internal **coherence**. A neutral facilitator should be brought on board to facilitate this conversation (UNFPA ESARO and SDC HQ; high priority).

Lesson learnt 5: Sections 3, 8 and 9 shows that poverty and gendered economic inequality is a contributing factor of unsafe sexual behaviour and GBV. Economic empowerment is, therefore, a critical aspect of the SYP Programme in the three target countries. Likewise, targeting youth in their diversity is critical for leaving no one behind. If hard-to-reach groups (e.g. LGBTQIA+ communities, youth with disabilities and people who use drugs) are not intentionally included in the programme design, they will remain left behind during programming activities.

Recommendations for strengthening the relevance of the programme:

- The UNFPA should form intentional, formal partnerships with relevant IPs focussed on these specialised services and youth in their diversity to leverage resources and expertise. (UNFPA ESARO and Country offices; medium priority)
- The capacity of service providers (e.g. teachers, facilitators and HCWs) should be strengthened to better target and address the comprehensive SRHR needs of young people in their diversity (in CSE and healthcare service delivery). UNFPA's disability awareness checklist for health staff and facilities should be used to assess the level of access for persons with disabilities across countries. (UNFPA ESARO and Country Offices; medium priority)

Lesson learnt 6: Sections 3 and 8 show that gender power relations and social and cultural norms (across all levels of society) play a critical role in preventing GBV, teenage pregnancy and child marriage. Norms also mitigate access to SRHR, GBV, HIV and other related services. Community and religious leaders and parents/ guardians need to be engaged alongside AYP. The integration of local perspectives, language and culture into CSE initiatives enhances relevance, trust building and information dissemination.

Recommendations for UNFPA ESARO and country offices to improve the relevance and effectiveness of the SYP programme:

- Structured and intentional community engagements/ dialogues must be implemented alongside in- and out-of-school CSE for AYP to ensure that parents/ guardians and religious and community leaders support shifts in demand for SRH services. (high priority)
- The SYP Programme should address systems of power and gender inequality through CSE programmes and policy dialogues. This should include strengthening the inclusion of men and boys in the SYP Programme and also addressing cultural norms, gender equality and the importance of ASRHR through engagements at a community level. (high priority)
- Importantly the SYP programme should focus on systematically integrating gender-transformative approaches to enhance the normative work around advancing gender equality at all levels e.g., legal/policy environment, organizational and community level interventions for changing discriminatory gender and social norms, drawing on the UNFPA Gender transformative approaches to achieve gender equality and SRHR Technical Note (2023) as a start. (high priority)
- UNFPA should work in partnership with relevant line Ministries to localise training materials to ensure contextualised content and translation into local languages. Training materials should be regularly reviewed, based on implementation, to ensure relevance and quality. (medium priority)

Lesson learnt 7: Sections 8 and 9 show that the training of teachers, community-based CSE facilitators, health workers and CHWs requires structured post-training support and mentoring. It also shows the importance of effective monitoring systems to assess the results of such training for learning and improvement (and to assess the sustainability of the results).

Recommendations to improve the effectiveness and sustainability of the SYP outcomes 2 and 3:

- UNFPA needs to strengthen the role it plays in terms of consistent quality control of training for teachers, community-based CSE facilitators, health workers and CHWs being rolled out by IPs and should draw on the regional guidance for this. (UNFPA ESARO and country offices; high priority)
- Post-training mentoring and monitoring support needs to be provided to trained implementers (e.g. educators, health care workers) including the provision of quality materials for reference and distribution to AYP. This support can be facilitated through using a training of trainers approach, similar to the Master Trainers initiative in Rwanda. (UNFPA country offices; Implementing partners; Sub-national government ministries; high priority)

Lesson learnt 8: Section 9 shows that the layering of well-trained healthcare professionals in AYFS with (a) good quality, operational and properly staffed, youth-friendly safe spaces in HCFs; (b) outreach work to create demand; and (c) strengthened linkages between schools and HCFs contribute towards expanding the reach and access of ASRHR services to AYP, particularly in deep rural areas.

Recommendations:

- Although school health programmes provide entry points for the distribution of SRH supplies to AYP (e.g. condoms) this does not work in all policy and cultural contexts, thus necessitating strong linkages between school CSE programmes and HCFs to improve its **effectiveness**. This strategy should be strengthened in the next phase and the use of Mozambique's referral guide for teachers is a good tool to reference. (UNFPA and implementing partners; sub-national; high priority).
- UNFPA should adopt a conceptual framework for measuring AYF SRH service integration at the provider level, facility level and systems level and mental health services should be integrated into the AYF SRH service delivery. This will improve the **effectiveness** of the programme (UNFPA ESARO; high priority).
- Scale up the expansion of outreach work to create demand for SRHR services coupled with the scaling of healthcare professionals training in AYFS and construction/ maintenance of youth-friendly spaces to meet the demand for SRH service delivery. This will improve the **effectiveness** of the SYP programme. (UNFPA and implementing partners; national and sub-national government ministries; medium priority).
- Developing and implementing operational guidelines for the implementation and maintenance of youth-friendly spaces (e.g. youth corners in HCFs) including solutions for staffing and oversight of spaces (e.g. quality assessment scorecards used in Rwanda) will improve the **effectiveness and sustainability** of the programme. This should be done in partnership with relevant government ministries to strengthen their buy-in from the outset. (UNFPA ESARO, country offices; National government ministries; high priority).

- Design and cost a standardised comprehensive package of outreach services for AYFS which draws on the good practice examples highlighted in this evaluation, such as working in partnership with local leaders, including parents as a target group, combining outreach activities with sports or music to attract young people, including peer educators in the outreach team, providing family planning services as part of an outreach package, etc. This will improve the **sustainability** of the programme. (UNFPA ESARO; low priority)

Other recommendations:

- The focus on cross-cutting issues, particularly mental health and climate change, needs to be strengthened to improve the **effectiveness** of the programme (UNFPA ESARO and country offices; medium priority).

Annexure A: SYP Regional Theory of change

UNFPA and its implementing partners (IPs) provided advocacy and policy advice; knowledge management to support the scaling of interventions; capacity development; facilitated partnership and coordination; and service delivery. The SYP Programme is designed to influence policy and legal environment (macro-level), strengthening organisations providing services (meso-level) and communities and individuals, particularly youth (micro-level). The three outcomes of the SYP Programme are interdependent.

Description of outputs in the diagram below:

Output 1 - Strengthened capacity of regional and national institutions to enable a conducive regional and national legal and policy environment, including accountability mechanisms, aiming at promoting and protecting adolescents and young people's rights.

Output 2: Empowered adolescents and young people's serving institutions and networks advocate and effectively participate in international, regional and national decision making and accountability mechanisms.

Output 3: Enhanced effective coordination, partnerships, knowledge management, strategic information and monitoring and evaluation of the SYP programme at regional and national levels.

Output 4: Strengthened capacity of regional and national institutions to design and implement quality, evidence-based, gender transformative and climate smart integrated SRHR, GBV and HIV adolescents and youth programmes including comprehensive sexuality education for in and out of school youth and its links with access to service.

Output 5: Strengthened capacity of institutions to deliver proven and tailored quality social behaviour change communication interventions to generate adolescents and young people's demand for integrated SRHR, GBV and HIV information and services, with a focus on HIV and substance abuse prevention.

Output 6: National Systems strengthened to respond, expand and deliver quality integrated SRHR, GBV and HIV services, which are sustainable and adolescents and young people's friendly within the Universal Health Coverage, Education and Social Protection frameworks.

Underlining principles - Accountability, Leave no one behind, resilience, sustainability, human right and people – centred approach.

Goal: By 2022, the health and wellbeing of adolescents and young people aged 10-24 is improved and maximised with a focus on their sexual and reproductive health and rights, including the reduction of HIV new infections, in the SADC region, specifically in Botswana, Eswatini, Lesotho, Malawi, Namibia, South Africa, Zambia and Zimbabwe.

Cross cutting dimensions/enablers

Adolescents and Youth meaningful and effective participation; Gender equality and Strategic Partnership, Knowledge Management, sustainable financing.

Primary Target Group: Adolescents and young people (10-24).

Secondary Target Group: SADC, SADC Parliamentary Forum, Ministries of Health, Education and Youth, CSOs, YSOs, YLOs, Parliaments, Parents, teachers, health providers, outreach workers and other youth serving implementers, decision makers, traditional leaders, community leaders – list not exhaustive

Outcome 1 - Strengthened enabling environment: Improved inclusive policies, legislations and accountability mechanisms for the promotion and protection of adolescents and young people's rights at regional (SADC), national and sub-national levels with a focus on sexual and reproductive health rights.

Outcome 2 – Strengthened demand through empowerment: Adolescents and young people utilise knowledge, skills and agency to make informed decisions and positive actions about their body, their life and their world.

Outcome 3 – Strengthened delivery: Increased equitable access to quality SRHR, GBV and HIV integrated services, which are adolescents and youth friendly.

Output 1*

Output 2*

Output 3*

Output 4*

Output 5*

Output 6*

Key Strategies:

Advocacy and Policy dialogue, Policy formulation and implementation, Law review and enforcement, Evidence generation, Knowledge Management, Capacity Development, Innovation, Service Delivery, Sustainable financing

Risks:

Lack of integrated multi-sectoral approach

Lack of opportunities to exercise leadership and participation.

Discriminatory gender and socio-cultural norms do not recognize the positive contribution of adolescent and youth, and under value girls.

Perpetuate harmful traditional practices and patriarchal social systems.

Young people lack full political, civil, social and economic rights, undermining their autonomy.

Power imbalance in the relationship between adolescents and adults

Key assumptions:

Favourable political and socio-economic environment at regional and national levels.

Full support from SADC Secretariat.

Leveraging sustainable financing from domestic and external resources

Synergies from strategic partnerships and coordination mechanisms.

Responsive traditional and community structures.

Increased partnerships through multi-sectoral collaboration

Stakeholders committed to adolescent and youth intervention and funding.

Accurate and appropriate information, education and communication tools and platforms available

Annexure B: Evaluation methodology and sample

This annexure describes the evaluation methodology and limitations. This should be used as a guide to future SYP Programme (or similar) evaluations.

Participatory process

As part of the participatory process, relevant stakeholders were involved in the inception, planning, design and reporting phases of the evaluation. Participation facilitates cooperation which ensured that all evaluation deliverables were meaningful, relevant and useful.

The Inception and Design Phase was initiated through a kick-off meeting with SDC to discuss the parameters, timeframes and communication structure for the evaluation. Following this, a virtual evaluation inception workshop was conducted on 21 August 2023 with SDC global and country representatives and UNFPA country and regional representatives. Following the regional inception workshop, Country level evaluation inception workshops were then conducted on 30 August, 1 and 6 September in Rwanda, Tanzania and Mozambique respectively. UNFPA and SDC country representatives, as well as key line ministries and implementing partners were invited to these workshops. The purpose of the country-level inception workshops was to have more country focused discussion about how the evaluation would be implemented in each county. See Appendix B: List of participants for Inception workshops for a list of participants for all inception workshops.

An Evaluation Reference Group was established with representatives from SDC, UNFPA Regional Office, and UNFPA focal country offices. The purpose of the reference group was to support the management of the evaluation and guide the design of the evaluation. Two meetings were conducted with the reference group post the inception workshop; one prior to fieldwork in October and another at the end of fieldwork in November.

The evaluation report was presented three times: Topline findings were presented to SDC and the Reference Group separately and the draft report was presented (virtually and written report) to the Reference Group and other UNFPA/SDC staff for comment before finalisation.

Ethics approval

Southern Hemisphere worked collaboratively with country offices to understand ethical requirements in each country. Ethics approval was only required in Tanzania, while an introduction letter would be required for Mozambique and Rwanda. This was mainly due to the focus of the evaluation being on the implementation of the programme, and the exclusion of young persons from the evaluation.

A dual ethics application process was pursued for Zanzibar and Mainland in Tanzania and ethics approval was granted prior to fieldwork.

Sample of sites

All three SYP-implementing countries were included in the evaluation. These countries were selected by SDC. In total 7 districts (2 in Mozambique and Rwanda and 3 in Tanzania) were selected for fieldwork[36].

The sample was discussed and selected collaboratively with UNFPA and Implementing Partners, with SDCs consultation where available. Sampling criteria were agreed upon at the Regional Inception Workshop. The sampling criteria was then used for further discussion at country-level inception workshop and subsequent meetings in September 2023**.** Sampling sites (which are sites/organisations providing services to adolescents and young people that are being targeted by SYP programmes) and districts were selected based on the following criteria:

- Districts where youth networks have been active.
- Districts where there is a higher density of implementation sites and mixture of programme areas.

[36] While the evaluation planned to include only sites, an extra site what included to accommodate districts in both Mainland and Zanzibar, Tanzania.

- Mixture of rural, urban and peri-urban sites. More rural sites were selected as part of the evaluation as this seems to be where the SYP programme is mostly implemented. While each country does not necessarily have rural, peri-urban and urban sites, across the three countries there is geographical spread.
- Sites that offer learning opportunities (either good practices or challenges).
- Three types of sites were selected for data collection namely health care facilities, in and out of school Comprehensive Sexuality Education programmes.

Country offices (together with implementing partners) put forward a total of 12 sites for evaluators to select from; 6 sites were selected for fieldwork in each country, bringing it to a total of 18 sites sampled. This is further described in the Error! Reference source not found..

A list of the sites sampled per country is provided in the table below.

Table 2: Sampling at country level

Country	Districts	Sites	Geographical spread	Learning
Mozambique	Montepuez (Cabo Delgado) Erati (Nampula)	6 sites: Healthcare facilities (HCFs): • Hospital Rural de Montepuez • Centro de Saúde de Alua Out of school CSE: • Comunidade de Mirige • Alua Sede-Bairro Campo In-school CSE: • Escola Primária Completa de Mirige • Escola Secundária de Namapa	1 urban, 2 peri-urban and 3 rural sites selected.	4 Sites that offer learning based on good practices selected. 2 struggling sites selected (HCF and out of school CSE). Sites focus on: youth friendly services, mobile brigades, community outreach, integrated services. Implementation at all sites only initiated in 2022
Tanzania	Msalala District (Shinyanga Region) Kakonko District (Kigoma Region) Zanzibar (Unguja)	6 sites Out-of-school CSE: • Upendo Girls Club in Malito village (Tailoring Project) • Bugarama Girls Club (Stationary project) HCF: • Kinonko HC, Kakonko district council (mainland) • Magirisi PHCU (Zanzibar) In-school CSE: • Rugenge Primary School, Kasongati ward, Kakonko district council • Kasanda Secondary School 1 HCF selected in Zanzibar as only health care aspect of SYP implemented here Out-of-school CSE sites only in Msalala	2 peri-urban and 4 rural sites selected. (no urban sites identified, mostly rural sites identified)	All sites selected reported to have good practices and are also struggling. Out-of-school CSE: The proposed sites will explore economic empowerment of adolescent girls. In-school CSE: will explore Fema clubs, peer education Health services: Youth-friendly services

Rwanda	Rusizi district and Karongi district (Western Province)	6 sites: Health care facilities (HCFs): • Bugarama Health Center • Rubenger Youth corner In school CSE: • Group Scolaire Giheke • GS Hanika Out of school CSE: • Rusizi YEGO Center • Kibirizi youth space	4 rural and 2 urban sites selected.	4 Sites that offer learning based on good practices selected. 2 struggling sites selected (HCF and in-school CSE). HCF sites: will explore youth friendly services in rural and urban environment. Out of school sites: will explore mobile brigades and outreach work in communities. In-school sites: will explore CSE in primary school and secondary school. One programme focussed on mentorship, another has some learning around referral systems between school and health services.
Totals	**7 districts**	**18 sites: 6 Healthcare facilities, 6 in school CSE programmes, 6 out-of-school CSE programmes**	**3 urban, 4 peri-urban, 11 rural sites**	**8 good practice sites, 4 struggling sites, 6 sites with a mixture good and struggling characteristic**

For regional and country-level staff, organisations and ministries a purposeful sampling method was used to select participants based on their role in implementing/managing/partnering with the SYP programme.

The evaluation had a planned sample of **10 key informant interviews**, **62 semi-structured interviews**, and **24 focus group discussions** from representatives at a programme, regional level, and across all three implementing countries. In total (as of 24 November 2023) **12 key informant interviews, 58 semi-structured interviews, 27 focus group discussions,** – reaching a total of about **264** evaluation participants.

Programme and regional-level stakeholders

At a programme level, all identified stakeholders were interviewed virtually. In total, 13 interviews were conducted with representatives of SDC and UNFPA regional-level stakeholders. The planned interview with a regional NGO (MIET AFRIKA) was not conducted as it was suggested that the interview conducted in the previous evaluation would be used again in this evaluation. Two SSIs (1 for the AU commission and 1 for regional networks) due to participants' unavailability, these were not conducted.

Table 3 Summary of data collection progress for programme and regional level

Level	Stakeholders	Details	Method	Planned number of Interviews	Actual number of interviews conducted
Programme Level	UNFPA & SDC	SDC HQ and country offices UNFPA regional and country persons interviewed	Key informant interview (KII) - Virtual	7	13

Regional Level	Regional	EAC secretariate, AU commission[37]	Semi structured interviews (SSI) - Virtual	5	2
			Total	**12**	**15**

Country level

At a country level, data was collected online from national and sub-national level government, CSO implementing partners, external partners/donors and youth representatives.

A summary of data collection progress at the country level can be found in Table 4 below.

