Love, Sexual Rights and Young People

Learning from our peer educators how to be a youth-centred organisation

Report of a participatory assessment of the IPPF Danida-funded A+ programme on adolescent sexual and reproductive health and rights

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Abbreviations and acronyms

ABPF  Association Béninoise pour la Promotion de la Famille
CSE  Comprehensive sexuality education
CMO  Context, mechanisms and outcomes
Danida  Danish Development Cooperation Agency
FPAN  Family Planning Association Nepal
FGD  Focus group discussion
ICAI  Independent Commission for Aid Impact
IPPF  International Planned Parenthood Federation
SRH  Sexual and Reproductive Health
SRHR  Sexual and Reproductive Health and Rights
UNFPA  United Nations Population Fund
VDC  Village Development Committee
**Glossary**

**Comprehensive Sexuality Education**

The IPPF Framework for Comprehensive Sexuality Education states: ‘Comprehensive Sexuality Education seeks to equip young people with the knowledge, skills, attitudes and values they need to determine and enjoy their sexuality – physically and emotionally, individually and in relationships. It views ‘sexuality’ holistically and within the context of emotional and social development. It recognises that information alone is not enough. Young people need to be given the opportunity to acquire essential life skills and develop positive attitudes and values.’

**Critical stories of change**

Actionaid developed this process, which uses participatory, community-based methods of documenting, reflecting and learning about how their interventions have contributed to positive social change in poor peoples’ lives. The approach is summarised in this Actionaid document, Using Critical Stories of Change to Explore Impact on Social Change, (http://povertyandconservation.info/docs/20080215-AWF-BL-FFI_Cambridge_Workshop_07_Carrol_ActionAid.pdf)

**Member Association**

IPPF Member Associations are independent, registered non-profit organisations operating in 172 countries, which provide sexual and reproductive health information, education and services through 65,000 service points. Those services include family planning, abortion, maternal and child health, and STI and HIV treatment, prevention and care.

**Reproductive health**

IPPF endorses the definition of reproductive health agreed at the International Conference on Population and Development, which stated: ‘Reproductive health is a state of complete physical, mental and social wellbeing and not merely the absence of disease or infirmity, in all matters relating to the reproductive system and to its functions and processes.’ Reproductive health therefore implies that people are able to have a satisfying and safe sex life and that they have the capability to reproduce and the freedom to decide if, when and how often to do so. Implicit in this last condition is the right of men and women to be informed and to have access to safe, effective, affordable and acceptable methods of family planning of their choice, as well as other methods of their choice for regulation of fertility.’

**Sexual health**

IPPF endorses the United Nations definition of sexual health as ‘the notion of sexual health implies a positive approach to human sexuality and the purpose of sexual health care should be the enhancement of life and personal relations and not merely counselling and care related to reproduction and sexually transmitted diseases’.

**Sexual and reproductive health and rights**

This term denotes a focus specifically on the human right to sexual and reproductive health and to have access to health services (which encompass physical, mental and social wellbeing in relation to sexuality) and contraception; and for females, males and transgenders and transsexuals to have the freedom to have, choose and control sexual relationships.
Sexual and reproductive health services

Defined as the constellation of methods, techniques and services that contribute to reproductive health and wellbeing through preventing and solving reproductive health problems. It also includes sexual health.

Sexual and reproductive rights

The IPPF Charter on Sexual and Reproductive Rights (2003) covers 12 basic human rights, in order of relevance to IPPF’s mission, of which sexual and reproductive rights are named as one key area of rights. The charter specifically and directly links sexual and reproductive rights to basic human rights.

Sexual rights

IPPF endorses the definition of sexual rights agreed at the Fourth World Conference on Women, which stated that: ‘The human rights of women include their right to have control over and decide freely and responsibly on matters related to their sexuality, including sexual and reproductive health, free of coercion, discrimination and violence. Equal relationships between women and men in matters of sexual relations and reproduction, including full respect for the integrity of the person, require mutual respect, consent and shared responsibility for sexual behaviour and its consequences.’

IPPF addressed sexual rights in Sexual Rights: an IPPF declaration (2008), which complements the charter and represents a move to de-link sexuality from sexual and reproductive health (a political objective of some sexual and reproductive health and rights activists) and express a human right and inclusive vision of sexuality.

Theory of Change

Theory of change is not a simply-defined term. It is about a critical and reflective way of thinking about project design and management. This way of thinking is used to express an understanding of changes sought, by taking into account complexity, critical thinking about context, assumptions, and the actors and actions involved in working toward and achieving that change. In the A+ project, the triangle approach is a visualisation of a combination of priorities and intervention areas, in the context of an IPPF vision for sexual and reproductive health and rights for young people that will lead to transformative positive changes for young people. Transformative changes are ones where individual and collective political, economic, social and cultural norms, relationships and institutions are changed in ways that make them more equal and more just. (Eguren 2011: p5).

Foreword

Three years ago IPPF embarked, with the support of the Danish government, on a journey to improve the sexual health of young people and to promote and fulfill their sexual rights through the A+ programme. We worked in 16 countries providing youth-friendly sexual and reproductive health services, advocating for the creation of safe spaces for young people and providing comprehensive sexuality education.

Towards the end of the program we invited Panos London to help us learn from this journey: to assess progress made, to unravel the challenges and to find opportunities for improvement.

We selected Panos London because we believe that their youth-centred approach brings a unique value to the assessment and its findings. They worked with young people in the field and produced a document that helps us to rethink and improve our work by putting young people at its centre. The case studies from Benin, Kenya, Nepal and Nicaragua give us a thoughtful and inspirational insight of our Member Associations’ work and the way they are transforming young people’s lives.

Although the programme is over, our journey is not. The legacy of the programme and the critical recommendations of this assessment will help us to continue the journey better equipped and with a stronger focus to put young people at the centre of our work. The findings will reinforce our role as a champion for young people’s sexual rights worldwide.

The programme and the assessment would not have been possible without the financial support from the Danish Ministry of Foreign Affairs, the staff and consultants of Panos London (especially Beryl Leach, Clodagh Miskelly, Hannah Beardon, Siobhan Warrington and Vicky Johnson), Katie Chau who coordinated the A+ programme and staff from IPPF’s Member Associations and Regional Offices. But our thanks go out mostly to the young people who made this programme and assessment possible.

Doortje Braeken
Executive summary

1 Introduction

The International Planned Parenthood Federation (IPPF) is one of the leading global sexual and reproductive health and rights organisations with a mandate to improve the quality of life of individuals by providing and campaigning for sexual and reproductive health and rights (SRHR) through advocacy and services, especially for poor and vulnerable people. The Federation defends the right of all people to enjoy sexual lives free from ill health, unwanted pregnancy, violence and discrimination.

IPPF has a long-standing commitment to young people and strives to be a global champion for young people’s rights. It is within this context that it implemented the Danida A+ programme. The programme presented IPPF with an opportunity to increase the capacity of Member Associations to promote young people’s sexual and reproductive rights, to identify and scale up good practice in youth-friendly service provision and comprehensive sexuality education, and to reach under-served groups.

IPPF felt it was important to conduct a participatory assessment of the programme to capitalise on achievements and lessons learnt from the programme.

This report examines the findings of an external assessment of the A+ programme, an innovative IPPF youth-led programme funded by Danida. The A+ programme was implemented by IPPF’s Member Associations in 16 countries across Sub-Saharan Africa, South Asia and Central America. Its overriding goal was to increase access to sexual and reproductive health services and comprehensive sexuality education for young people, and to promote their sexual and reproductive health and rights. It is hoped this report, guided by the unique insights of young people themselves, will contribute to shared learning on how best to implement a youth-centred approach across IPPF and beyond.

The A+ programme

A+ Programme Objectives:

- increase institutional commitment of IPPF Member Associations to youth-friendly services
- build a supportive community for young people’s sexual and reproductive health and rights
- strengthen and expand existing sexual and reproductive health services for young people, especially the most underserved and vulnerable
- increase access to comprehensive, youth-friendly, gender sensitive sexuality education.

Its three main areas of intervention:

- youth-friendly sexual and reproductive health services
- comprehensive sexuality education (CSE)
- advocacy

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1 The A+ programme is the shortened name for the ‘Adolescent and Advocacy Programme’.
2 The A+ programme was implemented by IPPF between 2010–13
Integral to the programme ethos were cross-cutting issues of youth participation, gender equity and partnerships, with a focus on reaching the most marginalised young people.

Although the programme did not set out to be youth-run, [in many Member Associations] young people were provided with the opportunity to be involved with project design and monitoring, and were given responsibilities to implement the project, such as running peer groups and youth groups, and outreach activities.

**Evaluation process**

In 2012 IPPF commissioned Panos London to carry out a participatory assessment of the A+ programme to evaluate its impact and learn how best to involve young people at all levels of youth programming. Young people themselves were directly involved in the A+ assessment from the outset. A survey was carried out with all 16 Member Associations that had participated in the programme, and detailed case-study research was carried out in Nepal, Benin, Kenya and Nicaragua involving young peer educators.

In each country, a team of around 10 young male and female peer educators from the A+ programme worked alongside the Panos London researcher and a local facilitator to identify issues that were relevant to their lives. Using participatory research methods, they gleaned information from young people, adults and other stakeholders in the community. Taking their findings, the peer educators presented recommendations to the Member Associations and local decision-makers. This participatory analysis was then shared with IPPF Regional Offices and Central Office and discussed in conjunction with the survey results.
2 Case-studies: Being young in different contexts

The four case-studies show how young people are surrounded by families and communities who influence their choices and decisions. Often, there is a conflict between cultural and religious beliefs and practices, and young peoples’ hopes and dreams about love, relationships and sexuality.

In Nicaragua, young people highlighted the difficulty of discussing the risks of teen pregnancy in a culture where young mothers are generally accepted and supported in their families, but then have few incentives to stay in education.

In Benin religious attitudes against family planning conflicted with messages about safe sex. There was a feeling amongst adults that it was harmful for young people to discuss such issues. The A+ programme addressed misinformation and sexual taboos by working with religious and community leaders.

‘I’ve no time for your blah blah blah. The family planning that you advise makes women sterile.’

Community member, Benin

In poor rural areas of Kenya, messages about sexual health and rights tended to be undermined by the sheer level of poverty, marginalisation and lack of access to services faced by young people. Those working as peer educators often held conflicting views of sexuality and sexual rights, and messages were therefore often simplified to telling peers not to have sex.

In rural Nepal there is cultural pressure preventing young men and women from meeting in public before they are married. Some young people marry early so they can have sexual relations with their partners. This conflicted with the IPPF/A+ programme principle that young people should have the right to decide whether or not to engage in sexual activity. Creating safe spaces to talk and share information was highly valued by young men and women.

‘We may not be able to change cultural beliefs but at least we can edit them...’

Young male peer educator, Nepal
Young people in these case-studies highlighted how marginalisation and exclusion affect young people’s sexual and reproductive health and rights. Peer educators identified groups of people who are particularly vulnerable, such as those living in rural areas and urban slums and those involved in drugs, sex work and hard labour. They felt that these groups were not able to access services and had little control/choice over their sexual lives.

To help overcome many problems young people face, the participants suggested new approaches combining income generation, education, access to services along with confidence building, and improving communication between girls, boys and adults in communities.

3 **How change happens**

The case-study research revealed many ways to generate change and achieve sexual and reproductive health rights for young people:

- youth participation
- awareness of rights by young people themselves
- creation of safe spaces for young people to discuss their feelings
- inclusion of marginalised groups
- consideration of intersecting social drivers (e.g. gender and norms, ethnicity, socio-economic status)
- youth-friendly services
- comprehensive sexuality education in and out of school
- awareness-raising and education of adults in communities
- political advocacy
- sustainability strategies for youth programmes
- capacity building.
4 **Becoming youth-centred: A journey of change**

The assessment presents a theoretical tool, the socio-ecological model, to help Member Associations develop and adapt to the challenge of strengthening their youth programming. They are encouraged to adopt this model when designing youth-centred and youth-led activities, and to take into consideration their social context. Young people are placed at the centre of this approach as key agents of change.

Using this change model, young people, including those most marginalised in society, are directly involved throughout the programme cycle – from planning to monitoring and evaluation. An organisational strategy or business model with social objectives is applied, based on agreed underlying values of inclusion and empowerment. Over time, the strategies change, following reflection of what is working and what is not. Regular adjustment based on strategic assessment and reflection ensures that the programme is flexible to local contexts and the changing interests of young people.

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3 The timeframe would be decided by those designing the theory of change, mechanisms and therefore the time needed to reach agreed objectives and milestones on the journey.

4 A change-scape model (Johnson 2011) was used in the A+ assessment and was further developed by Vicky Johnson with the South Asia Regional Office (SARO) staff, Manish Mitra and Dr Praween Kagrawal.
5 Summary of report findings

Overall, the assessment finds that IPPF’s current approach to youth programmes is strong and effective and could be built upon for IPPF to become a more youth-centred organisation.

The report findings are summarised below, based on nine themes that emerged during the assessment.

Young people and their peers at the centre

- Member Associations generally adhered to IPPF’s global policy to include young people in governance structures, with many increasing youth participation on their boards. The case studies suggested ways this could be improved.

- There was strong evidence of an increased focus on marginalised youth, but survey results indicated this is not consistent across all countries.

- Projects that developed specific strategies targeting particular groups of young people were most successful in engaging marginalised young people.

- Opportunities for income generating and vocational activities, alongside education and health services, are an important component for youth programmes, especially for attracting poor marginalised young men. This also contributes to their long-term sustainability.

- Participation of young people – including the most vulnerable – in monitoring and evaluation of services can pick up issues that are otherwise missed.

Gender equity

- Some Member Associations felt they had made progress towards gender equity during the A+ programme.

- Some Member Associations were unclear about the role of gender and other wider discriminatory social and structural influences in relation to objectives and strategies of the A+ programme.

- Young men were seen as successful change agents in promoting sexual rights.

- Increased participation by young women was encouraged by giving them greater responsibility for implementing projects, tailoring activities for them and having female-only peer groups.
Spaces for participation

- Youth groups can offer safe and participatory spaces for young people to talk openly about personal issues like sex and sexuality, and seek information about sexual and reproductive health services.
- Young people can help define the spaces needed to talk openly and promote interaction between and within genders.
- It is not only the space, but also the pedagogy for youth involvement that is important.
- Innovative approaches such as rap competitions, puppet shows and drama were popular and effective.
- Theatre can be valuable in peer education, community education and information sharing but also helps young people build their own capacity and learn new skills.
- Indicators developed for future youth sexual and reproductive health programmes should include indicators that measure the quality of spaces for youth participation, young people’s self-confidence in autonomous decision-making related to sexual and reproductive rights and how empowered they feel in accessing services that they require.

