

Bougainville Youth Empowerment Program: Phase 1 Evaluation

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Acronyms

ABG	Autonomous Bougainville Government.
AHP	Australian Humanitarian Partnership
ARoB	Autonomous Region of Bougainville
ASRH	Adolescent sexual and reproductive health
BWF	Bougainville Women's Federation
CoC	Champions of Change
CSO	Civil society organisation
DoE	Department of Education
DoH	Department of Health
DPO	Disabled people's organisation
FGD	Focus group discussion
FSV	Family and sexual violence
GBV	Gender-based violence
KEQ	Key evaluation question
KII	Key informant interview
MEL	Monitoring, evaluation and learning
NCFR	Nazareth Centre for Rehabilitation
PD	Personal development
PIA	Plan International Australia
PiPNG	Plan in Papua New Guinea
SOGIESC	Sexual orientation, gender identity, gender expression and sex characteristics
SRH	Sexual and reproductive health
ToC	Theory of change
ToT	Training of trainer
VAWG	Violence against women and girls
WEE	Women's economic empowerment
WfW	Water for Women
YEP	Youth Empowerment Program
YF	Youth facilitator
YFS	Youth friendly space
YWA	Young Women's Association

Executive summary

This evaluation assesses phase 1 of the Bougainville Youth Empowerment Program (YEP) against Key Evaluation Questions (KEQs) and provides recommendations and the associated evidence base to inform the design of phase two of the program.

The evaluation adopted a qualitative approach, focusing on four (out of ten) communities that the project targeted, as well as a range of stakeholders who influenced the project's work at the community and institutional levels. The main limitations to the evaluation relate to the sample size preventing the extrapolation of some findings across the whole project, the quality and availability of project data and the fact that data collection and analysis/ reporting were performed by different people.

The evaluation found that the project was considered relevant to the needs of young people (by young people themselves and by other project stakeholders) and the underlying issues that the project worked to address were relevant to the priorities that young people identified. The most effective aspect of the project was its work directly with young people. Young people reported significant outcomes related to their confidence, self-esteem, caring about their futures and taking up leadership positions in their communities. The project was less effective in strengthening referral pathways and supporting youth groups to affiliate and advocate on issues that are important to them. The project also worked to improve access to and quality of ASRH services and information, but the level and quality of evidence around the outcomes of these activities was mixed.

The project faced several challenges that affected implementation and effectiveness, including COVID-19 and political processes in Bougainville, the attitudes of influential stakeholders in communities and institutions and aspects of the project design and implementation approach. Nevertheless, the perceived importance of the project by young people and effective partnership and collaboration with established, relevant and influential organisations/ stakeholders supported the project to deliver in crucial areas.

The sustainability of the progress achieved during the current phase of the project is supported by its application of a socio-ecological model and focus on capacity-building with a range of project stakeholders. But several factors may impede the sustainability of the project and its achievements, including lack of investment from government departments and insufficient engagement of parents/ families, communities and local leaders. The potential scalability of the project interventions is also impeded by these factors, although the effectiveness, relevance and adaptability of the interventions, as well as their alignment with government priorities, may help support future scale-up.

Key lessons and recommendations from the evaluation relate to the importance of maintaining the progress achieved while deepening work in key areas. The project must maintain momentum in terms of young people's motivation/ engagement and relationships with key partners, collaborators and other stakeholders. The integrated approach and socio-ecological model proved important, but the project needs to strengthen work at the household and community levels. The project should also consider how key project interventions can be integrated into the policy and practice of government departments and other institutions. This may require the project to take a more deliberate approach to influencing and advocacy, identifying key targets and "asks", strategies and tactics. Finally, the report recommends that the project team focus on improving reporting and MEL practices and updating risk analyses and management strategies.