Table 4 Summary of virtual data collection progress at a country level

Stakeholders	Method	Details	Planned number of Interviews	Actual number
National Duty bearers	Semi-structured interviews (SSI)	Health, Education, Social Development and Youth ministries	9 (3 per country)	9
Sub-national duty bearers	SSI	Health, Education and Youth Ministries at either provincial or district level	18 (6 per country)	16 (Mozambique's Education and youth departments are combined into one department/office therefore two interviews were absorbed).
External partners	SSI	Donors, NGOs, UNDP, RNADW, IEE, EKN, European External Action Service European, Coalizao, UNAIDS,GAC UNESCO	9 (3 per country)	9
National youth lead organisations	Focus Group Discussion (FGDs)	AfriYAN, Kora Wiyubake Organization, Impanuro Girls Initiative, We Got Your Back, Youth Choice for change, YAP	3 (1 per country)	3
CSO Implementing partners	SSI	Swiss TPH, Imbuto Foundation, HDI, Wiwanana,AMODEFA Kutenga and DKT,Kiwohede, FEMINAhip Restless Development	9 (3 per country)	10 (two interviews were conducted with one Mozambique IP)
Healthcare sites[38]	FGD	Health care facility staff implementing youth SRHR services	6 (2 per country)	6
	SSI	Health care facility managers	6 (2 per country)	6

[37] Interviews with AU and AfriYAN representatives is still planned. MIET interview from previous evaluation will be used.
[38] See table 8 for details of site names

	FGD	Staff implementing community-based youth SRHR services (e.g. community health workers)	6 (2 per country)	6
CSE sites in school	SSI	School Principal	6 (2 per country)	6
	FGD	Teachers / Peer Educators - Those targeted by the programme for capacity building of SRHR education in schools	6 (2 per country)	6
CSE sites out of school	FGD	Community facilitators providing out-of-school CSE	6 (2 per country)	6
Total				**27 FGDs, 56 SSIs**

A detailed description of fieldwork conducted in each focal country is provided below:

Table 5 Detailed description of data collected per focal country

Country	Rwanda	Mozambique	Tanzania	Total Reach (participants)
Dates	30 October and 6 November 2023	6 - 10 November 2023	30 and 31 October and 6 to 9 November 2023	
District	Karongi and Rusizi	Cabo del Gado and Nampula	Unguja (Zanzibar), Msalala, and Kakonko (Tanzania)	
Sub-national duty bearers	2 SSIs x district Ministry of Health, 2 SSIs x Ministry of Education, 2 SSIs x Ministry of Youth	2 SSIs x District Services for Education, Youth, Employment and Technology (SDJT), 1 SSI x SPS Nampula (health), 1 SSI x DPS Cabo Delgado (health)	2 SSI x Ministry of Health, 1 SSI X Ministry Of Education and Vocational Training, 1 SSI x Ministries of Youth, 1 SSI x Ministries of Education	15 participants
CSO Implementing partners	1 SSI x Swiss TPH (focuses on out of school CSE), 1 SSI x Imbuto Foundation (focuses on in school CSE), 1 SSI x HDI (focuses on health)	1 SSI x Wiwanana, 1 SSI x AMODEFA, 1 SSI x Kutenga and 1 SSI x DKT	1 SSI x Kiwohede, 1 SSI x FEMINAhip, 1 SSI x Restless Development	10 participants
Health care facility managers	1 SSI X Rubenger Youth corner , 1 SSI Bugarama Health Center	1 SSI X Hospital Rural de Montepuez, 1 SSI X Centro de Saúde de Alua	1 SSI X Magirisi PHCU, 1 SSI X Kakonko District Council	6 participants
Centre based staff implementing youth SRHR services	1 FGD x Rubenger Youth corner 1 FGD x Bugarama Health Center ***(Total: 6 participants)***	1 FGD x Hospital Rural de Montepuez -SDSMAS 1 FGD xCentro de Saúde de Alua ***(Total: 18 participants)***	*1 FGD x Kakonko Health Center,* *1 FGD x Magirisi PHCU* ***(Total : 11 participants)***	35 participants
Staff implementing community-based youth SRHR services (e.g. community health workers)	1 FGD x Rubenger Youth corner 1 FGD x Bugarama health center ***(6 participants)***	1 FGD xHospital Rural de Montepuez - SDSMAS, 1 FGD x Centro de Saúde de Alua (**18 participants**)	1 FGD xMagirisi PHCU, 1 FGD @Kakonko HC, Kakonko district council (**10 participants**)	34 participants
School Principals	1 SSI X GS Hanika, 1 SSI x Group Scolaire Giheke	1 SSI X Escola Primária Completa de Mirige – SDEJT, 1 SSI X Escola Secundária de Namapa - SDEJT	1 SSI X Kasanda Secondary School, 1 SSI X Rurenge Primary School,	6 participants

Teachers / Peer Educators providing in-school CSE	1 FGD x GS Hanika, 1 FGD x Group Scolaire Giheke (**17 participants**)	1 FGD x Escola Primária Completa de Mirige – SDEJT, 1 FGD x Escola Secundária de Namapa – SDEJT (**10 participants**)	1 FGD x Kasanda Secondary School, 1 FGD x Rurenge Primary School (**8 participants**)	35 participants
Community facilitators providing out-of-school CSE	1 FGD x Kibirizi Youth Space, 1 FGD xRusizi Yego Center (**18 participants**)	1 FGD x Communidade de Mirige 1 FGD x Alua Sede-Bairro Campo (**22 participants**)	1 FGD x Upendo Girls Club in Malito village (Tailoring Project) 1 FGD x Bugarama Girls Club (Stationary project) (**15 participants**)	55 Participants

Fieldwork preparation

The UNFPA regional office and country offices provided Southern Hemisphere with contact details for all key stakeholders required for the sample. A letter of introduction, signed by UNFPA, was sent to all evaluation participants when requesting their participation in the evaluation.

UNFPA country focal persons were the key contacts for setting up data collection in each country and sharing of key documents. For the focus countries (Rwanda, Mozambique, and Tanzania), Southern Hemisphere worked very closely with each UNFPA country office focal persons.

Figure 2: Overview of fieldwork planning process for each focus country.

Fieldwork preparation and training were conducted virtually on 19th October with all local consultants involved in data collection. The purpose was to review the objectives of the evaluation, present high-level insights already collected on the country and programme context, familiarise the team with the data collection instruments and ethics procedures, and to review and finalise the fieldwork schedules. Each local consultant was also provided with a fieldworker pack which supported their data collection.

Quality assurance, communication and data management

The evaluation team undertook the following activities to ensure quality of interviews:

- All interviews were recorded.
- Fieldworker interview notes were reviewed after the first day in field or after the first notes were captured and comments were provided to improve the quality of interviews and transcripts.
- Information sharing of field experience through internal WhatsApp group and calls while in field.
- The team used WhatsApp as a means of troubleshooting issues as they arose. This proved to be an effective form of communication.

Country fieldwork debrief meetings and topline findings presentation

Following the end of the fieldwork period, a fieldwork debriefing meeting was conducted for each country with UNFPA country and regional offices. The purpose of these debriefing meetings was to validate the initial findings. Following this, topline findings were presented to the SDC team. These debriefing meetings occurred in the following sequence.

- Tanzania Fieldwork Debrief Session - Monday 20 November 2023
- Mozambique Fieldwork debrief session - Wednesday 22 November 2023
- Rwanda Fieldwork debrief session - Friday 24 November 2023
- Fieldwork Topline Findings Presentation – Monday 4 December 2023

Challenges and limitations experienced during the evaluation process

The following challenges and limitations should be noted for this evaluation:

- Some interviews took long to secure due to participants' competing schedules and the timing of data collection.
- Connectivity issues affected the quality of some virtual interviews.

- Some interviewees (e.g. nurses and teachers) had limited time for interviews. Interviews were shortened to accommodate busy schedules. This limited the amount of time for in-depth discussions.
- The length of interviews led to interviewee fatigue in some instances, and so may have compromised the quality of the data.
- The evaluation focuses on summarising the progress across all countries, and di not focus on reporting per country.
- The evaluation only focussed on outputs and outcomes at the level of implementers (or implementing organisations) of the programme. The evaluation will not explore the outcomes and impacts for beneficiaries (e.g. young people) through primary data collection. This decision was taken as: the SYP programme in the three countries has only been implemented since 2021, and in some instances, implementation only started in 2022. While there may be some emerging outcomes for beneficiaries, overall, it is too soon to assess the outcomes and impacts for beneficiaries. In addition, budget limitations meant that the objectives and sample for the evaluation needed to be focussed. Lastly, if vulnerable groups (e.g. minors) were to be sampled in this evaluation, ethics approval would have taken longer. Given the tight timeframes for this evaluation, it was decided that the shortest possible ethics approval process needed to be pursued.

Table 6: Evaluation design framework

Evaluation Criteria	Draft Evaluation Questions	Data collection method and data sources
Relevance Key question: To what extent are the objectives of SYP consistent with the evolving **needs** and priorities of adolescents and young people, country needs, implementation partners, global priorities and key stakeholders including funding partners within the three countries? **Are we doing the right things?**	• How has the target group and key stakeholders been (including AYP in their diversity, key line ministries, East African Community - EAC - and Southern Africa Development Community - SADC) been involved in the design and implementation of the programme? • How were their needs assessed? • How were they involved in designing and making decisions about the programme ? • How well does the SYP programme respond to the needs and priorities of young people in Mozambique, Rwanda and Tanzania? • Has the programme been designed and implemented in line with the needs and priorities and country commitments in Mozambique, Rwanda and Tanzania? • Consistency of objectives of the program with global priorities and funding partners. • Enablers and barriers for designing a relevant SYP programme: external factors; program design process, management and governance arrangements; participation of relevant stakeholders? • Is the programme strategy, objectives, interventions and assumptions appropriate and adequate for achieving the planned results? • What has been, if any, the degree of adjustment of the SYP programme according to local context and is it sufficient? Why or why not?	**All stakeholders**
Coherence (internal and external) Key question: Is the programme working coherently internally (given the governance and management arrangement) and externally (with partners)?	**External coherence (partners):** • How does SYP work with partners (co-funding, strategizing, advocacy, etc.)? • To what extent has the programme been able to build on other initiatives and create synergies with other programmes and partners? • How has the SYP programmes factored in the integration of services (referral systems, co-o-ordination mechanisms) with partners? • What are the strengths and challenges of their partnership approach used by SYP?	National youth led organisations Staff implementing SYP programmes National Duty Bearers (Government) Sub-national duty bearers (government)

Evaluation Criteria	Draft Evaluation Questions	Data collection method and data sources
	• How can partnerships and coordination be strengthened towards SYP outcomes?	CSO implementing partners (HQ, management, and implementation staff) SDC, UNFPA External partners (donors, regional NGOs, UN agencies, CSOs)
	Internal coherence : • Is UNFPA (implementing partner) the most appropriate partner; are there others to consider? • How appropriate and effective were the governance and management arrangements at Regional and Country Level? • How did this positively or negatively affect the SYP programme management and implementation (communication, co-ordination, role clarity, accountability, duplication, power and decision making, autonomy, implementation)? • How did country and regional levels governance and management structures interact during phase 1 of implementation? What were the strengths and challenges? • Is there a clear understanding of roles and responsibilities and accountability by all parties involved? • How well did the SYP programme complement other UNFPA programmes at regional and country level? • Are the characteristics of the SYP program activities clearly distinguishable and understandable from the other work of UNFPA? • What changes, positive or negative, has they SYP programme brought about for its implementing partners (CSOs and UNFPA)?	SDC, UNFPA National Duty Bearers (Government) Sub-national duty bearers (government) CSO implementing partners (HQ, management)

Effectiveness[39] Key question: To what extent have the SYP results (outputs and outcomes to some degree) achieved or are expected/likely to be achieved? (i.e., the current status of programme performance) Are we doing the right things?	• What have been the key outputs and outcomes achieved so far (short to medium term) for the SYP programme at country and regional level? These include the following: ○ **Progress towards changes in national policies, strategies** (e.g. integration of ASRHR in government policies, systems and services at national and sub-national levels) ○ **Changes in institutional management and governance** capacity/practices (leadership, accountability mechanisms, prioritisation of ASRHR, resource allocation, staffing, systems and tools developed) ○ **Capacity of young peoples organisations** (knowledge, organising capacity, participation in decision making) ○ **Capacity of staff** providing services (knowledge, skills) ○ **Service delivery and programming** (CSE in and out of school and health services for AYP) (Using these 'lenses' accessible, equitable, youth friendly, quality, integrated services for A&Y)? • How effective is each of the programme's interventions to support the above mentioned changes (policy development, integrated HIV and sexual health services aimed at young people, comprehensive sexuality education for young people both in and out of school, and youth participation in activities that empower them)? ○ **What SYP interventions/strategies worked well to support the above mentioned changes? Why?** ○ **What SYP interventions/strategies did not work well to bring about anticipated changes? Why?** • How is the SYP progressing on outcome indicators young people (secondary data only)? • How have unintended factors affected the outcomes and could they have been foreseen and managed? • What progress has been made to address the following cross cutting issues in SYP: Substance abuse, Climate change, Technology, Gender responsive approaches that seek to address the underlying causes of GBV, Inclusion of the most vulnerable populations • What have been the key enablers and barriers to achieving the SYP results: programme design, context (e.g. religious, cultural, social norms, government	**All stakeholders and secondary data**

	institutional capacity, natural disasters), programme implementation, SYP institutional arrangements? • What adaptive management processes were put in place to respond to the challenges experienced in programme implementation? • How well did the SYP programme respond to the challenges presented through COVID 19?	

Evaluation Criteria	Draft Evaluation Questions	Data collection method and data sources

Efficiency[40]
 	
Key question: How economically have resources/ inputs (funds, human resources, time, etc.) been used to create results?
	• Were the available technical and financial resources adequate to fulfil the programme plans in this first phase?
	• To what extent has SYP programme been implemented in the most efficient way? Where has there been opportunity to function more efficiently?
	• Which strategies/approaches used by the SYP programme or more or less efficient?
	• MEL:
	  ○ How effective is the programme's M&E system and indicators in capturing relevant results?
	  ○ How is the M&E system implemented? Is information systematically collected, collated and analysed?
	  ○ How is M&E data currently used by programme staff ?
	  ○ How have the lessons learnt from previous iterations of the SYP programme (e.g. in Southern Africa) been integrated into this phase of SYP?
		SDC, UNFPA
		
		Regional level Co-ordination structures
		
		National Duty Bearers (Government)
		
		Sub-national duty bearers (government)
		
		CSO implementing partners (HQ, management, and implementation staff)

Sustainability To what extent have the positive outcomes of the project and the flow of benefits likely to continue after SYP ends? **Will changes last?**	• What strategies have been used to enhance the sustainability of the SYP? (e.g. how has ownership been built, plans for sustainability and scaling, institutional structures and mechanisms, funding mechanisms) • Has a participatory methodology been applied as a means to achieve a larger degree of ownership by the key partners in the countries? • To what degree have the capacities of national institutions been built? • To what extent is there national ownership and commitment to the programme? How do national ministries and local government understand their role in sustaining the SYP programme? • What programme components appear likely to be sustained after the project? How? • What are threats to sustainability of the programme components beyond the SYP? How can these be mitigated?	SDC, UNFPA Regional level Co-ordination structures National Duty Bearers (Government) Sub-national duty bearers (government) CSO implementing partners (HQ, management, and implementation staff) National youth led organisations

[40] Please note that the scope of this evaluation does not include a detailed and systematic efficiency analysis. The questions have been adjusted from the original TOR/evaluation proposal to focus on the perceptions of SYP programme efficiency.

Evaluation Criteria	Draft Evaluation Questions	Data collection method and data sources
	• What needs, if any, exist for further capacity building and support to promote the likelihood of sustainability? • Where should SYP focus its interventions in order to achieve sustainable impacts for adolescent and young people's SRHR?	
Lessons learned	Based on the outcomes of this programme, what are the key lessons learned that both SDC and UNFPA can take away on adolescents and young people's SRHR, programme implementation, monitoring and evaluation and impact assessment? What good practices have been learned from the programme that can be applied to similar interventions in the future? How should the programme shift/change to increase the likelihood of achieving it's intentions (i.e. enabling environment, strengthened demand through empowerment and strengthened service delivery)?	All stakeholders

Table 7: List of attendees for inception workshops

Regional Inception Workshop Attendees		
Name	**Organisation and Country**	**Role**
Carla Koch	SDC, HQ, Bern	Regional Health Advisor
Chinyama Lukama	UNFPA, ESARO	SYP M&E Specialist
Esther Majani	Embassy of Switzerland Tanzania	National Programme Officer - Health
Fatina Kiluvia	UNFPA Tanzania	Program Analyst ASRH
Clelia Guareschi	UNFPA Mozambique	M&E analyst (Italian fellow)
Isabelle Jost	UNFPA, ESARO	Programme Support Officer
Jumanne Mbilao	UNFPA, Tanzania	M & E Analyst
Jyoti Tewari	UNFPA, ESA Regional Office	Coordinator of integrated SRHR Team
Tamisayi Chinhengo	UNFPA, ESA Regional office	Youth Team Lead and Regional SYP Coordinator a.i
Vestine Mutarabayire	UNFPA Rwanda	Adolescent and youth unit team lead
Aimee Umurungi	SDC Rwanda	Health & Nutrition Programme Officer
Bernhard Soland	SDC, Switzerland	UNFPA Core Contribution Focal Point
Milton Saranga	SDc, Mozambique	Health Program officer
Hakyung Kang	UNFPA Rwanda	M&E Specialist
Rwanda Inception Workshop Attendees		
Name	**Organisation and Country**	**Role**
Vestine Mutarabayire	UNFPA Rwanda	HIV/Humanitarian Response , Adolescent and youth unit lead
Ernest Clement Mendy	Swiss TPH- Kigali	SYP Project coordinator
Hakyung Kang	UNFPA Rwanda	M&E specialist
Adriane Martin HIlber	Swiss TPH Basel	SYP Project Lead
Turatsinze Janepher	SFH Rwanda	SYP project lead
Dr Evode Niyibizi	AfriYAN Rwanda	Country Director

Emmanuel Murenzi	Inspire Educate and Empower Rwanda	Country Director
Aimee Delphine Umurungi	SDC	Health & Nutrition Programme Officer
Vincent IKIBASUMBA	Good Neighbors International	Operations Manager
Furaha Siraji	UNFPA	Operations Manager
Gervais Ntirenganya	UNFPA	AYSRH &D Disability Specialist
Eric Kayiranga	Imbuto Foundation	ASRH-HIV Programme Specialist
Minjung Kim	Good Neighbors International	Country Director
Tanzania Inception Workshop Attendees		
Name	**Organisation and Country**	**Role**
Fatina Kiluvia	UNFPA	Prog Analyst ASRH - SYP focal person
Godfrey Massawe	PMO-LYED	Principal Youth Development Officer
Emmanuel Balibate	Femina Hip	MERL Coordinator
Godlove Isdory	TMEPiD	Youth Coordinator - SYP Project Officer
Rose Nyamuhokya	UNFPA	Prog Assistant-supporting SYP
Seifu Ibrahim	AfriYAN Tanzania	Secretary
Shaib Ibrahim Muhamed	Ministry of Youth Affairs Zanzibar	Youth Director
Valentine Debonneville	UNFPA	Resource Mobilization and Partnership Analyst
Hasna Shein	Ministry of Health-Zanzibar	Advocacy of youth on Sexually Reproductive Health
George Mutasingwa	TMEPID	Operation Manager
Mia Mjengwa Bergdahl	Karibu Tanzania Organization.	Head of Programs and Partner
Jumanne Mbilao	UNFPA	M&E specialist
Mozambique Inception Workshop Attendees		
Name	**Organisation and Country**	**Role**
Kizito Nsanzya	UNFPA	M&E Technical Specialist
Ines Boene	AMODEFA	Program Coordinator

Assane Macangira	UNFPA	Youth Team Leader
Marcelo Kantu	AMODEFA	M&A Officer
Benjamim Cumaio	UNFPA	M&E Analyst
Dinis Luis	UNFPA	ASRHR Analyst
Efraime	Kutenga	M & A
Hilário Tsope	Kutenga	Programme Coordinator
Pedro Manuel	Kutenga	Programme Coordinator
Reginaldo Macuacua	Kutenga	Director of Programmes
Ivete Eduardo Picardo	Nampula	

Annexure C: Design and relevance of the SYP programme

The following section includes additional information related to the design of the SYP programme (as contained in Section 4 of the report).

