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UNICEF Programme Guidance for the Second Decade:
Programming With and for Adolescents

Programme Division 2018

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INTRODUCTION

There are 1.2 billion adolescents aged 10–19 in the world today and nearly 90 per cent of these girls and boys live in low- and middle-income countries. Realizing the rights of these adolescents, and investing in their development, contributes to the full participation of adolescents and young people in a nation's life, a competitive labour force, sustained economic growth, improved governance and vibrant civil societies, accelerating progress towards the Sustainable Development Goals (SDGs).

Adolescence is a defining time in the development of a child that is characterized by rapid physical growth and neurological sculpting, the onset of puberty and sexual maturity. It is a critical period for individual identity development when young people are figuring out who they want to be in the world; an opportunity for growth, exploration and creativity. Positive social relationships and environments enhance feelings of inclusion and belonging and lead to positive outcomes. Negative experiences, on the other hand, that increase fear, self-doubt or social isolation, can get amplified during this vulnerable period of development, leading to a cascade of negative and even pathological outcomes as young people grow into adulthood. When adolescents, including the most disadvantaged, are supported by caring families and adults, as well as policies and services attentive to their needs, they can develop to their full potential.

Over the past 70 years, UNICEF has helped its partners address the most urgent issues affecting children. Today, more children are surviving to their fifth birthday and enrolling in primary school than ever before. As we seek to realize the ambition of the transformative SDG agenda and address the unfinished business in the first decade of a child's life, we are also compelled to do more to address their second decade.

UNICEF has been programming with and for adolescents for many years, addressing adolescent development largely through education; HIV prevention and treatment; nutrition; water, sanitation and hygiene (WASH); and social and child protection. This guidance document builds on existing UNICEF programming and makes adjustments to cover identified gaps. It seeks to increase coherence, scale up results and establish priorities and guiding principles in support of country and regional offices. While the primary target audience of this document is UNICEF staff, it also provides partners with an overview of the strategic direction of UNICEF on the second decade of a child's life.

Specifically, the Guidance does the following:
• Provide a vision for the commitments made to adolescent girls and boys in the context of the SDGs, along with results and targets;
• Identify implementation strategies, delivery platforms, partnerships and organizational arrangements needed to achieve sectoral and cross-sectoral results for adolescents in the context of different regions and countries.

Why invest in adolescents?

A second window of opportunity

There is now strong evidence which suggests that adolescence provides a second window of opportunity to influence developmental trajectories (including growth and cognitive development) and make up for some poor childhood experiences.[1] Neuroscience evidence indicates that the second decade of life is a period of substantial neurological development, second only to early childhood, during which significant and rapid neural and physiological changes occur and when billions of neural networks that affect emotional skills and physical and mental abilities are reorganized (see Box 1).

Box 1:

**Key messages
from neuroscience**

- In adolescence, the neuroendocrine system and behaviour of the adolescent interact with the environment in sculpting the brain. Increased brain plasticity during adolescence renders the brain particularly sensitive to both positive and negative environmental influences. Scientists now understand adolescence as a 'sensitive period'. External factors – such as the immediate household environment, peers, the community and political contexts – can have a profound impact on how the adolescent processes and responds to life.

- On the one hand, this brain plasticity translates into significant opportunities including heightened capacities for rapid learning and skills acquisition, particularly social, emotional and motivational learning. On the other hand, this plasticity also creates vulnerabilities: underlying structural determinants and population level stressors (such as poverty, famine and war) as well as individual experiences (such as violence, bullying or social isolation) that can be associated with negative, even pathological, neurological outcomes. Reducing the prevalence of these structural factors, and promoting positive social relationships and environments, may improve cognitive outcomes throughout the life course.

- During adolescence, there is a different pace of neurological development between brain regions whereby the pre-frontal cortex, in charge of executive functioning, is still under development. The adolescent brain becomes hyper-sensitive to anticipated rewards from having fun and/or taking risks. This can lead to adolescents struggling to balance impulsiveness with thoughtful decision-making in certain situations. While risk-taking and pleasure-seeking are often associated with negative activities and outcomes for adolescents – such as sexually transmitted infections, traffic accidents, participation in violent groups or gangs, and substance abuse – it is this tendency to take risks that can also lead to innovation and out-of-the-box thinking, civic participation, leadership and academic achievement. Hence, the need to provide adolescents with sustained and safe opportunities for positive risk-taking as well as to model and mentor them through decision-making pathways.

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1. The Lancet, *Our future: a Lancet commission on adolescent health and wellbeing (2016)*; Ronald E. Dahl, et al., "Importance of investing in adolescence from a developmental science perspective," Nature 554 (2018): 441- 450.

Adolescence is also a time when gender roles can either be consolidated or challenged and transformed. Influencing social and gender norms during adolescence shapes the life trajectories of adolescent girls and boys and the opportunities and vulnerabilities that they may face; for example, adolescent girls' lives may be constrained because of child marriage, school dropout, forced and unprotected sex, early pregnancy and gender-based violence (GBV). For boys, definitions of masculinity that promote risk-taking behaviours such as joining gangs or armed groups, drinking and using drugs can lead to short-term and longer-term life and health consequences. In many countries, adolescent boys become increasingly likely to drop out of school and engage in child labour or hazardous work, and this is often exacerbated in humanitarian settings.

A demographic dividend

The proportion of adolescents in the global population peaked around 1980 and is now declining everywhere except in sub-Saharan Africa where it continues to grow significantly. Despite this proportional decline, the absolute number of adolescents globally is expected to continue to rise. In sub-Saharan Africa, the number is projected to increase by 83 per cent in 2050, from 257 million to almost half a billion.[2]

Whether this large population of adolescents has a positive or negative effect on a country's social and economic development depends on how well and how quickly governments respond to their needs and enable them to engage fully and meaningfully in civic and economic affairs. If governments provide supportive macro-economic policies and strategic investments in education and health and promote gender equality, this high demographic can contribute towards a demographic dividend. Indeed, investing in adolescence contributes to breaking cycles of poverty, violence and discrimination that pass from one generation to the next. Coordinated investments in adolescent health, well-being and education provide high economic and social returns as a recent Lancet Series has begun to enumerate.[3] Expanding education and skills development opportunities, and providing livelihood opportunities to older adolescents and young people as well

as economic support to families of adolescents, are ways to break the intergenerational cycle of poverty, particularly in conflict and post-conflict situations. It yields a triple dividend of benefits – in the present, into adulthood and for the next generation.

Adolescent development is a human right

The Convention on the Rights of the Child (CRC) defines a child as every human being below the age of 18 years, including adolescents (see Figure 1). The General Comment on the Implementation of the Rights of the Child during Adolescence issued by the CRC Committee (GC No. 20) provides guidance to States on the measures necessary to ensure implementation of commitments for children during adolescence on issues such as evolving capacities, participation and age of consent, among others. Other normative frameworks that guide UNICEF's work with adolescents include the Convention on the Elimination of All Forms of Discrimination against Women (CEDAW), Convention on the Rights of Persons with Disabilities (CRPD), international humanitarian law and refugee law.

2. UNICEF, *Generation 2030 | Africa: Child demographics in Africa*, (New York: UNICEF, 2014), p.18.
3. *Lancet Commission on Adolescent Health and Wellbeing*, 2016; Peter Sheehan et al., *"Building the foundations for sustainable development: a case for global investment in the capabilities of adolescents," The Lancet 390*, no. 10104 (2017): 1792–1806.

FIGURE 1: Who are adolescents? What about young people?

Adolescence is a transitional period between childhood and adulthood which encompasses rapid physical growth and sexual maturation combined with emotional, social and cognitive development. While UNICEF recognizes that individual diversity makes it difficult to define a universal age for the start or end of this critical period, defining a specific age span is essential for monitoring progress across contexts and across time. Therefore, UNICEF follows the WHO definition of adolescents which is 'persons from 10 through 19 years of age'. This allows UNICEF to align its adolescent programming with other global data, policy and programme frameworks. Within UNICEF's focus on adolescents, however, programming efforts frequently include young people above 19 years as partners, advocates, key influencers and change makers, who support the delivery of programmes for children and adolescents.

Annex 1 presents the different stages of adolescence and young adulthood in terms of physical growth as well as brain, social and emotional development.

Early Childhood	Mid Childhood	Younger Adolescence	Older Adolescence	Young Adulthood

Children

Young People

Youth

Adolescents

Age

0   5   10   15   20   25   30

Goal and objectives

UNICEF is committed to supporting adolescent girls and boys in developing and reaching their full potential.

As discussed earlier, evidence suggests that protecting adolescents' rights to health, well-being, education and full participation in society can enable them to acquire the capabilities and opportunities they need to make a healthy, safe and productive transition into adulthood.[4]

Education is key. The single best investment for improving adolescent health and reducing child marriage is access to free, quality primary and secondary education for all.[5] If all girls in sub-Saharan Africa and South and West Asia completed 12 years of education, for instance, it is estimated that child marriage rates would drop by 64 percent.[6] Similarly, economic interventions which increase school attendance, such as cash transfers, have been shown to prevent HIV and pregnancy among adolescent girls.[7] But it is important to think beyond reducing mortality or addressing rights violations. All adolescents need to be able to build their skills, assets and competencies if they are to have the best opportunity to fulfil their potential.[8] The literature emphasizes that social assets such as opportunities for participation and decision-making, problem-solving and coping skills, and safe and healthy local environments are critical to enhancing adolescents' ability to maintain good physical and mental health, avoid risky behaviours, recover from adversity, succeed in school or the workplace, and exercise leadership.[9]

Accordingly, UNICEF's Strategic Framework (Figure 2) posits that adolescent girls and boys can develop and reach their full potential and contribute positively to their societies if they receive the support needed to:
- maximize their physical, mental and social well-being;
- learn and acquire skills for learning, citizenship, employability and personal empowerment;
- feel safe and supported in their families, among their peers, and in their school and social environments;
- be civically engaged in their communities.

The Strategic Framework will guide the work of UNICEF and its partners with adolescents as a contribution to the 2030 Agenda for Sustainable Development. The framework articulates the four objectives that UNICEF aims to achieve with partners and provides the key programming principles that should underpin working with adolescents in both development and humanitarian contexts. The Framework also aligns with other strategic documents such as UNICEF's Strategic Plan (2018-2021), the Gender Action Plan (2018-2021),[10] UNICEF's Strategy for Health 2016-2030, UNICEF's approach to Scaling up Nutrition 2015, UNICEF's Strategy for Water, Sanitation and Hygiene 2016-2030, the Global Vision and Strategic Direction of UNICEF's HIV Response in the Next Strategic Plan 2018-2021, UNICEF's forthcoming education strategy as well as the The Generation Unlimited Initiative (see Box 2). In the following sections, key focus areas and interventions for each of the above four objectives are presented.