Working with families to build supportive communities

- Working with parents is crucial to enable young people to realise their sexual rights and access services.
- Recognition and understanding of youth-adult power dynamics in families is fundamental to the success of youth programming.
- Adults in the community – including teachers, religious leaders and service providers – need to help build young peoples’ confidence regarding sexual rights [and should avoid contradictory messages such as promoting abstinence, whilst teaching about safe sex].
- It is important to identify suitable role models in communities.
- Creating community networks and partnerships between service providers can develop more integrated care for young people.

Ensuring access to high quality youth-friendly services

- Youth-friendly services were extended through the A+ programme and more young people accessed sexual and reproductive health services at Member Association clinics.
- Youth participation and effective local partnerships improved the delivery of youth-friendly services.
- Member Associations improved the quality and appeal of their services, for example by recruiting specialist staff and training existing staff.
- The reputation of Member Associations as youth-friendly service providers was enhanced.

Comprehensive sexuality education

- The comprehensive sexuality education component was welcomed by Member Association staff, teachers, some Ministries of Education and other stakeholders.
- Content of comprehensive sexuality education programmes improved, and innovative pedagogical approaches were introduced.
- Teachers and educators overcame their own embarrassment and cultural barriers to talking openly about sexual and reproductive health rights.
Advocacy and the broader policy context

- There is some confusion in Member Associations around what advocacy means in different programmes and contexts.
- There are good examples of building strategic advocacy partnerships/alliances locally and nationally that can be shared between Member Associations.
- Advocacy is key to promoting and sustaining youth-friendly services and integrating comprehensive sexuality education in national curriculums.
- For most Member Associations, advocacy results take sustained effort over a longer time period.
- Detailed evidence such as case studies can help to convince decision-makers.

Organisational development: learning for communication and accountability

- The programme has led to positive changes in organisational development.
- Training on youth-related issues offered through the programme contributed largely to progress.
- Staff attitudes to youth programming have improved and there is greater respect and acceptance of their needs, along with better understanding of youth rights.
- Member Associations believed the programme added value to their existing youth programming by developing child protection policies, greater youth participation in governance and leadership positions and increased resources for youth programmes.

Sustainability of youth programming

- Extending training of peer educators to existing peer groups can increase sustainability of youth programming.
- Attention to power dynamics in local communities need to go alongside youth focus.
- There needs to be a clear sustainability strategy in place with strong links to Member Associations own youth participation structures and funding.
- It may be hard to maintain outreach activities to marginalised young people in remote locations due to associated costs.
- Effective partnerships, strategic alliances and networking are efficient ways to deliver services and advocacy locally and nationally.
- Project-focused funding is an inherently risky way to try to address complex and enduring problems.
- Member Associations that depend on project funding face cash flow problems and are more likely to struggle financially.
6 Key learning and recommendations from the A+ programme

The following are some of the main lessons arising from the assessment to help IPPF become a more youth-centred organisation, related to the A+ programme objectives.

**A+ objective 1: Increasing institutional commitment**
- Member Associations need to move from a project-based approach to an integrated youth-centred programme approach.
- Member Associations need to set new milestones and indicators to measure youth participation [going beyond their participation on executive boards].
- Training can help change staff attitudes leading to greater respect and better understanding of youth rights.
- Member Associations can share successes to increase young peoples’ participation in programme design and evaluation.
- Member Associations need different levels of support depending on their starting point, context, institutional history and capacity.
- Child and young people protection policies need to be introduced and implemented in all Member Associations.
- Young people need to be consulted throughout the youth programming cycle from planning through to evaluation.
- More effective ways of measuring personal empowerment and confidence in young people need to be established.

**A+ objective 2: Building supportive communities**
- Youth programmes need to find ways to reach and engage other adults in the community as well as beneficiaries’ families, including adults with lower levels of literacy.
- Peer educators strongly urge activities aimed at influencing religious leaders.
- More work is required to change the attitudes of service providers, particularly medical practitioners, so that they are more youth-friendly.
- More training of service providers, teachers, parents and other community members is needed to challenge prevailing attitudes and social and cultural norms.
- Working in partnership with different community-based organisations should be encouraged, using examples highlighted in the case-study research.
- Communication activities such as working with local radio stations can increase awareness and build support at community level.
- Advocacy through strategic alliances can influence government health and education services.
- More advocacy training including sharing successful strategies for influencing is required in Member Associations.
- It can be effective to bring young people into advocacy efforts more consistently.
- Strategies are needed to overcome traditional views of women, and to increase support for female peer educators.
A+ objectives 3 and 4: Expanding access to youth-friendly services and comprehensive sexuality education

- It is essential to bring services to young people through mobile and outreach projects, especially to reach marginalised young people.
- Young people can help make services more youth-friendly services, for example by inputting to design of entrances and waiting rooms for clinics. [In such settings information can also be provided].
- Peer education was an effective mechanism for community-based sexuality education used by the programme and could be scaled up.
- New programme objectives are needed on peer education, capacity building and human resource development.
- The role of gender and other social and structural drivers need to be better understood in Member Associations.
- Extending comprehensive sexuality education within schools through continued advocacy and work with educators and government education officials was suggested by young people and teachers.
- Community-based comprehensive sexuality education interventions was prioritised by young people.
- Working in the non-formal education sector would extend the reach of comprehensive sexuality education to more marginalised populations.
- Documentation of evidence of change associated with comprehensive sexuality education across all Member Associations would be useful for both advocacy and youth programme implementation.

Key conclusions:

The A+ programme was highly ambitious and complex in its approach and both its geographical and programmatic reach. Working in diverse cultural and political contexts and encountering deep-rooted attitudes and beliefs were challenges that were often overcome through innovation by young people themselves. The participatory design of this wide-reaching assessment has produced a rich analysis of what works and what does not, along with innovative examples of youth-led and youth-centred initiatives around the world that can be shared with others. It also gives clear evidence of how putting young people firmly at the centre of youth programmes can improve communication, participation, empowerment, rights, health and education.

The assessment also offers a socio-ecological model to build commitment to youth programming in organisations and communities. It places young people at the centre of the process, and gives due attention to the local context to help organisations become genuinely youth-centred.

These findings will inspire IPPF and, we hope, others to move forward on a journey of organisational development. The ultimate vision is young people’s increased confidence, empowerment and autonomy in decision-making, in an environment that is supportive of realising their rights. We hope that renewed commitment to youth-led programming and continued sharing of learning will help us achieve this vision.
Introduction

This report examines the findings from an external assessment of IPPF’s multi-country A+ programme, which included youth-led research. It will contribute to shared learning from the implementation of a rights-based and young person-centred approach in IPPF Member Associations.

The assessment applied a participatory and critical methodology, prioritising analysis of local cultural, political and institutional contexts. An analysis of the assessment findings, guided by the perceptions of young people involved in the A+ programme, has generated recommendations for a way forward that builds on learning from IPPF youth programming and the A+ programme.

Sharing these findings will inform IPPF youth programming at national, regional and global levels, and a broader audience of organisations working towards youth sexual and reproductive health and rights.

1.1 The A+ programme

The story of the Danida-funded A+ programme starts with the commitment of IPPF to young people’s rights. At a global level, the A+ programme was conceptualised as a triangular approach that combined the three elements of youth-friendly services, comprehensive sexuality education and advocacy to achieve increased access to sexual and reproductive health services for young people, and to promote their sexual and reproductive health and rights. Alongside this was recognition that youth participation, gender equity and partnerships are important cross cutting issues in realising rights, especially for reaching the most marginalised young people in society.
As the assessment shows, the translation of these concepts on the ground has led to innovative and inspiring examples of young women and men creating and leading change in their own communities.

The A+ programme was also designed to build capacity in local communities, recognising the importance of context and addressing social and cultural norms. It focused on increasing institutional capacity and commitment in Member Associations. In addition, there was recognition that communication between IPPF Central Office, Regional Offices and Member Associations would need to be effective in order for IPPF to achieve coordinated advancements for youth sexual and reproductive health and rights.

At country level, the A+ programme was implemented across 16 IPPF Member Associations in sub-Saharan Africa, South Asia and in Central America. The programme builds on learning from a previous restricted funded programme, SALIN+, which led to the identification of the following four objectives:

1. To increase institutional commitment of IPPF Member Associations to youth-friendly services
2. To build a supportive community for young people’s sexual and reproductive health and rights
3. To strengthen and expand existing sexual and reproductive health services for young people, especially the most underserved and vulnerable
4. To increase access to comprehensive, youth-friendly, gender sensitive sexuality education.

To achieve these objectives, the A+ programme provided resources to build the capacity of volunteers, staff and service providers in youth-friendly services and comprehensive sexuality education, encouraging implementation through peer education. As part of the programme, the Member Associations have aimed to strengthen their institutional capacity and commitment to young people’s sexual and reproductive health and rights and youth-friendly services. They have considered how to include young people in their governance structures and ensure that their ongoing work follows the principles of child protection.

In the A+ programme building a supportive community was also seen as part of the awareness raising and dialogue that are needed for young people to realise their sexual and reproductive health and rights. Local and national advocacy strategies were incorporated into strengthening institutional capacity and building supportive communities, depending on how the Member Associations included political advocacy in their ongoing youth work.
In the A+ programme, the quality and quantity of youth-friendly services and comprehensive sexuality education were also identified as central to youth programming. IPPF’s starting point is that all young people have the right to access information, education and services related to sexual and reproductive health and rights. On the ground the link between comprehensive sexuality education and increased demand for services can be oversimplified by measures of success that emphasise quantity, but there is a more complex story to tell in terms of increasing availability of services, capacity building of staff and changing attitudes in local communities. Education and information can not only contribute to demand creation, but can also help to foster knowledge and skills, which young people can apply to their sexual and reproductive lives, including their accessing of services.

The A+ programme was intended to promote innovation and bring to scale what Member Associations were already doing in terms of providing youth-friendly services, equipping clinics, improving the quality of sexual and reproductive health services and running outreach strategies, as well as building on the concept of comprehensive sexuality education.

In the theory of change articulated in Figure 1, the ultimate vision for the A+ programme emphasised young people’s active participation and leadership, although this is not made explicit in the objectives. The A+ assessment therefore sought to establish how young people’s participation was understood and implemented across the programme. Social drivers of inequality and marginalisation, such as gender, age, location, caste/ethnicity and religion were examined for how they had been taken into account in the implementation of the programme.

Figure 1
A+ Theory of Change, based on desk review
This theory of change diagram demonstrates the link between a broad vision articulated through the A+ objectives, and the strategies that have been applied in varying contexts. The A+ assessment examines how the theory of change for the A+ programme has been understood and applied in-country and what may need to change to improve future IPPF youth programming.
1.2 The A+ assessment: objectives and methodology

The A+ assessment had the following objectives:

1. To assess achievements in relation to the programme objectives and assess the value added by the A+ programme to IPPF Member Associations, Regional Offices and Central Office.

2. To generate evidence about innovations, good practice and key themes related to youth-friendly services, comprehensive sexuality education and advocacy for young people’s sexual rights, which can be scaled up.

3. To identify programme implementation challenges and develop recommendations to strengthen IPPF youth programmes, with a focus on sustainability; and

4. To increase awareness about the approaches and outcomes of IPPF youth programmes (both internally and externally).

A desk review of the planning and monitoring reports of the 16 Member Associations where the A+ programme was implemented was conducted to provide a background to the A+ programme and inform the assessment research (Panos London 2013). From this, the theory of change in Figure 1 was constructed.

The Panos London team analysed the desk review, and identified the following themes for the assessment:

- Different perceptions of youth sexual and reproductive health and rights
- How change happens in varying contexts
- Programme operations as specified in the A+ objectives
- Organisational systems, relationships and partnerships
- Overarching: youth participation
- Overarching: social drivers of inequality (including gender)
- Overarching: advocacy
- Value for money and sustainability.

An assessment plan was developed and an in-country research guide was designed so that the themes could be explored using a critical approach that would help understand which strategies worked and which did not, for whom, and in what contexts. The assessment process was iterative so that new issues arising could be explored and the analysis of young people incorporated.

The assessment included youth-led participatory research with peer educators in four case-study countries: Benin, Kenya, Nepal and Nicaragua. The aim was to identify and explore youth perspectives on sexual and reproductive health and rights in the varying and changing contexts in which the A+ programme has been implemented. This youth-centred approach ensured a bottom-up, participatory assessment and learning process. The process valued inclusion and the perspectives of the young people on change and outcomes, and used validated participatory evaluation methods for complex projects and contexts.
The four case-study Member Associations were selected based on diversity of regional and national contexts, openness to learning from success and identifying what could have been done better, and to give a view of two of the three A+ programme tracks. Track 1 had an emphasis on youth-friendly services, Track 2 on comprehensive sexuality education. The case studies in Nepal, Benin and Nicaragua were Track 1, and Kenya was Track 2. It was intended that a Track 3 Member Association would also be chosen which would show a follow up to the work of a previous youth programme, but none of these Member Associations was available at the time of the assessment.

Critical research and analysis was conducted within a participatory paradigm using a variety of research methods:

- Participatory youth-led case-study research in the four countries including analysis with young people and cross-case analysis using evidence from the four locations, using methods such as mapping, diagramming, ranking and the telling of stories of change through the use of photos and interviews
- Interviews with other stakeholders such as peer groups, service users and service providers to obtain other youth perspectives and feed into the in-country research
- Group work and individual interviews with staff at IPPF Central Office, Regional Offices and Member Associations to feed into case-study analysis
- An online survey with all of the 16 Member Associations involved in the A+ programme
- Cross programme analysis undertaken by the Panos London team.

The in-country participatory research with young people had three main objectives:

- To explore young women’s and young men’s perspectives and understanding on sexual and reproductive health and rights
- To understand what it is like to be young, how young people’s rights are realised and how change happens in different contexts; and
- To ensure that understanding and analysis of the A+ programme began with and built on the experiences and perspectives of young people themselves.

In each country, a team of around 10 young male and female peer educators worked with the researcher from Panos London and a local facilitator over a period of a week. These young women and men carried out research with their peers and adults in the community using photos and video to tell their stories of change. With support, they then prepared presentations of their findings, and presented key messages and recommendations to the Member Association and local decision-makers, including local branch board members, and where possible, representatives from other local organisations.