The design and inception of the SYP Programme in the three countries

The **African Union (AU), Southern African Development Community (SADC) and East African Community (EAC)** were reportedly involved in the planning process, although this was not verified by the AU, SADC or EAC[41]. Government Ministries and young people were involved to varying degrees in the design of the programme across the three countries. The y**outh** participated in planning processes mainly through country structures (e.g. National Coordination Team) and regional structures (such as the Regional Coordination Team and Steering Committee), where the African Youth and Adolescents Network (AfriYAN) has representation. In Rwanda, youth representatives interviewed indicated that their involvement was more meaningful in 2023 when they contributed to problem-solving around the challenges faced in SYP Programme implementation and quality. **Government Ministries** reported being somewhat involved in planning in all the countries but more extensively in Tanzania. They were involved earlier through consultations, and then through formal structures set up through the SYP Programme (National Coordination and Steering Committees and Regional Steering Committee). Some government representatives reported not being involved in planning (e.g. district-level government in Mozambique and the Ministry of Higher Education in Tanzania).

Good planning process practice by UNFPA Tanzania

Tanzania reported the most in-depth engagement of the government, young people and civil society organisations (CSOs) in their SYP Programme design process. The government was involved from the proposal writing stage, young people were involved in regional, national and local level planning and CSOs were involved in aligning the SYP Programme to their existing work, methodologies and gaps identified. UNFPA facilitated learning between CSOs to help them identify strengths and share lessons.

"At AfriYAN we were involved from the beginning – from ideation, design, and we suggested activities to be undertaken for the three years…Members of AfriYAN draft their works plans per region…and the two (AfriYAN) representatives present to the technical committee…We have youth working groups per zone. We gather their views…to help…design the programme." (Tanzania, FGD youth representative)

Relevance of the SYP programme

Globally, the SYP Programme is aligned to the United Nations Sustainable Development Goals (SDGs), Africa Agenda 2063, SADC Youth Protocol, Maputo Protocol, East and Southern Africa (ESA) Ministerial Commitment of SADC and EAC, and the EAC's Integrated Health Programme.

The SYP Programme is perceived by **other funders/ external partners** as complementary and aligned with programmes and frameworks like the UN One Family Approach, the UN Sustainable Development Cooperation Framework, the Spotlight Initiative (European Union) and the Korea International Cooperation Agency (KOICA).

CSOs in all three countries have been able to continue and expand their work by combining SRHR with vulnerable groups (e.g. persons with disabilities) or expanding to new geographical areas (e.g. Nampula province in Mozambique).

The following factors enabled the relevance of the SYP programme:

- The regional programme **logframe, lessons learnt** from previous programmes, and the **positive reputation** of the SYP Programme in other countries enabled the planning and relevance at a country level. The SYP programme is plan **flexible** to enable adaptation at country level.

[41] The interview with the relevant AU representative did not take place, the EAC representative interviewed was not involved at the start of the SYP, and SADC representative was not interviewed in this evaluation.

- Having **key line ministries and young people involved** in planning processes (either at the start or during implementation) and governance structures, regular meetings at the district level and a trusting partnership with government officials opened lines of communication and thus enabled alignment with their needs and priorities.
- Working across sectors and bringing **multiple partners and ministries** together to address ASRHR.
- Although there were concerns about the appropriateness of the SYP Programme for the local context (particularly in Rwanda), **the general sentiment was that the SYP Programme was adapted to align to the local context** through, for example, adjusting and translating the language used so that it can be applied in more conservative contexts (e.g. Tanzania and Rwanda), conducting needs assessments in Mozambique and Rwanda, focusing on thematic areas/ interventions that aligns to the local context.
- The SYP Programme **built on previous programmes**, especially in Mozambique where the SYP Programme was a continuation of the My Choice and BIZ Generation Programmes. The SYP Programme in Mozambique thus benefited from existing partnerships, buy-in, institutional knowledge of My Choice staff and IPs, and advancing the progress made by these programmes.
- The **multipronged interventions of** the SYP Programme improve its relevance and effectiveness: creating demand through educating young people in and out of formal institutions; developing the capacity of service providers to address the demand for youth-friendly, integrated SHRH and other services; providing economic empowerment opportunities addressing drivers of GBV, child marriage and teenage pregnancy and risky behaviour; addressing the policy context and systemic barriers to improve ASRHR; and challenging attitudes, values and social/ cultural norms at the community level.
- In terms of **methodologies used**, having youth implement demand creation and outreach services has been deemed a relevant and effective strategy to access young people. This was particularly emphasised in Rwanda. Topics and methodologies were reported to be **age-appropriate** by educators interviewed in Mozambique and the National Ministry of Education and District Ministry of Youth representatives in Rwanda.

"The SYP strategy…involves young people themselves in implementation…Peer educations are from those sectors, communities…those peer educators understand the context of their communities…and are friends to the young people who are beneficiaries." (Rwanda, District Ministry of Youth)

- The programme has done well to reach young people through **multiple access points** including youth in high-risk conflict areas (e.g. Nampula), schools, higher learning institutions, out-of-school, religious and other community leaders, social media and youth district officers.

A key challenge to the relevance of the SYP Programme is the **insufficient supply** of the programme, particularly in relation to the demand to reach more provinces and more young people and provide infrastructure and resource support to the government. The SYP programme is however catalytic in nature, and there are continuous efforts to mobilise resources to expand SRHR services in targeted countries. In addition, the UNFPA leverages the support of other UN programmes (e.g. Joint Programme on SRHR) to the expand SRHR services. The insufficient supply of SRHR services is however a larger challenge of the healthcare system, rather than a limitation of the SYP Programme strategy. This also highlights a tension in the in-country role of UNPFA: while there is high demand for SRHR, HIV, GBV and other related services in the targeted countries, and the SYP programme expands the reach of services, its core purpose is to strengthen the healthcare and education system to respond to this demand.

The programme has **not sufficiently reached diverse young people**. Section 3 highlighted the backlash, particularly in East Africa against LGBTQIA+ groups which makes it challenging to reach this (and other hard to reach) groups and would require services that are tailored to their needs. These interventions would be costly for government to sustain, particularly at this point of the SYP programme's maturity in the three countries. As the SYP Programme is in its infancy in the three countries, it is reasonable to expect that the programme has not fully reached youth in their diversity. The SYP programme continues to focus its regional advocacy activities on including hard to reach youth (particularly in relation to the SADC SRHR Score Card and EAC SRHR Bill). Countries have however started working with youth in their diversity, and all countries indicate that this needs to be further strengthened. Men and boys are particularly critical to changing the social norms. The 2023 SYP

evaluation[42] points out that other UNFPA programmes focus on key populations and there should be better integration with these programmes (e.g. the Key Population Unit within UNFPA, and joint programmes).

[42] Jabobs, T, Wessels-Ziervogel, W., Chames, C. Phillips, T., and Lemmon, D. (2023). Final Report: Final Evaluation of the Safeguarding Young People Programme.

Annexure D: Coherence of the SYP programme

This section provides further details on the coherence of the SYP programme and expands on information provided in Section 5.

Internal coherence

Governance

At the regional level, the SADC secretariat provides overall leadership of the SYP Programme. A **SYP Programme steering committee**, comprising SADC PF (Parliamentary Forum), EAC, Principal Secretaries and Directors of key line departments (i.e. Health, Education and Youth), UNFPA management, CSOs and young people, reviews and approves annual work plans and reports and advances policy dialogue within the region. SDC and EKN play are observers on the steering committee. The **technical coordination team**, comprising country delegations, young people, SDC, SADC, EKN, SADC PF and the SYP Secretariat, is responsible for reporting and planning. The governance structure is captured in the diagram below.

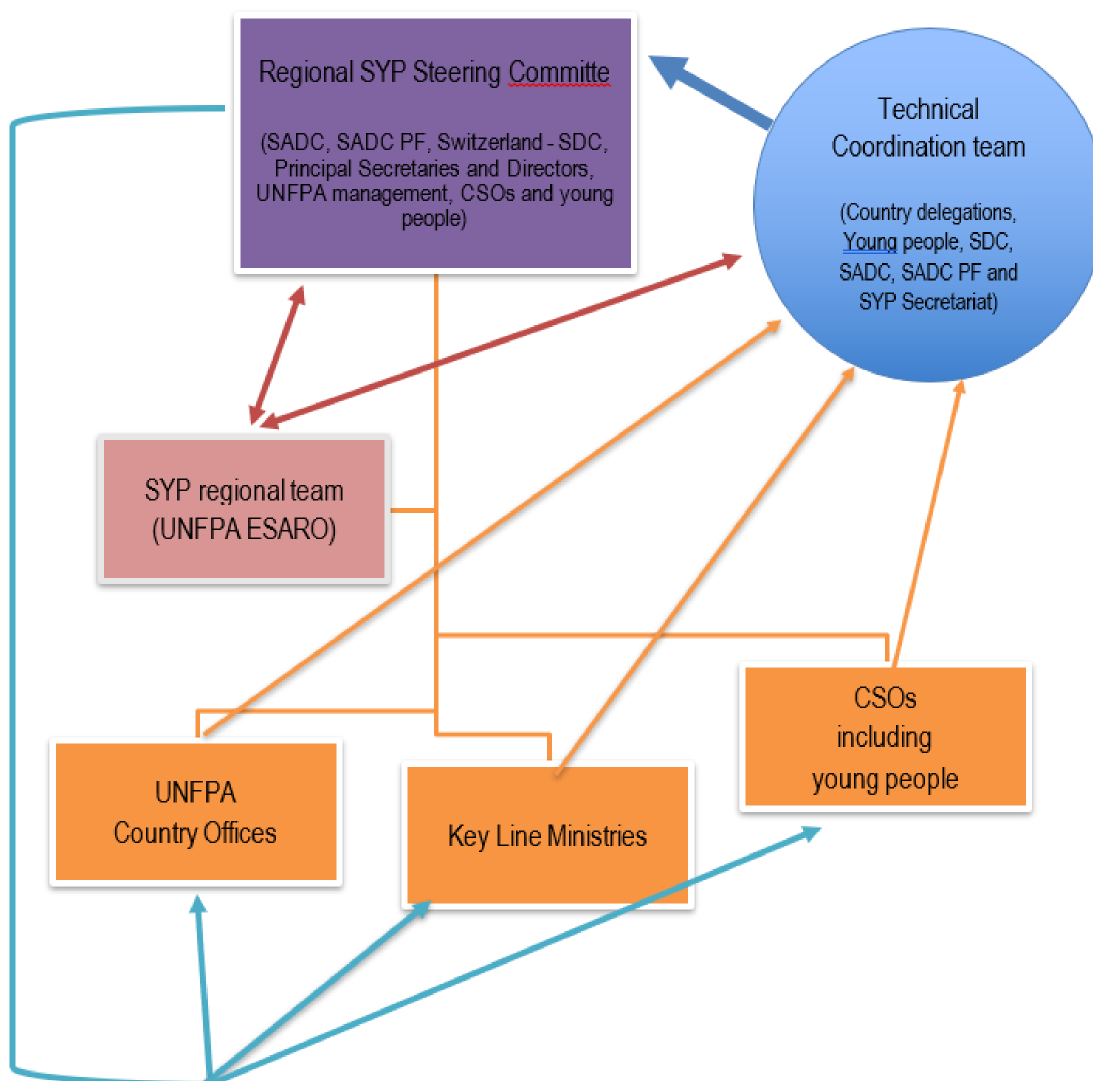

Figure 3: Governance Structure

A few challenges were experienced with National Committees. The SYP programme in Rwanda was criticised for not having a National Steering Committee as this was envisaged by the SDC to be critical to enable policy

discussions, bring together key decision-makers and enhance sustainability. This reportedly delayed implementation. However, the SYP programme is flexible in its design to allow the programme and its co-ordination to be adapted to the local context. Setting up these structures takes time (depending on the political context), and which was further impacted by COVID-19 response and recovery being prioritised. The Rwandan government also did not want a separate Steering Committee for this programme.

The absence of the steering committee did not affect government stakeholders' involvement in planning the SYP programme, the perceived relevance of the SYP Programme (discussed in Section 4.2), and satisfaction with the coordination and communication (discussed in Section 5.1.3). There is political support for the programme, evidenced by the programme being launched by the Minister of Youth. CSO IPs furthermore indicate having meaningful collaboration with the government.

"We normally meet…quarterly… a technical meeting at UNFPA…we discuss progress on activities, technically, financially and administratively…after we inform our ministers and take action if it is necessary." (Rwanda, SSI, National Ministry of Youth)

Management of the SYP programme (SDC and UNFPA)

The SYP is a regional programme and so, historically, UNFPA ESARO and the SDC Southern Africa Regional office lead the overall management of the programme. A strategic decision was, however, taken by the SDC to phase out regional programmes[43]. This meant that UNFPA ESARO would engage directly with SDC HQ, and SDC country offices within the three additional SYP countries would play a role in management and decision-making. This changed the management dynamics of the SYP Programme (compared to previous iterations of the programme) between SDC and UNFPA country offices. SDC country offices played a more hands-on role in the management and oversight of the SYP Programme, as they would generally do with other bilateral programmes. Secondly, budgets were allocated by SDC headquarters (HQ) to SDC country offices, and then decisions about the allocation of funds to the SYP Programme were made at the level of SDC country offices. Lastly, activity level reports were to be submitted by UNFPA to SDC Country offices.

As the SYP programme unfolded, it became more clear that the SDC country offices expected closer collaboration with UNFPA. Whereas communication previously happened at regional levels between SDC and UNFPA, SDC country offices also expected more communication with UNFPA country offices. There was much confusion about the flow of communication despite many efforts to clarify this. While it was agreed that activity level reporting was required at country level, the level of detail required was not fully understood and agreed.

The UNFPA did not experience the same levels of trust, flexibility and collaboration with SDC country offices compared to the relationship at regional level. SDC experienced insufficient transparency about implementation challenges (particularly in two countries). A poor understanding of the regional nature of this programme seems to be central to the tension between SDC and UNFPA (particularly at the country level, further discussed in the next section).

The challenges reported between SDC and UNPFA country offices led to a breakdown in communication, confusion and mistrust and added another layer of complexity that hindered the implementation of the programme across the three countries. It was evident that there were misaligned expectations and insufficient time and effort invested to establish clear roles, accountability and trust between SDC and UNFPA country offices. This was critical as the programme had entered its first phase in the three countries under a different management arrangement.

It was not clear who bore the responsibility for managing these dynamics and conflicts. A strategy should have been developed to navigate the involvement of SDC country offices in a regional programme. This should have been collaboratively reviewed periodically by HQ, regional and country levels of SDC and UNFPA. Additionally, to reduce pressure on implementation, the targets set in the programme framework should have been moderated, given that it was not business as usual.

[43] Except the SYP programme in Southern Africa, as it is in its last phase of implementation.

All the country offices experienced these challenges to some degree, but Tanzania and Mozambique managed to remedy the challenges over time. Tanzania seemed to be more intentional about how to navigate these dynamics, which resulted in a more satisfactory engagement at the country level. Rwanda was the most challenged by these dynamics and as a result, SDC Rwanda decided to not fund the second phase of the SYP Programme, despite the government and partners acknowledging its relevance. Given the complexities described, the evaluators perceive this decision to have been premature.

It was not clear who bore the responsibility for managing these dynamics and conflicts. A strategy should have been developed to navigate the involvement of SDC country offices in a regional programme. This should have been collaboratively reviewed periodically by HQ, regional and country levels of SDC and UNFPA. Additionally, to reduce pressure on implementation, the targets set in the programme framework should have been moderated, given that it was not business as usual.

CSO implementing partners

The SYP Programme aligned with CSO IPs that have an existing focus and mandate on SRHR, HIV and GBV. Thus, the programme aligns with their vision and mission and builds on the strengths and skills of these CSOs. For example, in Tanzania, partners come together to agree on how they would each contribute to in the SYP Programme Results Framework, which avoids duplication and ensures complementary services. A similar strategy is used in Rwanda. In Mozambique, organisations that specialise in mental health (REPPSI) and gender and positive masculinities (Wiwana and Kutenga) have been brought on board specifically to strengthen these approaches within the SYP Programme. CSOs also set up referral mechanisms between them to address the holistic needs of young people.

A key enabler in the partnership with CSOs is the coordination platforms that ensure regular meetings (usually quarterly TWG/ coordination team) are conducted to plan, discuss progress and learn from each other. Interviewed CSO IPs said they found these useful for coordination, learning and connecting with others in the sector. A CSO IP expressed that UNFPA engages with them respectfully and gives them autonomy, assuming that they have the skills and expertise needed to do the work.

"I liked that there was autonomy as an implementer. There is trust in you and your organisation that you know what you are doing. Not a lot of hovering around us. They gave and training then they trusted us to deliver the training." (Rwanda, SSI, CSO IP)

External coherence

As pointed out in **Section 5**, UNFPA is aligned to the UN Sustainable Development Cooperation Framework. This framework brings multiple UN agencies together to improve their effectiveness, coherence and efficiency, to "deliver as one" through various joint programmes and initiatives nationally and regionally. Examples include 'Together for SRHR' (partners include WHO, UNAIDS, UNICEF and UNFPA) and the Spotlight Initiative (including the European Union).