4. *Every Woman Every Child, The Global Strategy for Women, Children's and Adolescent's Health (2016-2020)*, DFID's Youth Agenda (2016).
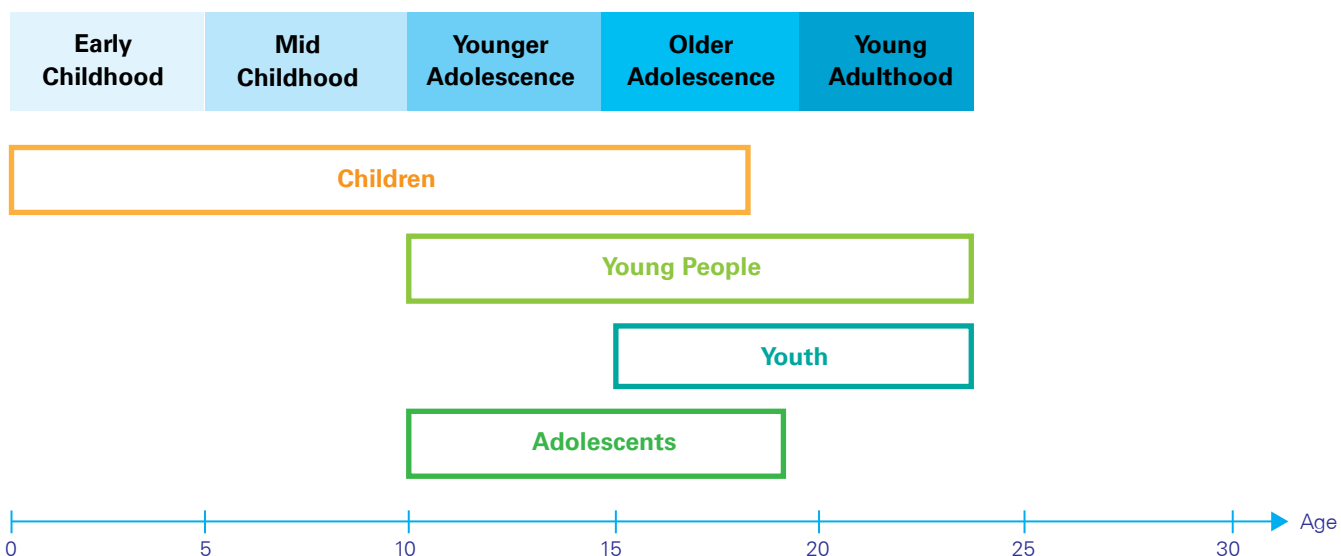5. Peter Sheehan et al., "*Building the foundations for sustainable development: a case for global investment in the capabilities of adolescents*," *The Lancet 390 (2017): 1792–806*; *Lancet Commission on Adolescent Health and Wellbeing* (2016); *Global Education First Initiative 2017*, at http://www.unesco.org/new/en/gefi/priorities/global-citizenship/; *Lancet Commission on Adolescent Health and Wellbeing*, 2016 at https://www.thelancet.com/commissions/adolescent-health-and-wellbeing
6. https://www.weforum.org/agenda/2018/06/the-cost-of-child-marriage and https://www.globalpartnership.org/blog/why-educating-girls-makes-economic-sense (accessed December, 2017).

7. Baird et al., "*Effect of a cash transfer programme for schooling on prevalence of HIV and herpes simplex type 2 in Malawi: a cluster randomised trial,*" *The Lancet 379*, no. 9823(2012):1320-1329; Amber Peterman and Audrey Pereira (2015), '*Social cash transfers, early pregnancy and marriage in the Kenyan national cash transfer programme*', Innocenti Research Briefs no. 5, UNICEF Office of Research, Innocenti, Florence.
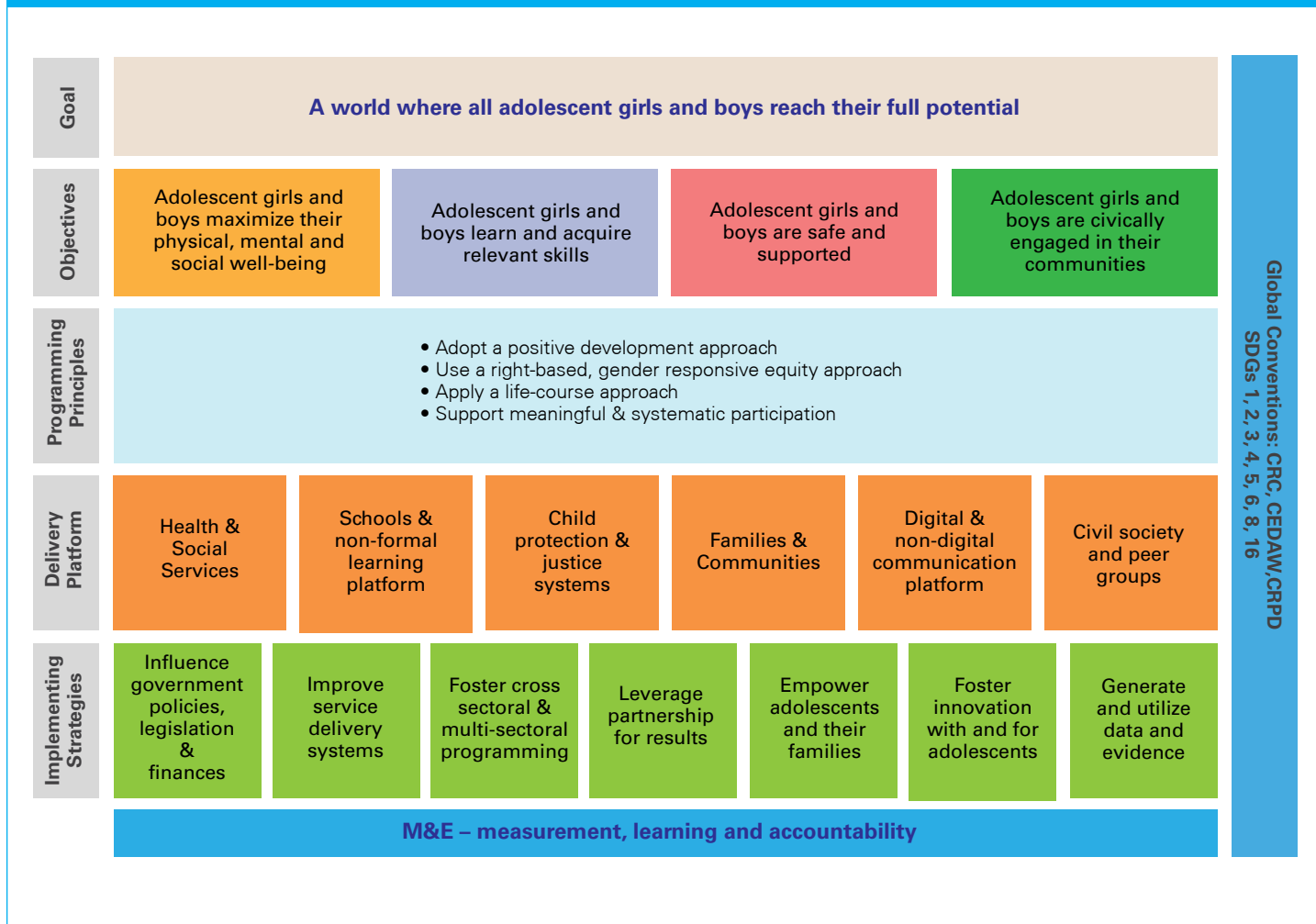8. *Positive Youth Development Framework*, 2017, at http://www.youthpower.org/positive-youth-development-pyd-framework (accessed December 2017).
9. Ibid, *General Comment 20 on the UNCRC*, 2016; *DFID's Youth Agenda*, 2016.
10. See Annex 2 for a mapping of the Gender Action Plan and second decade priorities against the Strategic Plan Goals.

FIGURE 2: UNICEF's strategic framework for the second decade of a child's life

Goal	**A world where all adolescent girls and boys reach their full potential**

Objectives
- Adolescent girls and boys maximize their physical, mental and social well-being
- Adolescent girls and boys learn and acquire relevant skills
- Adolescent girls and boys are safe and supported
- Adolescent girls and boys are civically engaged in their communities

Programming Principles
- Adopt a positive development approach
- Use a right-based, gender responsive equity approach
- Apply a life-course approach
- Support meaningful & systematic participation

Delivery Platform
- Health & Social Services
- Schools & non-formal learning platform
- Child protection & justice systems
- Families & Communities
- Digital & non-digital communication platform
- Civil society and peer groups

Implementing Strategies
- Influence government policies, legislation & finances
- Improve service delivery systems
- Foster cross sectoral & multi-sectoral programming
- Leverage partnership for results
- Empower adolescents and their families
- Foster innovation with and for adolescents
- Generate and utilize data and evidence

M&E – measurement, learning and accountability

Global Conventions: CRC, CEDAW,CRPD SDGs 1, 2, 3, 4, 5, 6, 8, 16

Adolescent girls and boys maximize their physical, mental and social well-being

The Lancet Commission on Adolescent Health noted that the adolescent health[11] agenda until recently has been largely limited to HIV and AIDS, and sexual and reproductive health (SRH), and has not adequately responded to the broader adolescent health priorities and needs.[12] UNICEF is well poised to respond to and broaden the adolescent health agenda to include issues such as adolescent nutrition, mental health and prevention of injuries and non-communicable diseases. Adolescent health programmes supported by UNICEF should consider the health determinants of younger and older adolescent girls and boys, drawing on a gender analysis and a life course perspective. Different strategies across the organization emphasize this direction and focus on the survival, growth and development of adolescents. Synergies will be created across sectors to support a comprehensive approach to delivering adolescent health results including programmes on ending child marriage, promoting secondary education, HIV and syphilis prevention, tetanus and HPV vaccinations, menstrual health and nutrition. This aligns with the Accelerated Action for Health of Adolescents framework (AA-HA!)[13] and complements UNFPA's work on SRH

11. WHO defines health as "a state of complete physical, mental, and social well-being and not merely the absence of disease or infirmity" and this has been adopted here.
12. *The Lancet, Our future: a Lancet commission on adolescent health and wellbeing (2016).*
13. *Global Accelerated Action for the Health of Adolescents (AA-HA!): guidance to support country implementation*. Geneva: WHO (2017).

Box 2:

Generation Unlimited

Generation Unlimited is a new global partnership dedicated to progressively ensuring that every young person is in school, learning, training or employment by 2030 — with a focus on those in the greatest danger of being left behind, including girls, the poorest, those with disabilities, young people on the move and those affected by conflict and natural disasters.

The UNICEF Strategic Plan 2018–2021 identifies partnerships as a major strategy for achieving the goals and targets specified in the Plan. Therefore, UNICEF and a diverse group of stakeholders from public, private and civic spheres – including young people – are developing a partnership to uncover and scale up solutions, unlock investments and unleash the voice and participation of young people in shaping a brighter future. While UNICEF will continue to focus on ages 10-19 in line with the 2018–2021 Strategic Plan results, this diverse group of partners, each bringing their expertise to the table, will expand support for young people as they make the transition from adolescence to adulthood.

In order to achieve the 2030 goal, Generation Unlimited will focus on three priorities:

Secondary age education: Adolescent girls and boys need support so they can complete primary and secondary education with meaningful learning outcomes. This support should include accredited and flexible learning opportunities for those who cannot attend regular school.

Skills for learning, employability and decent work: Adolescents and young people should have access to opportunities to develop skills for learning, personal empowerment, employability and active citizenship.

Empowerment, especially for girls: Adolescent girls, boys and other young people need support to understand their rights and build their own assets and agency to make life choices. This includes opportunities to civically engage, including digitally, and to voice their opinions on issues that affect.