1. Introduction

1.1 The project and the program

The project evaluated is the first phase of a longer program, the Bougainville Youth Empowerment Program (YEP), which aims to support young people to lead and participate in decision-making that affects their lives and communities. The current phase of the project ran from July 2018 to June 2022 and encompasses four areas of intervention:

1. Strengthening young people’s individual and collective agency
2. Changing social norms in support of gender equality and the health and well-being of young people
3. Supporting the delivery of adolescent-friendly sexual and reproductive health (ASRH) information and services
4. Supporting schools to integrate ASRH and gender equality in personal development (PD) sessions

Key activities/ strategies implemented under each area of intervention are outlined in Table 1 below.

Table 1: Summary of project activities/ strategies

Area of intervention	Key activities/ strategies
Strengthening young people’s individual and collective agency	<ul style="list-style-type: none"> • Training Youth Facilitators (YFs) in the delivery of the Champions of Change (CoC) program¹ and supporting them to deliver the program with young people in their communities. • Delivering training on leadership, human rights, gender equality and family and sexual violence (FSV) to young people. • Supporting youth groups in communities to affiliate with district youth association structures. • Supporting the establishment and strengthening of young women’s associations.
Changing social norms in support of gender equality and the health and well-being of young people	<ul style="list-style-type: none"> • Delivering training on leadership, human rights, gender equality and FSV to community members and leaders. • Awareness-raising during community events on days of national and/ or international significance (eg. International Women’s Day).
Supporting the delivery of adolescent friendly SRH information and services	<ul style="list-style-type: none"> • ASRH training for health workers. • Funding clinical nurse position in Arawa. • Supporting the establishment of Youth Friendly Spaces (YFSs) in healthcare facilities. • Delivering sexual and reproductive health (SRH) information in communities during health workers’ outreach activities.
Supporting schools to integrate ASRH and gender equality in PD sessions.	<ul style="list-style-type: none"> • Training PD teachers in incorporating ASRH into PD sessions.

¹ A program model developed by Plan International that aims to promote gender equality and social norm change through youth engagement and peer to peer mobilisation.

The Theory of Change (ToC) (see Annex 1) for the first phase of the program incorporates these areas of intervention into four key change pathways, arranged under two “pillars”:

- Young people’s individual and collective agency (“empower and influence”)
- Enabling environment (“response and prevention”)

The broader YEP program also aims to strengthen young women’s and men’s individual and collective agency to address key barriers to change and actively engage with stakeholders in the enabling environment (household, community and institutional levels). The direct target audience for the program are young women and men in the 16-24 age group who are in transition from adolescence to young adulthood and face challenges related to limited knowledge about SRH and access to adolescent-friendly SRH services, limited educational opportunities and livelihoods opportunities and poor representation in decision-making.

The ToC for the overall program (see Annex 2) details the strategies, objectives and change pathways of the program. The main differences compared to the phase one ToC are the inclusion of end-of-program outcomes that are more complex and take longer to achieve, the incorporation of an economic empowerment component and outcomes related to a more organised and active cadre of young people working on a broader range of issues. The design of phase two of the program will revisit this program-level ToC to develop a project-level ToC for phase two, based on learning from phase one, the findings of this evaluation and consultation with key project stakeholders.

1.2 The evaluation

1.2.1 Purpose and approach

The purpose of this evaluation to assess phase one of the YEP program against Key Evaluation Questions (KEQs) and provide recommendations and the associated evidence base to inform the future design of the program. The evaluation will support the planning of follow-up activities by identifying successful approaches and thematic areas that the YEP program should focus on.

Due to time and resource constraints and limited availability of monitoring data, the methodology was qualitative and the sample was small. Nevertheless, the approach endeavoured to place young people’s voices at the centre of the evaluation through their representation in the data collection sample and presenting their views as comprehensively as possible in the evaluation report.

The evaluation was guided by the KEQs (see Table 2) outlined in the evaluation Terms of Reference (ToR) and the evaluation report is structured around these questions.