An adult Panos London researcher, accompanied in some cases by a local co-facilitator, also conducted research with different local stakeholders in the case-study location, including young people from peer groups, family members of peer educators, service providers, service users, local residents and teachers. This served to add different perspectives. Research into the changing context from a local and national perspective provided insight into how the implementation of the A+ programme varied depending on local conditions and institutional capacity.
The A+ assessment methodology was well-received in Member Associations. Similar participatory approaches have been conducted in rapid PEER investigation reviews supported by IPPF regional and Central Offices.

As well as participation, child/youth protection was also an important consideration of the A+ assessment methodology, so an ethical framework was followed throughout. Keeping children and young people safe, and ensuring they are part of an inclusive and thoughtful process is as important in an assessment and research process as it is in realising rights locally.

Findings were taken by the Panos London researchers to national, regional and then global level for discussion and reflection. Analysis was carried out with Member Associations, IPPF Regional Offices and the IPPF Central Office to explore the assessment themes as expressed above using a series of questions and tools (specified in the in-country guide, Johnson et al. 2013).

This sequence of analysis is critical to the methodology as it allowed the assessment to start from the perspective of young people and build learning and recommendations from their perspectives outwards. The value of this approach was not only in the production of a series of outputs, but also in creating spaces for reflection and dialogue during the process of the assessment. Recommendations are therefore built on a broader understanding of sexual and reproductive health and rights in each country context and how youth programming can work to build on the evolving competencies of young people who are associated with the youth programme.

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6 Participatory Ethnographic Evaluation and Research (http://www.options.co.uk/rapid-peer)

7 An in-country guide was produced to detail the approach and some of the methods applied and to show the sequence of the workshops with young people at local level and at local, national and regional level with staff and other stakeholders.
IPPF’s guide, *Participate: The voice of young people in programmes and policies* (IPPF, 2008), adopts an approach that encourages sustainable dialogue, mutual respect and understanding. The approach explores, through institutional self-assessment how to realise youth participation in practice and suggests exercises to plan a way forward for youth participation.

There is an overall continuum of youth participation, expressed in the IPPF ‘Participate’ guide, which lists types of strategies ranging from least participatory to most: ad hoc input, structured consultation, influence, delegation, negotiation and youth-run. In terms of this continuum, the overall level for the A+ programme could be described as lying between ‘delegation’ and ‘negotiation’. The programme did not set out to reach the far end of the continuum to be youth-run. On the whole the programme has managed to achieve more than ‘influence’ in that the young people not only speak their minds and have some formal and structured input, but in many Member Associations they have also been ‘delegated’ clear responsibility for specific aspects of implementation of the A+ programme.

Young people were included on executive boards at national level and also in the different project locations where the A+ programme is implemented (such as at branch level in Nepal). They were central to running peer groups and youth groups, ensuring that there were regular and productive meetings, and also in monitoring and evaluating the implementation of the programme. They seemed to be involved in most of the programme cycle although there was perhaps most limited input in the initial planning of the programme as a whole.
In Nepal, out-of-school young people were recruited as peer educators, including young women without formal education or those who had had to leave schooling to carry out household chores or paid employment. Despite this new and positive focus on marginalised young people encouraged by the A+ programme, these peer educators felt that more people could be reached. They identified young people who were on drugs or involved in selling drugs, alcohol and tobacco, young women at risk of sexual exploitation and abuse, including sex workers in tourist areas, and young people of the third gender who, in Nepal, include transgendered, intersex and homosexual young people.

The development of organisational child protection policies was a core activity in the A+ programme. The assessment reveals, however, that there needs to be a concerted effort to ensure the completion and ongoing implementation of all of these child and youth protection policies after the lifetime of the programme across all IPPF Member Associations.

2.1 Being young in different contexts

In all of the research locations, there was a stark contrast between cultural and religious beliefs and practices in local communities, and the elements that young people and adults felt were central to increasing access to sexual and reproductive health and rights. These elements included increasing access to sexual and reproductive health information and services. They also placed an emphasis on providing comprehensive sexuality education to help young people feel confident to talk openly about sex and sexuality and to make autonomous decisions about their emotional and sexual lives.

In Nicaragua, young people from urban and rural areas, highlighted the difficulty of sharing messages about prevention of teenage pregnancy in a culture where young mothers are generally accepted and supported in their families, and many poor young women had low expectations for their future and few incentives to stay in education. Young women found themselves wanting to be part of a young family and to be accepted by the grandparents and parents who had made these same choices before them. In urban areas where gangs inform the often violent, social reality for young people, a sense of family and extended families remains central to the wellbeing of young people. Youth clubs helped young people to build on the positive sense of support and safety in a group while shielding young men in particular from the cycle of violence, fear and discrimination they might experience in a gang.

‘I have friends in gangs but I can’t approach them, because other gangs will think I’m passing them information. So I have to start to discriminate. But they have hearts, they feel too.’

Young female peer educator, Nicaragua

In Benin, the strong religious beliefs about abstinence and not using family planning conflicted with messages about safe sex. There was a feeling amongst adults that if they had not had discussions about sex when they were young, then why would young people need to start to discuss such issues now?

‘I’ve no time for your blah blah blah. The family planning that you advise makes women sterile.’

Community member, Benin
The A+ programme has helped to address these types of misinformation and taboos regarding sex and sexuality by working with religious and community leaders on the importance of sexual and reproductive health and safe sex.

In the mountainous regions of Nepal, there is cultural pressure for young men and women not to communicate or meet with each other in public before they are married. This conflicts with the view of the A+ programme and IPPF that young people should have the right to decide about having healthy and satisfying relationships and to mutually decide whether or not to engage in sexual activity. All over Nepal, sex before marriage is strongly discouraged and although the age of consent to marriage has been legally increased, some young people are marrying early so that they can have sexual relations with their partners.

‘In the community there are various types of people and they have different views – some people accept it, but some people have negative attitudes and they are difficult to convince... So we have to work hard and educate and convince about the sexuality programme and its benefits.’
Young male peer educator, Nepal

In a poor rural area of Kenya, messages about sexual health and rights tended to be undermined by the sheer level of poverty, marginalisation and lack of access to services faced by young people, as well as the strong message from elders and religious leaders that premarital sex is immoral. Young people working as peer educators in and outside of school often held conflicting views of sexuality and sexual rights, and clearly felt conflicted about their own sexuality and behaviour.
What is more, young people in Kenya, Benin and Nepal stressed that realisation of sexual rights would remain limited if their economic empowerment was not also addressed. With little for young people to do, little or no money to spend and few opportunities for local employment, young people identified boredom and idleness as problems that could only be addressed through the delivery of sexual and reproductive health services in the context of wider youth services, such as youth clubs, income generating activities and broader health services. Their vision was a world where they could take responsibility for themselves and others and have options for preventing harmful consequences of unsafe sex. This vision included reliable information and access to contraception.

In reality, they lived in an environment where sex was commonly bought and sold and they acknowledged that young girls are often too poor to afford basic necessities, such as soap and sanitary towels, or school fees. This meant that it was not always easy for them to accept over simplified messages about abstinence, equitable relationships and safer sex.

‘Girls who were not able to afford [sanitary towels] had become susceptible to sexual manipulation from village bicycle/motorbike taxi boys, teachers and other sugar daddies in the community. The towels had a big impact on retention of girls in school and uniquely increased the learning contact hours for the girls with teachers… an investment in sanitary pads is an investment in girls’ education!’

Young female health club member, Kenya

Young people in all four countries considered that an approach which combined income generation and access to services with education and confidence building, and communication between girls and boys, helped to overcome some of these issues.
3 How change happens

The case-study research revealed several key elements that Member Associations and young people feel are critical to generate change and to achieve the vision of improved choices and autonomous decision-making for young people in realising sexual and reproductive health and rights.

This section looks first at IPPF’s triangle approach to youth programming, which the A+ assessment survey shows is part of a theory of change in different Member Associations. Then, it details the organisational development that is necessary for Member Associations to transform themselves to become a youth-centred organisation. Finally, a socio-ecological model is suggested that if followed, would put young people at the centre of activities, as powerful agents of change.

3.1 IPPF’s triangle approach and its local implementation

The A+ programme was designed following IPPF’s triangle approach to youth programming, which places sexual rights, youth participation and gender equity at its core. The approach emphasises the importance of integrating efforts to increase access to quality youth-friendly health services, increasing access to comprehensive sexuality education and advocating for social and political change (see Figure 2).

According to survey results, although Member Associations were not always fully aware of the triangle approach as a model, they found the focus on youth-friendly health services, comprehensive sexuality education and advocacy to be valuable, relevant and appropriate to the implementation of youth programming. Furthermore, they all valued the cross-cutting focus on youth participation, gender and sexual rights.
Translating these concepts into the A+ programme objectives, however, was more confusing and open to interpretation. In particular, there was variation in how advocacy was defined and used. Some Member Associations incorporated advocacy within the objective of ‘building supportive communities’. Some described their awareness-raising at a community level as advocacy, which did not extend to influencing policy. There seemed to be a degree of correlation between policy and advocacy at Member Association level when policy influencing was a priority at the IPPF regional level. Some Member Associations that pursued national influencing processes through networks and strategic alliances were not sure where these fitted with the A+ programme objectives.

In addition, the conceptualisation of ‘tracks’ in the A+ programme did not fully work in practice. Peer educators in the case-study research and Member Associations in the survey suggested that youth-friendly services and comprehensive sexuality education could not be seen separately in different ‘tracks’ as had been conceived for the A+ programme, but should be seen as integral and complimentary aspects of youth programming.
In Nepal (Track 1), for example, with a focus on youth-friendly services, there was already a commitment to comprehensive sexuality education so activities and outcomes related to this were reported under the remaining three objectives. Benin (also Track 1) did focus largely on youth-friendly services because the A+ programme was the Member Association’s first tranche of restricted funding for that kind of activity. They still recommended more emphasis on education in their youth programming in the future as youth-friendly services and comprehensive sexuality education had to be implemented side by side in their view. In Kenya (Track 2), the focus on comprehensive sexuality education was somewhat problematic, as the A+ programme was not implemented in local clinics. Greater access to services for marginalised youth, therefore, could not be fully realised. In Nicaragua, youth-friendly services and comprehensive sexuality education were implemented side by side.

The missing part of a triangular approach is the young people themselves. Although youth participation is defined as a cross-cutting issue in the approach, the importance of recognising and appreciating young people as active participants and considering their contexts when implementing youth programmes is not made explicit. The socio-ecological model detailed below, focuses on this missing element, while recognising the importance of context.

Staff in the case-study research agreed with the suggestion to place young people at the heart of IPPF’s youth programming and added another missing element: the adults and decision-makers whose attitudes need to be changed to implement a rights-based approach successfully. One of the Member Associations drew attention to the need to build capacity in human resources in sexual and reproductive health services. Others mentioned the fact that any model would need due consideration of cultural context and building supportive communities – a point also expressed in the objectives of the A+ programme.

3.2 Becoming youth-centred: Member Associations’ organisational development and journey of change

For an organisation to meaningfully place young people at the centre and recognise them as diverse and autonomous rights-holders requires a commitment to embark on a journey towards becoming a youth-centred organisation. Organisational development and change is a long-term, complex process that usually occurs in a very challenging context. Using tools, such as a theory of change, helps organisations discuss and identify how they are working, what they want to change, and to choose mechanisms that will help them along their development journey.

While this assessment underscores the importance of youth participation and youth rights, it cannot happen if the organisation trying to make these changes does not have a useful way to examine how it is working, why it is working the way it is and what constellation of changes need to happen to become a sustainable, successful, rights-based sexual and reproductive health service organisation.

Organisational audits can help an organisation to find and understand where it is located on a journey of change. Once this is known, then capacity building can be identified and progress measured. Measurement can be against the organisation’s own starting point, as well as toward an agreed goal.
When asked how they might measure organisational commitment to youth programming, the 16 implementing Member Associations provided a range of responses, reflecting their contexts and perspectives:

- Young people's capacity for and participation in advocacy for sexual and reproductive health rights
- Budget allocations to young people's services and activities
- Youth issues addressed in their strategic plans
- Youth focal points in Member Associations
- Strength of the youth movement
- Sensitivity and awareness of Member Association staff to gender, sexuality and sexual rights
- Young women and young men (especially) accessing sexual and reproductive health services (including first-time users)
- Young client satisfaction
- Young people receiving education and information about sexual and reproductive health and rights
- Provision of youth-friendly services in a youth-friendly environment
- Provision of and advocacy for comprehensive sexuality education
- Participation of young people in Member Association management and activities
- Youth leadership
- Young people in decision-making positions

These responses show that Member Association staff mainly define commitment by the provision and uptake of services, and the level and quality of engagement of young people in management decision-making. Recognition of youth issues in organisational plans and budgets is also important. Inherent in the mention of youth-friendly services is their recognition that staff attitudes have to change in order for young people's sexual rights to be well integrated into programming.

Where a Member Association starts on this journey is dependent on its context. This includes their internal context (organisational history, mission, strategic priorities, structure and resources), as well as the external context (political, economic, social, cultural and the level of stability or conflict). Every organisation has its own unique context and it is important to understand it deeply to be able to plan appropriate pathways for change.
Some characteristics of an organisation starting out on the journey toward becoming youth-centred

- Project approach, where young people’s sexual and reproductive health rights are addressed mainly in the scope of a specific, time-limited project(s).
- A youth focus is not strongly reflected in the Member Associations core priorities or strategic and annual plans.
- Youth programmes are financed through specific project-based funding rather than core funding.
- Communication is one-way from the Member Association to young people, without systems for youth-adult dialogue. Messaging is oversimplified and looks mainly at biomedical aspects of young people’s sexual and reproductive health.
- The motivation to participate and advance projects is based mainly on the capacity of the Member Association to pay young people and youth programme staff and often relies on individual charismatic leaders rather than institutionalised leadership for youth programmes.
- Health services for young people are delivered in a disease- or service-specific manner (e.g. HIV testing and treatment or specific contraceptive methods). The range of services offered to young people is limited and is not tailored to specific needs of diverse groups of young clients.
- Service provision is focused on bio-medical aspects of reproductive health and family planning, which may include bias against very young clients or clients who are not married or who are not heterosexual.
- Tokenistic or ad hoc youth participation in decision-making, without formal systems and structures for meaningful youth participation and decision-making power beyond the lifespan of a given project.