Generation Unlimited focuses on identifying, co-creating and supporting solutions that have the potential to deliver results at scale for young people. Valuing and maximizing the existing strengths, reach and experience of its diverse partners, Generation Unlimited will provide a platform to mobilize funding, technical assistance, political support and access to networking and learning to scale up these solutions, thereby connecting global support to country implementation. Generation Unlimited will also provide a space for young people to participate meaningfully in all its activities and particularly in the co-creation and implementation of solutions.

including the provision of commodities. The following are key focus areas and corresponding interventions:

- **Access to gender-responsive adolescent health services:** UNICEF will accelerate efforts on adolescent health by advocating for adolescent health rights and enhancing access to gender-responsive adolescent health services that are centred on their needs and circumstances.[14] Recommended actions to improve access

to gender-responsive adolescent health services include:
- o Addressing gaps in data relating to adolescent health (e.g., adolescent pregnancy, substance use, mental health, nutrition, intentional and unintentional injuries/accidents) and strengthening mechanisms and capacities for monitoring, data collection and analysis within and across sectors by sex and age (where possible) including national HMIS and other data management systems;

14. What adolescents view as services that are responsive to or centred on their needs and circumstance is similar across all countries and includes patient-centred care with an emphasis on respect, appropriate provision of information, high quality communication and involvement in decisions about care.

o Building the capacity of service providers to deliver gender-responsive, quality health care services according to global standards in a supportive, respectful and non-discriminatory manner, providing appropriate information to facilitate informed choices (including through new communication channels or media that appeal to young people) and ensuring involvement of adolescent girls and boys in decisions about their care;

o Advocating for adolescents' right to health, promoting appropriate legislation, policies and regulations and supporting the development of strategies and budgeted plans which ensure access to health services and health care facilities for adolescent boys and girls, regardless of their age, marital status, guardian consent, education level, ethnic origin, disability status, gender identity or sexual orientation;

o Strengthening the capacity of primary health care at community level to detect and treat communicable and childhood diseases that impact adolescent girls and boys including tuberculosis, malaria, pneumonia, meningitis and diarrhoea; provide routine vaccinations including HPV immunisation, nutrition services and counselling; and where appropriate support, care, treatment and referrals for adolescent mental health and substance abuse;

o Promoting an integrated approach to SRH and rights for adolescent girls and boys, by improving access to: appropriate information (e.g. comprehensive sexuality education); services to prevent and address GBV, HIV, HPV, poor menstrual health and female genital mutilation; as well as skilled pregnancy care, childbirth, postnatal and emergency obstetric care for adolescent mothers;

o Supporting behavioural change interventions at the family and community level which promote improved access to health and nutrition information and services and healthy lifestyles including: physical activity, balanced diets, injury and substance abuse prevention, shared responsibility between young women and men for sexual and reproductive health, as well as condom use for STI/HIV and pregnancy prevention;

• Nutrition of adolescent girls and boys: Adolescents have high nutrient needs to support the growth and development spurt that occurs in this period. Failure to meet those needs impairs physical growth and development and leads to micronutrient deficiencies and anaemia. Adolescence provides a window of opportunity for catch-up growth if appropriate nutrition is available.[15] In addition to the high burden of nutritional deficits globally, adolescents also face increasing risks of overweight and obesity brought on by modern-day lifestyles and food habits.[16] Schools are an important platform for the delivery of interventions and for nutrition education, and should be complemented by community-based services for out-of-school adolescents. Furthermore, health services, youth organizations, and the use of communication and information technology are other platforms through which to reach adolescents with nutrition interventions. Recommended actions to improve adolescent nutrition include:

o Improving data systems to determine and monitor adolescent nutritional status to inform programmes;

o Preventing and controlling anaemia, through the provision of nutrition counselling and services, the promotion of healthy and diversified diets and where necessary iron/folic acid supplementation as well as food fortification strategies. In settings with high burdens of soil-transmitted helminths, promoting preventive deworming among school-age children and adolescents in schools and communities is key;[17]

o Promoting healthy eating and physical activity to tackle sedentary lifestyles within family, school and community;

o Ensuring that antenatal care and nutrition programmes address the nutrition and health needs of pregnant adolescent girls, including micronutrient supplementation, food/balanced protein energy supplementation (where needed) and nutrition education.

• HIV and AIDS among adolescents: AIDS continues to be a leading cause of death among adolescents globally, especially among adolescent girls 15-19 in sub-Saharan Africa. Considering that the profile of adolescent girls and boys living with HIV varies in different contexts, UNICEF will focus on differentiated responses, informed

15. A.M. Prentice et al., "*Critical windows for nutritional interventions against stunting*," American Journal of Clinical Nutrition 97, 5(2013): 911-918.
16. N.S. Akseer, et al., "*Global and regional trends in the nutritional status of young people: a critical and neglected age group*," Annals of the New York Academy of Sciences 1393, no.1 (2017): 3-20.
17. Preventive chemotherapy should not be given during the first trimester of pregnancy.

by evidence, to reduce new HIV infections and AIDS-related deaths among adolescents. This will also involve continued leadership and commitment to the ALL-IN partnership.[18] Recommended actions include:

o Supporting HIV prevention programmes tailored to specific local needs, with a mix of services focused on adolescent girls and young women, their partners and key adolescent populations,[19] including pre-exposure prophylaxis, post-exposure prophylaxis, medical male circumcision, harm reduction, promotion of condom use, and cash transfers;

o Supporting social and behavioural change interventions which promote gender equity, lower stigma and discrimination, and acknowledge the role of adolescents and young people as change agents using different approaches such as social media and emerging communication innovations;

o Increasing access to HIV testing and prevention through innovative approaches such as self-testing, pre-exposure prophylaxis and mobile technologies;

o Providing support to adolescent girls and boys living with HIV to access treatment to Antiretroviral Therapy (ART), support adherence to ART and seamless transition to adult care.

Case Study 1:

HIV/AIDS prevention and response through the U-Report platform in Zambia

Among adolescents in Zambia, aged 15–19, HIV prevalence is 3.6 per cent for girls and 1.8 per cent for boys. Comprehensive HIV knowledge levels among adolescents remain low. The Zambia U-report platform was launched in December 2012 in part to provide young people with a tool for accessing confidential HIV and SRH information, advice and referrals. Young people can send free SMS messages which are answered by trained counsellors. Trending issues are identified, and age appropriate information is periodically sent out to all U-Report subscribers. The platform also runs targeted polls, by age, sex and geographic location, to assess knowledge levels and use of HIV and SRH services. In 2017, almost 70,000 U-reporters submitted questions on HIV and SRH issues and received correct information and guidance. The U-report platform is coordinated by the National AIDS Council (NAC), together with representatives from the ministries of health and youth, UNICEF, and young people from youth service organizations.

Adolescent mental health: Many mental health disorders have their onset in adolescence. Given that it is a 'learning' agenda for UNICEF, adolescent mental health will be addressed through implementation research and testing models of prevention and service delivery in development and humanitarian settings. Recommended actions to consider include:

o Building evidence around adolescent mental health including designing, testing and evaluating preventive measures such as supporting safe spaces for adolescents (e.g., schools, youth centres), peer counselling, parenting programmes, or provision of mental health and psychosocial support interventions;

o Supporting early prevention, screening and referral through strengthened health systems and community-based and school-based mental health programmes that apply a gender lens to programmatic responses;

o Generating and including adolescent mental health indicators in existing national surveys, such as the Demographic and Health Surveys and Global School-Based Health Surveys.

Menstrual health and hygiene: Girls without support through puberty and during menstruation, particularly in low-resource and emergency contexts, often experience stigma and social exclusion while forgoing important educational, social and economic opportunities. UNICEF will expand its work on menstrual health and hygiene to support adolescent girls both in and out of school, taking into account the needs of girls with disabilities and girls in conflict and disaster settings. Recommended actions in addressing menstrual health and hygiene include:

o Ending stigma and discrimination against adolescent girls during menstruation through evidence-based public and targeted advocacy, as well as community and school mobilization that involves girls, women, boys and men, government, digital and traditional media, traditional and religious leaders and the private sector;

o Strengthening education and health systems to provide adolescent girls with the knowledge, skills, facilities and services to manage their menstruation with dignity and free of harassment;

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18. All In! to #EndAdolescentAIDS is a platform for action and collaboration that aims to unite actors across sectors to accelerate reductions in AIDS-related deaths and new HIV infections among adolescents by 2020 as part of the global push to end the AIDS epidemic by 2030. It is convened by a leadership group that includes UNICEF among other partners.

19. Key adolescent populations include gay and bisexual boys, transgender adolescents, adolescents who sell sex and adolescents who inject drugs.

- Ensuring that water and sanitation services are available in schools, communities, and health care facilities and that sector standards and guidelines reflect adolescent girls' specific infrastructure needs;
- Building national capacity for menstrual health and hygiene and a country-specific evidence base of adolescent girls' experiences and successful interventions;
- Providing critical hygiene supplies during emergencies, and strengthening markets to provide appropriate and affordable menstrual materials for adolescent girls in across all contexts.

Adolescent girls and boys learn and acquire relevant skills

Education is a right and a crucial opportunity. It holds the key to a life of less poverty, better health, a more cohesive society and increased civic engagement. Despite significant progress, more than 200 million adolescents are currently out of school and for every 100 out-of-school adolescents from the poorest quintile, 54 have never attended school, 30 have dropped out in primary education and 16 have dropped out in secondary education, and these numbers are even higher in countries affected by conflict.[20] Many children in school in low- and middle-income countries are overage for their grade or learning very little; only a quarter of secondary school-aged children are mastering basic skills today.
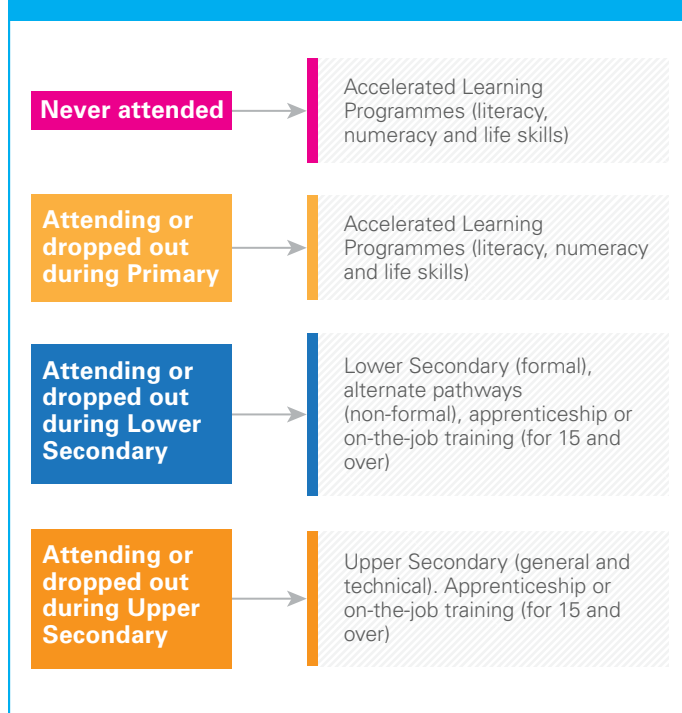
UNICEF works closely with national governments and partners to progressively realize the objective of SDG 4 to provide quality education from pre-primary to secondary with a focus on equity, gender and learning outcomes.[21] Figure 3 sets out the different responses appropriate for adolescents depending on where they have reached in the education system.

For those adolescents that have never attended school or dropped out during primary or lower secondary education, UNICEF will support accelerated learning programmes, with a focus on literacy, numeracy and life skills. Non-formal education should provide alternate pathways for adolescents to re-enter education and training (e.g., second chance education), or for those 15 and over, to develop relevant

skills to support transition to the workplace or productive livelihoods. At the upper secondary level, education is not compulsory in many countries. At this level, education is very diverse and includes upper secondary education (general and technical education), apprenticeships or on the job training. In designing programmes for adolescents, programme planners should consider how age impacts on access and learning, interacting with factors such as wealth, location, disability and gender.

The three measures UNICEF will take towards meeting the goal of all adolescents learning relevant skills are increasing access to education, increasing learning outcomes, and increasing skills development. These are discussed below.