Table 2: KEQs

Criterion	KEQ
Relevance	1. To what extent do YEP project objectives align with the needs and priorities of youth especially adolescent girls and young women (AGYW) who directly engage with the project?
Relevance	2. Are the interventions and outputs of the programme consistent with the overall goal and the attainment of its objectives?
Relevance	3. Are the activities and outputs of the programme consistent with the intended impacts and effects?
Relevance	4. Are the strategies and activities aligning with ABG Youth Policy and support coordination and collaboration with key ABG departments; Education, Health, Community Development et al.

Effectiveness	5. To what extent were the project objectives and outcomes achieved/or are they likely to be achieved in the project cycle?
Effectiveness	6. What are the key factors influencing the achievement or non-achievement of the outcomes/ objectives?
Effectiveness	7. How effectively the project has been able to work with formal and informal stakeholders, government agencies, community leaders and members of local bodies in order to achieve outcomes/ objectives?
Effectiveness	8. How the project engaged with young men, women, non-binary etc. youth and how their experiences differed? How effectively the project targeted their different needs and priorities?
Partnerships	9. How effectively has PIPNG worked with partners, allies, authorities, others and involved them in all stages of the project planning?
Partnerships	10. What are the key barriers that has impacted the efficacy of the partnership model?
Partnerships	11. What were the contributions of YEP partners and PiPNG to any significant change realised?
Efficiency	12. Were interventions cost-efficient?
Efficiency	13. Were objectives timely achieved? If not, what were the factors impacting the delays? Where those factors manageable or out of project team's control?
Sustainability	14. How the project has been able to support and build capacity of key target audience participating in the project. (Young women and men in age group 16-24 years, teachers, health providers etc.)
Sustainability	15. How the project coordinates with other Plan programmes and projects working in same target area or on similar themes.
Sustainability	16. What are the gaps and challenges that may affect the sustainability of the project.
Scale-up and Innovation	17. What aspects of the project demonstrate potential for scale-up (reaching larger numbers of the target population) and why?
Scale-up and Innovation	18. What conditions would be required to support scale up of these aspects of the project?
Scale-up and Innovation	19. How have been the changes institutionalized at different levels and how may this support scale-up?

1.2.2 Data collection methods and sample

The evaluation applied qualitative methods; mostly Focus Group Discussions (FGDs) with young people and Key Informant Interviews (KIIs) with partners and collaborators. The methods and sample are outlined in Table 3 below.

Table 3: Data collection methods and sample

Organisation/ stakeholder type	Communities/ locations	Data collection activity and stakeholder
Community	Kopani, Panguna	FGD girls and young women
		FGD boys and young men
		KII with Youth Facilitator (female)
		KII with ward member

		KII with healthcare staff
Community	Koianu 2, Kieta	FGD girls and young women
		FGD boys and young men
		KII with Youth Facilitator (female)
		KII with ward member
		KII with PD teacher
Community	Koromira 1, Kieta	KII with young woman ² (using FGD questions)
		KII with young man ³ (using FGD questions)
		KII with Youth Facilitator (male)
		KII with Youth Facilitator (male)
		KII with ward member
		KII with PD teacher
		KII with health care staff
Community	Metora, Kieta	FGD girls and young women
		FGD boys and young men
		KII with Youth Facilitator (male)
		KII with ward member
Arawa Hospital (health care staff)	Arawa, Kieta	Family Support Centre Arawa
Bougainville Women's Federation (BWF) (partner)	Arawa, Kieta	KII with Secretary for Kieta YWA
	Buka	KII with BWF President
Nazareth Centre for Rehabilitation (NCFR) (partner)	Arawa, Kieta	KII with Coordinator in Arawa
Department of Health (DoH)	Arawa, Kieta	KII with Director Public Health Services & CEO Arawa Hospital
Department of Education (DoE)	Arawa, Kieta	KII with Kieta District Education Officer
Plan International PNG (PiPNG) and Plan International Australia (PIA)	Online	KII with Senior Program Manager (PIA)
	Arawa, Kieta	KII with YEP Program Manager (PiPNG)
		Reflection workshop: Plan project team

1.2.3 Limitations

A number of limitations may affect the accuracy and utility of the evaluation:

- Due to time and travel constraints, the author of the report was not involved in data collection on the ground. In addition, communication infrastructure difficulties in the project areas and contracting constraints prevented the author and the consultant managing the data collection from liaising during and after data collection activities. These factors may have affected the interpretation of the data.