Some characteristics of an organisation that is youth-centred

- Young people (equitably female and male) participate in strategic and annual planning exercises, including budgeting, and participate in project and programme designs.
- Strategic and annual plans feature youth issues as priorities; appropriate programme resources and budgets are allocated to youth programmes.
- Young people (equitably female and male and representing the marginalised) hold decision-making positions in the organisation and these positions are institutionalised in the organisation.
- Health services are integrated, affordable and accessible to young people, so they access a full range of sexual and reproductive health services, including psychological and emotional support, as well as biomedical services, without stigma or discrimination based on sex, age, sexual orientation, type of work, income, religion, ethnicity or disability, etc.
- Youth issues are prioritised and meaningful youth participation is mainstreamed into all programming.
- Youth-centred approaches are not tied to specific donor support and are integrated into the organisation’s business model, which includes social objectives.
- Staff are trained and have youth-friendly and non-discriminatory attitudes. Regular supportive supervision is available for staff and volunteers.

These lists of characteristics are illustrative and not exhaustive. There would be changes to characteristics over time, and new ones added as others are dropped.
The journey supports organisations to become a truly youth-centred organisation. This type of organisational transformation involves applying an organisational strategy or business model with social objectives, which is based on agreed underlying values of inclusion and the equitable empowerment of young people and other excluded groups to participate in decision-making and governance.

Work on sexual and reproductive rights is transformational, psychological and emotional. Services expand beyond being solely clinical treatment of illness. Sexual and reproductive health services provide space where young people feel included, listened to, and able to express their concerns about relationships and sexual choices.

Youth-friendly services and comprehensive sexuality education are delivered side-by-side, in the context of broader youth and health services and support. Peer educators, peer groups and youth groups continue to meet and discuss personal and emotional issues, while also pursuing local implementation of the youth programme, educational and transformative work with parents and adults in their communities and, in partnership with strategic networks and alliances, local and national political advocacy.

This approach to thinking, planning, management, programming and change is not based on an issue or a target group. It is a way of working that promotes organisational development and ways of working that are holistic and integrated.

### 3.3 Young people as agents of change

Based on the findings of the assessment, a socio-ecological model of change is suggested where young people are placed at the centre as key agents of change. This ‘change-scape’ model (Johnson 2011) was used in the A+ assessment and was further developed by Vicky Johnson with the South Asia Regional Office staff, Manish Mitra and Dr Praween Kagrawal.

The model represents a commitment to promoting and realising young people’s rights in different social, cultural and political contexts. The spheres of change have young people at the centre. Surrounding them are the spaces they identified (in the assessment) as key to helping build their confidence and knowledge. This in turn empowers them to engage with others in their families and communities and ultimately for some representatives to be involved in or to influence governance structures of organisations and in national policy change advocacy.

The mechanisms for change have been identified by young people, IPPF Regional Offices and Central Office, Member Association staff and other stakeholders, as building on the pillars identified in IPPF’s triangle approach. These mechanisms are two-way processes: they have an impact on young people, but in turn, young people can be involved in the change that creates the impact. This is accomplished by their participation in the planning, implementation and monitoring and evaluation of mechanisms for change. In different contexts, these mechanisms will be made up of strategies that have been adapted to be relevant to the capacity in the individual Member Association, the context in which the project is working, and how the project will engage with and build on the work of existing and new partnerships and networks.

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9 This socio-ecological model is constructed using theoretical concepts from academics, such as Vygotsky, Bronfenbrenner and Tudge, further developed and applied to children and young people’s participation in a ‘change-scape’ model developed by Johnson (2011, other theoretical perspectives can be found in this reference). The change-scape model also incorporates theories of participatory space (using concepts from academics such as Cornwall, Kesby and Mannion) and power (using concepts from Luke’s dimensions of power as applied in gender analysis by Kabeer and in participation by Chambers). This model has been adapted and through iterative theorising in IPPF and with the Panos London team the lead researcher has further developed the model from the evidence collected in the A+ assessment.
The development and adaptation of these strategies, when designed with local young people themselves, will take into account the different identities of these young people. Also critical to the success of strategies to realise sexual and reproductive health and rights will be the interests of local young people, which affect how they are included in the project process and ultimately the kinds of services, education and social and political change that interest them. The processes throughout the project cycle would therefore need to be participatory and inclusive of different young people, including those that are most marginalised.

As a Member Association travels on its journey of organisational development over time (as indicated by the arrow at the bottom of the model and referring to Figure 4), the strategies would need to be reviewed and young people involved in reflecting on what is working and what is not in different contexts. The results would feed into a process of adaptation and change, making the programme flexible to local contexts and the changing interests of young people.

Young people are surrounded by families and communities who influence the choices they have and their autonomous decision-making. Changing the attitudes and behaviour of adults and staff requires building partnerships and networks locally that can facilitate and support dialogue, knowledge and information sharing. Mechanisms for change may involve awareness-raising dialogue with families, neighbours, local religious and community leaders, and local decision-makers. This sphere in the model is aligned with the A+ programme objective of building supportive communities. It can be strengthened by carrying out comprehensive sexuality education for adults, staff and partners and by broader political advocacy.

10 Identity can be self determined, such as declaring one’s sexual identity; it can be determined by social and structural determinants, such as a person being identified as poor because of their economic status or a carer because of gendered roles; it can be determined by someone else, being identified as a refugee, for example.

11 Interests are dynamic and highly dependent on complex and interacting factors and context. Processes should take account of whether young people are interested in participating. It is important to test assumptions about young people’s interest in projects, considering their identity and contexts by assessing them directly and for each group and context.

12 Definitions of inclusion are contested. In this assessment, inclusion, marginalisation and exclusion were used to describe inequality of power, position and resources, usually for a number of intersecting reasons that kept them from exercising their human rights equally with others and benefitting equitably in their societies.
The broader political context can be seen as surrounding the communities in which young people live. In order to achieve longer-term sustainability, there will need to be mechanisms and strategies at the level of the community, and national policy advocacy, developed through strategic alliances and partnerships.

In the following section, the findings from the case-study research and Member Association survey are presented according to the elements of this socio-ecological model to show how the model is grounded in the evidence gathered in the assessment research. Although some of the elements relate to the themes identified in the research, the process of development was iterative and different aspects have been incorporated using the dialogue and analysis in the A+ assessment.

Positive progress towards achieving IPPF’s vision of youth programming can be seen in four different spheres of change or influence: change for young people including peer educators and their peers and taking into account the most marginalised; change for local communities including families, adults and local service providers and decision-makers; change in the broader political and policy context; and change within the organisation itself.

The vision for youth programming can fit with this socio-ecological model, although a full theory of change would have to be further developed in a participatory way by IPPF and partners, building on the theory of change developed at the beginning of this assessment and IPPF’s approach to youth programming. This model can inform that process of development.
Findings by assessment theme: elements of the model

The findings from this assessment suggest that IPPF’s current approach to youth programmes is strong and can be built upon to move further along the journey towards becoming a youth-centred organisation, creating more ownership and emphasising the importance of youth-centred planning, implementation and monitoring and evaluation.

The findings are presented by nine themes that emerged during the assessment and which are represented in the socio-ecological model. These themes relate to the initial assessment themes established by the desk review. Evidence from the case-study research in the four country locations is presented alongside the results from the survey conducted across all 16 participating Member Associations. The bulk of the analysis is then presented in the form of a new model suggested as being helpful in articulating young people as central to realising their rights while recognising adult-child partnerships and institutional commitment of Member Associations.
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Table 1: Nine themes emerging from the assessment
4.1 Young people and their peers at the centre

The A+ assessment demonstrated the value of placing young people at the centre of the A+ programme, prioritising understanding of their identity, interest and inclusion, while understanding how mechanisms and strategies are adapted depending on cultural and political context (Johnson 2011). This is in line with the suggested socio-ecological model.

In the case-study research and survey, it was clear that youth participation was addressed in the A+ programme. Despite not being expressed explicitly as an A+ objective, it was expressed as a vision in IPPF documentation and has therefore also been expressed as the vision in the theory of change developed for the A+ programme at the outset of the assessment. A range of social drivers of inequality that intersect with each other were critical to the assessment analysis.

‘This project has supported me to change my own personal behaviour about sexual relationships, have opposite sex friendships and talk to others about life skills and capacity development. It’s really interesting and achievable while working in groups with peers.’

Young male peer educator, Nepal

4.1.1 Sustaining youth interest

The A+ projects in Nepal and Benin have managed to sustain interest, despite problems of migration for work, through meaningful participation and provision of expenses for travel and communication to the peer educators. The peer educators were enthusiastic and led peer groups, organising regular meetings where young people were able to discuss personal issues relating to sex and sexuality and to understand their choices with regard to sexual and reproductive health services.

Young people in Kenya and Nepal suggested that in order to increase the viability of the programme, and maintain the continued interest of young people, economic empowerment aspects of the programme would need to be built upon, possibly by enhancing the work of Member Associations in developing young people’s skills.

In Nicaragua, youth groups had started to make and sell small items of jewellery in order to fund their outreach activities and meetings. Respondents in Nepal also suggested that small enterprise development with young people was could eventually be incorporated into the business model of the Member Association. This is income generation as part of development of broader youth-friendly services, although access for marginalised groups would always need to be externally funded or cross-subsidised.

Where vocational training was delivered it was generally considered to be positive and payment for sanitary towels was put forwards as an example. Young people linked their sexual vulnerability to their economic situation, poverty and vulnerability more broadly. Staff from Member Associations also supported this perspective, as demonstrated by the following suggestions provided in the survey:

‘Skill program for income generating activities and [sexual and reproductive health rights]should go in parallel to involve vulnerable, underserved and poor young people.’

‘Run income generating programs and awareness programs together to involve them and save them from risk[y] behaviour.’
4.1.2 Inclusion of marginalised groups

There was strong evidence from the assessment research on the increased focus on marginalised youth in the A+ programme, although the survey results demonstrate that this is not consistent across the whole programme. In Nepal, out-of-school youth, including young women from poor rural communities, were involved as peer educators. In one of the provinces of Benin, sex workers were involved in the A+ programme and now have representation on the Member Association board. They are involved in decisions at the highest level of the youth programme.

Member Associations responding to the survey across 16 countries also highlighted the importance of outreach work with more marginalised young people, those living in remote communities, but also young people with disability:

‘Out-of-school youth and female youth were given chance to be leaders and given all necessary trainings related to CSE, SRHR and life skill[s]. They were given equal chances to youth from any status and all castes in groups and behave very positive with them.’

‘Support to deaf young girls and boys: creation of a very friendly environment in the MA, participation in the national and international exchanges and finally their empowerment in various aspects.’

Quotes from Member Association survey

The A+ programme led to increased access for young people to contraceptive services and safe motherhood services and, to varying extents in different Member Associations, HIV counselling and testing, advice on safe abortion and post abortion care. In the remote mountainous areas in Nepal and the rural areas of Benin that lack infrastructure, the Member Associations were able to conduct mobile clinics for previously underserved areas. In Kenya, peer educators did outreach activities, which involved sharing information and offering contraceptive services and mobile voluntary testing and counselling services to remote communities.

Having different forms of outreach in camps and community clinics has also helped young women and men to obtain the right kind of information from service providers.

‘Practising youth-friendly services at Clinic and [location] even in [the] satellite camp encourage[s] young women to get services as well as [the] right information from service providers. The eagerness of women to get SRH services and education was the significant change for young women.’

Quote from Member Association survey

Member Associations recognised the importance of young people to achieving the vision of the A+ programme and supported the continued focus on marginalised or vulnerable young people, but suggested that innovative strategies may be needed to motivate their involvement.

‘Exploring innovative strategies to get the consistent participation of vulnerable and marginalised young women in A+ project activities. Provide some form of motivation to meet their needs.’

‘Extend the activities to street boys using tailored approaches; increase a number of young men benefiting from vocational training.’

Quotes from Member Association survey
4.1.3 Applying the socio-ecological model to assess young people at the centre

Measures of success within this socio-ecological model of youth programming would recognise the inclusion of marginalised youth, their interest in getting involved in the programme and an understanding of the identities of youth who are involved as peer educators and in peer groups/youth groups. Impact could be understood in terms of increases in confidence, knowledge and awareness; so having more rights-based indicators, rather than having an emphasis on increased access to services which is only part of the picture.

Despite having some indicators of participation in governance structures, for example, indicators about personal empowerment and confidence of young people were not included in the A+ programme. This understanding of building capacity of young people fits with IPPF’s research into assessing increased capacity (McGreeney and Blake, 2012), in that decisions made in relation to a young person’s sexual life are part of their personal development.

‘This process of making decisions is part of a young person’s development and when young people are given the rights and support to make autonomous and consensual decision, …can be a positive and empowering experience.’

Ibid, p1

The process of planning, monitoring and evaluation can embody youth participation and examples are seen of young people becoming involved in monitoring project activities. The following are examples from A+ coordinators provided by Member Associations in the survey:

‘Young people developing a monthly activity plan in coordination with young people taking into account the organisational goals of the programme and the interests of young people in accordance with their needs, capacity and skills ’

‘... on the project sites, 30 young women participate regularly in planning and monitoring of project activities.’

Member Associations suggested that participation of young people in monitoring and evaluation of services and quality control, including the most vulnerable young people, can pick up issues that are missed when they are not involved. In one of the A+ projects, young people highlighted the poor quality of condoms that were distributed in some clinics. They gathered evidence from peers about how condoms split and had an unusual smell, putting people off using them. Changing supplier for condoms has already been discussed and acted on through the process of this assessment.
4.2 Gender equity

Gender is selected as a cross-cutting issue expressed in the conceptualisation of youth programming in IPPF and as a theme and important social driver of inequality in the assessment research. Gender is central to the identity and feelings of inclusion and interest by young people in their involvement in youth programming.

The assessment found that some Member Associations are managing to make progress in this area:

‘Exchange workshops help young men realise the problems that young women face in their everyday sex life, mainly because young women have had much opportunity to speak up in debates. This changes positively the attitudes of these young men.’

Member Association quote from survey

4.2.1 Inclusion of young women and men

In some of the Member Associations it was a challenge to involve young women, especially considering the varying cultural contexts where the A+ programme was implemented. One way of increasing involvement was to give young women more responsibility in implementation. It was suggested that activities needed to be tailored to young women to attract them to attend. Sometimes the only solution was to have female-only peer groups to build women’s confidence to speak out.