FIGURE 3: Learning and education responses relevant to different adolescent needs

Never attended	Accelerated Learning Programmes (literacy, numeracy and life skills)
Attending or dropped out during Primary	Accelerated Learning Programmes (literacy, numeracy and life skills)
Attending or dropped out during Lower Secondary	Lower Secondary (formal), alternate pathways (non-formal), apprenticeship or on-the-job training (for 15 and over)
Attending or dropped out during Upper Secondary	Upper Secondary (general and technical). Apprenticeship or on-the-job training (for 15 and over)

- **Increase and sustain access to education for adolescent girls and boys:** Around the world, adolescent girls are more likely to be out of school than boys; however, in some countries, particularly those with overall high enrolment rates, adolescent boys may be less likely than girls to be in school. Poverty, sex, disability and residence (rural/urban) are the most critical drivers of exclusion globally, but adolescents on the move or in situations of conflict are also extremely

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20. UNICEF, Data & Analytics Global Database, 2017.
21. UNICEF-supported interventions must necessarily improve education outcomes particularly for the most disadvantaged adolescents, who are often excluded from

formal education systems. Without this equity focus, education systems will leave disadvantaged adolescents further behind.

vulnerable to exclusion.[22] Recommended actions to consider include:

- o Addressing gendered sociocultural and financial barriers to completion of primary and secondary school for adolescent girls and boys, including community mobilization to address discriminatory gender norms such as child marriage, and social protection measures, including cash transfers;
- o Providing flexible and accredited models of secondary level education (including online and distance learning) for out-of-school adolescent girls and boys including those on the move or in situations of conflict;
- o Supporting learning environments responsive to the needs of adolescent girls and boys including those with disabilities by promoting approaches that reduce the distance to school, such as accredited online courses, distance learning and transport or community-based schools. UNICEF will also support re-entry policies for young mothers, and provide toilets and menstrual health management in schools;

Case Study 2:

Alternative learning programme for out-of-school adolescents in Bangladesh

Around 40 percent of secondary school age adolescents in Bangladesh are out of school and highly vulnerable to child marriage and child labour. Every year, more than 2 million young people enter the workforce and 80 per cent are employed in the informal sector mostly as unskilled labourers. In partnership with the ILO and BRAC, the world's largest NGO (based in Bangladesh), an initiative was launched that provides vulnerable out-of-school adolescents with a six-month programme of on-the-job, theoretical and soft skills training which is nationally certified, along with job placements through informal apprenticeships. Over half of the participants are adolescent girls and at least 10 percent are young people with disabilities. Participation in the programme has had a significant positive impact on individual savings, household food consumption as well as delaying marriage. The programme has also helped challenge social norms related to mobility of adolescent girls and gender biases in employment opportunities by encouraging engagement in non-conventional trades. To date, more than 95 per cent of learners have graduated and transitioned into paid employment.

22. World Bank Group, *Global Monitoring Report*, 2015, Gender Summary.

- o Strengthening policies and programmes that effectively create safe schools, protective learning environments and school-related GBV prevention and response mechanisms at the national and school level for all adolescents including those in humanitarian settings;
- o Supporting the extension of social protection measures to families of marginalized adolescent girls and boys and interventions to identify and support adolescents at risk of dropping out;
- o Improving data systems and strengthening Education Management Information Systems (EMIS) to ensure disaggregated data is available for adolescents and used in a transparent manner, including providing information to adolescents and their families;
- o Supporting the development, budgeting and implementation of education sector plans and strategies, addressing equity in access to education for adolescent girls and boys;
- o Supporting continued learning opportunities for adolescents on the move or in humanitarian settings whenever possible, through national education systems, complemented by psychosocial interventions to develop the values and attitudes that build peace.

- • Increase learning outcomes for adolescent girls and boys:
  - o Providing marginalized adolescents, including those on the move or in humanitarian settings, with foundational skills, in particular basic numeracy and literacy, and measuring progress;
  - o Embedding gender-equitable and inclusive teaching and learning practices within the education system by supporting governments, schools and communities in removing gender and stereotypes in teaching and learning materials; and supporting teachers in developing inclusive pedagogy;
  - o Supporting gender-responsive and inclusive curricula, pre-service and in-service teacher training where teachers are supported in developing the skills and attitudes to enable girls and boys from all backgrounds (including those on the move or in humanitarian settings) and adolescents with disabilities to participate equally in the classroom;
  - o Supporting improved assessment of relevant learning outcomes across all interventions;

o   Supporting the participation of male and female students as members of school management committees and empowering the school management committees with the authority to make important decisions at the school level and allocate and approve school budgets.

- **Increase access to skills development for disadvantaged adolescent girls and boys:** There are three types of skills that children, adolescents and young people develop progressively. The first are known as foundational skills, and refer to basic literacy and numeracy. Increasingly, digital literacy is included within foundational skills and is defined as the ability to use technologies and to develop the social and emotional skills needed to safely navigate the digital space. The second group of skills are often termed 'transferable' and enable children, adolescents and young people to adapt to rapid social and economic change (Box 3 explains how the Middle East and North Africa [MENA] region has articulated this further). The third and final group of skills are job-specific, and prepare young people for entry into specific trades or professions.

Box 3:
Skills for learning, personal empowerment, employability and active citizenship in the MENA Region:

Twelve core life skills have been identified against four dimensions of learning, as follows:

- Skills for learning (creativity, critical thinking, problem-solving)
- Skills for employability (cooperation, negotiation, decision-making)
- Skills for personal empowerment (self-management, resilience, communication)
- Skills for active citizenship (respect for diversity, empathy, participation)

These definitions are taken from the Conceptual and Programmatic Framework of the Life Skills and Citizenship Education Initiative (LSCE) launched in the MENA region by UNICEF and partners. The initiative supports countries in strengthening and mainstreaming LSCE within national education systems. This framework informs UNCEF's approach globally.

Skills should be understood as higher-order, transversal and transferrable, enabling individuals to succeed in school and at work, and in life more generally.[23] Skills are acquired via multiple pathways and along a lifelong continuum via formal, non-formal and informal means, in the home, in school, in social spaces and in the workplace. UNICEF has a comparative advantage in targeting disadvantaged adolescents, including those who are 10–14 years old, who have never attended, dropped out, or are at risk of dropping out of school, in addition to older adolescents who are not in school, in a training programme or employment. The following actions are recommended:

o   Supporting a systems-based approach to accredited skills development, anchored in national education and training sector policies in collaboration with relevant ministries and civil society organizations;

o   Improving the relevance of learning opportunities for adolescents by integrating skills into school curricula, pedagogy and materials;

o   Supporting the strengthening of inclusive data systems (including those used by social services, education authorities or social protection providers as appropriate) that are better able to track adolescent access, dropout and absenteeism in formal and non-formal skills training to inform targeted interventions;

o   Supporting transition from school to work through apprenticeships, career guidance and internships and linking social protection measures to skills acquisition;

o   Supporting alternative provision of skills for adolescents through programmes designed to provide foundational, transferable and/or technical-vocational skills to those who missed out on formal education particularly adolescents with disabilities, those on the move or in situations of conflict or those engaged in paid and unpaid work;

o   Improving gender equality in education, including addressing gender biases and improving the quality of STEM teaching;

o   Working cross-sectorally to ensure skills interventions contribute to a wide range of outcomes, implemented through education, MHM, health, nutrition, HIV and WASH sections;

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23. UNICEF MENARO, "*Reimagining Life Skills and Citizenship Education in the Middle East and North Africa: A Four-Dimensional Systems Approach to 21st Century Skills*," 2017, at www.lsce-mena.org.

○ Supporting the co-creation of programmes with existing and new partners (including the private sector) which bring together financial assets and technical know-how to find solutions to specific problems related to skills development, labour market analysis or business surveys and can support older adolescents and young people in transitioning into decent work and sustainable livelihoods.

Adolescent girls and boys are safe and supported

Many adolescent girls and boys do not feel safe and protected. Adolescents face different forms of violence: physical, sexual and emotional abuse that may happen at home, in the community or over the internet, with different risks for girls and boys. Every seven minutes an adolescent boy or girl is killed by an act of violence, 15 million adolescent girls aged 15–19 have experienced forced sex in their lifetime and over 130 million 13–15-year-olds admit to being bullied at school.[24] Some adolescents are particularly vulnerable to abuse, such as those growing up in violent or neglectful homes, those living with disabilities, adolescent mothers, LGBTQI adolescents or those from minority groups.

UNICEF, as one of the three UN agencies with a protection mandate, is well placed to address safety and protection risks for adolescents, specifically by addressing violence, addressing harmful social practices, supporting an adolescent-friendly justice sector, reducing traffic injuries and addressing adolescent safety in humanitarian settings. These are discussed in more detail below.

• **Preventing and responding to violence against adolescent girls and boys:** Girls and boys often encounter multiple types of violence across their life course, and both the experience and circumstances of violence change as adolescents grow older. Violent forms of discipline, bullying and sexual violence may be present across the life course, whilst intimate partner, interpersonal and collective violence become an increasing risk for older adolescents. Online risks including misuse of private information, access to

harmful content, and cyberbullying are also on the rise. It is important that interventions do not focus on one type of violence but rather, link risks and consequences of multiple forms of violence across the life course. Recommended actions in preventing and responding to violence against adolescents include:

○ Supporting programmes on adolescent parenting (including for adolescents who are themselves parents) and providing support services to parents and caregivers (e.g., home visits for vulnerable families) to reinforce positive parent-adolescent interactions and non-violent discipline, and helping parents to support their adolescent children to develop healthy lifestyles and habits, which include online behaviour;

○ Strengthening the capacity of social welfare systems across government ministries and investing in the child protection workforce including retaining qualified professionals and para-professionals;

○ Strengthening the economic stability of families including through the use of cash transfers, insurance mechanisms, conditional cash transfers for vulnerable adolescents or scholarship programmes and, where appropriate, income generating interventions for adolescents over age 15;

Case Study 3:

Preventing armed violence against adolescents in El Salvador

In 2011, the municipalities of San Marcos and San Martín were among the most violent in the country. Community-based participatory assessments were used to determine the main risk factors, namely armed violence in public spaces, the use of weapons to resolve community-level conflict, and the use of small arms by children and adolescents. Local government and NGOs collaborated in identifying and assessing local capacities to address these risks and jointly developed a comprehensive violence prevention strategy. Local residents, for instance, mobilized efforts to reclaim public spaces particularly through sports activities. Educational workshops focused on teaching adolescents and parents about non-violence and strengthening family ties. Local mediation centres supported alternative mechanisms for settling community disputes through conflict resolution and dialogue. To reduce the risk of violent gangs recruiting vulnerable out-of-school adolescents, municipal authorities worked to identify and monitor students who were at risk of leaving school and, where possible, re-enroll those who had dropped out. As a result of the successes of these interventions, El Salvador's Ministry of Education has adopted this model for replication in other municipalities, including Santo Tomás and Ciudad Delgado

24. UNICEF, "*A Familiar Face: Violence in the lives of children and adolescents*," 2017.

Promoting open dialogue among families, authorities, the private sector and communities in support of safe schools and both online and physical spaces for adolescent girls and boys. Building the capacity of local institutions to tackle the complex problem of chronic violence in many communities;

- Supporting life-skills programmes through schools and non-formal settings, that provide adolescents with age-appropriate information about their rights, sexuality and healthy relationships, and equip them with the skills needed to manage risks including discrimination, sexual exploitation, gang violence and online risks;
- Building referral networks and community outreach programmes, including online or telephone help lines to ensure adolescents know where and how to access services;
- Supporting behavioural change interventions to eliminate social norms that perpetuate violence and discrimination (including female genital mutilation/cutting, sexual violence and abuse) and mobilize adolescents and communities to take action.
- Improving data systems to identify and monitor violence against adolescent girls and boys and link these to case management systems.

- **Addressing harmful practices such as child marriage:**
Child marriage is a human rights violation that scars a child emotionally, physically and psychologically. It hurts the life options of adolescent girls including by lowering their education level and increasing the risk of adolescent pregnancy and domestic violence. It also often leads to inter-generational consequences for children, families and communities. Accelerating action through targeted scalable investments across sectors such as education, health and social inclusion is critical for long-term changes in community attitudes towards this social norm, and reducing the social acceptance and incidence of child marriage. Recommended actions to address child marriage and other harmful practices include:
  - Facilitating data analysis of national/subnational trends to determine areas with high rates of child marriage and supporting the implementation of research to establish what works at scale;
  - Consolidating and embedding in national systems scalable models of interventions to advance female agency and their retention in school

(including conditional financial incentives to remain in school or delay marriage, unconditional cash transfers, school stipends, school uniforms, female empowerment training, support to enhance social networks, skills training etc.) and facilitating SRH information and services that are responsive to adolescent girls;

- Supporting the development, budgeting and implementation of multisectoral national action plans on child marriage and advocating for legislative shifts, in partnership with local civil society and governments;
- Supporting behaviour change interventions to engage mothers, fathers, boys, girls, communities and other influential actors to transform gender norms and invest in the development and empowerment of adolescent girls.