² Initially intended to be an FGD but only one participant attended.

³ Initially intended to be an FGD but only one participant attended.

- The author of the report is a PIA staff member, which risks the introduction of bias, but the author was not involved in the implementation of the project.
- The availability of project monitoring data was extremely limited. This prevented the integration of activity- and output-level data in particular into the evaluation and presented challenges in accurately representing the breadth of and rationale for project activities.
- Project reports and other documents were often unfinished, incomplete and repetitive, which created difficulty in determining project reach and understanding project progress and challenges.
- The qualitative approach and small sample size means that some of the findings of the evaluation cannot be extrapolated across the whole project. The evaluation is more of a “snapshot” of the experiences of key project stakeholders, that also explores the internal and external factors that influenced the project’s effectiveness, efficiency, sustainability and scalability.

2. Findings and analysis

2.1 Relevance

2.1.1 Alignment with young people’s priorities (KEQ 1)

Young people’s needs and priorities

Young people identified a range of issues that they regard as most important to themselves and their peers. Many of the issues raised are deeply interconnected, but the most frequently discussed issues and the issues discussed in most depth were:

1. Alcohol and drug use
2. Poor community leadership
3. Early marriage/ pregnancy
4. Lack of family and community support for young people’s leadership

Table 4 below presents a visual depiction of the frequency and extent of discussion around different topics in male and female FGDs and male and female Youth Facilitators. The scores are based on a combination of frequency and depth of discussion in the youth FGDs and YF KIIs.

Table 4: Comparative level of discussion around issues affecting young people (young people’s views)

Issue	Score ⁴		
	Young women	Young men	Total
Alcohol and drug use	3.0	2.0	5.0
Poor community leadership	1.3	1.0	2.3
Early marriage/ pregnancy	1.3	0.3	1.7
Lack of family and community support for young people’s leadership	1.0	0.7	1.7

⁴ % of data collection instances where the issue was raised, multiplied by the level of discussion scored using the following rubric: 1 = Issue mentioned but not discussed in-depth in any data collection instances; or moderate levels of discussion in a small number of data collection instances; 2 = Moderate levels of discussion (compared to other topics) in several data collection instances; or in-depth discussion in less than half of data collection instances; 3 = In-depth discussion (compared to other topics) in the majority of data collection instances.

Barriers to education	1.0	0.3	1.3
Lack of economic resources/ opportunities	1.0	0.0	1.0
Land disputes	0.5	0.2	0.7
Lack of community cohesion	0.3	0.3	0.7

Overall, the issues that generated the most discussion across all data collection activities with young people were alcohol and drug use, poor community leadership, early marriage/ pregnancy and lack of family and community support for young people’s leadership. The top two issues were the same for female and male respondents; however, among male respondents, lack of family and community support generated more discussion than early marriage/ pregnancy, whereas among female respondents early marriage/ pregnancy was more prominent in discussions. This may reflect the gendered consequences of early marriage/ pregnancy.

There was some variation between the data from the different communities; for example, there was one community in particular where the level of discussion around community leadership was particularly extensive, and there was a greater variety of issues discussed in some communities compared to others.

Table 5 below summarises the discussions around the top issues. The content of the discussions around the key issues were similar between girls/ young women and boys/ young men and between different communities.