Another way of encouraging female involvement was to have more female than male peer educators. In poor rural locations, there tended to be more females out of school due to gender preferences to send boys to school, so if the project targeted out-of-school youth, as in Nepal, then females were selected as peer educators and in peer groups. Peer group discussions and communication in communities about services by peer educators was also recognised as important.
Communication activities in the communities by young peer educators helped provide services to young women who had never had access before.

Member Association quote from survey

Some of the Member Associations suggested that there were actually fewer young men than young women involved in the implementation of the A+ programme. Men were often intimidated to join in as ‘family planning’ is not perceived as being for ‘men’. This absence was also accentuated in poor rural locations with high rates of migration, as it was mainly young men who migrated from villages to find work. Gender sensitivity is therefore also required to ensure continued involvement of young men.

When young men were involved as peer educators, Member Associations suggested that they were very active in working with both young men and women, even if they needed to work on sensitive issues, such as menstrual hygiene. Their role was also recognised in relation to addressing gender-based violence and improved sexual relationships.

The empowerment of young men as change agents to promote sexual rights was highlighted by a couple of the Member Associations as an important means of programme implementation and an outcome from the A+ programme. The following examples from Africa point to how A+ was able to help realise the potential of young men.

Engaging young men as community-based reproductive health agents. This helped young men to realise their potential as agents of change.

Member Association quote from survey

Some of the following strategies for continued involvement of young men were presented in the survey results and reinforce suggestions by young people and staff in the Member Associations:

Provision of the entertainment material for socio-educational centres, which increased young men’s attendance.

Participation of young men was very good thanks to the work with women, who supported more interactive activities, such as theatre, break dance and recreational activities.

Encourage young men to take a lead especially in the areas of mitigating gender-based violence.

We would introduce men oriented clinic services, for example on circumcision.

Provide some form of motivation to meet their needs.

If we got the chance we would form more groups of men involving vulnerable men of the community.

Hiring male counsellors in YFS increases the number of youth volunteers.

Member Association quotes from survey
Some Member Associations felt that there would need to be an increased emphasis on vocational training and income-generating activities in order to get more poor marginalised young men involved in discussions about their sexual and reproductive health rights. Others also raised the role of A+ in increasing subsidised services for young men through the greater distribution of condoms, and discussed how this was especially important for marginalised and unemployed young men in rural areas.

One of the African Member Associations felt that it was particularly important to have dedicated spaces for young people. They suggested that in youth centres, which offered information and advice on sexual and reproductive health within more integrated services, young men didn’t feel embarrassed to join in with friends to discuss sexual and reproductive health and rights, including education and services. In turn these young men would be encouraged to share their learning on sexual and reproductive rights with peers:

‘IEC.BCC materials and target group of out-of-school youth brought change in life of men. According to them, they never thought they will have opportunity like this and will have chance to serve people thorough the information, education and service by their direct involvement.’

Member Association quote from survey

There was also recognition in Member Associations about the importance of having well-trained male and female doctors to consult with young men and women. This had not been possible in some of the community clinics but was recognised as making a difference to how young people accessed services.

The evidence from the survey is backed up in the case-study research, but the youth researchers highlighted a greater need to understand gender sensitivity within the context of local power relationships across youth programming. In Nepal young people depicted young women with photos of bare trees – unable to express their emotions. They showed third gendered people, including transgendered, bisexual, homosexual and intersex (referred to as third gender in Nepal), as a rose opening – as they cannot openly talk about their sexuality in public. Across the case studies it was recognised that young women, young men, and third-gendered young people have to be included in different ways sensitive to their identity and the local cultural context.

The A+ programme has started to give different opportunities to young marginalised men and women in planning, implementation and monitoring, although there will need to be continued attention to dealing with issues of gender-based violence, machismo in society13 and structural inequality really to do justice to addressing gender as a social driver rather than merely as one way of disaggregating statistics.

Another assessment recommendation is that Member Associations need to do more than just try to ensure participation by equal numbers of young women and men in their activities. The way activities are conceptualised, planned, implemented and assessed needs to be done through a gender equity lens, recognising the different realities/needs of young people in relation to gender norms/inequalities in society.
4.3 Spaces for participation

The case-study research demonstrated that working through youth groups was an important context for providing safe and participatory spaces for young people. In the youth clubs supported by the A+ programme, peer educators offered advice, organised debates and found creative ways to share information and get people thinking and talking about positive sexual behaviour. They also got their peers interested in puppet shows, drama and rap competitions and demonstrated and distributed condoms. In Nepal, where young men and women do not usually meet in public before they are married, peer groups also provided a safe space for dialogue and discussion.

Young people suggested that it is not only the space, but also the pedagogy for involvement that is important, including how, for example theatre, can be used in peer education, community education and information sharing. This had implications for how young people built their own capacity and developed their skills. This finding also suggests that young women and men, including those that are most marginalised in society, should help to define what spaces are required to talk openly and interact within and across genders.

In Nicaragua, interviewees from different partner or referral organisations, including the public health centre, police and community-based organisation advocacy partner, appreciated the Member Association’s approach with young people based on empathy and inclusion, and using a specially trained psychologist.

A systematic review carried out for IPPF of the effectiveness and cost effectiveness of youth centres did not show a direct link to the increased use of sexual and reproductive health services by young people (Zuurmond et al. 2012). However, the youth-led case-study research for this A+ assessment suggests that the story is more complex, largely due to pressures that young people perceive in their local cultural contexts, which made it difficult to talk openly about sex and sexuality.

The case-study research revealed that, although youth centres can sometimes result in an immediate uptake of clinical services, the psychological and social benefits of participating in rights-based youth centre activities are often separated in time and space from the uptake of family planning and other reproductive health services.
In Nicaragua, Member Association staff commented that many young people just wanted to talk through their relationships, sexual issues and options, and did not necessarily need medical services immediately. However, their growing reputation as a trusted place to approach to talk about these issues meant that the number of young people accessing the centres, although not necessarily formally as clinical clients, was increasing and their ability to realise their rights was supported. Young people in Nicaragua claimed that creating ‘a life plan’ was one of the main outcomes of their participation in the A+ programme.

*I wish I had known about this club then, I would have made different decisions. Empowerment first, sexual health follows.*

Young mother, Nicaragua

In Nepal, young women and men valued the opportunity for open discussion of their sexual rights, confidential advice on sexual health and relationships and support to build confidence to recognise and resist routine gender-based discrimination and violence in their relationships and households.

These aspects of youth centres arguably contribute to young people’s increased agency in their sexual and reproductive lives, and to transforming gender norms.

This has implications for the way in which we measure the value of youth centres in the context of rights-based youth programming. There is a need to develop effective ways to measure not only the access of different groups, including the most vulnerable, to clinical services, but also empowerment and youth development outcomes.

This does not negate the importance of ensuring linkages between youth centres and clubs with youth-friendly services. However, it broadens the vision of where and how youth-friendly services may be offered. We need to continue to listen to young women and men throughout the youth programming cycle in planning and evaluation and this means listening to their recommendations about the delivery of youth-friendly services and empowerment strategies in a context of broader health and youth programmes and centres.
4.4 Working with families to build supportive communities

For the A+ objective of building a supportive community, many of the Member Associations have started with a mapping exercise of local organisations to identify potential partnerships. From a youth perspective, young peer researchers viewed the relationships with their families as different from those with the broader community. Some young people talked about parents experiencing fear when they saw their children’s independence in decision-making, others felt that their parents had gradually become accepting of their peer education work.

In the Benin case-study research, some parents failed to see why they should start to talk to their children about sexuality.

‘My mother never spoke to me about sexuality so why should I do so with my children?’

Mother, Benin

In Kenya, young people noted a lack of communication in the family, and they considered that their generation had lost out on the traditional sexual education imparted by grandparents because of the breakdown of the extended family. The A+ project helped to bring about a change in perception about sexual health through the education of families and other adults in the community.

‘Previously condoms were for big people. If you were to take a condom home, you could even be beaten... After we have been educated about them, we are free to touch them, and use them. We can even advise our parents to use them. Nowadays, everybody walks with condoms as a security. If I take a packet home, there’s no problem – our parents are familiar with them.’

Peer educator, Kenya

In all cases, work with parents was considered to be crucial to young people realising their sexual rights and accessing services.

Peer educators in Nepal, for example, identified the need to work with adults in the community to change the way in which cultural and religious beliefs were played out in realising rights. They identified preference for sons, sex-selective abortions, the humiliation and total lack of decision-making power for women and the silence about sexual pressure and violence as critical issues to work on if sexual rights are to be realised.

A young male peer educator helped researchers to understand what could be done in a cultural context where there were such strong beliefs about sex and sexuality, and where it is not acceptable, especially in poor and remote communities, for young women and men to talk to each other in public unless they are married:

‘We may not be able to change cultural beliefs but at least we can edit them...’

Young male peer educator, Nepal
In Nicaragua, one young woman participating in the research explained how she suffered sexual discrimination in her family, with responsibility for domestic tasks that her brothers and father escaped, and how empowering it had been to learn about her rights through the Member Association youth centre. However, she said that when she defended her rights at home, she was not listened to; her own mother reinforced the inequality in domestic duties. One respondent from an international organisation in Nicaragua explained:

‘Parents are the biggest issue. They don’t understand, there is no democracy in the home, it is very authoritarian. There is a problem of “adultism”.’

Youth peer educators felt that they needed to be role models in their communities and overcome discrimination, training adults to accept that girls could become peer educators.

In Nicaragua, some of the young women and men, especially women, had met with resistance from their parents, who questioned what they were doing and learning in these groups. One young man explained how he had overcome this problem with his own parents, and those of his peers:

‘You need to gain their confidence and trust, communicate and be sincere with them, invite them to participate and see what we are doing... Like St Thomas said, “seeing is believing”.’

Young male peer educator, Nicaragua

One youth board member from the Member Association highlighted effective strategies for parent education:

‘We need to change the attitude of parents: and this is not one-off work. Parent workshops are very effective, but that needs resources.’

Young board member, Nicaragua

In the survey, other Member Associations also noted these challenges to participation particularly of young women:

‘Parents do not allow young women to join groups for fear of pregnancies. Most parents are still not aware and convinced that youth learn a lot when they participate in activities by youth organisations and clubs. Young women are also given a lot of work at home (home management i.e. cooking, drawing water etc.) as opposed to young men. This deprives them of time to relax and participate in youth activities.’

Member Association quote from survey

This recognition of child-adult power dynamics in the participation of young people in programmes is fundamental to an approach that integrates the centrality of young people, their families and communities, and an understanding of structural issues governed by cultural and political context. IPPF is familiar with building child/young person-adult partnerships, and parental support for young people’s autonomous decision-making (Vargas, 2012).

In the survey, some of the Member Associations talked about gaining a better understanding of local beliefs, on menstruation and abortion, for example. Others discussed how peer educators and students at schools where comprehensive sexuality education was taught, could help to educate their parents and other adults in the community.

‘Community dialogues that brought together parents, local authorities and young people themselves. The participation of young women in the implementation of these activities gave them confidence to speak about their sex lives in the presence of other members of the community.’

Member Association quote from survey
4.5 Ensuring access to high quality youth-friendly services

Youth-friendly services were seen in the case studies and the survey as being extended through the support of the A+ programme. In most A+ projects, clinics were made more youth-friendly by recruiting specialist staff and training existing staff and service providers on youth sexual and reproductive health and rights. Young people were also involved in helping to design physical spaces including separate entrances and waiting areas for females and males and for young people and adults. Waiting areas were made more appealing by displaying information materials including posters, videos and leaflets. Opening times were adapted with a separate time for young people and adults being introduced.

Member Associations improved access to services by going to nightclubs, others had mobile clinics to take information and simple sexual and reproductive health services to inaccessible areas, while others pitched tents and held events at youth centres, and worked through schools, police and local radio stations. Telephone counselling and telephone help lines were also provided.

Some of the A+ projects had a strong focus on strengthening referral systems. Advocating for quality of care across a continuum of services, both private and government, can be an important way of spreading youth-friendly services.

Subsidisation of services varied between Member Associations and there were often attempts to make services cheap or free to young people, sometimes with the support of other donors providing vouchers or cross subsidising.

Young people themselves are important in generating demand with their peers and families, as well as more broadly in the community. Leaflets and billboards have been widely used and Member Associations have developed educational games, songs, theatre and workshops around youth rights and sexual and reproductive health. Social media was promoted by a few of the Member Associations: they set up Facebook pages and used cyber cafes to communicate with larger numbers of young people.

The survey results show that one of the biggest changes brought about by A+ programme funding was the increased reputation of Member Associations as youth-friendly service providers, as well as increased quality of their youth programmes and youth services. This was confirmed through interviews in the assessment with other stakeholders:

‘The organisation is recognised country wide as a youth-friendly organisation.’

‘Our clinics are unique and we are the only CSO providing services to young people.’

Member Association quotes from survey

The desk review and survey demonstrated increased numbers of young people are accessing Member Association clinical services and information. Many Member Associations plan to maintain a separate budget line for youth-friendly services beyond the A+ programme and are committed to finding new sources of funding for this budget line.
The case-study research in all of the countries also demonstrated that youth participation improved the delivery of youth-friendly services in clinics, demonstrated by interviews with service providers. The strands that ran through these interviews were about young people understanding more about their services through word of mouth in the peer groups and youth groups and that, although referral pathways were complex, a better reputation for youth-friendly services meant that more service providers, governmental and non-governmental, may be ready to form partnerships to deliver youth-friendly services.

‘Youth participation has a good impact on the clinic. We are the only organisation providing youth-friendly services, we are known for it. This means we get a good image and can attract more people to our services and get more partnerships with INGOs.’

Clinic director, Nicaragua

Where young people had been involved in monitoring, there was evidence about greater client satisfaction. Most service providers consulted were more confident about being able to serve young people because they had been trained in youth-friendly health services. There was also recognition within the Member Association staff that there were more service providers who understood the value of this kind of service. Some Member Associations surveyed did, however, feel they had some way to go on monitoring youth friendliness of programmes and extending services to more vulnerable and marginalised young people.

Many Member Associations in the case-study research and the survey stressed the importance of networks and partnerships with other service providers in order to provide continuity of care for young people. Nepal and others had identified the importance of monitoring the referral pathways to services so more was understood about what constitutes success. They also stressed the importance of sensitisation of service staff and other service providers to working with young women and men.

Joint planning, including with young people, was suggested as a way of achieving more partnerships, relevant services for young people and increased chance of sustainability. Joint monitoring could help to understand the varying satisfaction and appropriateness of services.