Case Study 4:

Supporting government efforts to end child marriage in Ethiopia

Two in every five girls are married before their 18th birthday in Ethiopia and 14 per cent of women were first married or in a union before the age of 15. Spearheaded by the Ministry of Women and Children Affairs, the Government of Ethiopia has set an ambitious target of ending child marriage by 2025. The National Alliance to End Child Marriage and female genital mutilation/cutting focuses on enabling girls at risk of child marriage, and their families, as well as the community more broadly, to prevent child marriage. The programme is being delivered through multiple strategies including: social mobilization and legal literacy to ensure that laws and policies protect and promote adolescent girls' rights; and systems strengthening in the education sector including teacher training focused on gender-responsive pedagogy, and interventions to address GBV in schools. As a result of these efforts, as well as ongoing social and economic changes, Ethiopia's 2016 Demographic and Health Survey documented a reduction in the percentage of women marrying before age 18 from 63 percent in 2011 to 58 percent in 2016.

- **Supporting an adolescent-friendly justice:**
Adolescents encounter the justice system as victims or witnesses, or when they are in conflict with the law or are parties to a justice process such as custody arrangements. While detention should be used as a last resort and for the shortest period of time, adolescents suspected or accused of having committed an offence are often detained. Adolescents are also detained when seeking asylum in another country or for reasons such as race, religion, nationality, ethnicity or political views.

Adolescents may be detained with adult prisoners and are exposed to torture or physical and emotional abuse. UNICEF promotes alternatives to detention, such as diversion, as well as restorative justice to repair the harm caused by criminal behaviour. Recommended actions to support an adolescent-friendly justice sector include:

o Encouraging the establishment of child-sensitive courts and police procedures that give primary consideration to a child's right to protection (in accordance with the CRC) whether as a victim, witness or because they are in conflict with the law;

o Promoting alternatives to the criminal justice system for all children under 18 accused of offences, supporting community-based restorative justice approaches, and ensuring that incarceration is not applied except as a last resort for the shortest possible time. It is also necessary to ensure that police and prosecutors implement recommendations made by social workers when deciding individual cases and focus efforts on rehabilitation and the prevention of further offences by seeking to address the underlying factors that contribute to criminal behaviour;

o Supporting training of police, prosecutors, judges, lawyers, social services and health professionals including in accurate age assessment and screening (including when civil documentation is missing or forged) for all adolescents in contact with the law including migrants or those seeking refugee status. This will ensure that adolescents (up to age 18) are treated in accordance with legal frameworks for children and as adults after age 18;

o Advocating for an appropriate minimum age for a criminal age of responsibility.

- **Reducing road traffic injuries:** Road injuries are now the leading cause of death for 15–19-year-old adolescents worldwide.[25] In low-income countries, adolescents are at high risk in part because they are more likely to be vulnerable road users such as pedestrians, cyclists and motorcyclists and this is exacerbated by poor decision-making and risk-taking in emotionally charged situations. Preventing road traffic injury is an 'area of learning' for UNICEF, currently being addressed through implementation research and testing

models. The areas of focus include prioritizing a child-first agenda which encourages safe routes and travel to school for all children; improving safety for all road users on high-risk roads; prioritizing pedestrians and cyclists in urban planning; encouraging pedestrian-friendly vehicle design and safety technologies; and encouraging policies to reduce vehicle emissions.[26]

Case Study 5:

Adolescents in Indonesia are engaged in disaster risk reduction and mobilizing community solutions

Indonesia ranks first among 76 countries for tsunami risk, and first and sixth among 162 countries for landslide and flood risk, respectively. More than half of Indonesians aged 10–24 (approximately 30 million) live in high-risk areas and yet young people are rarely part of formal decision-making when it comes to preparing for these risks. A pilot programme was launched to build the capacity of adolescent girls and boys to be better prepared before, during and after an emergency. Using the Adolescent Kit for Expression and Innovation, adolescents mapped potential risks, developed stories on the pressing issues that affect them and presented them at community events, village council meetings and school events. They also spearheaded innovative solutions for these issues and engaged in dialogue with policy makers and community members to mobilize the resources needed to apply those solutions. Building on this experience, the Ministry of Education and Culture is strengthening adolescent participation in conducting assessments in safe schools. Additionally, capacity-building support is being provided to the Ministry's Emergency Response Personnel to better equip responders to implement adolescent-specific activities in affected areas.

- **Addressing increased protection risks for adolescents in humanitarian settings:** Adolescents affected by armed conflict and extreme violence, and those who are forcibly displaced, including by natural disasters, are exposed to increased risks of violations including recruitment and use by armed forces or groups, killing and maiming, risky migration, trafficking and unlawful detention, and abuse and exploitation, including the worst forms of child labour and sexual violence. The risks and needs of adolescent girls and boys diverge in considerable ways, and in most settings adolescent girls disproportionately lack the infor¬mation and capacities to navigate the risks that may follow displacement. Recommended actions in addressing protection risks of adolescents in humanitarian settings include:

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25. A.H.. Mokdad, et al., "*Global burden of diseases, injuries, and risk factors for young people's health during 1990–2013: a systematic analysis for the Global Burden of Disease Study 2013*," The Lancet 387, 2016.

26. UNICEF & FIA, "*Rights of Way: Child Poverty & Road Traffic Injury in the SDGs*," 2017.

GOAL AND
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o Establishing Information Management Systems (e.g., PRIMERO,[27] mine injury surveillance) and strengthening assessment and monitoring tools that systematically provide and analyse data disaggregated by age sex and disability status;

o Investing in the capacity and preparedness of frontline workers including teachers, and the health and social welfare workforce, to identify and mitigate specific risks for adolescent girls and boys;

o Supporting community-based interventions, including girl-centred interventions, that address the psychosocial needs and vulnerabilities of adolescents (younger and older), and build their capacities and skills using approaches such as peer support;

o Providing long-term, age and gender appropriate socio-economic reintegration services for adolescent survivors of grave violations, including recruitment and sexual violence, to help them transition back into their communities;

o Establishing adolescent-friendly and safe community-based complaint mechanisms and referral pathways including on how/where to access age-appropriate clinical management for survivors of sexual violence;

o Promoting practical alternatives to the detention of adolescents seeking refugee status or migrating (following the Best Interest Determination Guidelines), such as the surrender of passports and regular reporting requirements; providing guarantors or bailees, providing foster care and supervised independent living for unaccompanied and separated children, and compulsory registration with authorities;

o Engaging adolescents and young people in decision-making processes that allow them to voice their views and help them realize their own agency through accountability mechanisms and active engagement in recovery, peacebuilding and disaster risk reduction in their communities.

Case Study 6:

Adolescents participating in local governance in Nepal

Traditionally young people in Nepal have not been part of formal decision-0making processes. However, as a result of concerted efforts by the Government of Nepal, trends are changing. More than 80,000 adolescents currently participate in various local governance structures and processes, including health and school committees as well as citizens' forums at the district, municipal and village development committee levels. The Child Friendly Local Governance Strategy ensures adolescent participation in planning committees and processes through consultations known as 'bal bhela'. UNICEF has been a key partner in supporting skills training and consultations. To ensure the priorities identified by adolescents receive funding, the Ministry of Federal Affairs and Local Development established child block grants which obligate local governments to allocate at least 10 per cent of capital grants received to child and adolescent-related issues. As a result, 56 per cent of child priorities identified in bal bhela consultations in 2016/2017 were incorporated at the district development, municipal and village development committee levels and the central Government provided $44 million for this work, through the child block grants.

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27. Primero™ is an open source software platform that helps humanitarian and development workers manage protection-related data, with tools that facilitate case management, incident monitoring and family tracing and reunification.

PROGRAMMING WITH AND FOR ADOLESCENTS   21

Adolescent girls and boys are civically engaged in their communities

When adolescents are civically engaged, they individually or collectively contribute to improve their school, community, city or country. In turn, participation helps adolescents to develop, build their confidence, negotiate decisions and influence critical issues within their communities or more widely. Jointly with partners, UNICEF will support the participation of the most disadvantaged groups such as adolescent girls, adolescents with disabilities and minorities in general, by mitigating discriminatory roles and practices that limit their rights and opportunities. Recommended actions to empower adolescent girls and boys to be civically engaged include:

o   Advocating for legislative and policy frameworks in schools, health and juvenile justice that institutionalize and regularize the participation of adolescent girls and boys;

o   Supporting behavioural change interventions that address social norms and cultural values that impede participation rights of girls and boys, including by partnering with influencers, media, adolescents and young people to shape the attitudes of parents, communities, policy makers and service providers;

o   Supporting skills-learning for adolescents in school and out of school, to build their capacities, confidence and skills (such as leadership, communication, negotiation skills) so that they can be actively engaged and understand their responsibilities as well.[28] Similarly, promoting awareness of the right to participate among adults (such as teachers, religious or community leaders, health and social workers), and building their capacity to work with adolescents in a participatory and inclusive manner;

o   Strengthening platforms and mechanisms such as student councils, youth clubs, local institutions, and community-based organizations, which encourage the systematic participation of adolescent girls and boys and through which they can find solutions to address their needs. Digital platforms provide opportunities for new forms of engagement, but also new risks for adolescents (see Box 4).

o   Promoting adolescent engagement (including digitally) in processes and accountability mechanisms that allow them to express their views, gather inputs and influence decisions or actions around issues at all levels, from those that affect them directly to global issues such as climate change or peacebuilding.

o   Involve young people above 19 years as partners, advocates, key influencers and change makers, to support the engagement of adolescents.

Case Study 7:

Empowering a generation of social innovators across multiple countries – UPSHIFT

As unemployment figures rise in many countries, young people often lack the skills to be resilient and active members of society and many of them feel disenfranchised. The UPSHIFT approach, which was initially developed in Kosovo as a social entrepreneurship programme, supports disadvantaged young people by designing solutions to problems in their local communities. The programme combines social innovation training and workshops, with mentorship and seed funding, and equipping young people with the skills and resources they need to identify problems and create solutions to address them. The young people themselves benefit from building 21st century skills (problem-solving, team work etc.) and resilience which are essential for employability. Furthermore, UPSHIFT benefits the wider community by increasing the engagement and participation of young people, and through the impact of products and services it helps design. Adolescents have created their own businesses and civil society organizations to address issues ranging from unfair inheritance laws and job searches for young blind people, to environmental concerns such as mitigating air pollution – initiatives which have benefited over 180,000 people in Kosovo alone. The approach has been adapted to the specific needs of young people in seven other countries with different contexts: Jordan, Lebanon, Moldova, Montenegro, Myanmar, Tajikistan and Viet Nam.

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28. Refer to skills results discussed in this document under '*Result: Disadvantaged adolescent girls and boys enter and complete primary and secondary level education, with relevant learning and skills*'.