UNFPA leverages the support of these partners to complement and strengthen the SYP Programme at the country level. It works synergistically with UN agencies[44], other development partners[45], programmes (e.g. DREAMS) and CSOs to improve linkages between their work, reduce overlaps in their focal/ thematic and geographical areas, and ensure that AYP can access complementary services[46]. This allows the SYP to remain focused on its core strategies while still addressing the holistic needs of AYP and the drivers of teenage pregnancy, HIV and school dropout. Some examples of collaborative efforts are highlighted below.

In **Rwanda**, UNFPA partnered with the Rwanda National Association of Deaf Women to provide awareness raising about young persons with disabilities and their SRHR.

[44] Including UNDP, UNAIDS, UNESCO, UNICE and UN Women.
[45] Including USAID, World Bank, Global Affairs Canada and the Swedish government.
[46] Such as economic strengthening, psychosocial support and school supplies

"I think it was right to UNFPA to figure out how to engage the deaf women...The Deaf Women's Association is reaching them…It was the very first time actually to see a deaf person standing and talking about their rights. Most of the leaders were surprised, even deaf themselves in the community…this was the first time to have this." (Rwanda, SSI, External stakeholder)

This comment illustrates a good example of how UNFPA can partner with organisations targeting more key populations to reach youth in their diversity.

UNFPA works with **UNICEF and UNDP** on the UN Joint Programme on Youth (JPY) where they co-chair the steering committee. UNFPA also leveraged the support of the i-accelerator and YouthConnekt initiatives (funded by KOICA from 2019 to 2022) by using YouthConnekt hangouts to organise regular debates and peer-to-peer discussions on issues like SRHR.

In **Tanzania**, UNFPA has strategically focused its services on particular existing gaps to ensure complementarity with other UN agencies. For example, because the UNFPA and UNICEF's GREAT joint programme focused on refurbishing youth-friendly services and building health workers' capacity, the SYPs focused on linking youth to these services (demand creation). Also, UNICEF and UNESCO targeted youth in school and integrated CSE into the curriculum and UNFPA complemented this by working with out-of-school young people.

Annexure E: Efficiency

This findings in this section expands on the findings detailed in Section 6 of the report.

As highlighted, the SYP Programme in the three countries had significant **implementation delays** due to contracting delays in Mozambique (between SDC and UNFPA), navigating the challenges of establishing multi-stakeholder relationships and coordination mechanisms (see Section 4) and management challenges between SDC and UNFPA country offices (see Section 5.1.2). Much time and human resources was reportedly spent on clarifying the management challenges between SDC and UNFPA at regional and country levels. The SYP Programme plans did not make sufficient provision for these challenges in the inception phase.

The previous section highlights that, on the whole, the **UNFPA and their implementing partners** were well skilled to support the implementation of the SYP programme in targeted countries, despite some of the challenges mentioned above.

Generally, country offices and IPs reported insufficient **funding**, much more so in relation to the demand for ASRHR services than in relation to the expected delivery. The perception at the regional level was that funding was sufficient, as 50% of the SYP Programme was co-financed. Funding delays were widely mentioned as a challenge[47] which delayed programme implementation. In two of the countries, a mismatch in funding cycles between the governments and the SYP Programme impacted planning and reporting on activities. Funds were underspent in the first two years of the SYP Programme[48]. UNFPA attributed this underspending to much of the groundwork still being done (establishing relationships with government, county co-ordination structures, etc.) before implementation. Budgets were cut for the Rwanda programme due to underspending.

The most efficient strategies used by the SYP programme were:

- having CSO implementing partners who were well placed (in terms of skills and location) to implement the programme (see Section 5.1.3).
- Working with youth representative organisations was an efficient strategy, as they were engaged in multiple ways; through strengthening their structures, working with these structures to implement the programme, and strengthening their advocacy role for SRHR.
- The regional nature of the programme prevents duplication of efforts at a country level (e.g. in terms of manuals, guidelines, resources, and tools used).
- Mobile services have been critical and an efficient way of accessing hard to reach areas. However, the maintenance of these vehicles are not financed through SYP. Addressing this will improve the efficiency and effectiveness of the SYP programme.

Acceleration plans were put in place for 2023. This resulted in UNFPA contracting more CSO partners to fast-track implementation. This stretched the management capacity of UNFPA and compromised the quality of implementation, particularly in terms of follow up and monitoring support (explained in **Sections 8 and 9**).

[47] By UNFPA country offices, CSO and government implementing partners.

[48] A total budget utilisation rate of 71% was reported in 2021. 2022 Narrative report did not have utilisation rate reported.

Annexure F: Additional findings/data for Outcome 1 Strengthened Enabling Environment

Outcome 1 - Strengthened enabling environment (reported based on SYP results framework data provided by UNFPA): 10 out of 14 indicators of the Outcome 1 and related outputs were met. Thus, for outcome 1, all three indicators (#9, #10, #11) were met. This means that Mozambique, Rwanda and Tanzania achieved utilizing the regional legal framework to improve the ASRHR legal and policy environment, leading to an increase since baseline where this was only recorded for Mozambique. While all three countries established accountability frameworks for the protection of ASRH rights, this was only recorded for only Mozambique and Rwanda at baseline. Also, all countries achieved mainstreaming Menstrual Health Management into adolescent and youth SRHR policies which is an increase from baseline where only Mozambique was recorded for this target.

Table 8: Achievement of Outcome 1

Indicators	Baseline 2019/20	Target 2023	Achieved (as of 2023)
#9 Number of countries utilizing the regional legal framework to improve the ASRHR legal and policy environment	1 (Mozambique)	**3**	**3**
#10 Number of countries with established accountability frameworks for the protection of ASRH rights	2 (Mozambique & Rwanda)	**3**	**3**
#11 Number of countries that have mainstreamed Menstrual Health Management into adolescent and youth SRHR policies	1 (Mozambique)	**3**	**3**

Achievement of Output 1

All indicators (#12, #13, #14) for Output 1 were met, the regional office successfully developed the SADC Youth Programme which was then approved by Member States. Compared to the baseline where only Mozambique was recorded, all three countries successfully documented policy dialogues held on key emerging issues, including climate change and ASRHR; ASRHR in UHC; SRHR needs for boys and young men. While as planned Mozambique and Tanzania developed a demographic dividend implementation plan for investments on young people – no baseline data was recorded for this.

Table 9: Achievement of Output 1

Indicators	Baseline 2019/20	Target 2023	Achieved (as of 2023)
#12 SADC Youth Programme Developed and approved by Member States	-	1	1
#13 Number of countries that have documented policy dialogues held on key emerging issues, including climate change and ASRHR; ASRHR in UHC; SRHR needs for boys and young men	1 (Mozambique)	3	3
#14 Number of countries that have developed a demographic dividend implementation plan for investments in young people	No baseline	2	2

Achievement of Output 2

Output 2 indicators (#15 and #16) were partially achieved. The target numbers of youth network members trained in advocacy for SRHR, and youth development were surpassed in Rwanda (21 baseline/192 target/ 237 actual) and partially achieved in Mozambique (250 baseline/200 target/ 92 actual) and Tanzania (no baseline/90 target/60 actual). While no baseline or target was set for any of the countries, only Mozambique achieved having a policies or legal instruments addressing child marriage drafted, proposed, or adopted at national and sub-national level (GPECM). Targets for number of functional national and district youth networks were surpassed in Mozambique (6 baseline/ 21 target/ 27 actual) and Tanzania (no baseline/ 8 target/ 168 actual) but actual achieved in Rwanda (1 baseline / 15 target/ 8 actual). The achievements for Mozambique and Tanzania were additional to the baseline figures.

Table 10: Achievement of Output 2

Indicator	Baseline 2019/20	Target 2023	Achieved (as of 2023)
#15 Number of youth network members trained in advocacy for SRHR and youth development	271 (250 in Mozambique 21 in Rwanda, and no baseline for Tanzania)	482 (200 for Mozambique, 192 for Rwanda, 90 for Tanzania)	389 (92 in Mozambique, 237 in Rwanda, 60 in Tanzania)
#15.1 Country has policies or legal instruments addressing child marriage drafted, proposed, or adopted at national and sub-national level (GPECM)	No baseline	No Target	1
#16 Number of national and district youth networks that are functional	7 (6 in Mozambique, 1 in Rwanda, no baseline in Tanzania)	67 (21 in Mozambique, 15 in Rwanda, 31 in Tanzania)	203 (27 in Mozambique, 8 in Rwanda, 168 in Tanzania)

Achievement Output 3

Output 3 was also partially achieved. Thus, with no baseline recorded, all three countries now have platforms that facilitate the dissemination of strategic information. Also, without a baseline, targeted numbers of regional publications through SYP on research studies and best practices were reached in Rwanda (5 target/5 actual) and surpassed in Tanzania (4 target/ 6 actual) but not in Mozambique (2 target / 0 actual). At baseline, only Mozambique undertook South-South cooperation activities on ASRHR and youth development. During implementation undertaking these activities were surpassed in Tanzania (3 target/ 4 actual), partially achieved in Mozambique (3 target / 1 actual) and not achieved in Rwanda (1 target /0 actual). While there was no baseline recorded, all three countries have successfully established the continued existence of in-country functional SYP coordination mechanisms.

Table 11: Achievement of Output 3

Indicators	Baseline 2019/20	Target 2023	Achieved (as of 2023)
#17 Country with platforms that facilitate the dissemination of strategic information	No baseline for all 3 countries	3	3
#18 Number of regional publications through SYP on research studies and best practices.	No baseline for all 3 countries	11 (2 for Mozambique, 5 for Rwanda, 4 for Tanzania)	11 (0 for Mozambique, 5 for Rwanda, 6 for Tanzania)
#19 Number of South-South cooperation activities on ASRHR and youth development undertaken	1 (Mozambique)	6 (3 for Mozambique, 1 for Rwanda and 3 for Tanzania)	5 (1 for Mozambique, 0 for Rwanda and 4 for Tanzania)
#20 Continued existence of functional SYP coordination mechanisms in countries.	No baseline for all 3 countries	3	3

Table 12: List of key policies, frameworks, standards, and strategies contributed to by the SYP Programme

SADC youth protocol and accountability framework	regional	2022
SADC Youth Empowerment Policy Framework and Accountability Framework (SYEPF)	regional	2022
Dissemination of the SADC Model Law on Gender-Based Violence	regional	2021

AU Continental Campaign on Child Marriage	regional	2014
AU Strategy on education for the health and well-being of young people (AU EHW)	regional	2021
EAC SRH Bill	regional	2021/2
ESA health frameworks	regional	2021
Regional EAC Integrated Health Programme – set policy and strategic agenda	regional	2021
Menstrual health policy brief	Rwanda	2022
National Youth Policy revised and updated	Tanzania	*2007
Zanzibar Youth Policy	Tanzania	2020 - 2025
National Accelerated Investment Agenda for Adolescent Health & Wellbeing	Tanzania	2016 2021
National strategy for Generation BIZ Programme on AYP, school and health updated	Mozambique	2022 - 2026

Annexure G: Additional findings/data for Outcome 2 Strengthen demand

Outcome 2 – Strengthened demand through empowerment: (reported based on SYP results framework data provided by UNFPA). A total of 8 out of 15 outcomes and output indicators were met. All indicators for outcome 2 (#21, #22, #23, #24, #25) were successfully met. With no baseline data, all countries surpassed the targets for averted unintended pregnancies at a national level due to the use of modern contraception with Tanzania surpassing with the highest number of 2 151 002 additional averted pregnancies (850 000 target / 2 650 000 actual). Mozambique had 1 800 000 additional (850 000 target / 2 650 000) while Rwanda had 1 306 627 aversions of unintended pregnancies (520 000 target / 1 826 627). For all countries, no baseline or monitoring data was collected for percentages of girls dropping out of school due to pregnancies in the targeted SYP districts. Additionally, all three countries have inclusive and quality (i) CSE institutionalized in pre-service teacher training – only Mozambique was recorded at baseline, (ii) CSE for out-of-school programmes and/or strategies – only Mozambique was recorded at baseline, (iii) CSE modules institutionalised in tertiary institutions -this was achieved at baseline. All three countries are also implementing programmes that integrate Youth Economic Empowerment and ASRHR.

Table 13: Achievement of Outcome 2

Indicators	Baseline 2019/20	Target 2023	Achieved (as of 2023)
21. Number of unintended pregnancies averted at a national level due to the use of modern contraception.	No baseline	1 781 000 (850 000 in Mozambique, 520 000 in Rwanda, 411 002 in Tanzania)	7 038 631 (2 650 000 in Mozambique, 1 826 627 in Rwanda, 2 562 004) in Tanzania)
22. Percentage of girls dropping out of school due to pregnancies in the targeted SYP districts.	No baseline	TBA	No data
23. # of Countries with inclusive and quality CSE institutionalized in pre-service teacher training	1 (Mozambique)	3	3
24. # of Countries with inclusive and quality CSE for out-of-school programmes and/or strategies	1 (Mozambique)	3	3
25. # of Countries with inclusive and quality CSE modules institutionalised in tertiary institutions.	2 (Mozambique and Tanzania)	2	2
25.1: The country is implementing programmes that integrate Youth Economic Empowerment and ASRHR	No baseline	No targets	3

Achievement of Output 4

Overall targets set under Output 4 were not achieved but with country-level variations. For example, neither Mozambique nor Tanzania achieved the targets set for the number of primary and secondary schools providing life skills-based HIV and sexuality education in the previous academic year; while Rwanda did not achieve the target number of learners receiving inclusive and quality CSE lessons in school. The programme aimed to have 52 project districts/administrative units with functional referral mechanisms between health, education, and social services by 2023. To date, 41 project districts / administrative units have such mechanisms in place (Mozambique 20, Rwanda 21 and Tanzania 0).

Table 14: Achievement of Output 4

Indicators	Baseline 2019/20	Target 2023	Achieved (as of 2023)
26. # of primary and secondary schools that provided life skills-based HIV and sexuality education in the previous academic year.	1917(67 for Mozambique, 1850 for Rwanda, no baseline for Tanzania)	53 472 (188 Mozambique, 2124 Rwanda, 51 160 Tanzania)	48 491 (168 Mozambique, 2416 Rwanda, 45 907 Tanzania)
27. # of learners who received inclusive and quality CSE lessons in schools in SYP districts or nationally if the CSE curriculum is fully institutionalised in the country	No baseline for all 3 countries	5 572 000 (92 000 Mozambique, 5 480 000 Rwanda, 0 Tanzania)	4 601 567 (182 406 Mozambique, 4 419 161 Rwanda, 0 Tanzania)
28. Number of project districts/administrative units that have functional referral mechanisms between health, education and social services	10 (Mozambique)	52 (20 Mozambique, 4 Rwanda, 28 Tanzania)	42 (20 Mozambique, 21 Rwanda, 0 Tanzania)

Achievement of Output 5

For Output 5, countries generally met or exceeded targets, with the exception of the number of countries that adopted the TuneMe app (only Tanzania has done so to date) and the number of countries that have established national integrated Parent-Child Communication (PCC) programmes (Mozambique and Rwanda have done so; however, Tanzania has not yet established a national PCC programme). Data was unavailable for reporting against country-level integration of gender transformative interventions (involving boys and young men) into ASRHR programmes.

Table 15: Achievement of Output 5

Indicators	Baseline 2019/20	Target 2023	Achieved (as of 2023)
29. # of out-of-school boys and girls that have been educated on how to respond to effects of climate change, environment and disaster risks as they pertain to SRHR, HIV, GBV and wellbeing.	No baseline for all 3 countries	2050 (10 000 Mozambique, 1 600 Rwanda)	75730 (73 059 Mozambique, 2 671 Rwanda)
29.1: The country has integrated gender transformative interventions involving boys and young men into ASRHR programmes	no data	no data	no data
30. Number of young people (boys and girls) reached with SBCC/CSE Programmes in the countries including TuneMe and the Music project, initiation rites and sports clubs.	No baseline for all 3 countries	1 765 986 (200 000 Mozambique, 900 000 Rwanda, 665 986 Tanzania)	3 270 389 (768 720 Mozambique, 688 569 Rwanda, 1 813 100 Tanzania)
31. # of countries that have incorporated the prevention of substance abuse into SBCC/CSE programmes	1 (Mozambique)	2 (Mozambique & Rwanda)	2
32. # of countries that have adopted the TuneMe.org APP	No baseline for all 3 countries	3	1
33. The country has established national integrated Parent-Child Communication (PCC) programmes	2 (Mozambique and Rwanda)	3	2

Annexure H: Additional findings/data for Outcome 3 Strengthened delivery

Achievement of Outcome 3

Outcome 3 – Strengthened demand through empowerment: (reported based on SYP results framework data provided by UNFPA). A total of 10 out of 11 outcomes and output indicators were met. Only two of the outcome 2 indicators could be reported on (#34, #35). This is because no data could be found on indicator 36 because the data source and denominator for this indicator proved difficult for most countries to report on, hence the indicator was not tracked. As planned both Mozambique and Rwanda successfully included the ASRHR package within the Universal Health Coverage. Mozambique achieved this at baseline. No baseline data was recorded however, as planned, Mozambique and Tanzania successfully implemented the EAC/SADC SRHR Strategy (in collaboration with 2gether 4 SRHR).