4.6 Comprehensive sexuality education

This component of the A+ programme included both delivering comprehensive sexuality education to young people and advocating for sexuality education nationally and locally. Strategies for delivery included training teachers, education officials, peer educators, youth leaders, religious leaders and parents on comprehensive sexuality education; developing training and information materials, and developing new pedagogies to use with young people on sexual and reproductive health and rights. Member Associations received training from central and regional IPPF offices. There was also an emphasis on moving away from a narrow focus on HIV/AIDS education to broader issues of sexuality and rights.

New pedagogies for comprehensive sexuality education have included arts-based techniques, setting up health and discussion groups, developing educational games to play with larger groups of young people, tick boxes and points to deliver in assemblies. There is also work to sensitise those who will be delivering training, in training for trainers, on gender and other sensitive aspects of sexuality and sexual rights.
In terms of advocacy, several Member Associations joined or convened networks of local and national organisations to advocate for curriculum change, working to influence education officials and policymakers including in teacher training colleges.

There was some confusion about the difference between information on sexual and reproductive health services and comprehensive education on sexual and reproductive health and rights. On the whole, a distinction was made between information on biological aspects of health and family planning services in the form of leaflets and billboards, communicated in communities, and education in the form of sharing ideas about health and rights using different pedagogical approaches and running initiatives to change attitudes and foster critical thinking about one’s identity, values, intentions and actions. The progression from information and messages to awareness-raising and education does still remain unclear at times as different strategies were employed in communities alongside each other.

4.6.1 Supporting teachers to deliver comprehensive sexuality education

It seemed hard for teachers to go beyond the biological side of sexual health to address some of the more culturally sensitive elements of sexual rights, including addressing emotions, life skills, gender, diversity and other social drivers that influence behaviour, attitudes and choice (a case study in Nepal bore this out). One Member Association has planned to conduct comparative research with schools and teachers who had received training in comprehensive sexuality education and those who had not, so they could gather more information about the impact of training on knowledge, attitudes and behaviour.

In Kenya, comprehensive sexuality education was found to be effective through school health clubs, but the school setting also presented limitations. There was a policy not to mention condoms in school because it was seen to promote premarital and underage sex. This was particularly problematic as the project was situated in an area with a high HIV prevalence rate. Teachers could not talk to the young people about sex, because of the moral context, and preferred to talk to them about relationships and hygiene.

Teachers in the case-study research said how they had appreciated the different pedagogies for teaching young people about sex and sexuality, where previously they had felt unable to address even the basic concepts. Their local context restricted the pace of change and teachers are still unsure about discussing sexuality and sexual rights in school. Despite having access to a full curriculum including information about sexuality and HIV, teachers do not always have the confidence to use the entire content. Peer educators and teachers have suggested that the youth-to-youth strategies may provide a more conducive environment for discussion of personal and emotional issues. Some teachers have still found training has helped them to share ideas and overcome these barriers with young people.

‘We teach them, but they also give us their approach and ideas ... they have beautiful ideas on how to teach good social behaviour, through drama, competitions, debates, cluster activities, lectures, they research the issues and share the information with their peers.’

Teacher interviewed in Kenya

‘We need to fight for change, until people understand it is important for the people, but change is slow – you can’t impose it.’

Regional Office staff interviewed in Kenya
4.6.2 Comprehensive sexuality education in out-of-school settings

The term comprehensive sexuality education is currently used by some of the Member Associations to apply to their educational work in schools, while peer educators saw the term as going beyond schools into communities; they identified that adults also need this kind of education:

‘Provide CSE at school and out of school. It creates a platform to speak up for CSE for young people as there is no such education from government level.’

Member Association quote from survey

The assessment found that the participatory spaces of peer groups enabled young people to discuss sexuality as part of their sexual identity. However, they also noted that the direction of discussion depended on the moral viewpoint of the particular peer educator.

4.6.3 Comprehensive sexuality education advocacy

Policy advocacy in this area has faced multiple challenges, for example, from laws or policies that prevented sex education being on the national curriculum. In some countries, the political power of religious bodies influenced scope for change. Policy advocacy in all countries takes time and many factors needed for success remain outside the control of advocates. There were bright spots in this complex landscape. In some countries, advocacy has led to more acceptance of comprehensive sexuality education by the Ministries of Education and in schools. In Nepal, advocacy with national teacher training colleges resulted in a change in curriculum.

‘Tribhuvan University included CSE in master level for education department. All these changes happen through the CSE advocacy activities. All IEC/BCC materials developed by the project, is prepared in the basis of CSE and incorporated CSE in all training program of the project.’

Member Association, Nepal

Other examples of successful advocacy strategies included:

‘CSE advocacy group was formed by involving partners, youth and civil society and working actively for the CSE establishment. All staff and volunteer given training on CSE so all are aware on its importance for the development of youth and nation. Research report is drafting on impact and importance of CSE.’

‘CSE has been incorporated in national school curriculum and given TOT [training of trainers] on it to trainer teacher of MOE. TO [Training of trainers]were also given to 80 teachers of project district from the government school. CSE reference and training module developed partnership with Curriculum Development Centre and National Centre of Education Development/MOE.’

Member Association quotes from survey
Nevertheless, more work is needed to increase understanding across Member Associations of the methods and tools that have been successful in comprehensive sexuality education in order to strengthen advocacy efforts. There is also a need across all Member Associations to document evidence of change.

Despite Member Associations working hard on advocacy, few reported any significant changes in school policies with notable exceptions. To achieve this type of advocacy outcome would take exerted efforts over a longer time period, unless the country was already in the process of reviewing school policies or curricula.

### 4.6.4 Observed outcomes of comprehensive sexuality education

Member Associations have mentioned increased openness, healthier sexual behaviour, improved attendance of girls at school due to reduced pregnancy and improved relationships, increases in reporting gender based violence and in young people seeking information on sexual and reproductive health and rights.

They have mentioned that government backing can help with acceptance of comprehensive sexual education among parents and teachers. Some of the Member Associations have influenced government officials through inviting them to school for events and media promotions. Positive media messages can also help to reinforce messages and encourage parents’ acceptance. Some Member Associations highlighted how they would like to be able to monitor advocacy and the influence of media partnerships better.

### 4.7 Advocacy and the broader policy context

The sustainability of both youth-friendly services and comprehensive sexuality education in part relies on feeding credible examples of good practice into local and national advocacy efforts. Advocacy in the A+ programme was, however, somewhat confused at the Member Association level between the building of a supportive community, and the political advocacy done through networks at a national level.
As ‘advocacy’ was not defined as a separate objective in the A+ programme, it was also sometimes confused with increasing institutional commitment. Advocacy was recognised as important alongside service delivery and education, and as a key mechanism to achieving longer-term sustainability. The necessity to learn from programme implementation and document outcomes was also broadly recognised. Advocacy was quite weak in some of the cases, but this depended on the capacity and priorities of the Member Association and the political context. It also depended on where the Member Association was in its journey of organisational development in youth programming.

In Nepal, advocacy strategies were strengthened with assistance in analysis and learning from the IPPF Regional Office, and also by working with networks and strategic national alliances.

In Nicaragua, the Member Association had been instrumental in building a national coalition for advocacy on sexual rights and education, and in ensuring youth participation and leadership in the coalition. However, although relationships and collaboration were strong between public sector and civil society at local level, the political situation at the national level limited the potential for a critical approach to policy advocacy.

The Kenya programme focused on the development and delivery of comprehensive sexual education in a small local area in western Kenya, complementing this with advocacy at a national level to ensure that the education was of a high quality and part of the curriculum. However, the case study found organisational challenges in linking the project work on the ground with advocacy work at national level, due to an overly ‘project’ approach to advocacy which was not sufficiently responsive to policy issues and advocacy needs emerging from the ground-level programming work.

In the survey, Member Associations identified young people’s involvement in advocacy as being important to successful advocacy at a community level. Member Associations also identified the need for more advocacy training and greater participation for young people in advocacy programmes:

‘Provide coaching and mentoring to young women in advocacy so they can change our country.’

There was varied success for the Member Associations in terms of effective advocacy and in changing the policy environment in their context. In some cases, advocacy lay outside the remit of the A+ coordinator at Member Association level, as it was not constructed as a separate objective of the programme.
4.8 Organisational development: Learning for communication and accountability

The ultimate aim of IPPF’s youth programming is to help young people feel a sense of fulfilment in their emotional wellbeing and happiness through autonomous decision-making, as well as improving or maintaining their sexual and reproductive health. Achieving this goal requires organisational development towards becoming a truly youth-centred organisation.

4.8.1 Achievements in organisational development

In the Member Association survey, the vast majority of respondents agreed that there had been positive changes in organisational development due to the A+ programme. This had more specifically been identified as being achieved through the additional training that was offered in the A+ programme in youth-friendly services, youth sexual and reproductive health and rights and comprehensive sexuality education. Changes in staff attitudes lead to change in services and young people’s lives, greater respect and understanding, acceptance and solidarity, and better understanding of youth rights.

‘Respect and promote the rights of young people inside and outside the health service, develop an ethical, open, flexible position and know how to attend to diverse young people (ethnically, culturally, age, orientation, disability etc) with justice and respect and without discrimination.’

‘100% of the MA personnel were trained to run empathetic activities in differentiated attention to youth, the quality of services was notable.’

‘The way staff accommodate and act against homosexuality is better and more respectful now.’

‘I, myself, have changed completely! First of all, my understanding of real problems faced by young people increased, especially problems that young women face and rights that they are deprived of. The [project] management team has changed completely. There was an increase in the democratic environment in the discussion of sexual problems and in the decision making of the MA. The voice of young people increased in programming of the activities, especially those involving young people. Other change is at the level of service providers. They used to limit their discussion to transmission and prevention regardless of environmental factors that influence sexual decisions. Nowadays, the understanding is becoming more and more complete.’

‘Involvement of young people in planning and activity implementation has enabled staff to understand young people much better and appreciate their contribution.’

Quotes from Member Associations
All of the Member Associations where the A+ programme was implemented stated in the survey that the A+ approach has added value to their existing youth programming in the following ways:

1 **Developing child protection policies:** Many Member Associations recognised the importance of developing these policies. However, while policies were welcomed and had been completed and implemented by some, others had been slow to commit to developing policies and lacked time for implementation. There is a need for timely development and implementation of child protection policies to protect both staff and young people who can be at potential risk from abuse.

2 **Greater youth participation in governance and leadership positions:** Many of the Member Associations noted the increased participation of young men and women on executive boards, making up between 10–30% of the board. This was used as a proxy indicator for institutional commitment to youth participation and realisation of youth rights. Also important was whether there was progression for youth volunteers. In Nepal, the A+ project officer, the manager for adolescent and youth in the South Asia Regional Office, and the chairperson of the executive board of the Member Association all started their journey as youth volunteers.

‘Institutional commitment of [MA] has been increased towards young people. Support level staff are now well aware about youth activities and they welcome young people at [name of MA] that adds a lot of value to serve youth-friendly services.’

**Member Association quote**

3 **Increased resources for youth programmes:** The A+ programme allocated additional budgets and staff to youth programming, and there was greater understanding of youth-friendly services and work to realise youth sexual and reproductive rights. This added capacity was identified as critical in delivering better services that reached more groups of young people. There are also new approaches to comprehensive sexuality education. One Member Association, for example, noted changes to educational materials which took into account the dynamics that influence sexual behaviour; another noted the importance of the new pedagogical approaches for teachers that were offered in the training. Increased partnerships, facilities and volunteers built working relationships with government that were thought to help lead to sustainable funding for youth programming.

4.8.2 **Young people at the centre of monitoring and evaluation**

Despite youth participation, gender and sexual rights being included in IPPF’s triangle approach, as cross-cutting elements, in practice they tended not to be reported on as they were not specific objectives. These issues are complex and deep seated in existing unequal social and cultural norms and most likely to be contested by existing power holders.

Measures of success therefore need to reflect changes in young people’s emotional wellbeing, increased confidence and empowerment in autonomous decision-making and cultural shifts in how traditional and religious beliefs were interpreted on the ground.
The focus on individual change, and increasing young people’s agency to claim their rights requires programming that addresses and understands the linkages to wider social, cultural and political context and norms that must also change. In the A+ programme, research identified problems young people had translating changes they experienced to the world in which they lived. Taking a more inclusive, organisationally integrated, multi-dimensional and multi-actor (e.g. individual and household, community and national social, political and economic) and longer-term approach can help to overcome these barriers to positive changes.

These changes will require a political commitment to evidence from young women and men being taken seriously by decision-makers in the hierarchies of organisations that may be involved.

Long-term and meaningful participation of young people in realising their sexual and reproductive health and rights seems possible, given the demonstrated commitment of IPPF and the Member Associations involved in the A+ programme. There is also both willingness to share learning at all levels and enthusiasm to build capacity of service providers, staff and young people through appropriate mechanisms and strategies to achieve positive change in the lives of young women and men.

4.8.3 Implications for a federation’s organisational development

Communication and flow of information between IPPF Central Office, Regional Offices and Member Association head offices and their branches was critical for the implementation of the A+ programme and worked better in some regions than others. In some cases, poor communication lead to a mismatch between project concepts and objectives conceived at a global level, and lack of clarity about management and implementation roles at regional and Member Association level. Improving project design to ensure relevance to local contexts, including developing and incorporating theories of change in collaboration with Member Associations and young people had been started but requires greater commitment.

Such lessons have implications for designing global programmes for a federation structure like IPPF, with a view to increasing input from young people who will be involved in the programme. The strategies would be designed from their starting points with capacity building for programmes taking account of where organisations are on the journey of organisational development.

4.9 Sustainability

Member Associations viewed and assessed sustainability across a range of organisational, programmatic, and contextual areas. A clear message from the case-study research in Nepal and Benin was to extend training of peer educators to peer groups. Although the groups of young people were committed to continue to meet, it was possible that migration and a lack of resources for travel might limit their continued group discussions.

In Kenya, the A+ work was implemented with existing youth groups and the Member Association trained their leaders and members to become sexual and reproductive health and rights peer educators. This was an effective partnership, as it reinvigorated an existing locally-owned youth organisation structure, with funds, technical support and training, and built on the young people’s existing trust and relationships with peers.
However, without a clear sustainability strategy, or strong links to the Member Association’s own youth participation structures, there was a risk that the end of the programme might lead to discontinuation of some of the local structures and groups, especially if there was a lack of sufficient strategies or capacity to seek alternative means to sustain the activities.