Box 4:
**Adolescents in a digital world:
harness the good, limit the harm**

Adolescent girls and boys are frequently early adopters of new technologies, can access huge amounts of information, and communicate and connect in ways that were not available so easily even a few years ago. While the use of technology can intensify opportunities such as innovation, learning, civic engagement and social connection, it can also increase vulnerabilities including exploitation and misinformation. Adolescents already account for a substantial percentage of the global networked population and their share is set to increase rapidly. UNICEF recommends that policy makers and future action in the digital sphere focus on:

1.   Providing all adolescents with affordable access to high quality online resources;
2.   Protecting adolescents from harm online;
3.   Safeguarding adolescents' privacy and identities online;
4.   Teaching digital literacy to keep adolescents informed, engaged and safe online;
5.   Leveraging the power of the private sector to advance ethical standards and practices that protect and benefit adolescents online;
6.   Putting adolescents at the centre of digital policy.[29]

29. UNICEF, *The State of the World's Children: Children in a Digital World*, 2017.

Programming Principles

A number of key principles underpin UNICEF's work with adolescents across all development sectors and humanitarian contexts. While these principles are internal to UNICEF, the organization has a role to play in promoting them more widely, particularly with government partners.

a. **Adopt a positive development approach** which considers adolescent girls and boys as assets and seeks to empower them to participate actively within their families and communities;

b. **Use a rights-based, gender-responsive equity approach:** Rights should apply equally to all adolescents, irrespective of age, gender, civil status, geography, wealth, ethnicity, religion, immigration status or disability. UNICEF's equity approach requires that the root causes of inequity are addressed so that adolescent girls and boys, particularly those who suffer the worst deprivations in society, can access services and protection that are responsive to their needs and circumstances, including mechanisms to voice their views and opinions (see Box 5). A key dimension of an equity approach is gender equality, which means that girls and boys equally enjoy the same rights, resources, opportunities and protections;

c. **Apply a life course approach** to build a continuum of support and maximize investment across two decades of a child's life. Evidence has shown that using a life course approach allows for a better use of scarce resources by identifying critical risks and gaps across childhood and prioritizing key interventions to help break cycles of poverty.[30] For instance, programmes intended to enhance maternal, infant, and young child development will also positively affect adolescents.

d. **Support meaningful and systematic participation of adolescent girls and boys:**[31] Meaningful and systematic participation of adolescents should be supported across all sectors with adolescents being consulted on the policies and services relating to their lives and being provided with opportunities to lead the interventions they choose to take part in. For participation to be meaningful, adolescents require access to safe spaces, the ability to voice their views, opportunities to exert their influence and a receptive audience.

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30. World Bank, "*Children and Youth: A Framework for Action*," 2005.

31. Participation is considered 'meaningful' when serious consideration is given to the views contributed by adolescents, and appropriate feedback is provided on how those views have been taken into account (UNICEF, *Conceptual Framework for Measuring Outcomes of Adolescent Participation*, 2018).

Box 5:

Reaching the most marginalized adolescents

Particular groups of adolescents continue to face systemic barriers to entering and staying in school, and accessing economic opportunities and social services such as health care and protection services. These young people are more likely to experience physical and sexual abuse and exploitation, and include girls, adolescents with disabilities, LGBTQI, adolescents from racial or ethnic minorities and the poor. Recommended actions to enhance reaching the most marginalised adolescents: :

1. Data: Promote greater disaggregation of data to ensure critical contextual inequalities (wealth, urban/rural, ethnic/linguistic, migrant, disability etc.) are highlighted and used by policy makers, planners and implementers to identify and reach marginalized adolescents.
2. Stigma and discrimination: Support efforts to address discrimination, transform social norms and advocate for marginalized adolescents.
3. Equitable service delivery: Improve access to facilities, services, information and communication, address attitudinal barriers amongst service providers and institutionalize accountability mechanisms which track whether marginalized adolescents are reached with appropriate services.
4. Engagement/participation: Actively seek out the most marginalized adolescents through community groups and other partners and ensure they are provided with the information and skills, as well as any accommodations needed to allow them to actively engage with and contribute to their communities.

Implementing Strategies

Proposed programming strategies

While the selection and application of programming strategies to deliver on adolescent results will depend on a country's specific context and will be determined jointly with government and non-governmental partners, this section provides a set of proposed strategies which may be considered in any country context.

- **Leverage partnerships for results:** Leveraging and engaging with various stakeholders provides an opportunity to mobilize action, identify innovative solutions and accelerate results for adolescents. UNICEF will continue working with national and subnational governments, the private sector, UN and international agencies, non-governmental organizations, civil society, sports, youth groups, young people, religious groups and parliamentarians to build and/or strengthen existing global, regional and national alliances. The Global Partnership for Education, the Global Partnership to End Violence against Children, Solutions for Youth Employment, and Decent Jobs for Youth Initiative are examples of partnerships that have been created to accelerate action on children and adolescent issues and are viable partners to engage with. Partnering with the private sector to equip adolescents with opportunities for skill development and entrepreneurship is key.

- **Influence government policies, legislation and financing:** Working closely with partners, UNICEF will use its convening power as well as available data and evidence to influence the formulation and budgeting of policies, legal frameworks and national sectoral development plans (national and subnational) to better address the needs of adolescent girls and boys, including the most marginalized groups. In particular, UNICEF will play a key role in influencing the allocation and use of public and private funds for adolescent-related policies and programmes at scale. This will require collaboration with national and local governments, multilateral development banks, international finance institutions and the private sector to influence their investment decisions.

- **Improve adolescent-responsive service delivery systems:** Accessibility, affordability and quality of services across sectors including education, health, social protection and WASH are key aspects to consider when strengthening service delivery for adolescents. This includes making services more appropriate to their age, sex and needs, as well as addressing more complex forms of marginalization that keep adolescents from accessing services. For instance, gender compounds existing inequalities, especially when combined with other markers of exclusion such as disability, language, child marriage, early pregnancy or crisis. Relevant interventions include building the capacity of frontline workers to better understand and communicate with adolescents, and generating guidelines and standards of operation for adolescent-responsive services both in development and humanitarian contexts.

- **Foster cross-sectoral and multisectoral programming that is able to address the whole** range of adolescent needs and rights effectively and efficiently:[32] A cross-sectoral approach should be applied wherever it adds value or efficiencies. UNICEF and partners will need to start by identifying results at the level of the adolescent, then design the cross-sectoral interventions based on existing evidence and using the most appropriate platforms of delivery. For example, when working on lower secondary education, a multi-sectoral approach is needed, where education, social protection, child protection and WASH work together to identify the most appropriate and cost-effective strategies to address barriers and sources of gender inequality.

- **Generate and utilize data and evidence to inform policies and programmes:** UNICEF will continue to work with governments to strengthen the ability of national data systems to generate data on adolescents. Disaggregation by age (e.g., 10–14 and 15–19 years), sex, disability status, income and other relevant

32. UNICEF, "*Study on Integrated Programming in UNICEF Humanitarian Action*," 2014.

variables is key to informing effective policies and programmes. Triangulation of conventional monitoring and evaluation techniques with real time data using innovative methodologies such as RapidPro is an area that UNICEF is increasingly supporting. Furthermore, in partnership with universities and research institutes, UNICEF will strengthen knowledge creation and sharing of evidence on effective policies and programmes for adolescents and will engage with adolescents themselves as partners in research.

- **Empower adolescent girls and boys and their families:** Social and behaviour change strategies – including community-based participatory interventions, interpersonal communication, digital innovations and media platforms – can help build the capacities of adolescents and their families to address harmful social norms and practices. Support programmes which engage adolescents in identifying problems or issues which concern them and creating innovative adolescent-led solutions. This also implies that UNICEF needs to work more closely with adolescents and youth as partners, and co-create and innovate to deliver more effective and impactful programmes.[33]

- **Foster innovation with and for adolescents:** Using innovation and technology provides an opportunity for increased engagement by and with adolescents, and improved outreach, specifically for those who are hardest to reach. In addition, technology serves as a platform to meet the need for adolescents for continuous social connection and validation. Existing dynamic platforms can be built upon to further engage young people. These include social media channels, U-Report (a social messaging tool which encourages community participation), Voices of Youth (an online space for youth bloggers), the Internet of Good Things (a web-based resource providing access to educational and lifesaving information) and UpShift (a platform which offers skills development and opportunities for young people to create and lead solutions to social challenges in their community, see Case Study 7) all of which offer platforms to build skills, enhance participation and drive more youth- and adolescent-led programmes.

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33. To support this organizational strategic direction, an Adolescent and Youth Engagement Strategic Framework (AYESF) was developed in 2016 that emphasizes a number of key strategies including building adolescents' capacities, leveraging innovations and creating platforms for adolescent and youth engagement.

Delivery platforms for sectoral and multisectoral interventions

When adolescents reach the age of puberty, their engagement extends beyond their individual families to a more complex set of relationships that includes peers, schools, community, media and broader social and cultural influences. This offers new avenues for engaging with adolescents and expands the available delivery platforms to include families, communities, schools, health services, social and judicial systems, media, including digital media, and others (see Figure 4).

Understanding key social determinants, sources of influence and the way in which adolescents interact with their immediate and distal environments helps determine the most effective delivery platforms (including employers, for those over 15), as illustrated in Table 1.

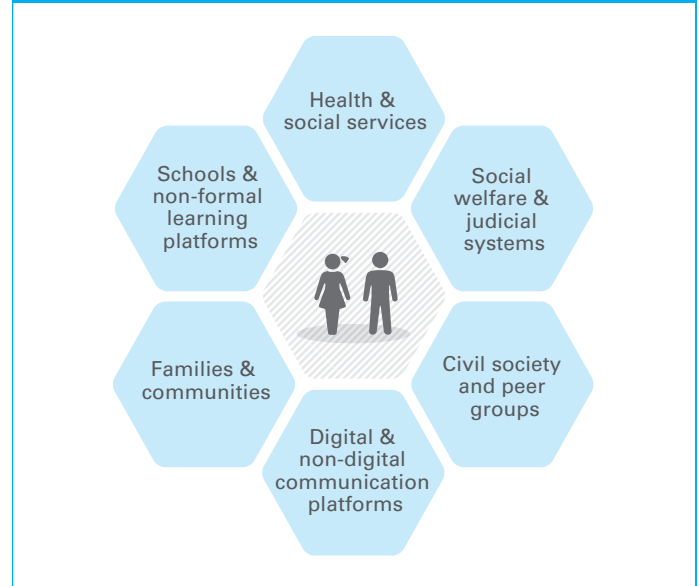**FIGURE 4: Delivery platforms for adolescent interventions**

Health & social services

Social welfare & judicial systems

Civil society and peer groups

Digital & non-digital communication platforms

Families & communities

Schools & non-formal learning platforms

Table 1: An illustrative example of multi-sectoral interventions to address results for adolescents

Desired result	Platforms/ Interventions		Sector
Improve nutrition of adolescent girls and boys		**Health services** • Nutrition counselling • Screening and micronutrient & protein supplementation • Deworming • Puberty and SRH information	Health Nutrition WASH HIV
		Schools (formal and non-formal learning platforms) • Micronutrient supplementation and deworming • Nutrition, hygiene and menstrual health education • Life skills education • Physical activity and sports • Access to dignity kits • Healthy school meals	Education Health Nutrition WASH
		Families and communities • Micronutrient supplementation and deworming • Nutrition education • Life skills education • Social protection programmes (e.g., cash transfers, scholarships, health insurance) • Physical activity and sports • Community-led total sanitation • Adolescent peer support • Provision of iodized salt	Nutrition Health Social Inclusion WASH HIV, C4D
		Digital and non-digital communication platforms: • Media and interpersonal communication interventions to build community awareness and address negative social norms • Peer support groups • Advocacy with private sector including food and beverage companies	Nutrition Health WASH HIV, C4D, Communication

Desired result	Platforms/ Interventions	Sector
Increase and sustain access to education for adolescent girls and boys	**Health services:** • Puberty and SRH information	Health WASH
	Schools (formal and nonformal learning platforms): • Budgets and sectoral plans addressing equity • Inclusive and gender-responsive pedagogy • Relevant skills for learning, personal empowerment, employability and active citizenship • Social protection programmes (e.g. cash transfers, scholarships, uniforms, bicycles) • Gender segregated accessible toilets • Re-entry policies for adolescent mothers and crèches for adolescent parents/caregivers • Healthy school meals • Micronutrient supplementation • Nutrition, hygiene and menstrual health education • Access to dignity kits • Life skills education and peacebuilding • Gender-based violence prevention and response • Support parents' associations, student councils and school management committees to influence decisions • Support for education platforms in humanitarian settings • Psychosocial interventions • Peer support groups	Education Health Nutrition WASH Social inclusion Child protection C4D
	Families and communities: • Life skills education for adolescents • Social protection programmes (e.g., cash transfers, scholarships, health insurance) • Parenting programmes • Peer support • Community engagement to address negative social norms	Nutrition Health Social protection WASH Child protection C4D
	Digital and non-digital communication platforms: • Media and interpersonal communication interventions to build community awareness and address negative social norms • Peer support groups	Nutrition WASH HIV, C4D Communication
	Civil society and peer groups • Adolescent and youth group movements • Child labour movements	Nutrition WASH HIV, C4D Communication

Planning and Monitoring Results

Entry points for adolescents in the programme cycle

UNICEF will continue to ground the design of every Country Programme in high-quality situation analyses and extensive engagement with government and development partners. Applying Results Based Management (RBM) principles is critical to ensure a systematic and results-oriented approach to working with adolescents. Figure 5 below proposes a set of actions for planners to consider as they engage with different stages of the programme cycle: evidence and analysis, strategic planning, implementation, monitoring, reporting and evaluation.