Table 16: Achievement of Outcome 3

Indicators	Baseline 2019/20	Target 2023	Achieved (as of 2023)
34. # of Countries that have included ASRHR package within the Universal Health Coverage	1 (Mozambique)	2 (Mozambique & Rwanda)	2
35. # of countries that are implementing the EAC/SADC SRHR Strategy (in collaboration with 2gether 4 SRHR)	No baseline for all 3 countries	2 (Mozambique & Tanzania)	2
35.1 Country is implementing self-care approaches for inclusive access to quality ASRHR services, including mental health, menstrual health, and substance abuse.	No baseline for all 3 countries	no targets	no data
36. Percentage of young people 15-24 who report having been tested for HIV in the last 12 months and received results in SYP districts against a national baseline.	No baseline for all 3 countries	(12,5% Mozambique, 30% Rwanda, 33% Tanzania)	no data

Achievement of Output 6

Output 6 indicators (#37, #38, #39, #40, #41, #42, #43, #44) were mostly achieved successfully. Tanzania (no baseline / 505 target / 697 actual) and Rwanda (136 baseline/ 638 target / 697 actual) overachieved training pre-service and in-service providers in adolescent/youth-friendly health services delivery. However, Mozambique (50 baseline/ 180 target/81 actual) partially achieved this target. Tanzania overachieved (no baseline/ 158 805 target / 196 838 actual) reaching adolescents and young people with integrated SRH, GBV and HIV services by country, while Mozambique (32 443 baseline/ 316 000 target / 231 980 actual) and Rwanda (81 883 baseline/ 1 800 000 target / 1 302 518 actual) partially achieved meeting this target. Mozambique squarely met (10 baseline/21 target/21 actual) the target for health service delivery points offering a standard package of adolescent/youth-friendly health services in SYP districts. Rwanda missed meeting this indicator by 1 (19 baseline/ 61 target/60 actual) and Tanzania (no baseline/ 16 target / 8 actual) partially met this indicator by half. As planned only for two countries, both Mozambique (at baseline) and Rwanda strengthened condom programming for young people through evidence generation and knowledge management. This led to overachievement of targets for young people accessing HIV services (Mozambique - 120 248 baseline/ 79 352 target/ 185 722, Rwanda – no baseline / 1 000 000 target / 1 031 853 actuals, - Tanzania no baseline / 104 595 target / 167 740). Condom distribution was successfully overachieved by all three countries with Mozambique having distributed the greatest number of condoms (Mozambique – 12 069 686 baseline / 30 million target / 264 046 482 actual), Tanzania – no baseline/ 4 500 000 target / 19 545 440 actuals, Rwanda - 29 687 500 baseline/ 563 955 target / 609 412). All achieved figures were additional to the baseline figures. No baseline data was collected for all three countries on routine reporting on the SRHR Score Card (in collaboration with 2gether 4 SRHR) but Mozambique and Tanzania achieved this. While only Rwanda had set up an M&E system which is integrated with gender and age disaggregated indicators on ASRHR at baseline, all three countries achieved this by 2023.

Table 17: Achievement of Output 6

Indicators	Baseline 2019/20	Target 2023	Achieved (as of 2023)
37. Number of pre-service and in-service providers trained in adolescent/youth-friendly health services delivery by country.	**185** (50 Mozambique, 136 Rwanda) no baseline for Tanzania	**1 368** (180 Mozambique, 638 Rwanda, 505 Tanzania)	1 475 (81 Mozambique, 697 Rwanda, 697 Tanzania)
38. Number of adolescents and young people reached with integrated SRH, GBV and HIV services by country.	**113 886** (32 443 Mozambique, 81 883 Rwanda) No baseline for Tanzania	**2 274 805** (316 000 Mozambique, 1 800 000 Rwanda, 158 805 Tanzania)	**1 731 336** (231 980 Mozambique, 1 302 518 Rwanda, 196 838 Tanzania)
39. Number of health service delivery points offering a standard package of adolescent/youth-friendly health services in SYP districts by country.	29 (10 Mozambique, 19 Rwanda, no baseline for Tanzania)	98 (21 Mozambique, 61 Rwanda, 16 Tanzania)	89 (21 Mozambique, 60 Rwanda, 8 Tanzania)
40. # of countries that have strengthened condom programming for young people through evidence generation and knowledge management.	1 Mozambique	2 (Mozambique and Rwanda)	**2**
41. Number of young people accessing HIV services (will be disaggregated by sex and age in the monitoring system - Data For All)	120 248 Mozambique	**1 183 947** (79 352 Mozambique, 1 000 000, Rwanda, 104 595 Tanzania)	**1 385 315** (185 722 Mozambique, 1 031 853 Rwanda, 167 740 Tanzania)
42. Number of condoms distributed	**41 757 186** (12 069 686 Mozambique, 29 687 500 Rwanda)	**35 063 955** (30 000 000 Mozambique, 4 500 000 Tanzania, 563 955 Tanzania)	**284 201 334** (264 046 482 Mozambique, 19 545 440 Rwanda, 609 412 Tanzania)
43. # of countries routinely reporting on the SRHR Score Card (in collaboration with 2gether 4 SRHR)	No baseline for all 3 countries	2	**2**
44. # of countries with M&E systems integrated with gender and age disaggregated indicators on ASRHR	1 Rwanda	3	**3**

Conceptual framework for service integration

In its technical brief on integrated health services, the WHO[49] proposes that definitions of integration focus on ways of organising and managing services that are not disjointed for the user and which can also be easily navigated – a matter of offering the "right care" in the "right place". Models of service integration suggest these occur at three levels (Colombini , et al., 2008[50]):

[49] WHO (2008 *Integrated Health Services – What and Why?* Technical Brief No. 1.

[50] Colombini, M., Mayhew, S., & Watts, C. (2008). Health-sector responses to intimate partner violence in low-and middle-income settings: a review of current models, challenges and opportunities. Bulletin of the World health Organization, 86, 635-642.

Provider-level integration refers to the same provider offering different services (i.e. a nurse) who can complete a forensic examination of rape survivors, test for HIV and offer counselling.

Facility-level integration occurs when a range of services are offered at one facility but not by the same person, such as a one-stop centre with different personnel offering different services.

Systems-level integration is typically multi-site and highly dependent on well-entrenched referral systems.

In addition to occurring at different levels, integration can also take the form of a package of interventions for a particular group – the aim in this instance is for individuals in the designated group to receive all interventions (Chames, et al., 2021)[51]. This approach to integration is implicit in the SYP Programme.

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Annexure I: Emerging impact of the SYP programme

Since the focus of this evaluation is on the first phase of implementation (2021–2023[52]), it is too soon to assess outcomes and impacts for beneficiaries (e.g. young people). Thus, primary qualitative data was not collected from this group. Only baseline data[53] collected between 2010 and 2022 is currently available for the SYP Programme quantitative indicators for the three countries as impact data is only gathered every five years. Therefore, this section provides brief anecdotal accounts of emerging impacts as observed by other stakeholders.

The SYP Programme's intended impact is that:

> *"By 2026, the health and wellbeing of adolescents and young people aged 10–24 are improved and maximised with a focus on their sexual and reproductive health and rights, including the reduction of HIV new infections, in the EAC and SADC region.[54]"*

The narratives from various stakeholders across Mozambique, Rwanda and Tanzania indicate a promising trajectory towards improved AYP's SRH health and wellbeing. For example, in **Mozambique's** Montepuez region, community-based SRHR services have fostered a notable adherence to condom use and increased awareness and acceptance of long-term family planning (FP) methods. Notably, the involvement of community leaders and parents has contributed to a cultural shift, resulting in fewer early pregnancies and minimised school dropouts.

"The SYP programme has helped to retain girls in school, because of which the rate of early marriages and early pregnancies has decreased. The programme helps young people to know their rights and helps these young people not to get involved in evil actions such as involvement in terrorism." (Mozambique, SSI, Implementing Partners)

"…we observed behaviour change among adolescents and young people at school and community level, a reduction in early pregnancies, a reduction in early sexual unions and a reduction in girls dropping out of school." (Mozambique, SSI, External Partner)

Similarly, **Rwanda's** initiatives, notably the CSE and SRHR programmes, have led to a decrease in abortion rates and teenage pregnancies.

"We are observing changes because of youth programmes…for example, there is a significant decrease in abortion rates and reduced teenage pregnancies during holidays." Staff implementing community-based youth SRHR services

The success of such endeavours is underscored by UNDP's acknowledgement of the reduction in teenage pregnancy rates, emphasising the pivotal role of collaborative efforts between governmental and non-governmental entities.

"… when we started on the Joint Youth Programme one of the major indicators in relation to SRH was the teenage pregnancy rate between young people 15-19 years. Baseline was 7,3% – it is now at 5%; so, you can see that this is improving and this despite setbacks during COVID when we saw a big increase in Teen Pregnancy during the lockdowns… we had 300 000 youth accessing HIV/AIDS information – big success in JYP in reaching out to young people on HIV and AIDS. Also, number of youths reached with health and life skills messages; number of adolescents accessing SRH services. Indicators all speak to success in reaching out to youth and reducing teenage pregnancy." (Rwanda, SSI, External partner)

In **Tanzania**, community-based SRHR services have not only demystified taboos surrounding adolescent SRHR but also prompted a decline in GBV, underscoring a growing culture of reporting and addressing GBV cases.

[52] In some instances, implementation commenced in 2022.

[53] Gathered from AIS2010, RPHIA2018-2019, DHS2013 and TZDHS2015-16.

[54] Specifically in Angola, Botswana, Eswatini, Lesotho, Malawi, Namibia, South Africa, Zambia, Tanzania, Rwanda, Mozambique and Zimbabwe.

Parental support and youth utilising the internet responsibly signify evolving attitudes towards SRHR education and empowerment.

"I have seen reduced early pregnancies among adolescents, in the last three months, we have not received any student or very young person that has tested positive pregnancy test. In the past, every month we would receive three to four young people, including students that will be tested and found pregnant. Also, some reduction in the GBV cases, a lot of young girls were getting married when they are very young, we used to see a lot of them at the ANC clinic and maternity ward." (Tanzania, SSI, Health Facility Manager)

"In 2019, a young woman died because her husband hit her, when she came to the facility, she just said she hurt herself. In recent years, more young women and men come to report in case they experience GBV, in the past these things were solved at the family level, people used to hide." (Tanzania,FGD, centre-based staff implementing youth SRHR services)

These anecdotal accounts collectively suggest a trend towards positive changes in adolescent and young people's health, including reduced early pregnancies, increased access to SRHR services and heightened community awareness and involvement. This will need to be further assessed through quantitative data and evaluation that focuses on the outcomes and impact for beneficiaries. In addition, the contribution of the SYP needs to be further explored. However, challenges such as the persistence of certain societal norms underline the ongoing need for sustained advocacy efforts and multi-sectoral collaboration to ensure continued progress in advancing the impact of adolescent health and wellbeing across diverse contexts.

Annexure J: Case Studies

Mozambique Case study: Strengthening youth access to SRHR services through mobile brigades

This case study demonstrates how the deployment of mobile brigades in the SYP Programme targeted provinces of Tete, Cabo Delgado and Nampula contributed to the achievement of the programme's Outcome 3 (Strengthened delivery: Increased equitable access to quality SRHR, GBV and HIV integrated services, which are adolescent and youth friendly).

Key data sources: Primary data from interviews with the Ministry of Health, implementing partners (IPs) and healthcare facility managers; UNFPA proposal and UNFPA annual reports.

Introduction

The provision of SRH services to AYP in the northern provinces of Mozambique; namely, Cabo Delgado and Nampula, is confronted with challenges posed by rural isolation and the disruptive impact of civil conflict. These remote regions, characterised by rugged terrain and limited infrastructure, present considerable obstacles in delivering SRH services to the population, particularly to AYP. Access to contraception, sexual health education and reproductive healthcare is severely constrained in these areas, exacerbating existing disparities in health outcomes among the country's youth[55]. In addition, the escalation of civil conflict in Cabo Delgado resulted in widespread displacement and instability, increasing the difficulties faced in accessing quality SRH services. The conflict has led to the destruction of healthcare infrastructure, the displacement of healthcare workers and the breakdown in essential services, leaving already marginalised communities even more vulnerable. Displaced young people face increased risk of sexual violence and exploitation and unintended pregnancy[56].

The intervention

To address these challenges, the SYP Programme in Mozambique aimed to scale-up existing interventions for AYP across multiple sectors using a human rights and gender equality approach. The programme focuses on establishing an enabling policy and legal framework, expanding access to quality, youth-friendly, integrated HIV and SRH services, providing comprehensive sexuality education (CSE) within and outside the formal classroom setting, as well as strengthening youth leadership, participation and empowerment. Outcome 3 of the SYP programme seeks to *strengthen SRH service delivery which would be evidenced by increased equitable access to quality SRHR, GBV and HIV integrated services, which are adolescent and youth-friendly (AYF)*. To contribute to this objective, mobile brigades were deployed in Mozambique. A mobile brigade is a team of health technicians who travel to various communities, providing integrated SRH, family planning and GBV services to AYP in and out of school and to the general population. The brigades focus on remote and underserved areas where there is limited access to SRHR and health services[57]. A brigade team (Ministry of Health, NGOs, staff or volunteers) travel in one vehicle to visit 16 communities at least once a month (4 communities per week), depending on the community's location in relation to the nearest health care facility (HCF). The key characteristics and functions of the mobile brigades are noted in the diagram below.

[55] UNFPA Mozambique. (2020). Assessing the Sexual and Reproductive Health Needs of Young People in Mozambique. [Online]. Available: https://mozambique.unfpa.org/en/publications/unfpa-mozambiques-2020-annual-report
[56] UNICEF. (2021). Mozambique Humanitarian Situation Report. [Online]. Available: https://www.unicef.org/appeals/mozambique/situation-reports
[57] Safeguard Young People Mozambique Preliminary Annual Report (2022).

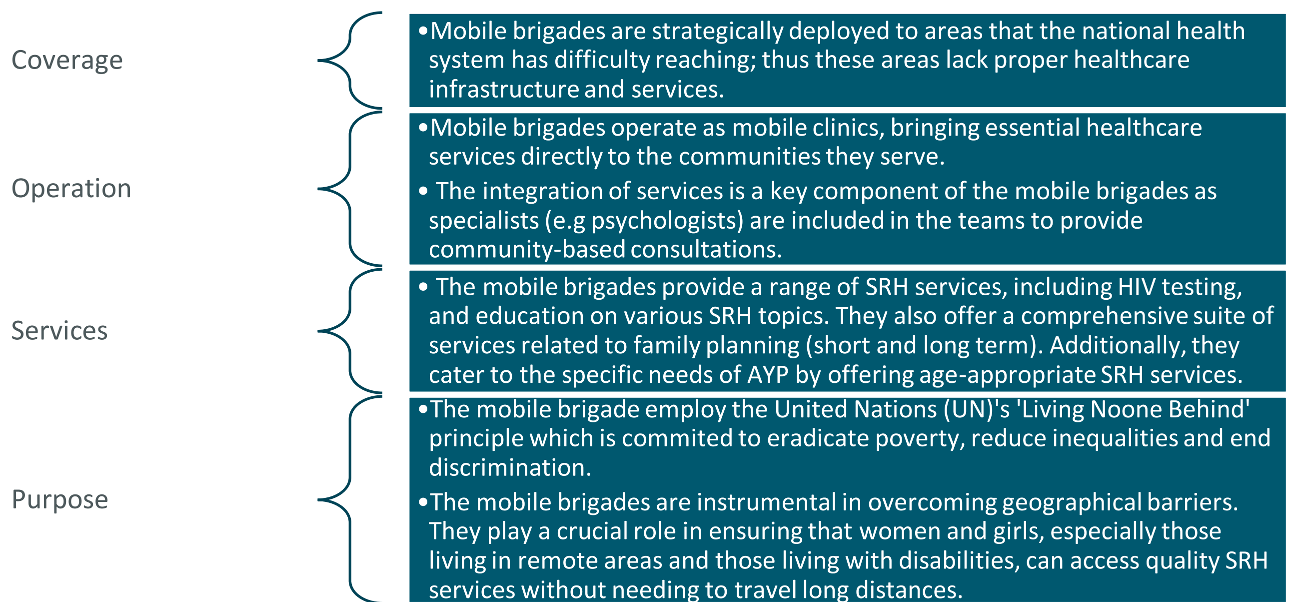

Figure 4: Key characteristics of mobile brigades

Three implementing organisations support district health facilities with the mobile brigade initiative in selected districts of Tete, Cabo Delgado and Nampula; namely, AMODEFA, Wiwanana and DKT Mozambique.

The SYP Programme's reach has been significant. In 2022 the prototype of mobile brigades was developed in Nampula. A total of 55 events were held with 2,852 people participating, in parallel 99 mobile brigades reached 6071 women and girls. In 2023, 113 mobile brigades were carried out, reaching 54,249 girls and women with health integrated services According to the above-mentioned implementing organisations, the success of the mobile brigades is linked to their adaptable approach. This makes them well-suited to service provision in multiple contexts, including those affected by humanitarian crises. For example, mobile brigades were set-up to reach people living in remote areas without healthcare services through established health facilities including AYP affected and displaced by armed conflict. They have also been used to supply medication in malaria hot spot areas.

There have been some challenges with the implementation of the mobile brigades, which the programme endeavoured to overcome. For example, given the limited number of available specialists, the programme introduced group mentoring for the provision of psychosocial support services, a key component of holistic SRH service provision. Moreover, the interpretation and implementation of national laws and policies related to adolescent SRHR have not been uniform across districts. This has led to the prevention of mobile brigades supplying oral contraceptive pills in some schools. Here, the mobile brigades were only allowed to engage in awareness-raising and SRHR information dissemination activities. One implementing partner reported that:

"...in one district you may find they will say the ministry said that if it is a mobile brigade then you can provide contraceptive pills and condoms to the school pupils. Then in other districts they say the ministry said to not supply contraception at all. In some schools, even if the mobile brigade is operated by healthcare facility staff here, they only distribute information. We have to improve this to ensure that implementation is as per the national guidelines; all the way down to grassroots level." (SSI IP)

Cooperation and support from the community are vital for the successful uptake of mobile brigade services. Therefore, to improve uptake, the SYP Programme implemented a range of activities to encourage community buy-in. This included engagement with provincial authorities of health (DPS). Additionally, national meetings, related to the Adolescent, School and Youth Health strategy, were held to share information on mobile brigade benefits. Ultimately, the collaboration between mobile brigades, healthcare facility staff, community activists and leaders, and teachers, resulted in improved community support.

Outcomes

Feedback from IPs and healthcare facility managers indicates that positive changes are taking place in relation to the empowerment of AYP, as well as young people's SRH knowledge, access to services and service uptake.

Empowerment of AYP: The programme has empowered AYP through education and peer-to-peer mentoring provided by trained youth. This has resulted in increased levels of awareness among young people of their SRHR and the importance of utilising SRH services, contributing to an increased demand. One IP observed:

"Young people are aware of the importance of their sexual and reproductive health, as evidenced by their demand for family planning services. Most of the young people who have access to the mobile brigades have access to condoms and are open to talking about sexual and reproductive health." (SSI IP)

Increased access to SRH services: The mobile brigades have significantly improved access to SRH services, particularly in remote areas. Healthcare facility staff across all districts reported higher numbers of youth using the services provided by the mobile brigades at the community level. This indicates that the increase in demand for SRH services, described above, is being addressed via the mobile brigades. These outcomes will lead to better SRH practices.