Some of the peer groups and youth groups set up as part of the A+ programme suggested they would continue to meet without the requirement of funding or with alternative funding, as young people had valued these spaces as places where they could meet and talk about personal issues and decisions affecting their sexual and reproductive lives.

Effective education in relation to comprehensive sexuality could be seen as both part of the services delivered by the Member Association, and as contributing to changing the socio-cultural context and enabling rights to be realised. Sustainability of peer education in sexual rights depends to some extent on whether the project has been able to build on existing groups and structures or whether staff and young people have partnered with local NGOs or social programmes offering continued funding (as in Nicaragua), which may have similar values or objectives as the A+ programme.

In Kenya, sustainability for young peer educators was linked to the project’s capacity to provide economic empowerment through employment opportunities for youth at a local level. In Nicaragua, the Member Association valued having a business model and organisational plans which ensured that programming complemented its core business of health service provision. Young people were seen as consumers of their services.

Member Associations in the case studies placed critical importance on effective partnerships, strategic alliances and networking for delivering services and advocacy locally and nationally. These partnerships helped them to influence the work of their partner organisations sustainably and successfully. In Nepal, the Member Association relied on strong strategic advocacy alliances, where members raised their profile, credibility and effectiveness on sensitive issues, such as safe abortion, as well as comprehensive sexuality education and youth-friendly services, by agreeing to brand around an alliance logo.

Organisations that can take advantage of supportive contexts more widely can increase the sustainability of their initiatives. In Nepal, the Maoist Coalition Government is open to discussion about rights-based approaches and has prioritised issues of marginalisation, women and children. Because of these priorities, the current political context in Nepal does not block these networks and partnerships working on sexual and reproductive health and rights issues.

In Nicaragua, the Ministry of Health is heavily committed to addressing teenage pregnancy, sexual violence and maternal health. These priorities create a supportive context for the Member Association to have more impact when providing evidence to the ministry about how youth-friendly services can work to address their priority issues.
In the global Member Association survey, 15 of 16 respondents gave specific examples of investments made in the A+ programme that they considered as evidence of sustainability in the longer term:

- Local peer groups that will continue to meet
- Youth clubs which have evolved into community-based organisations
- New clinics that have been developed during the programme
- New alliances formed for advocacy
- Capacity built in comprehensive sexuality education and youth-friendly services
- Ownership, engagement and participation by young people in the Member Associations
- Self-sustaining income-generating activities that have been developed to support youth groups
- Building up a name and recognition for services and strategies, active youth clubs and campaigns
- New partnerships and the political will that has been generated through some of the Member Associations working with the ministries for health and education; and
- Learning from the A+ programme in comprehensive sexuality education and youth-friendly services can be mainstreamed into all of the youth activities in the Member Association and could be sustained using core funding as well as sourcing funding from other donors.

However, the cost of contraception, coupled with a perception that it should be free, was raised by young people and Member Association staff as a threat to sustainability.

‘It’s characteristic here to expect that everything should be free... and when it comes to finding the money for healthcare they find it a bit difficult. You hear people saying that they don’t have the means that they need free condoms.... Family planning should be free and so you have to talk with them, to persuade them so that they understand the need to pay for healthcare, [although] using the mobile clinic are almost free... This remains a challenge for us.’

Interview with service provider, Benin

Higher costs associated with geographic location surfaced as a sustainability factor. It was hard to sustain the outreach activities needed to work with more marginalised young people in rural areas, especially in very poor communities such as in Kenya and in remote areas of Nepal. In Nicaragua, the Member Association’s business model relied on services in urban areas subsidising service provision in poor rural areas.

As discussed elsewhere in this report, project-focused funding and programming is an inherently risky and potentially unstable way to try and change and improve complex and enduring problems. Those Member Associations that depended more on this funding, had cash flow problems and were more likely to struggle with issues of sustainability.
4.10 Value for money

The A+ project design was complex, involving objectives that spanned positive changes to health services, comprehensive sexuality education and greater inclusion of young people in general, and the poorest and most marginalised young women and men. Consequently, the value for money framework used in the assessment needed to draw on approaches that would be sensitive to the types of social change inherent in the project design. Due to information and resource limitations, no attempt was made to monetarise the variables for the A+ programme. So, even though the team drew on social return on investment (SROI) frameworks, the main value of SROI was for its focus on capturing and valuing social variables.

The A+ value for money matrix followed the United Kingdom’s Independent Commission on Aid Impact (ICAI)’s categories of economy, efficiency, effectiveness and equity, which have proven suitable for these types of programmes. The ICAI approach has been informed by BOND’s analytical framework for UK NGOs working to determine value for money. One of the most useful references for the A+ programme analysis was Christian Aid’s recent paper explaining their approach, which seeks to ensure that effectiveness and equity are calculated well enough to inform and balance monetary input-output economy and efficiency calculations.

The A+ programme was still being implemented at the time of the assessment, so value-for-money analysis was dynamic. Further, aggregating findings and drawing conclusions from them might be misleading. The team did not find a systematic approach to value for money in the desk review or during case-study research. Organisational approaches to value for money at IPPF, like most other organisations, are evolving. Therefore, part of the value for money of the A+ assessment itself will be lessons and possible guidance to IPPF about what approaches are suited to this type of programming.

According to the global Member Association survey, all of the respondents felt that the A+ project had added ‘a lot’ (the maximum value in the question scale) of value for money.

4.10.1 Economy

In looking at value for money, economy means getting the best value out of financial inputs. In other words, to what extent were Member Associations able to make sure they got the lowest prices and most cost-effective arrangements for what they were purchasing with A+ programme money? In Nepal, the finance and monitoring and evaluation staff ranked the A+ programme as high in terms of value for money. Although the costs for A+ peer education were more than for other peer education programmes because training and expenses were paid, there was increased engagement with marginalised groups and increased access to services by young marginalised youth who were harder to reach than in previous youth programmes.

Because poverty is a major barrier to services and participation in youth programming, financing transport can have very high value as it determines participation. Young people in all of the case studies expressed the importance of this type of subsidy.
Costs increased when activities involved reaching populations in rural and remote areas, where infrastructure is poor. Yet, due to the value placed on reaching more marginalised populations, Member Associations considered these costs to represent value for money, in terms of need and social returns.

Economy and efficiency were threatened in projects that experienced funding flow problems, which directly threatened the value of inputs because it made staffing and participation unstable.

The Nepal project was building on existing youth programming, which ensured some economies of scale, in terms of staffing, ownership, existing processes, an ongoing supportive environment, and access to existing programming, which helped to amplify investments through partnerships and alliances, for example.

4.10.2 Efficiency

The team looked at efficiency – maximising the outputs achieved for a given level of inputs. In other words, to what extent were the Member Associations able to ensure that 100 per cent of what they were purchasing resulted in 100 per cent of what they wanted from that investment? External factors can affect efficiency; a common one is devaluation of the donor’s currency. Conflict and social instability drive up the costs: it costs more to run a clinic that requires armed guards 24/7 than one that does not. It costs more to reach a location that has no paved roads than one that is near a highway. In one of the case studies, the Member Association experienced implementation problems that stemmed from institutional issues that lay outside the direct control of the project. When these issues were successfully addressed, project efficiency was quickly and positively restored.

In general, the Member Associations participating in A+ had adequate experience, organisational structures, processes and staffing to implement the project without incurring avoidable extra costs.

Member Associations understood the value of working in partnership to increase efficiency and effectiveness through creating economies of scale. For example, Benin prioritised working with local partners and in networks. Particularly important was ABPF’s partnership with local clinics, which improved both efficiency and effectiveness. That relationship helped ensure that the organisation’s awareness raising and education work could eventually lead to better access for marginalised young people to the services that they needed, although the pathways for referrals were recognised as complex.

4.10.3 Effectiveness

The assessment team looked at project effectiveness – ensuring that the outputs delivered the desired outcomes. The case studies, desk review and survey all showed evidence of project effectiveness at engaging young people in ways that improved their knowledge, understanding and appreciation of sexual and reproductive health and rights, improved their self-confidence and self esteem, and improved their ability to talk more openly about sexual and reproductive health, sexuality and sexual rights. Where clinic services were readily available and accessible, these efforts may have been linked to increased uptake of services.
Effectiveness analysis was constrained by questions about the appropriateness of some project indicators. National Member Association service statistics were of limited use in the assessment: there was only an age-related disaggregation of below 25 years of age, and no sex disaggregation, which meant that a main objective of the A+ programme design – promoting gender responsiveness by improving the disaggregation of data – was not done at the national level. The short reporting timeframe and volatility in the data all caution against drawing on these statistics.

Monitoring and evaluating changes in wellbeing can be reported by young people through interviews, surveys and their own stories, as well as service data. Measuring participation can be strengthened by monitoring why young people do and do not participate in a given activity. Measuring changes in attitudes, social, cultural and political norms and ability to and confidence in expressing rights can help to capture empowerment.

In all cases, monitoring and evaluation requires explicit attention to measuring and analysing gendered power relations and gendered norms. This is true both for understanding access to and use of health services, as well as for evaluating social change outcomes.

Service data is helpful in looking for relationships between youth programming and uptake of services. Where demand was raised and access to services was weak, then both efficiency and effectiveness were threatened. Member Associations had effectively used partnerships with local providers and support from local leaders to protect efficiency and enhance effectiveness.

The A+ project supported the increased participation of young people, including equitable participation of young women, and in some cases, more marginalised youth. In projects like A+, which have empowerment and social change goals, changes in inclusion are an important measure of effectiveness.

All Member Associations showed positive progress in strengthening youth-focused and youth-led programming, with positive outcomes for the young people themselves and for the Member Association institutionally.

Having strong organisational structures and processes is a major foundation for all aspects of value for money, and is a key determinant of effectiveness. Nicaragua offered an example of the value of having an explicit business model and of developing programming in ways that fitted that model so that programming was linked to sustainability of the Member Association’s business. There is clarity about the value of and linkages between their business of providing health services and their social objectives. This allows all staff and young peer educators to buy into a strategy for longer-term sustainability. They seek synergies between funding for social programming, such as the A+ project and strengthening their services. They see and value young people as consumers of their services. The well-functioning business model supports cross-subsidisation of access for more marginalised young people to clinics that must be subsidised in remote or very poor areas by more affluent clinics that can be self-financing in more affluent urban areas.
Where A+ projects supported youth clubs and other safe spaces this led to increased demand for sexual and reproductive health services, but the value for money of those efforts was constrained if the young people then did not have affordable and easily accessible access to health services.

Participation of project beneficiaries in the design, implementation and evaluation of programming is a major indicator of the likelihood of successful results and impact. In the A+ programme, Member Associations and young people were not directly involved in programme design at the global level. The team found no evidence of an organised participatory adaptation of the A+ programme to local context at the start of implementation. There was some evidence of direct participation in monitoring. Young people were directly involved in assessing the programme in the case-study countries that demonstrate the value of building participatory evaluation into the project as a means of strengthening effectiveness.

4.10.4 Equity

The focus of the A+ programme on increasing participation and rights of young people, especially the most marginalised is, by definition, an indication of equity-related value for money.

All of the participants in the assessment were aware of the importance of reaching marginalised populations and increasing their access to services and exercise of their rights. Given the strongly gendered social and cultural norms in all of the contexts, more attention to ensuring gender-responsive project design and strengthened understanding of gender analysis would greatly strengthen the value for money returns on equity.

Member Associations saw advocacy and influencing government services to become more sensitive to women and youth as representing value for money. Evaluating the effectiveness of these efforts would benefit from systematic monitoring and evaluation approaches designed for capturing advocacy for social change.

The A+ projects promoted increased access of young people to sexual and reproductive health services. Advocacy to promote comprehensive sexuality education and youth sexual and reproductive health and rights addressed inequalities. In this sense, promoting equity, in the more transformational extension to rights and equality, was central to the project. The assessment showed that all of the Member Associations made progress toward these rights-based objectives.

Equity is a term and concept that does not have a standardised, agreed definition in the development sector. It can mean, minimally, that the benefits of an intervention are distributed fairly. However, when the goal of the intervention is social change to bring the benefit of more power and equality to marginalised populations who are less powerful and not equal to other populations, this requires a more robust definition of equity. Deciding which definition of equity is most appropriate for value-for-money analysis depends on what is being changed, the mechanisms and objectives.
4.10.5 **Overall value for money**

Effective value for money requires attention from the design phase, as well as throughout implementation and evaluation and learning. It is the difference between whether value for money is seen as something to be determined after an intervention, or whether the intervention was designed and managed to achieve this.

Value for money will be strengthened when project design is participatory, when a theory of change is designed at the outset, with adequate gendered context analysis and analysis of change assumptions so that causal assumptions and pathways to change are clearly understood. It will be stronger when the management frameworks – the logical framework – are well designed in light of the theory of change, with appropriate indicators, and when monitoring, evaluation and learning are incorporated from the beginning of the project, using participatory and reflective approaches.

All four ‘E’s’ in value for money are important. In projects designed to promote rights and equality, the challenge is in capturing the value of effective and equitable changes, which are complex, where change takes a long time, and where monetarising those values can require skills and resources not readily available to project implementers. IPPF is committed to strengthening value for money analysis, and the A+ assessment offers sound examples of where priorities for capacity building and changes in approaches can help reach that objective.
5 Lessons and recommendations

The lessons and recommendations from this assessment lie in two main areas. Firstly, key learning from the A+ programme in terms of what has worked (or not) with reference to the A+ objectives and what can be built upon, including generating evidence for scaling up and identifying challenges. Secondly, how this can be consolidated with an augmented understanding of the journey of organisational development and a socio-ecological model for youth programming that places young people at the centre and gives due attention to participatory spaces and local context.

5.1 Key learning from the A+ programme implementation

Learning is considered with reference to the objectives of the A+ assessment and also to the objectives of the A+ programme.

1 To assess achievements in relation to the programme objectives and assess the value added by the A+ programme to IPPF Member Associations, Regional Offices and Central Office.

A+ objective: Increasing institutional commitment

The assessment found that key proxy indicators of young people on the executive board and the development of child and youth protection policies were well chosen. Member Associations will also need other indicators to support the organisational development required to realise young people’s sexual and reproductive health and rights. Milestones and indicators can be developed using the journey of organisational development arising from this assessment. Changes broadly lie in the area of shifting towards a youth programme from a project-based approach, changing staff attitudes, which will lead to change in services and young people’s lives, greater respect and understanding, acceptance and solidarity, and better understanding of youth rights.
Few Member Associations were able to show entirely equal partnerships, where young people were in a situation of ‘negotiation’ with adult staff. Nicaragua is an exception, where young people seem to be involved in decision-making at all stages of the project cycle. The Member Associations in Nepal and Benin had reached some level of ‘negotiation’. Young people are coordinating peer groups and peer education activities and also have meaningful input into decision-making at different levels of the organisation. More intermediary indicators of youth participation in governance and child protection systems in organisations would also be helpful.