Table 5: Summary of young people's views on key issues

Issue	Summary of data
Alcohol and drug use	<ul style="list-style-type: none"> • Leading to violence, lack of productivity, financial problems and failure to finish education. • One male YF identified the root cause of these substance abuse issues as parents’ and community leaders’ failure to educate children and young people on these issues, either through lack of understanding or capacity.
Poor community leadership	<ul style="list-style-type: none"> • Divisions between community leaders and the communities they serve. • Lack of new ideas/ initiative from community leaders. • Corruption, financial mismanagement and uneven distribution of goods and services by leaders. • Lack of accountability among leaders. • Lack of support and respect for young people’s views. • Acknowledgement of supportive leadership in two communities, including a chief supporting and implementing some of the CoC participants’ “rules and policies for change” in the community.
Early marriage/ pregnancy	<ul style="list-style-type: none"> • Young people are marrying early and facing a range of challenges, including lack of income-generating capacity. • Young parents lack knowledge, skills and support to raise children. • Pregnancy among teenagers causing high rates of school dropout, including primary school age. • One male youth facilitator identified the root cause of early marriage/ pregnancy as parents’ and community leaders’ failure to educate

	children and young people on these issues, through lack of understanding.
Lack of family and community support for young people's leadership	<ul style="list-style-type: none"> • Community members and leaders do not value the voices and opinions of young people. • There is some "misunderstanding" among leaders and communities about what young people are learning through CoC. • "Bystanders", including families of young people who are not participating in the project, criticise young people who are participating. • Lack of community support impacts young people's motivation to "develop society". • Young people in two communities acknowledged some level of support from their communities.

Importantly, when asked directly about the relevance of the key project intervention underpinning work with young people – the CoC program – to young people in their communities, feedback from all YFs was positive. One female YF said that the CoC is relevant, suited to context and the issues and needs on the ground. The other female YF interviewed said that all the CoC modules are important and that some young women "climb mountains" to attend the CoC activities because they are so interested in the program. The male YFs all agreed that the CoC topics are relevant as well, although they identified some gaps that they would like to see addressed in the CoC; specifically, conflict resolution and building skills in applying for jobs.

The young people were also asked about how they thought these issues affected girls/ women and boys/ men differently. Participants mostly discussed interrelated themes that are relevant to all of the issues identified by young people and other project stakeholders and that are key in influencing the experiences of girls/ women compared to boys/ men.

The key themes that emerged were:

- Attitudes and norms related to gender.
- Distribution of power and resources at the household and community levels.
- Health and access to services.

There were similarities between the views of girls/ young women and boys/ young men – most acknowledged how individual attitudes and social norms negatively impact girls'/ women's conditions and positions in their families and communities, compared to boys/ men. It was also clear that both girls/ young women and boys/ young men see some rigidity around gender roles that shapes their comparative experiences – for example, girls/ women taking on caring roles, different income-generating activities for girls/ women and boys/ men. Both gender groups said that girls/ young women and boys/ young men are equally affected by challenges in income generation.

Only the girls/ young women specifically stated that GBV and VAWG are a problem in their communities and raised access to GBV-related services as something that shapes their comparative experiences.

Table 6: Summary of young people's views on significance of gender in defining young people's experiences

Influencing factor	Girls/ young women's views	Boys/ young men's views
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<p>Attitudes/ norms around gender</p>	<ul style="list-style-type: none"> • Most females would not speak up or take part in community meetings • GBV and VAWG remain prevalent in communities • Boys and men do not respect women/ girls • Girls/ women do not consume alcohol and drugs to the same extent as boys/ men, as they are viewed more negatively than boys/ men for doing so • Boys/ men do not have the knowledge and skills to sell food at the market and prefer girls/ women to “do the marketing and selling” • Need the help of male peers at times; for example, in building infrastructure 	<ul style="list-style-type: none"> • “Females are mostly dominated by males” • Boys/ men under the influence of drugs or alcohol “do not think positively about things that concern females” • Women raise children and men are “considered strong” – these gender roles are considered complementary and they are engrained in culture
<p>Distribution of power/ resources</p>	<ul style="list-style-type: none"> • Men use income from cash cropping to buy “unnecessary things”, including alcohol. • Boys/ men benefit more than girls/ women in the distribution of goods, services and leadership roles in the community. • Both girls/ women and boys/ men struggle to provide for their families financially. 	<ul style="list-style-type: none"> • Girls/ women are more affected by decisions that are made – by men – at the community level. • Girls’ voices are not “heard” by community leaders. • Both girls/ women and boys/ men face constraints to starting their own businesses (linked to land disputes)
<p>Health and access to services</p>	<ul style="list-style-type: none"> • Difficulty accessing safe houses and referral pathways • Failure of/ lack of trust in the justice system to address GBV. • Girls/ women suffer from the consequences of boys/ men consuming alcohol and drugs as they feel unsafe in their communities. 	<p>N/A</p>