"Often young people cannot access services due to a lack of money to afford health care or to travel long distances. So, the mobile brigade is that one location they will use for services. If the programme were withdrawn, half of the women in the districts would not have access to family planning services." (SSI IP)

"I would recommend the mobile brigades – they are working very well and are really supporting access to services. Also, the information sharing and awareness raising helps to generate a good level of demand for services."(SSI, Health Care Facility Manager)

The national government official's call (quote below) for the scaling of mobile brigades illustrates the benefits of the initiative thus far.

"The programme should increase its coverage area, there should be more districts reached, and there should be greater investment in the mobile brigades, which could benefit more adolescents and young people and women. Improve and extend the youth friendly services, giving more young people the chance to join this service." (SSI, Ministry of Health – DPS, Cabo Delgado)

Lessons learnt

Several key lessons were learnt, highlighting the importance of using a community-focused approach. This ensured that the communities were supportive of the initiative and the mobile brigades operating in their areas. This helped to reduce any potential barriers to access while encouraging individuals, especially AYP, to seek and use the services.

The use of a youth-friendly approach is also key for service uptake. This is evident from the peer mentorship and education approaches used by the mobile brigades. The call by implementing partners for expansion and strengthening of peer education initiatives further highlights the success of the approach.

Areas to address going forward:

- Improve resources, i.e. the state of the vehicles used by the mobile brigades. According to IPs, the vehicles operate on very poor-quality roads and need frequent maintenance. Therefore, a budget needs to be made available for regular maintenance and the purchase of new vehicles for the mobile brigades.
- Scale the mobile brigades by focusing on expansion to additional areas of the target districts and by increasing the number of mobile brigades.
- The mobile brigades are designed to provide a holistic package of SRH services including integrating with specialised services such as psychosocial support. However, mobile brigades do not have all the specialists that they need for the delivery of an integrated package of services as a result they refer to service providers in the target districts, e.g. psychosocial support. These districts' services are poor due to limited resources which diminishes uptake by the AYP. Capacity building is therefore required for service

providers in the districts to ensure that they can better support AYP, in conjunction with the mobile brigades.

This case study illustrates the crucial role that mobile brigades play in situations where AYP are based in remote areas or are on the move and hence unable to access SRH services. By reaching AYP where they are, the brigades bridge the gap in healthcare access, ensuring that vulnerable populations receive the care and support that they need.

Rwanda Case study: Developing district-level Resilience Plans: layering SRHR and skills training for out-of-school youth

This case study demonstrates how SYP Programme interventions have contributed to improving mechanisms for the promotion and protection of AYP's rights in selected district. This was achieved through understanding SRH and the socioeconomic needs of out-of-school youth and developing a tailored approach to provide vocational skills and school reintegration and a focus on community-based comprehensive sexual education (CSE).

Key Sources: Proposal (2020[58]–2023), Progressive report 2023[59], interviews with stakeholders (UNFPA, IPs and relevant governmental ministries).

Introduction

Adolescence and young adulthood are a critical time of life characterised by new discoveries and anticipated opportunities. Understanding sexuality and a better livelihood are some of the fundamental needs to responsibly navigate into adulthood. In response to this need, Rwanda is spearheading the movement to protect and respect the fundamental civil, political and socioeconomic rights of young people, particularly adolescent girls and young women. This is critical to harness the gender, human capital and demographic dividends for the country in line with the African Union 2063 agenda and the 2030 agenda for Sustainable Development.

Addressing youth's sexual reproductive health rights (SRHR) and economic rights is crucial in Rwanda given the statistical evidence. According to UNESCO's Institute for Statistics, as of 2020, approximately 20% of youth between the ages of 15 and 24 years were out of school, with higher rates observed in rural areas compared to urban centres. Rwanda's Statistical Yearbook 2021 reports that an average of 7.6% of primary school pupils and 9.1% of young persons enrolled in secondary lower-level education dropped out of school in 2019[60]. AYP who have dropped out of school carry burdens associated with unemployment, which drive many youths to resort to risky methods of income generation such as street vending, which is illegal in Rwanda. For girls, commercial sex, early marriages or cohabitation (which is often characterised by intimate partner violence), becomes inevitable[61]. The Labour Force Survey Annual Report (2021) reports that unemployment rate was higher among women (24.1%) than among men (18.5%) and higher among youth (26.5%) than among adults (17.1%)[62]. Data from the Rwanda Demographic and Health Survey (2019–2020)[63] indicates that adolescent pregnancy rates were high, with 7% of girls aged 15–19 already mothers or pregnant with their first child. These drastic encounters underscore the urgent need for targeted interventions addressing CSE needs and emphasising the necessity of vocational skills training among out-of-school youth to enhance socioeconomic resilience.

The intervention

The SYP programme aims to improve mechanisms for the promotion and protection of AYP's rights in selected provinces of Rwanda with a focus on providing CSE and vocational skills training (Outcome 2). As part of its interventions to achieve this change, a comprehensive resilience plan was developed across selected districts. The resilience plan development was aimed at providing evidence-based and tailored vocational skills, education and CSE needs for out-of-school AYP. AYP who drop out of school are usually scattered in the community making reaching them for CSE a challenge. In addition, they are prone to engage in risky income-generation activities. The resilience plan therefore presents a chance for AYP's improved livelihoods. The resilience plan was

[58] Proposal for the inclusion of Rwanda, Tanzania in the Safeguard Young People Programme (2020–2023_.
[59] Swiss TPH Resilience plan implementation progressive report July (2023).
[60] https://www.statistics.gov.rw/publication/1767
[61] Tirado et al. 2020. Barriers and facilitators for the sexual and reproductive health and rights of young people in refugee contexts globally: A scoping review.
[62] National Institute of Statistics of Rwanda (NISR), Labour Force Survey, Annual report 2021, March 2022
[63] https://dhsprogram.com/publications/publication-FR370-DHS-Final-Reports.cfm

developed by Swiss TPH, an implementing partner of UNFPA, using an evidence-based consultative approach, as summarised in the diagram below.

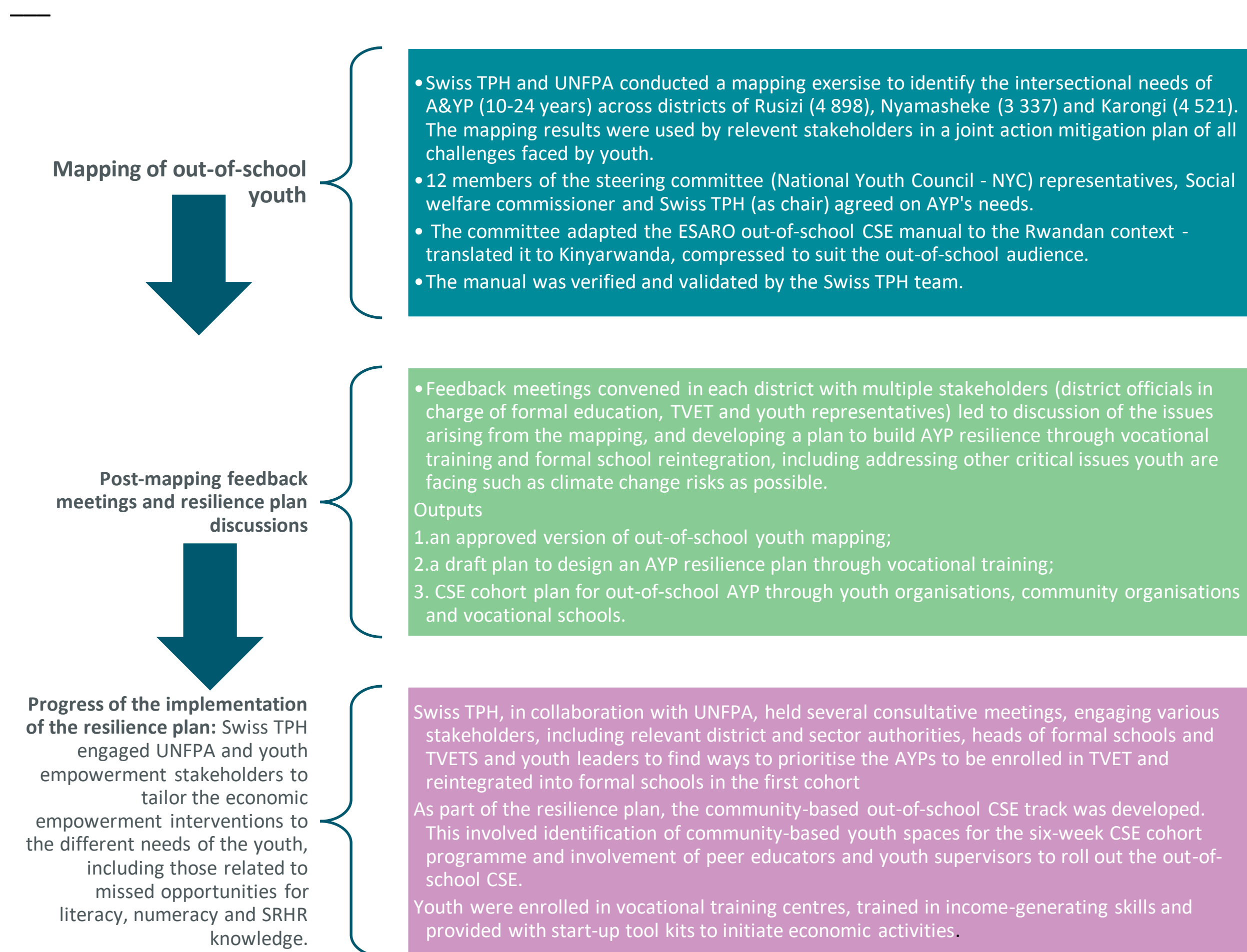

Figure 5: Overview of the process of developing a comprehensive resilience plan

The youth-led organisations, as part-implementers of the resilience plan, appreciated the processes taken to develop it. They deemed it valuable that key stakeholders were involved and that young people who had dropped out of school were engaged to share their perspectives about resuming education or vocational training. This proved beneficial to the launch and success of the resilience plan as those who opted to stay out of school would still access out-of-school CSE as part of building their resilience. Also, for the youth organisations, the timing of developing the resilience plan during COVID-19 was particularly opportune as the pandemic increased youth unemployment and their need to access SRH services.

The resilience plan is endorsed by the government ministries who were also involved in its design and are now using it as a blueprint for future interventions targeting youth. The Ministry of Youth appreciated the availability of evidence through the gathering of data on teenage mothers in the focal districts and applauded the plan for integrating CSE and skills training to address key challenges faced by the youth in Rwanda.

The resilience plan covers an array of problems faced by young people, such as sexuality education, youth civic education, it also includes job employment, vocational trainings, financial interests, income generating activities. If this resilience plan is implemented like it was designed, it will yield great results. – Ministry of Youth (National level)

The resilience plan is especially groundbreaking because of its focus on out-of-school youth to increase CSE reach. Usually, CSE interventions target youth in school as they are easily accessible.

Most of the time we were focusing on adolescents in schools where the CSE curriculum has strengthened CSE of the capacity of teachers. Now we been able to look at the vocational training centres where young people were not able to finish the schooling - including the CSE curriculum. So far around 2 000 have been reached in vocational training centers. – Ministry of Health

The history of youth interventions in these districts involved poverty categorisation without tailoring initiatives to address needs. However, the resilience plan mapping employed criteria wherein out-of-school youth were identified in their diversity (disability, orphans, child family heads, teenage mothers). Furthermore, interventions to address SRH issues such as early unintended pregnancy are often short-term and once-off. In contrast, the resilience plan serves as a comprehensive approach to meet the needs of the lack of SRH information and empower youths' economic abilities. Moreover, the plan also includes cross-cutting issues of mental health, effects of climate change[64], technology (digital skills training) and gender (focusing on teenage mothers). These issues make its implementation current and valid for youth empowerment.

Outcomes

Progress was made in the enrolment of youth in TVETs (n=387) and reintegration in formal school (n=580) as noted in the table below.

Table 18: The progress of TVET and formal school enrolment

District	Karongi	Nyamasheke	Rusizi	Total
# enrolled in formal school	294	0	286	580
# enrolled in TVET	72	135	180	387

A key highlight noted in the progress report[65] is the account of a young mother of a five-year-old child who was supported to go back to school. She reflected:

"When I got the call from the districts' mobilizers, I thought I was dreaming…. I promise to be a best student and I provide support to other young girls who think that after having a kid, life is over. I will make sure I share my stories to the rest of the community…. I used to sell myself at the cheapest price and slept with many men …. now, I have revamped myself, and have opted for values, attitude, and the character that a young girl should have". – Enrolled teenage mother

This account highlights how enrolment in the SYP programme resilience plan implementation contributes towards positive sexual behavioural changes and inspires young people to become agents of change in their communities. During interviews, youth-led organisations also attested to the benefits of the resilience plan, indicating that those youth who had enrolled in TVETs have gained vocational skills and are using them for income generation. Teenage mothers who had dropped out of school were able to start income-generating activities (IGAs) using their vocational skills but were also able to establish start-up funds to return to school for further education.

Working partnerships of civil society organisations (CSOs) have also improved as other organisations now work closely with Swiss TPH for guidance on implementing the resilience plan.

"We now work better with SWISS TPH. They focus on out of school youth. They did a mapping so they know the reason behind school drops out and how to address them" (Imbuto Foundation, CSO)

Lessons learnt

This case study demonstrates the significance of the resilience plan, which lies in its use of a comprehensive approach. The plan prioritises understanding the specific needs of AYP to guide the provision of bespoke interventions. By mapping out the needs of AYP and their geographical locations, the plan ensured that

[64] The out-of-school adolescents and youths' resilience plan implementation progress report.
[65] The out-of-school adolescents and youths resilience plan implementation progress report.

interventions would respond to the AYP's unique context, circumstances, challenges and aspirations. This demonstrates acknowledgement that AYP needs cannot be addressed using a one-size-fits-all approach.

Key lessons are that a consultative and participatory approach, i.e. engaging government authorities on issues that align with their mandate, the National Youth Council, education authorities and district mayors greatly encourages support and facilitates successful implementation of a new initiative. Also, the use of youth-friendly mechanisms is instrumental in encouraging youth to use the implemented services. The plan also paid attention to the community needs which is key for encouraging local support of the initiative. In rural Rwanda, CSE in school is usually disapproved of by district sector authorities and parents. Therefore, focusing on providing out of school CSE and tailoring material to Kinyarwanda was the right additional approach to reach the AYP.

Areas to address going forward include sustaining and scaling-up the implementation of the resilience plan. Possible measures to adopt:

- The targeted areas of Rusizi, Nyamasheke and Karongi are vast and the demand for out-of-school youth services is great. More funding is required to meet and sustain the demand. Developing a sustainable financial model will help maintain the programme's operations over time.
- To sustain the resilience plan's implementations beyond the SYP programme, stronger partnerships with other organisations, institutions and agencies that share similar goals and values need to be built to leverage ongoing resources, expertise and networks.
- There is no evidence that the resilience plan activities are being measured. Therefore, implementing a robust monitoring and evaluation system is required to assess the effectiveness and outcomes of the resilience plan.
- Continue to empower youth-led organisations to take on leadership roles within the resilience plan as this strengthens the sustainability of the programme and also nurtures the next generation of resilient and empowered leaders.

Tanzania Case study: Strengthening organisational support for youth led organisations (YLOs)for better programme delivery and national advocacy.

This case study demonstrates how the UNFPA, through the SYP Programme, has supported youth-led organisations with organisational development, resulting in better implementation of policy, programme, and advocacy initiatives.

Introduction

Youth-led organisations require organisational support for improved sexual and reproductive health and rights (SRHR) information and service delivery. These organisations often operate with limited resources, capacity and expertise, making it challenging to effectively address complex SRHR issues alone. Organisational support can thus provide crucial resources, such as funding, technical assistance and training, to enhance their capacity and reach. Additionally, youth-led organisations lack the access to networks, partnerships and institutional relationships necessary for comprehensive SRHR information and service provision. Collaborating with established organisations can facilitate access to resources, expertise and networks, enabling youth-led organisations to deliver more holistic and sustainable SRHR packages. Moreover, organisational support can help youth-led organisations navigate legal and regulatory frameworks, ensuring compliance and legitimacy in their SRH initiatives. Overall, by receiving organisational support, youth-led organisations can enhance their effectiveness, sustainability and impact in delivering SRHR service packages to their communities (Gomez et al., 2018[66]; Milford et al., 2020[67]; UNFPA, 2016[68]).

Youth-led organisational support strategy

To address challenges encountered by youth-led organisations in SRHR service delivery, the SYP Programme aimed to strengthen delivery through organisational development measures. The following strategy levels were used:

At the organisational level: internal organisational capacities were built, YLOs were provided funds for implementation.

At inter-organisational level: A YLO network was mapped, more implementation synergies were created on the ground between SYP-funded YLOs

At policy level: YLOs were included in decision-making platforms, and UNFPA backed their advocacy asks for increased legitimacy.

The support provided is summarised in the diagram below.

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[66] Gomez, A. M., Speizer, I. S., Reynolds, H., & Murray, N. (2018). Youth–Adult Partnerships on Sexual and Reproductive Health and Rights: A Review of Policies and Programs. Journal of Adolescent Health, 63(3), 307–322.

[67] Milford, C., Taylor, A., & Woolard, R. (2020). Youth-Led Organizations and Health Promotion: A Scoping Review. Health Promotion Practice, 21(2), 266–276.

[68] United Nations Population Fund (UNFPA). (2016). Adolescent and Youth SRH Programming in Humanitarian and Fragile Settings: An Inventory and Analysis of Existing Resources.