FIGURE 5: Planning with and for adolescents at different points in the programme cycle

- Identify key areas of deprivation for adolescents in the areas of health, wellbeing, protection, education, participation, DPR and other fields related to the national context.
- Conduct secondary statistical analysis of data to generate disaggregated data by gender, age group (10-14, 15-19) and all other available stratifiers.
- Utilize data frameworks such as the Adolescent Country Tracker or other regional frameworks of actual data to complete this analysis
- Identify and complement data gaps that should be filled, especially in most disadvantaged adolescents
- Utilize data and findings from the SITAN to initiate advocacy with government and stakeholders
- Apply gender lens to analysis
- Engage adolescents especially the most disadvantaged in the assessment and analysis
- Map key influencers on adolescents and potential partners for policy and advocacy work

Evidence & Analysis

Strategic Planning

- Prioritize adolescents with multiple forms of discrimination and exclusion
- Engage adolescents in causality analysis, prioritization and results setting
- Apply five-year age group disaggregation (10-14, 15-19) in causality analysis, prioritization and formulation of Theory of Change
- Set specific and measurable outcomes/outputs/indicators on adolescents in relevant sectors
- Define accountabilities within sectors on adolescent results

Evaluation

- Implement participartory evaluations with adolescents

Monitoring & Reporting

- Prepare a consolidated monitoring and evaluation framework for adolescent results and monitor progress
- Set up decentralized and real-time monitoring techniques for adolescents to report on interventions (two-way communication)
- Support government and partners to apply participatory monitoring and evaluation with adolescents

Implementation

- Set up a coordinaton mechanism within UNICEF CO to facilitate integrated and holistic delivery of results for adolescents
- Identify entry points for cross sectoral integrated delivery results
- Set up mechanisms for systematic engagement with adolescents in the design, implementation and review of results

Adolescent Country Tracker

The 2030 Agenda has created immense momentum for accelerating responses to several key priorities related to adolescents. It reaffirms the importance of investing in children, including adolescents, and emphasizes their role as agents of change.[34] UNICEF can play a critical role in promoting greater investments in adolescents as a priority for achieving the 2030 Agenda including helping governments strengthen data systems and monitor progress, both of which are critical to maintaining accountability for commitments made. Annex 3 highlights the key SDG targets that are directly related to adolescent development and participation. There are 27 indicators across eight goal areas – a reflection of the complexities involved.

While it is very positive that the SDGs capture such a wide range of indicators, different components of adolescent well-being are the responsibility of an array of national and international organizations, resulting in no single go-to source for data on adolescent development or well-being. In response to this challenge, UNICEF has sought to collaborate with a network of partners to establish a set of outcome level indicators that are primarily drawn from the SDGs (thus globally comparable) that can help individual countries track progress towards achieving adolescent-related results. These indicators were pulled into a tool, the

Adolescent Country Tracker (ACT), which serves to compile data from multiple sources and host it in a single web platform which is currently being finalized. The ACT will provide countries with a snapshot of adolescent well-being that can stimulate discussions on data gaps and trigger action and resources on adolescent priority issues. (See Annex 4 for further details.)

Tracking adolescent results within the Strategic Plan and country programmes

With this Programme Guidance, UNICEF is aligning results for adolescents with the agreed-upon global and organizational targets set out in the SDGs and the Strategic Plan (2018–2021) including the Gender Action Plan.
The ACT provides a tool for countries to track progress and mobilize action on adolescent results at national level over a three to five year time horizon. For country-level outputs, these results will be tracked using routine data systems such as HMIS and EMIS or through UNICEF systems such as RAM indicators and SMQs. Annex 5 provides a summary of the adolescent results within the Strategic Plan 2018-2021 and includes the relevant output indicators across the five goal areas. For some indicators relating to adolescent participation, further methodological work is required, which will be carried out by Programme Division in HQ together with Data and Analytics and in collaboration with global partners.

34. UNDESA, " *Transforming our world: the 2030 Agenda for Sustainable Development*," (paragraphs 8 and 51), at https://sustainabledevelopment.un.org/post2015/transformingourworld.

Country-level Implementation of the Guidance

Overall success for adolescents can be defined as countries recognizing adolescence as a critical phase of a child's life and making appropriate investments to ensure all adolescents reach their full potential and make a healthy, safe and empowered transition into adulthood. At the country level, success would require the following measures by governments with support from partners such as UNICEF:

- A national coordination mechanism that brings various line ministries and agencies together under a common framework for action;
- Budgeted policies and national development frameworks that include effective targeting of financial resources to deliver services at scale to all adolescents, including the most marginalized;
- Increased capacity of frontline workers (e.g., teachers, health workers, social workers, legal professionals) to deliver equitable social services that address adolescent priorities;
- National data and management information systems that track progress for adolescents and inform policy formulation and service delivery;
- Advocacy and communication that supports a positive approach to adolescent development, amplifies adolescents' voices and provides them with opportunities for influencing decision-making.

Country and organizational arrangements to deliver on a multisectoral programme

To address the whole range of adolescent needs and rights effectively and efficiently across sectors, national strategies and sectoral development plans should articulate this commitment. Leadership among governmental partners, with clear accountabilities across the sectors, is instrumental in realizing this vision.

- **Well-coordinated management approach across sectors:** A well-coordinated mechanism needs to be set up that is led by senior governmental staff and brings the different sectors together to plan, manage and support delivery of results for adolescents. This should be supported by a clear vision, dedicated human resource capacity, and advocacy for the inclusion of adolescents' needs across sectoral responses, including

in humanitarian settings. Similarly, in UNICEF, senior management will need to lead a coordinated approach to reflect commitment and action across sectors. For example, the Deputy Regional Director at the regional level, and the Deputy Representative at the country level, can play an instrumental role in coordinating UNICEF's work on adolescents.

- **Clearly defined accountability for results, including:**
  - Ensuring adolescents are included as a specific group in national developmental sectoral plans and policies (and UNICEF strategic and country plans) with clearly articulated results;
  - Allocating resources, particularly sectoral budgets, to deliver the adolescent-specific results and the capacity-building that is needed to deliver those results;
  - Developing programmatic products/tools/guidance to support operationalizing action for adolescents across sectors;
  - Ensuring senior authority/management has direct accountability for the adolescent agenda including coordination mechanisms (e.g., task teams and matrix arrangements) to oversee the delivery of cross-sectoral results for adolescents and to track progress. Overall, adolescent-related accountabilities should be clearly reflected in work plans and performance appraisals.[35]

- **Strengthened capacities and expertise on adolescent development and participation:** To deliver a multisectoral programme on adolescent development and participation, capacities and expertise of governmental and non-governmental bodies will need to be strengthened and technical gaps addressed across all sectors. Adolescent participation is a particular area where capacity needs to be built to support organizational change towards an adolescent-centred approach. Support for knowledge management plays a key role in keeping staff abreast of trends and good practices through information sharing platforms and network meetings. Similarly, within UNICEF, technical capacity may need to be strengthened particularly in areas that are relatively new to UNICEF.

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35. See Annex 6 for a list of UNICEF country-level management indicators extracted from the Adolescents Dashboard used in some regions.

Annexes
Annex 1: Stages of adolescent development (illustrative only)

	Pre-adolescence	Early Adolescence	Late Adolescence	Young Adult
Body Development Puberty - the biological process that drives sexual maturation - generally starts by age 10 in girls and 12 in boys	• Start of growth spurt in girls • Increase and redistribution of body fat and weight for girls	• Breast formation and genital development begins • Pubic hair develops • Girls acquire menstruation and boys ejaculation • Significant growth spurt requiring increased energy and iron intake • Increase in sensation seeking • Later sleeping and waking times	• Body is completing growth and change (girls generally complete puberty by mid-adolescence) • Bone mineral density peaks in late teens	• By the end of this period, full body maturation is reached among both girls and boys • Sleep patterns are more regulated • Physical fitness peaks around age 20. Those with good cardiovascular fitness and muscular strength in their 20s are likely to remain physically healthy throughout life
Brain development and associated changes in behaviour Adolescent neurodevelopment is affected by social & nutritional environments	• Move to socio-centric thought • More concrete logical thinking • Craving for new information • Little development of prefrontal lobe and executive functions	• Emerging development of prefrontal lobe and executive functions • More abstract thinking and less concrete thinking used. • Develop switching capacity (ability to switch between two concepts) • Increased sensitivity to rewards (more influenced by exciting, arousing and stressful situations as compared to adults) • First signs of mental health issues may be seen, particularly in girls	• Major opening to abstract thinking and full meta cognitive functions • Rapid increase in problem-solving abilities, learning and planning ahead • Sensation-seeking begins to decrease and rewards of peer affirmation declines • Emergence of some mental health issues (higher incidence of depression and anxiety in girls)	• Higher stages of cognitive and moral development are achieved, but cognitive growth continues into mid-20s • Mental health issues continue to be manifested
Social and emotional development Adolescent social & emotional development is impacted by neurodevelopment as well as gender and social norms (including parenting and peer & community interactions)	• Increase in self-confidence. • Fluctuations of self image and increased feelings of embarrassment • Emerging need for privacy and increasing emotional autonomy from parents • Capacity to identify complexities and shades of feeling • Gradual shift in morality previously determined by rewards and punishments towards society rules • Social demands and expectations increase and may become increasingly gender differentiated (gender-based restrictions for girls frequently emerge at this age)	• Increase in self-confidence. • Fluctuations of self image and increased feelings of embarrassment • Emerging need for privacy and increasing emotional autonomy from parents • Capacity to identify complexities and shades of feeling • Gradual shift in morality previously determined by rewards and punishments towards society rules • Social demands and expectations increase and may become increasingly gender differentiated (gender-based restrictions for girls frequently emerge at this age)	• Increased self-reliance, emotional self-regulation and more differentiated self-conceptions • Gradual intimacy with parents increases once again (if positive relation ships existed previously) • Intimate relationships become more important • Gradual shift in morality towards where society's rules are seen to support and serve human ends • Decline in conformity to peers, but social supports built on trust are increasingly important. • Decision-making abilities approach those of adults, particularly when not in emotionally charged environment • Gender stereo-typing for boys focused on strength and independence	• Majority of legal privileges and responsibilities attained • Resistance to peer pressure by age 18 is comparable to adults of any age (stronger for girls than boys which may be countercultural where conformity is rewarded) • Improved impulse control, emotional regulation, less influenced by fatigue and stress • Concerns with having economic independence are prominent • Emotional autonomy continues to increase and increased stabilization in relations with parents • Interest and concerns with future plans intensify

Sources: Lancet Commission, "*Our future: a Lancet Commission on adolescent health and wellbeing*," (2016); R.E. Dahl et al., "*Importance of investing in adolescence from a developmental science perspective*," Nature 554 (2018): 441- 450; R. Blum et al.," *Global Early Adolescent Study,*" (2016) Retrieved from: http://www.geastudy.org/presentations/ ; C. Breinbauer and M. Maddaleno, "*Youth: Choices and change. Promoting healthy behaviors in adolescents*," Scientific and Technical Publication 594 (2005). Washington, DC: PAHO.; M. Ainsworth, S. Bell, and D. Stayton, "*Individual Differences In the Development Of Some Attachment Behaviors*," Merrill-Palmer Quarterly of Behavior and Development, 18, no. 2 (1972):123-143. Retrieved from http://www.jstor.org/stable/23083966; Piaget, The psychology of intelligence (Totowa, NJ: Littlefield, Routledge, 1972).