More explicit understanding is needed of the organisational journey that a Member Association needs to travel in order to achieve more rights-based youth-focused programmes. Strengthening the effective design and use of theories of change at Member Association level, including increased participation of beneficiaries in design and monitoring and evaluation are important steps.

In order to realise the rights of young people, different levels of support need to be offered to Member Associations depending on their starting point, specific contexts, institutional history and capacity. Additional training is needed to get true ownership of youth-focused objectives throughout the Federation.

A specific recommendation relates to child and young people protection policies, which should be completed where they have not already been, and then they can be used as implementation indicators.

A+ objective: Building supportive communities

This includes different elements identified by young people as important:

- Changing attitudes and behaviour of service providers and adults in communities
- Building local partnerships with local NGOs and the media, and
- Influencing local government, school services and local and national policymaking.

Young people felt that more had been achieved in terms of changing attitudes and behaviour of their direct families than with other adults in the community. This finding directly reflects the project design, which focuses mainly on communication and dialogue with young people themselves.

Recommendations from young people included reaching out to more adults, especially those with lower levels of literacy, using street theatre, song and multimedia, such as pictures and film. Peer educators also suggested continued support for influencing work with religious leaders.

The project did change some service providers’ attitudes to be more youth-friendly, although Member Association staff suggested that there was still some way to go in changing the perceptions of many medical practitioners. Positive examples of practitioners or service providers who work in a sensitive way with young people of different genders and socio-economic situations could be used as a model for others.

Prevailing attitudes and social and cultural norms continue to counter attempts by young people to express and claim their sexuality and sexual rights, to one degree or another, in all of the countries in the A+ programme – more training is needed. There remains a structural problem of attitude in the health services which limits sexual health to biological and reproductive rights concerns.
More could be achieved in working in partnership with different community-based organisations, following some of the examples in the case-study research. There could be work with local radio stations and advocacy carried out through strategic alliances influencing national government health and education services. There also needs to be further clarification of what is meant by the term ‘advocacy’ at Member Association level.

**A+ objectives: Expanding access to youth-friendly services and comprehensive sexuality education**

In Track 1 and Track 2 projects in the A+ programme, Member Associations chose to focus on youth-friendly services or comprehensive sexuality education respectively. It is advisable to keep both these as objectives as they complement each other in youth programming. Even if there is greater emphasis on a particular area of work, it would be advisable to keep all of the objectives so that there is recognition of the complementary body of work that needs to be considered in the future.

In addition to the objectives in the A+ programme, there could have been objectives relating directly to peer education, which was the main mechanism through which the A+ programme was delivered. This was shown to be an effective mechanism in achieving a longer-term vision of realising youth rights, alongside addressing local power dynamics.

An objective on capacity building and human resource development needed in delivering effective youth-friendly services and comprehensive sexuality education would strengthen implementation and results.

The A+ objectives emphasised reaching more marginalised young people and increased gender sensitivity, both of which are critical to having a broader reach and impact in youth programming. The assessment found limited understanding of the role of gender and other cross cutting and self-replicating discriminatory social and structural drivers in Member Associations. This correlated with observed limits on the depth and reach of interventions. The importance of young people as central to the achievements of A+ are discussed in the emergence of a new model for youth programming below.
To generate evidence about innovations, good practices and key themes related to youth-friendly services, comprehensive sexuality education and advocacy for young people’s sexual rights that can be scaled up

The evidence from the assessment demonstrated that youth-friendly services and comprehensive sexuality education were extended through the support of the A+ programme. This progress should be built upon with learning applied to realise the sexual and reproductive rights of young people.

The key aspects of youth-friendly services, as described in detail in sections 4.5 and 4.6 of this report, can be shared with other organisations and with local and national partners to advocate for more of this kind of service in the health system. However, more appropriate indicators of youth-friendly services would bring value to assessing future projects. These would include indicators about the spaces that young people value for discussing personal issues and sexual rights, their own self-confidence in autonomous decision-making related to sexual and reproductive rights and how empowered they feel in accessing services that they require. They would also include indicators relating to peer education and to changing aspects of context that young people identify as critical to realising their rights. Peer educators can help to develop these indicators locally as part of a more participatory process of monitoring the quality of services.

Comprehensive sexuality education has been encouraged as part of the A+ programme and was appreciated by Member Association staff, teachers and other stakeholders. This is both for its content and for its innovative pedagogical approaches, which have helped teachers and educators to overcome their own embarrassment and cultural barriers to talking openly about sexual and reproductive health rights. It is recommended that Member Associations extend comprehensive sexuality education within schools, which will require continued advocacy and work with educators and government education officials.

Given the number of young people who are not in school and the structural barriers of working within the education sector in some countries, community-based comprehensive sexuality education interventions should also be prioritised. They would address the unmet need for sexuality education among out-of-school youth and extend the reach of this activity to more marginalised populations.
The pace of change is slow and in order to address sexual rights as opposed to sexual and reproductive health, adults in communities, teachers and service providers will need to build confidence over time. They need to be supported to build a belief in the human right to sexual health and in sexual rights in all their dimensions, as opposed to continuing to rely on conflicted messages, such as advocating for abstinence, while teaching about safe sex.

Despite confusion among some Member Associations about interpreting where advocacy lay within the objectives of the A+ programme, there are pockets of good practice in building strategic partnerships and alliances locally and nationally that can be shared. Advocacy is seen as a key component of achieving more sustainable youth-friendly services and comprehensive sexuality education in national curriculums.

3 Identify programme implementation challenges and develop recommendations to strengthen IPPF youth programmes, with a focus on sustainability

The organisational development that is required to support progress toward adolescent sexual and reproductive health and rights, as expressed by IPPF policies and in IPPF-supported interventions cannot be presumed or underestimated. Commitment is the start of an organisational journey for Member Associations, which will be specific to each one. Their journey to developing the institutional means to realise their commitment to youth will depend on their history, the local context in which they operate, their vision, mission and current strategic priorities, their staffing and resources. Assessment research has helped to define some of the criteria that can support institutional commitment to youth programming, as well as those that can support young people’s autonomous decision-making and their ability to realise their sexual rights.

The assessment showed IPPF’s triangular approach to youth programming to be relevant, valued and appropriate to the work of the Member Associations. The three components of youth-friendly services, comprehensive sexuality education and social and political change can be regarded as important mechanisms of realising rights, given evidence for them in other contexts. More work is needed on the theory of change behind the triangle approach, and on the triangle approach itself, in order to see more effectively how it supports and leads to the expected changes in the theory.

There could, however, be further clarification about the term ‘advocacy’ in relation to building supportive capacity in communities, which is included as an objective, making more explicit what constitutes national policy advocacy – conducted and supported by some of the Member Associations and Regional Offices. This ambiguity about advocacy can be effectively addressed through dialogues among the programme participants. Discussions would clarify how it is being used and why, with agreements reached about when to use it and possible alternative terms.

There could also be clearer conceptualisation and articulation of a theory of change that places young people, peer educators and their peers, at the centre with increased understanding of their identity, interest and inclusion. Further acknowledgement of the importance of child/young people’s power dynamics and partnerships with adults could be made more explicit, so that more work is supported with adults in the communities and across the range of service providers and decision-makers.
4 Increase awareness about the approaches and outcomes of IPPF youth programmes (internally and externally)

Through participatory work with young people in the Member Associations in this assessment, peer educators were able to share their research through presentations to local decision-makers. Messages, including recommendations, were also shared and discussed at Member Associations, Regional Offices and Central Offices and with partners. It is through dissemination of this report and the related video about main messages from the assessment that key learning from A+ for youth programming and recommendations will be shared more generally.

5.2 Moving forward on a journey of youth programming with young people at the centre

Panos London, in responding to the tender for the A+ assessment, made the participation of young people central to its methodology. The participatory research methodology for the case studies in the assessment was youth led. Young women and men were involved in identification of issues, planning and conducting their research, analysing and presenting their findings.

This approach was very well-received when it was used in carrying out the case studies. Placing young people at the centre of visioning, programme design, implementation, evaluation and learning, as well as at the centre of organisational change and development, informed discussions and analysis throughout the assessment, as well and findings and recommendations.

In order to move forward in partnership at all levels in IPPF, and with local, national, regional and global partners, a clear articulation of a theory of change about a vision for healthy societies with full enjoyment of sexual rights, particularly for young people, would be helpful. This would then be the basis for developing policies and programming based on models of change and logical frameworks that take into account a thorough understanding of cultural and political context and the kinds of successful strategies for supporting the realisation of youth sexual and reproductive rights. Models would consider the organisational development journey for Member Associations and the IPPF Secretariat, as well as placing young people at the centre. They would link young people to their context through mechanisms for achieving outcomes in terms of changed power dynamics, improved adult, child and young person relationships, better autonomous decision-making and transformation of local political and cultural contexts.

The organisational development journey

Youth programmes need to be driven by the organisation, based on their organisational strategies and business models. Sustainability will be strengthened when these programmes are designed in context. If they are designed globally, an in-depth, inclusive and participatory exercise is needed at Member Association level at inception, to adapt the objectives, indicators and activities. This rights-based, inclusive approach strengthens all types of programming, keeping context and the participation of the direct beneficiaries at the centre.

There is a journey that is required in order to move to a more rights-based, empowering, cutting-edge and sustainable youth programme. The starting point would be the current organisational structure, processes and priorities of the Member Associations.
If a Member Association focuses mainly on delivery of contraception and physical health services, for example, the models and program design might emphasise how they can build on youth-friendly services and education that focuses more on social and relational wellbeing and rights with young people. Programming would use effective communication methods for engaging with adults in communities. Capacity would be built to strengthen understanding of gendered attitudes, practices and norms in health service provision and the community, since the two intersect dynamically. Understanding that change, especially for the most marginalised young people, is determined by the local context.

The following criteria can be examined as milestones in this journey:

- Moving from a project approach to a gender responsive, youth-centred approach to all Member Association programming
- Developing an organisational strategy and business strategy with social objectives that centres around young people as diverse and autonomous rights-holders
- Expanding the provision of psychological, emotional and transformational services, as well as clinical services
- Continuing to develop comprehensive sexual education pedagogy and the inclusion of rights into education
- Promoting young people in Member Association governance structures
- Promoting young people into leadership positions across projects and the organisation, with special attention to promoting more marginalised young people
- Involving young people throughout the project cycle: from planning through to monitoring and evaluation and learning
- Developing measures of empowerment and autonomy\(^\text{19}\) of young people
- Understanding the complexities of social and cultural change and designing programming appropriately
- Understanding policy influence processes and advocacy for social change approaches.

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19 This is an area of evaluation where useful frameworks are still being developed to address the limitations of mainstream, results-based normative evaluation methods.
The socio-ecological model

The socio-ecological model was presented in detail in section 3.3 of this report. Commitment to youth at the centre of a model for youth programming would involve understanding the identity, interest and inclusion of young people and peers involved, including heightened attention to addressing marginalisation and vulnerability. This ties in with continuing the commitment to inclusion of young people in governance structures and to supporting the ongoing journey of organisational development.

Key mechanisms for change are building the capacity of staff, adults, service providers and decision-makers in communities. Recognising young people’s improved wellbeing, including emotional, social physical and economic indicators, will lead to different measure of success in youth programming in relation to empowerment and autonomy of young people’s decision-making.

Young people will need spaces in which they feel they can participate – a safe space for them to talk openly, discuss sex and sexuality and learn more about emotional, psychological and physical responses to their health and sexual identities. Spaces will need to be defined as safe and participatory by young women and men themselves.

In varying contexts, different approaches to youth programming will be prioritised with the ultimate vision of change being young people’s increased confidence, empowerment and autonomy in decision-making, in an environment that is supportive to realising their rights. Within different cultural and political contexts, mechanisms may vary and need to be adapted and developed further locally. Key mechanisms of comprehensive sexuality education, youth-friendly services and advocacy – both at community and national levels – can be built upon and learning shared.

Effective engagement and dialogue with adults, leading to positive attitudinal change, will need to be improved to address power dynamics in local communities and decision-making structures, in a sensitive and decisive way. A supportive environment for continued shared learning needs to be encouraged. This will foster a spirit of moving forward, embarking on a journey together.
References


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Kelly, L. (2012) No. 2 Understanding Young People’s Right to Decide: Why it is important to develop capacities for autonomous decision-making?

Lansdown, G and Wernham, M. (2012) No. 3 Understanding Young People’s Right to Decide: Are protection and autonomy opposing concepts

Vargas, N. (2012) No. 4 Understanding Young People’s Right to Decide: How can parents effectively support the autonomous decision-making of young people?

McGeeney, E. and Blake, S. (2012) No. 5 Understanding Young People’s Right to Decide: How do we assess the capacity of young people to make autonomous decisions?


Member Associations in A+ programme

- Associação Moçambicana para Desenvolvimento da Família (AMODEFA)
- Asociación Pro-Bienestar de la Familia Nicaragüense (PROFAMILIA)
- Association Béninoise pour la Promotion de la Famille (ABPF)
- Association Burkinabé du Bien-Etre Familial (ABBEF)
- Association Rwandaise pour le Bien-Etre Familial (ARBEF)
- Association Togolaise pour le Bien-Etre Familial (ATBEF)
- Centro De Investigación, Educación Y Servicios (CIES)
- Family Health Options Kenya (FHOK)
- Family Planning Association of Bangladesh (FPAB)
- Family Planning Association of Malawi (FPAM)
- Family Planning Association of Nepal (FPAN)
- Namibia Planned Parenthood Association (NAPPA)
- Planned Parenthood Association of Ghana (PPAG)
- Planned Parenthood Association of Zambia (PPAZ)
- Reproductive Health Uganda (RHU)
Additional materials

- *Learning from our peer educators: A guide for integrating and reflecting participatory youth research in the A+ assessment country case studies*
  A guide and toolkit to help organizations plan and implement participatory research and programme assessments with young people

- *Love, Sexual Rights and Young People: Learning from our peer educators*
  An engaging short film highlighting the key findings from the participatory assessment

- Survey of participating Member Associations: Summary report

- Terms of Reference for an external assessment of the A+ programme