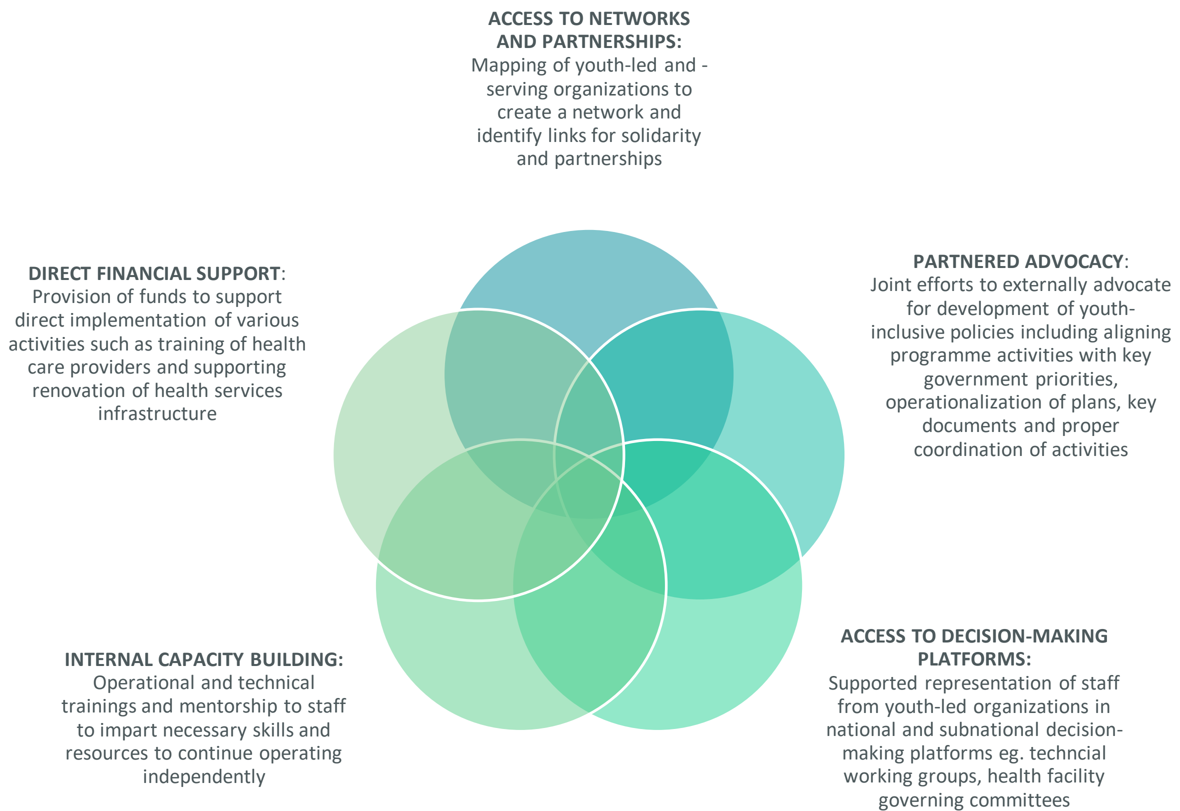

Figure 6: Overview of SYP Programme support for youth-led organisations.

The goal of supporting youth-led organisations is to ensure that these organisations have the necessary skills and resources to continue operating independently after the conclusion of the SYP Programme. This approach suggests a long-term investment in building the capacity of local entities to sustain youth-focused initiatives. Establishing a solid understanding of the needs of these organisations is a key foundation for achieving empowerment of AYP's serving organisations.

This was evident in Tanzania where a research mapping of youth-led and youth-serving organisations documented the needs of 594 youth-led and youth-serving organisations in a database. Thus, full details on these organisational focal areas and geographical locations are available for 64% of the mapped youth organisations. Several helpful recommendations for better support of youth organisations were documented in this exercise[69].

Outcomes

Youth-led organisations' representatives confirmed having seen an increase in capacity-building training for health service providers and the availability of young services providers, especially in Zanzibar and Dodoma where capacity was limited. Youth-led organisations' representatives have also seen an increase in awareness of SRHR among youth in Dar Es Salaam and Zanzibar. In addition, the provision of quality tools and SRH supplies was effective as it was evidence-based through timely research

Through the SYP Programme, youth-led organisations in Tanzania contributed to **building the capacity of youth networks and ensured their representation, leadership and participation** in the governance of the SYP Programme, national technical working groups, and subnational decision-making committees. This, in turn, improved their organisational and advocacy capacity. As noted below, the empowerment of youth through

[69] UNFPA, National Institute for Medical Research (2023) Mapping Report - Youth-Led And Youth Serving Organizations In Tanzania

leadership is an existing gap which the government was not addressing but which the SYP programme has managed to address successfully.

"The programme was designed to deal with issues such as increased youth participation in leadership and decision making, this is one of the areas which we as the ministry have been trying to work on and are happy that it is one of the program components." (National duty-bearer, Zanzibar)

The mentorship, skills, and tools support provided to youth-led organisations and subsequent provision of implementation funds yielded significant outcomes, particularly in improving access to and quality of SRHR services and potentially reducing new HIV infections among youth. Youth-led organisations' representatives confirmed having seen an increase in capacity-building training for health service providers and the availability of young services providers, especially in Zanzibar and Dodoma where capacity was limited. Youth-led organisations' representatives have also seen an increase in awareness of SRHR among youth in Dar Es Salaam and Zanzibar. In addition, the provision of quality tools and SRH supplies was effective as it was evidence-based through timely research. This increased information and service uptake is also evidence that the SYP programme aligns closely with the needs and priorities of adolescents and young people, as well as the broader goals of the country. In addition, the SYP programme's specific emphasis on youth participation, leadership roles and decision-making, aligns with government objectives.

To date, the SYP programme's **youth empowerment focus has been instrumental in informing and updating the national youth policies** for both the Mainland and Zanzibar and the HIV self-testing policy. This ensures that interventions are tailored to meet the specific needs and priorities of AYP. A typical example is the updating of the life skills manual that was done for youth, by youth.

"The process itself of updating the life skills manual for out of school youth involved youth-led and youth-serving organisations, so this means we have in a way built their capacity." (Zanzibar National duty-bearer)

"The National Youth Policy that was outdated was reviewed through a participatory approach with the youth and will be launched by end of the year…Through the SYP programme development of the youth policy in Zanzibar is now actualised. The policy on self-testing was also reviewed. SYP capacitated various youth organisations on this self-testing policy and acted." (Mainland, National youth-led organisations)

The development of the capacity of young people's organisations to participate in policy and decision-making processes is a notable achievement. Youth-led organisations were well-capacitated on SRH and GBV advocacy through the SYP programme. This contributed to the ongoing work nationally of strengthening young people's capacity to engage the government and advocate for their own rights, which is also a key achievement considering the lingering resistance to comprehensive sexuality education (CSE) in Tanzania.

The SYP Programme also **strengthened youth organisations in organisational and collaborative practices**. They are now able to fundraise and grow in networking through the AFriYAN.

"The SYP came in place to complement what the youth organisations were doing. AFriYAN was able to recruit more youth organisations into its network so that they can advocate on their issues and implement SYP programs in their regions." (National youth-led organisations)

While these outcomes showcase significant progress, youth organisations still face challenges in Tanzania of insufficient financial resources which hamper adequate achievement of their SRHR and advocacy objectives. Delays in policy development and implementation derail their activities while the lack of a clear legal structure to engage the youth at all levels, particularly in Mainland, prevents youth issues from being properly addressed.

"There is a delay in developing policies for example the updated National Youth Policy was supposed to be in place last year but until now, it is not yet implemented, we do not understand why." (National youth-led organisations)

"If we had a legal non-political structure for young people to air out their issues, it could be better during advocating." (National youth-led organisations)

Lessons learnt

Youth organisations' role in leadership and advocacy has significantly contributed to policy development and advocacy at regional and national levels. At a country level, continuous capacity building of AfriYAN through UNFPA and SYP enabled youth organisations to gain credibility and visibility. This case study has also demonstrated how organisational and advocacy capacity strengthening is the key to better demand creation and AYP service delivery. The incremental building of capacity among organisations representing young people has been an important initial achievement, especially in the face of the CSE reticence.

Areas to address going forward include the need for ongoing capacity building processes, including MEL. Possible measures to adopt:

- Continue strengthening young people's capacity to engage government and advocate for their own rights at local, national and regional levels.
- Strengthen organisational resource management for better funding allocation and use for activities and resources.
- Develop an evidence-informed framework for meaningful engagement of AYP at regional, national and local levels.
- Increase technical and financial support to youth organisations to develop the ability to incorporate cross-cutting and diversity issues, e.g. climate change, youth living with disabilities, LGBTIQIA+, menstrual health, in-service provision and dealing with challenging contexts, social norms and topics related to AYP's SRHR.
- A focus on economic empowerment is key to unlocking the potential of AYP. Youth organisations should partner with vocational skills training and income generation-focused institutions to link SRHR with socioeconomic empowerment.
- Promote the inclusion of ASRHR in national education policies that can strengthen youth-led organisations' advocacy of ASRHR at local, national and international levels.

Management Response

Evaluation SYP – Safeguard Young People Programme (Phase 1) in Rwanda, Tanzania and Mozambique 2021 – 2023 (7F-10673.01)

The Safeguard Young People (SYP) Programme was initiated in November 2013. The intentions of the programme are to influence the policy and legal environment regarding sexual and reproductive health and rights (SRHR) of Adolescents and Young People (AYP), strengthen the demand for services through empowering AYP, and strengthen delivery of SRHR, GBV and HIV services for AYP individuals (aged 10-24 years) in the East and Southern Africa (ESA) region.

The SYP programme is led by the regional offices of the United Nations Population Fund (UNFPA) and funded by the Swiss Agency for Development and Cooperation (SDC) and other funders (UNFPA, NL).

SYP was originally implemented in eight Southern African countries[1], and was expanded to another four countries in 2021 (Rwanda, Tanzania, Mozambique through SDC funding until 2023, and Angola through EKN).

In August 2023, SDC commissioned the external end of phase evaluation of the programme SYP, 1st Phase, 2021 - 2023. focussing on Tanzania, Rwanda and Mozambique, as well as on progress made in regional economic communities – the East African Community (EAC) and the Southern African Development Community (SADC). The evaluation took six months from August 2023 until February 2024.

The objective of the evaluation was to assess the programme's relevance, coherence, effectiveness, efficiency and sustainability in relation to the three outcomes: 1) Strengthened enabling environment; 2) Strengthened demand through empowerment and; 3) Strengthened delivery. The evaluation focused on the outputs and outcomes observed at the level of programme implementers (or implementing organisations) as it was premature to assess outcomes/impact at beneficiary level.

The Management Response (MR) states the position of the SDC on the recommendations of the Final Evaluation Report with a particular view of the continuation of the programme in Tanzania which SDC will be further supporting.

SDC assessment of the evaluation

The evaluation was conducted by Wilma Wessels-Ziervogel and her colleagues of Southern Hemisphere, Cape Town, in accordance with international standards. The evaluation process was well managed and included close involvement of the SDC's reference group comprising colleagues of the Eastern and Southern Africa Section (ESA) and SDC Offices at Dar es Salaam, Kigali and Maputo.

The SDC appreciates the comprehensiveness of the evaluation report and the sound analysis of key elements of the SDC's performance in the SYP programme in the three countries during the specified period of time.

The report's analysis and recommendations are considered to be useful for strengthening the strategic orientation of the SYP Programme.

SDC's ESA Section thanks the evaluation team and the SDC staff involved for their effort and for the substantial and comprehensive report.

[1] Botswana, Eswatini, Lesotho, Malawi, Namibia, South Africa, Zambia and Zimbabwe.

Main conclusions of the evaluation

Overall, the programme overcame most barriers and challenges to implementation and achieved most of its expected outcomes and outputs for Phase 1, despite issues related to coordination and challenging country contexts. It remains highly relevant at regional and country levels, across stakeholder groups.

This final evaluation showed that the SYP Programme is holistic in its design and highly relevant at regional level and within the three target countries, across stakeholder groups.

In terms of **Outcome 1**, the SYP Programme achieved almost all the indicators and made a substantive contribution to achieving an enabling environment in all three countries, which are now using the regional legal framework to improve the Adolescent Sexual and Reproductive Health Rights (ASRHR) legal and policy environment and have established accountability frameworks for the protection of ASRHR rights. The mainstreaming of Menstrual Health Management (MHM) into adolescent and youth Sexual and Reproductive Health and Rights (SRHR) policies was achieved in all three countries and this work needs to continue to address myths and misconceptions. In terms of partnerships and coordination, much of the first phase of the SYP Programme was used to set up national governance structures with representation across government ministries, civil society and youth structures. As a result, coordination at these levels is generally good, although communication and coordination at district levels need to be strengthened.

A good level of progress was achieved in relation to **Outcome 2**. Support has been provided by the SYP programme to in-service teachers for the integration of Comprehensive Sexual Education (CSE) in lesson delivery, school-based clubs for SRH awareness raising, and referral mechanisms between schools, health facilities and community outreach stakeholders appear to be functioning well. The evaluation found evidence that the three countries are utilising a range of innovative and youth-friendly methods for out-of-school CSE. The CSE resources developed at the SYP/UNFPA regional level has provided a clear and consistent framework for the above-mentioned interventions. The SYP's support of the integration of ASRHR and economic empowerment initiatives is furthermore a strength. Post-training support/ mentoring, monitoring and quality assurance needs to be strengthened in the next phase as this is hampering CSE fidelity and implementation both in and out of school. While community and parent/ guardian engagement has commenced, this area of programme implementation requires strengthening to address persistent cultural and religious barriers to the uptake of SRH services by Adolescent and Young People (AYP). Challenges persist in reaching youth with disabilities and those living in remote or hard-to-reach areas. Lastly, there is limited evidence of the integration of climate change into CSE/ SBCC (Social Behaviour Change Communication) initiatives and the use of digital communication and education applications.

The SYP Programme made considerable strides towards achieving its **Outcome 3** and Output 6 targets. Despite significant growth in trained health providers for Adolescent and Youth-Friendly (AYF) services and expanded AYF services in targeted districts, challenges such as limited follow-up training and staffing issues remain. Nonetheless, expanding AYF safe spaces in healthcare facilities and the outreach services by Community Health Workers (CHWs) have enhanced access to and demand for SRH services among AYP. Several good practice examples emerged, such as the mobile brigades in Mozambique that are improving access for AYP in hard-to-reach and unstable humanitarian settings. Service integration efforts across provider, facility and systems levels progressed, but limited NGO involvement and gaps in mental health services for AYP persist as challenges. While AYP accessing SRH services in targeted districts increased, it remains challenging to reach diverse youth populations, especially those with disabilities and members of the LGBTQIA+ community, particularly in Tanzania where members of the LGBTQIA+ community are criminalised.

Poverty, social norms, the policy context, health and education system challenges and young people's challenges with access are key contextual factors that influenced the implementation and outcomes achieved by the SYP Programme.

Incoherence in the relationship between UNFPA and SDC impacted this phase of the SYP Programme. Expectations, communication and accountability were often unclear, leading to a breakdown in trust and challenges with implementation. The most extreme impact of this dynamic was the discontinuation of programme funds in Rwanda. Despite these challenges, the SYP Programme in the three countries made considerable progress in achieving its targets.

Appreciation by SDC

SDC has decided to discontinue its SYP programme support for Ruanda and Mozambique. The well-grounded and substantiated findings and recommendations will thus be used for strengthening the strategic orientation of the programme in Tanzania and its adaptation to the context changes. Beyond the programme, findings and recommendations will feed the reflection and capitalization of other SDC SRHR programmes in partner countries and normative and advocacy efforts at global level.

Out of the nine lessons learnt/recommendations, four are 'fully agreed' (green), five are 'partially agreed' (orange) and none are not agreed ('disagree' - red) – see table below. The SDC agrees to seize this opportunity to improve its results by taking specific measures in line with the recommendations.

1.	To strengthen coherence and sustainability and efficiency of the programme by focussing UNFPA's country offices' efforts on developing and nurturing multi-stakeholder partnerships and coordination structures and setting realistic targets.	
2.	To focus on SYP role to support policy improvement, develop capacity of government, institutions, CSO partners and youth structures and to strengthen mechanisms to provide evidence for policy-making.	
3.	More formalised and sustainable mechanisms for engaging in partnerships with youth structures and strengthening youth led organisations.	
4.	To define the nature of the regional programme and expected engagements and to review roles, expectations and communication and accountability mechanisms between UNFPA regional and country offices and SDC HQ.	
5.	The UNFPA should form intentional, formal partnerships with relevant IPs focussed on these specialised services and youth in their diversity to leverage resources and expertise and to strengthen capacities of service providers.	
6.	SYP Programme should address systems of power and gender inequality through CSE programmes and policy dialogues, to focus on systematically integrating gender-transformative approaches and UNFPA to work in partnership with relevant line Ministries to localise training materials.	
7.	UNFPA needs to strengthen the role it plays in terms of consistent quality control of training for teachers and to provide post-training mentoring and monitoring support.	

8.	To strengthening linkages between school CSE programmes and HCFs; UN-FPA should adopt a conceptual framework for measuring AYF SRH service integration, scale-up expansion of outreach work and develop and implement operational guidelines for the implementation and maintenance of youth-friendly spaces.	
9.	To strengthen the focus on cross-cutting issues, particularly mental health and climate change.	

Overview of recommendations, management response and measures

Fully agree	Partially agree	Disagree

<table>
<tr><th colspan="4">Recommendation 1</th></tr>
<tr><td colspan="4">Lesson learnt 1: Sections 4 and 5 highlight the coordination role of the UNFPA (at regional and country level) as being critical for the SYP Programme as it enables a more holistic approach to addressing SRHR, GBV and related services for AYP. It also shows that establishing relationships with key line ministries at different levels, aligning interests and facilitating the coordination of ministries among themselves and with CSOs and youth structures takes time, and intentional and consistent effort. This is especially the case given the complex nature of the programme, the political context and social norms in SYP-targeted countries.
Recommendations:
To strengthen the coherence and sustainability of the programme, the UNFPA country offices should focus its efforts on developing and nurturing these multi-stakeholder partnerships and coordination structures, ensuring alignment of interests, buy-in and support for the SYP Programme. (UNFPA country offices; high priority in any new SYP programme countries)
The implementation plan and MEL framework should take into account this initial set-up phase and set realistic activities, timeframes and targets to be achieved in the first phase of an SYP Programme. This will strengthen the efficiency of the programme by setting realistic targets. (UNFPA ESARO; high priority for any new SYP programme countries)
The next phase of the SYP Programme should strengthen the functionality of country Steering Committees and Technical Coordination Teams through improved representation of key stakeholders (where this is still a gap). Communication, feedback and planning mechanisms that mirror the multi-sectoral structures at national and provincial levels need to be strengthened at a local/ district level within countries. This will strengthen the coherence and sustainability of the programme. (UNFPA country offices; medium priority)</td></tr>
<tr><th colspan="4">Management response</th></tr>
<tr><td>Fully agree</td><td>Partially agree</td><td colspan="2">Disagree</td></tr>
<tr><td colspan="4">Phase I results clearly demarcated the importance of a strong governance mechanism and multistakeholder partnerships, as well as a realistic MEL framework that takes into account what will be needed to upstart a programme. The SDC fully agrees with the recommendation and shall work closely with UNFPA to ensure the steering and coordination committees are functional with information smoothly flowing from the central to decentralised levels.</td></tr>
<tr><th colspan="2">Measures</th><th>Responsibility</th><th>Timing</th></tr>
</table>

Measures	Responsibility	Timing
a. The SDC shall proactively check in with UNFPA, the different Ministries, youth networks, and civil society organizations to ensure continued alignment and buy-in to support the programme objectives.	Swiss Embassy Daressalaam (DSM)	ongoing
b. The SDC shall critically review and continually monitor all results frameworks and workplans to identify potential barriers and ensure contextual risks are taken into account.	Swiss Embassy DSM	ongoing
c. The SDC shall continue to hold UNFPA accountable for supporting regular committee meetings (e. Technical Committee) and setting up new ones (eg. National Steering Committee) in line with the agreed terms of reference.	Swiss Embassy DSM	ongoing

Recommendation 2

Lesson learnt 2: Section 4.2 highlights the increased demand for the SYP Programme to expand in target countries. While this reflects its relevance, it points to a tension in the role of the SYP as implementer versus developing the capacity of healthcare and education systems to meet the demand.