Annex 2: Mapping of Gender Action Plan and second decade priorities against the Strategic Plan goals

Strategic plan goals	Realizing the rights of every child, especially the most disadvantaged	Every child survives and thrives	Every child learns	Every child is protected from violence and exploitation	Every child lives in a safe and clean environment	Every child has an equitable chance in life
GAP **Gender equality outcomes** ...... **Targeted priorities for adolescent girls**	**Gender equality for girls and boys** ...... **Empowerment and well-being for adolescent girls**	Equal health care and nutrition for girls and boys Promoting adolescent girls' nutrition, pregnancy care, preventing HIV and HPV	Equality in education for girls and boys Advancing girls' secondary education and skills including STEM	Addressing gender-based violence against girls, boys and women Ending child marriage & early unions. Stopping gender-based violence in emergencies	Gender responsive water, sanitation & hygiene systems Facilitating dignified menstrual hygiene management	Positive gender socialization for girls and boys
Second decade priority actions	**A world where all adolescent girls and boys reach their full potential**	Adolescent-responsive health, nutrition & mental health; prevention & treatment of HIV/AIDS for adolescent girls & boys	Improving learning outcomes and access to education, skills for learning, empowerment, employability and citizenship for adolescent girls & boys	Protecting adolescent girls & boys in humanitarian settings; preventing & responding to violence & injuries, ending harmful practices, and supporting adolecent-friendly justice sector	Improving sanitation and hygiene for adolescent girls and boys; dignified and accessible menstrual health and hygiene	Building supportive social norms, legal and policy environments, capacities, skills & platforms for adolescent participation

Annex 3: SDG indicators relevant to adolescents

End all forms of violence against children (16.2)

Responsive, inclusive, participatory and representative decision-making at all levels (16.7)

Reduce poverty (1.2)

Reduce all forms of violence and related deaths (16.1)

End malnutrition and address nutritional needs of adolescent girls (2.2)

Eliminate worst forms of child labour (8.7)

Access to safe nutritious food (2.1)

Reduce the proportion of youth not in employment, education or training (8.6)

Reduce global maternal mortality (3.1)

Universal access to safe drinking water (6.1)

End epidemics (3.3)

Access to equitable sanitation and hygiene and end open defecation (6.2)

Reduce mortality from NCDs and promote mental health & well-being (3.4)

Sound policies & legislation for gender equality (5.c)

Prevention of substance abuse (3.5)

Eliminate all forms of violence against girls (5.2)

Reduce deaths and injuries from road traffic injuries (3.6)

End all forms of discrimination against women and girls (5.1)

Ensure universal access to SRH services (3.7)

Achieve universal health coverage (3.8)

Eliminate all harmful practices such as child, early and forced marriage and FGM/C (5.3)

Increase relevant skills (4.4)

Eliminate gender disparities in education and vocational training (4.5)

Ensure all girls and boys complete primary and secondary education (4.1)

Skills needed to promote sustainable development (4.7)

Education facilities safe learning environment (4.a)

Ensure all youth achieve literacy and numeracy (4.6)

16 PEACE, JUSTICE AND STRONG INSTITUTIONS

1 NO POVERTY

8 DECENT WORK AND ECONOMIC GROWTH

2 ZERO HUNGER

6 CLEAN WATER AND SANITATION

3 GOOD HEALTH AND WELL-BEING

5 GENDER EQUALITY

4 QUALITY EDUCATION

Annex 4: Adolescent Country Tracker

ADOLESCENT COUNTRY TRACKER (ACT)
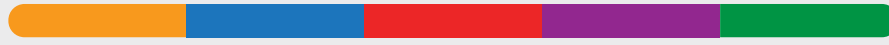
5X5 PLUS 5

	Health and Wellbeing	Education and Learning	Protection	Transition to Work	Participation and Engagement**	PLUS 5
5X5	All cause mortality rate	Proficiency in reading and mathematics*	Child marriage (by 15 and 18)*	Time spent on economic activities	Sense of self-worth and self-efficacy	Adolescent population
	Suicide mortality rate*	Youth literacy rate*	Homicide mortality rate*	Time spent on unpaid household services*	Experience of being taken seriously / being listened to	Adolescents living below the informational poverty line*
	Adolescent birth rate*	Completion rate for primary education	Intimate partner violence*	Information and communication technology (ITC) skills	Experience of individual decision-making	Use of basic drinking water services, sanitation services, and hygiene facilities
	Prevalence of thinness and overweight	Completion rate for lower and upper secondary education	Violent discipline*	Adolescents not in education, employment or training*	Opportunity to challenge injustice	Gini (inequality) index
	Substance use	Out-of-school rate	Experience of bullying	Unemployment rate*	Experience of public participation	Social institutions and gender index
Country Specific Indicators						

* SDG indicator
**Internationally comparable indicators for this domain are under development. Five outcome areas have been proposed for which indicators and survey tools are being designed

Annex 5: Adolescents in the UNICEF 2018-2021 Strategic Plan

SP Goal Areas	Goal Area 1 Every child survives and thrives	Goal Area 2 Every child learns	Goal Area 3 Every child is protected from violence and exploitation	Goal Area 4 Every child lives in a safe and clean environment	Goal Area 5 Every child has an equitable chance in life
Output Statements and Indicators related to Adolescents	Countries have developed programmes to deliver gender responsive adolescent **health and nutrition**	Countries have strengthened education systems for gender-equitable access to **quality education** from early childhood to adolescence, including children with disabilities and minorities	Countries have strengthened child protection systems for prevention and response services to address **violence against children**	Countries have implemented programmes to increase equitable access to **safe and sustainable drinking water** services in communities	Countries have institutionalized measures to involve **adolescents in decisions** affecting their lives and communities
	# of adolescent girls and boys provided with services to prevent anaemia and other forms of malnutrition thorough UNICEF- supported programmes # of countries that have nationally introduced HPV in their immunization schedule # of countries having an inclusive, multi-sectoral and gender-responsive national plan to achieve targets for adolescent health and well-being	# of out-of-school girls and boys who participated in early learning, primary or secondary education through UNICEF-supported programmes (humanitarian) % of UNICEF-targeted girls and boys in humanitarian situation who participated in early learning, primary or secondary education through UNICEF-supported programmes (humanitarian)	Prevention, risk mitigation and response services through UNICEF-supported programmes in humanitarian situations: a) % of UNICEF targeted girls and boys in humanitarian situation provided with psychosocial support, including access to child friendly spaces with intersectoral programing interventions; b) % of UNICEF-targeted unaccompanied and separated girls and boys registered with family tracing and reunification services and family-based care or appropriate alternative services; c) % of UNICEF-targeted girls and boys recruited and used by armed forces and groups that have been released and reintegrated with their families and provided with adequate care and services; d) % of UNICEF-targeted girls and boys in areas affected by landmines and other explosive weapons provided with relevant prevention and survivors assistance interventions (humanitarian)	Countries have implemented programmes to increase equitable access to **sanitation and hygiene and end open defecation**, paying special attention to the needs of women and girls and those in vulnerable situations	# of adolescent girls and boys who participate in or lead civic engagement initiatives through UNICEF-supported programme (outcome indicator) # of countries with appropriate national policies and legislation supporting development of adolescent girls and boys
	Countries have accelerated the delivery of services for the treatment and care of **children living with HIV**	Countries have strengthened their education systems for gender-equitable **learning outcomes**, including early learning		# of institutions: a) schools with separate sanitation facilities for girls and boys; b) schools with menstrual hygiene management services % UNICEF-targeted population in humanitarian situations: a) Provided with menstrual hygiene management services	
	# of adolescent girls and boys tested for HIV and received the result of the last test # of countries implementing policies and/or strategies for the integration of key HIV/AIDS interventions (HTC, ART) into child-centered service points and the degree of scale within countries	# of school management committees whose capacity was developed through UNICEF-supported programmes		Countries have initiated action towards ensuring that **urban settings** are child responsive # of countries where urban/local government development plans and budgets and urban planning standards are child-responsive and involve participation of children	

SP Goal Areas	Goal Area 1 Every child survives and thrives	Goal Area 2 Every child learns	Goal Area 3 Every child is protected from violence and exploitation	Goal Area 4 Every child lives in a safe and clean environment	Goal Area 5 Every child has an equitable chance in life
Output Statements and Indicators related to Adolescents	Countries have implemented **comprehensive HIV prevention interventions** at scale	Countries have institutionalized **skills for learning, personal empowerment, active citizenship and employability**	Countries have strengthened prevention and protection services to address **harmful practices** (FGM/C and child marriage)		
	# of countries having initiatives to strengthen availability of gender-responsive evidence for the All In framework for prevention of HIV # of countries that supporting implementation of at least three high impact gender-responsive adolescent prevention interventions	# of girls and boys who have participated in skills development programmes for learning, personal empowerment, active citizenship and/or employability through UNICEF-supported programmes (humanitarian) % and # of countries with systems that institutionalize gender-equitable skills for learning, personal empowerment, active citizenship and/or employability	# of girls and women who received prevention and protection services on FGM/C through UNICEF supported programmes # of countries implementing a costed national action plan or strategy to end child marriage being implemented		
			Countries have **improved systems to protect children** that come in contact with the law and to treat them in accordance with international standards		
			# of countries with specialized justice for children system, such as capacity-building and standards-setting within criminal and civil justice systems # of justice professional that have been certified in and dealing with: a) Child offenders; and b) Child victims		

Annex 6: Country-level management indicators

DOMAIN 1 : EVIDENCE ON ADOLESCENTS IS GENERATED	Yes	In Progress	Planned	No
1.1 Most recent SitAn and/or other countrywide assessment includes a review of adolescents/youth vulnerabilities, opportunities and challenges				
1.2 Adolescent-focused research/analysis/survey/programme evaluation conducted by the country office or in partnership with other organizations during the past three years				
DOMAIN 2: RESULTS ARE DEFINED, MONITORED AND DOCUMENTED				
2.1 Adolescent-related results (outcome and/or output) included in the results framework of the country programme document				
2.2 Age-disaggregated adolescent-specific indicators (10-14; 15-19; or 10-19) included in the results matrix of the country programme document				
2.3. Are the adolescent-related indicators included in the results matrix of the country programme document sex-disaggregated?				
2.4 Monitoring and/or evaluation framework developed for adolescent interventions /Adolescent components integrated into the Sectoral Monitoring Framework				
2.5 Adolescents are engaged in the planning, monitoring and evaluation of the Country Programme				
DOMAIN 3: NATIONAL LEADERSHIP IS REFLECTED IN POLICIES, PLANS and BUDGETS				
3.1 National Adolescent Policy is available (or adolescents are explicitly addressed in the child or youth policy)				
3.2 National Adolescent Policy is implemented with appropriate budget				
3.3 Adolescent priorities clearly reflected in national sectoral policies and operational with appropriate budget				
DOMAIN 4: EXTERNAL AND INTERNAL COORDINATION MECHANISMS TO REVIEW & MONITOR IMPLEMENTATION OF PLANS				
4.1 National taskforce/coordination mechanisms established and operational at central level to establish and monitor achievement of adolescent priorities				
4.2 Taskforce/coordination mechanisms established and operational at decentralized level to establish and monitor achievement of adolescent priorities				
4.3 Taskforce/coordination mechanisms established and operational within UN and/or other international partners to coordinate adolescent programmes and monitor achievement of adolescent priorities in humanitarian and/or development context				
4.4 Coordination mechanism established and operational in the country office to monitor adolescent results				
DOMAIN 5: INTERNAL RESOURCES SECURED TO SUPPORT ADOLESCENT PROGRAMMING				
5.1 Proposals to mobilize funds for adolescent work (and/or fundraising for adolescent interventions mainstreamed in sectoral funding proposal or HRP for L-3 countries) developed and disseminated				
5.2 UNICEF staff is dedicated to lead and support the adolescent interventions				

Source: ROSA and MENA Adolescent Dashboards, UNICEF.