Recommendations:

- The SYP Programme should remain focused on its role to support policy improvement, develop the capacity of government, institutions, CSO partners and youth structures, and demonstrate models of service delivery for young people. This role should be clearly communicated to stakeholders. This will improve the **relevance** of UNFPAs efforts as it builds on existing strengths of the UNFPA. This will furthermore strengthen the government capacity to **sustain** SRHR services and support for young people. (UNFPA ESARO; high priority)
- To improve the **sustainability**, the UNFPA ESARO should provide more support for governments and youth structures to mobilise resources locally and internationally (through donor funding). (UNFPA ESARO; high priority)
- Mechanisms to provide evidence for policy-making should be strengthened to support **effectiveness** of Outcome 1. One such example is that the implementation of ASRHR programming in conflict areas (e.g. Cabo Delgado, Mozambique) should be documented and shared for learning. (UNFPA ESARO; low priority)

Management response

Fully agree	Partially agree	Disagree

The demand for ASRHR cannot be sustained by a single programme, rather, it requires a system strengthening approach whereby governments and civil society are empowered to understand the relevance and importance of prioritising quality ASRHR in their respective plans. The SDC agrees that the role of the programme should be to provide evidence of what works, and use this evidence to advocate for policy change and resource mobilization, including domestic resources. This will decrease the financial dependency from SDC and contribute to long-term financial sustainability and institutionalization of introduced service delivery models.

Measures	**Responsibility**	**Timing**
a. The SDC will work with UNFPA to ensure workplans reflect activities that bring new evidence rather than continue 'business as usual'.	Swiss Embassy DSM	ongoing
b. In future phases, the SDC shall mandate UNFPA to include activities that track funds mobilisation support	Swiss Embassy DSM	ongoing

for government, youth networks, and civil society organisations, including domestic funding.		
c. The SDC shall support UNFPA to highlight programmatic lessons learnt through government technical working groups and development partners groups for decision making.	Swiss Embassy DSM	ongoing
d. SDC will share with the programme successful examples of institutionalization and efforts for the achievement of financial sustainability and viability of introduced service delivery models.	SDC HQ, Section Health	ongoing

Recommendation 3

Lesson learnt 3: Sections 4.1 and 7.3.2 show that youth leaders, implementers and structures play a critical coordination, advocacy and implementation role in the SYP Programme, and have been key for the relevance of the SYP Programme. The use of peer-to-peer mentoring works well in stimulating demand for SRH services through youth-friendly approaches.

Recommendations:

- There needs to be more formalized and sustainable mechanisms for engaging in partnerships with youth structures **effectively**, including financial elements. The SYP Programme needs an evidence-based framework for youth engagement to guide the meaningful engagement of young people in policy-making, and the design and implementation of programmes. This is particularly important given that the programme is about safeguarding young people. The UNFPA Guidance on enhancing youth participation in East and Southern Africa can be used as foundation for this framework. (UNFPA ESARO; high priority)
- The SYP Programme needs to continue strengthening youth-led organizations that can serve as advocates for ASRHR at local, national and regional levels. This should include both organizational and advocacy capacity building as this will improve their **effectiveness** in policy influence and service delivery. (UNFPA ESARO and Country Offices; high priority)

Management response

Fully agree	Partially agree (selected)	Disagree

Phase I highlighted the high potential behind the popular youth phrase '*nothing for us, without us*.' In areas where youth networks were created and trained, they were able to advocate for a seat at the table in council budget committees, facility governing committees, and national technical working groups as well as provide their feedback on relevant policy revisions. It is therefore of interest for the programme to continue strengthening youth-led organisations across different levels to gain confidence to lead the narrative on programmatic and policy priorities. To sustain and institutionalize this good practice, there are however key structural constraints which are not in the sphere of influence of the SDC/project, e.g. pooling joint resources from the Ministry of Health and the Ministry of Education budget.

Measures	**Responsibility**	**Timing**
a. The SDC shall continue to follow up on the progress of created and supported youth networks (such as AfriYAN).	Swiss Embassy DSM	ongoing
b. The SDC shall continue to support UNFPA and country efforts to engage with youth using evidence-based tools.	Swiss Embassy DSM	ongoing

c. The SDC shall identify the structural constraints impeding to institutionalize and financially sustain the good practices introduced by the project.	SDC HQ, Section Health	ongoing

Recommendation 4

Lesson learnt 4: Section 5.1.3 highlights that the benefits for the SYP Programme of having a regional programme have not been fully embraced and harnessed by the SYP Programme in the three countries.

Recommendations:

- A strategy for showcasing evidence of the regional benefits of the SYP Programme for SDC and UNFPA (particularly for country offices) is needed. The nature of the regional programme and expected engagements (e.g. between SYP countries, between SYP countries and RECs, between SYP countries and UNFPA ESARO) and in regional policy processes should be clearly defined, operationalized and monitored. This will improve the **effectiveness and efficiency** of the programme. (UNFPA ESARO and SDC HQ; high priority).
- The roles, expectations and communication and accountability mechanisms between UNFPA regional and country offices and SDC HQ and country offices needs to be collectively (across different levels) reviewed, unpacked, agreed, documented, and monitored in the next phase to improve internal **coherence**. A neutral facilitator should be brought on board to facilitate this conversation. (UNFPA ESARO and SDC HQ; high priority)

Management response

Fully agree	**Partially agree**	Disagree

In the first phase, bilateral benefits of SYP were clearly highlighted, while the concrete regional benefits were less obvious. To facilitate internal coherence, the second phase has a bilateral contracting arrangement at country level (between SDC and UNFPA). However, the SDC is fully convinced of the regional component of SYP and its advantages at national and international level. This is especially relevant for cross-learning, positive peer pressure, economy of scale for developed tools/materials, and united messages for greater political impact and visibility. It is therefore important to standardize and communicate the regional approach in a strategic manner that allows all stakeholders to hold each other accountable and be on the same page about roles and responsibilities. The SDC is not convinced that a neutral facilitator is needed at this stage. Furthermore, the SYP is a SDC flagship programme in SRHR and a capitalization of its best practices and experience could inform and inspire other bilateral and global efforts in SRHR supported by the SDC.

Measures	**Responsibility**	**Timing**
a. The SDC shall ensure the regional component of SYP is safeguarded and promoted in phase II despite the bilateral arrangement with UNFPA.	Swiss Embassies DSM and Harare	ongoing
b. The SDC shall ensure workplans specify costed activities and expectations pertaining to the regional office *vis-à-vis* the country office	Swiss Embassy DSM	ongoing
c. The SDC shall ensure its participation in the annual regional steering committee	Swiss Embassies DSM and Harare	ongoing
d. The SDC should explore the possibility to capitalize the SYP approach and best practices for the benefit of other similar projects.	SDC HQ, Section Health with	ongoing

	Swiss Embassies in the region	

Recommendation 5		
Lesson learnt 5: Sections 3, 8 and 9 show that poverty and gendered economic inequality is a contributing factor of unsafe sexual behaviour and GBV. Economic empowerment is, therefore, a critical aspect of the SYP Programme in the three target countries. Likewise, targeting youth in their diversity is critical for leaving no one behind. If hard-to-reach groups (e.g. LGBTQIA+ communities, youth with disabilities and people who use drugs) are not intentionally included in the programme design, they will remain left behind during programming activities. **Recommendations for strengthening the relevance of the programme:** • The UNFPA should form intentional, formal partnerships with relevant IPs focused on these specialized services and youth in their diversity to leverage resources and expertise. (UNFPA ESARO and Country offices; medium priority) • The capacity of service providers (e.g. teachers, facilitators and CHWs) should be strengthened to better target and address the comprehensive SRHR needs of young people in their diversity (in CSE and healthcare service delivery). UNFPA's disability awareness checklist for health staff and facilities should be used to assess the level of access for persons with disabilities across countries. (UNFPA ESARO and Country Offices; medium priority)		
Management response		
Fully agree	**Partially agree**	Disagree
It is indeed important to have a balanced programme package that takes into account the structural drivers of negative SRHR outcomes, including economic status. Although not the principal mandate of UNFPA, livelihood enhancement and life skills empowerment are critical components for comprehensive and holistic safeguarding of the youth. Thus, it is important for UNFPA to forge partnerships with other agencies and programmes as well as identify governmental youth economic empowerment schemes for greater linkages/synergies.This is however driven by structural issues (multisectoral coordination and budget allocation) which is outside of the project's sphere of influence. With regards to targeted youth minority groups, the legal status of some hard-to-reach communities can hinder the programmatic focus on them (e.g. LGBTQIA+). However, UNFPA must have a clear assessment of the most underserved groups to focus resources on.		

Measures	Responsibility	Timing
a. The SDC shall work with UNFPA to continually identify underserved youth sub-categories and develop tailored interventions.	Swiss Embassy DSM	ongoing
b. The SDC shall monitor and request information on UNFPA's use of their disability awareness checklist for health staff and facilities access assessment.	Swiss Embassy DSM	ongoing
c. The SDC shall continue to push for a comprehensive intervention package and holistic approach to engage with the youth. Opportunities and possibilities to mobilize other sectors for addressing the economic and educational determinants of SRHR should be explored, while taking into account structural constraints.	Swiss Embassy DSM	ongoing

Recommendation 6

Lesson learnt 6: Sections 3 and 8 show that gender power relations and social and cultural norms (across all levels of society) play a critical role in preventing GBV, teenage pregnancy and child marriage. Norms also mitigate access to SRHR, GBV, HIV and other related services. Community and religious leaders and parents/ guardians need to be engaged alongside AYP. The integration of local perspectives, language and culture into CSE initiatives enhances relevance, trust building and information dissemination.

Recommendations for UNFPA ESARO and country offices to improve the relevance and effectiveness of the SYP programme:

- Structured and intentional community engagements/ dialogues must be implemented alongside in- and out-of-school CSE for AYP to ensure that parents/ guardians and religious and community leaders support shifts in demand for SRH services. (high priority).
- The SYP Programme should address systems of power and gender inequality through CSE programmes and policy dialogues. This should include strengthening the inclusion of men and boys in the SYP Programme and also addressing cultural norms, gender equality and the importance of ASRHR through engagements at a community level. (high priority)
- Importantly the SYP programme should focus on systematically integrating gender-transformative approaches to enhance the normative work around advancing gender equality at all levels e.g., legal/policy environment, organizational and community level interventions for changing discriminatory gender and social norms, drawing on the UNFPA Gender transformative approaches to achieve gender equality and SRHR Technical Note (2023) as a start. (high priority)
- UNFPA should work in partnership with relevant line Ministries to localise training materials to ensure contextualised content and translation into local languages. Training materials should be regularly reviewed, based on implementation, to ensure relevance and quality. (medium priority)

Management response

Fully agree	Partially agree	Disagree

Gender, as a social construct, varies from society to society and can evolve over time. The power relations behind the construct often determine roles responsibilities, rights, relationships etc. As a gender principal programme for SDC, it is indeed of utmost relevance for SYP to aim for results beyond gender sensitivity but gender transformation. Thus, the programme shall spark dialogues and changes on the effects of gender relations and the role each one has to play in ensuring the continued positive development of young people.

Measures	**Responsibility**	**Timing**
a. The SDC shall ensure programme workplans have costed activities specifically targeting community gatekeepers and dialogues in support of ASRHR.	Swiss Embassy DSM	During yearly steering committees
b. The SDC shall request evidence from UNFPA that activities have drawn on the UNFPA Gender transformative approaches to achieve gender equality and SRHR Technical Note (2023).	Swiss Embassy DSM	ongoing

c. The SDC shall ensure that contextualised evidence-based content is integrated in national policies, tools, and curricula, and translated accordingly.	Swiss Embassy DSM	ongoing

Recommendation 7		
Lesson learnt 7: Sections 8 and 9 show that the training of teachers, community-based CSE facilitators, health workers and CHWs requires structured post-training support and mentoring. It also shows the importance of effective monitoring systems to assess the results of such training for learning and improvement (and to assess the sustainability of the results). **Recommendations to improve the effectiveness and sustainability of the SYP outcomes 2 and 3**: • UNFPA needs to strengthen the role it plays in terms of consistent quality control of training for teachers, community-based CSE facilitators, health workers and CHWs being rolled out by IPs and should draw on the regional guidance for this. (UNFPA ESARO and country offices; high priority) • Post-training mentoring and monitoring support needs to be provided to trained implementers (e.g. educators, health care workers) including the provision of quality materials for reference and distribution to AYP. This support can be facilitated through using a training of trainers approach, similar to the Master Trainers initiative in Rwanda. (UNFPA country offices; Implementing partners; Sub-national government ministries; high priority).		
Management response		
Fully agree	Partially agree	Disagree
Field visits conducted in Phase I corroborated the need for structured post-training support in the form of on-the-job mentorship or job aides. While service providers appreciated the trainings provided, they noted that they needed a way to get further support/feedback if they had any follow up questions and come across a difficult case.		
Measures	**Responsibility**	**Timing**
a. The SDC will ensure any workplans with training activities include costed post-training support (mentoring, job aides, etc.).	Swiss Embassy DSM	During yearly steering committees

Recommendation 8
Lesson learnt 8: Section 9 shows that the layering of well-trained healthcare professionals in AYFS with (a) good quality, operational and properly staffed, youth-friendly safe spaces in HCFs; (b) outreach work to create demand; and (c) strengthened linkages between schools and HCFs contribute towards expanding the reach and access of ASRHR services to AYP, particularly in deep rural areas. **Recommendations:** • Although school health programmes provide entry points for the distribution of SRH supplies to AYP (e.g. condoms) this does not work in all policy and cultural contexts, thus necessitating strong linkages between school CSE programmes and HCFs to improve its **effectiveness**. This strategy should be strengthened in the next phase and the use of Mozambique's referral guide for teachers is a good tool to reference. (UNFPA and implementing partners; sub-national; high priority).

• UNFPA should adopt a conceptual framework for measuring AYF SRH service integration at the provider level, facility level and systems level and mental health services should be integrated into the AYF SRH service delivery. This will improve the **effectiveness** of the programme (UNFPA ESARO; high priority). • Scale up the expansion of outreach work to create demand for SRHR services coupled with the scaling of healthcare professionals training in AYFS and construction/ maintenance of youth-friendly spaces to meet the demand for SRH service delivery. This will improve the **effectiveness** of the SYP programme. (UNFPA and implementing partners; national and sub-national government ministries; medium priority). • Developing and implementing operational guidelines for the implementation and maintenance of youth-friendly spaces (e.g. youth corners in HCFs) including solutions for staffing and oversight of spaces (e.g. quality assessment scorecards used in Rwanda) will improve the **effectiveness and sustainability** of the programme. This should be done in partnership with relevant government ministries to strengthen their buy-in from the outset. (UNFPA ESARO, country offices; National government ministries; high priority). • Design and cost a standardised comprehensive package of outreach services for AYFS which draws on the good practice examples highlighted in this evaluation, such as working in partnership with local leaders, including parents as a target group, combining outreach activities with sports or music to attract young people, including peer educators in the outreach team, providing family planning services as part of an outreach package, etc. This will improve the sustainability of the programme. (UNFPA ESARO; low priority)

Management response		
Fully agree	**Partially agree**	Disagree
It is beneficial to have a stepwise approach that increases the quality of the workforce at schools and healthcare centers while at the same time is flexible to be mobile and go where youth are. National guidelines should be used in conjunction with evidence-based practices from the regional office. Lessons learnt should be documented to inform future reviews of national guidelines. This poses however again the issue of structural obstacles which could impede the efforts of the program, i.e. bringing on board the Ministry of Education for updating medical education curricula. A design and cost of a standardised comprehensive package of outreach services for AYFS shall only be carried out if its financial sustainability.		

Measures	**Responsibility**	**Timing**
a. The SDC will follow up to ensure UNFPA develops a referral guide to link schools with nearby health facilities.	Swiss Embassy DSM	onging
b. The SDC will monitor UNFPA's use of country operational guidelines with regards to youth corners and youth friendly facilities.	Swiss Embassy DSM	onging
c. The SDC will ensure approved workplans include innovative outreach activities as identified by youth representatives.	Swiss Embassy DSM	onging

Recommendation 9
Other recommendations

• The focus on cross-cutting issues, particularly mental health and climate change, needs to be strengthened to improve the effectiveness of the programme (UNFPA ESARO and country offices; medium priority).			
Management response			
Fully agree	**Partially agree**	Disagree	
There is limited understand in the SYP countries on how climate change is an important cross cutting issue for ASRHR. On the other hand, there is growing understanding of how mental health aspects should be integrated when working with young people. Countries should have the flexibility to identify the most pertinent cross cutting issues to be addressed in the context of ASRHR. In cases of limited knowledge, UNFPA country offices should reach out to the regional office for training and support. However, tackling these transversal issues can imply developing new models of care (e.g., integrating mental health at PHC level) whose financial and institutional viability and sustainability cannot be guaranteed by the programme. The same applies for integrating climate change literacy into school curricula.			
Measures		**Responsibility**	**Timing**
a. The SDC will ensure that workplans include activities integrating cross cutting issues identified as priorities in the respective countries.		Swiss Embassy DSM	During yearly steering committees
b. The SDC will share good examples in this regard from other countries/programmes.		SDC HQ, Section Health with Swiss Embassies in the region	ongoing

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