A range of other project stakeholders who participated in the project to varying degrees – local leaders, health workers, teachers and project partners – were also asked about the issues that they see as most important to young people (see Table 7). Similar to young people’s views, issues around drug and alcohol consumption and early marriage/ pregnancy generated the greatest level of discussion among these stakeholders, followed by health issues (including SRH and mental health), which was not as prominent in young people’s views. Lack of family support also featured prominently in discussions, but more in the context of parenting practices (parenting *of* young people and parenting *by* young people), while young people’s concerns related more to lack of

support around their agency and participation in community life and leadership. The other project stakeholders also emphasised issues around education and economic resources/ opportunities more than young people and community leadership was not raised as an issue by any of these stakeholders (which likely reflects the positions that at least some of these stakeholders hold in their communities).

While, overall, access to economic resources and opportunities did not feature heavily in the views of these stakeholders, it is worth noting that Panguna was highlighted as an exception. One of the project stakeholders noted that in Panguna, there is “high cash flow” and young people are engaging in digging gold instead of education and using their money to buy “processed food”, which creates health problems. More broadly, this may point to issues around young people’s (and their families’) perceptions of the value of education and understanding how to manage household income.

Table 7: Comparative level of discussion around issues affecting young people (project partners’ and other stakeholders’ views)

Issue	Score ⁵				
	Ward leaders	Health workers	Teachers	Partners	Total
Alcohol and drug use	3.0	1.0	1.0	1.0	6.0
Poor community leadership	0.0	0.0	0.0	0.0	0.0
Early marriage/ pregnancy	0.7	3.0	3.0	3.0	9.7
Lack of family and community support for young people’s leadership	0.7	0.5	1.5	0.0	2.7
Barriers to education	0.7	0.5	0.0	1.0	2.2
Lack of economic resources/ opportunities	1.0	0.0	1.0	0.0	2.0
Land disputes	0.3	0.0	0.0	0.0	0.3
Lack of community cohesion	0.0	0.0	0.0	0.0	0.0
Health issues (inc. SRH and mental health)	0.0	1.5	0.0	1.5	3.0

Table 8: Summary of project partners’ and other stakeholders’ views on key issues

Issue	Summary of data
Alcohol and drug use	<ul style="list-style-type: none"> Leading to violence, lack of productivity, financial problems.
Early marriage/ pregnancy	<ul style="list-style-type: none"> Young people are marrying early and facing a range of challenges, including lack of basic life skills and parenting knowledge/ skills.
Health issues (inc. SRH and mental health)	<ul style="list-style-type: none"> Failure to address issues affecting young people is leading to suicide, increased STIs among young people and transactional sex. Young people are experiencing mental health problems, which affects their ability to be productive members of their communities. Interconnectedness of the issues facing young people contributes to cycle of violence, including GBV.

⁵ % of data collection instances where the issue was raised, multiplied by the level of discussion scored using the following rubric: 1 = Issue mentioned but not discussed in-depth in any data collection instances; or moderate levels of discussion in a small number of data collection instances; 2 = Moderate levels of discussion (compared to other topics) in several data collection instances; or in-depth discussion in less than half of data collection instances; 3 = In-depth discussion (compared to other topics) in the majority of data collection instances

Lack of family and community support	<ul style="list-style-type: none"> • Lack of parents’/ caregivers’ involvement in children’s education and disconnect between parents/ caregivers and teachers. • Lack of effective parenting/ positive interaction between parents/ caregivers and children/ young people at home. • Insufficient/ ineffective action to address the issues facing young people is leading to mental health issues and suicide.
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Alignment with project

The project’s key objectives and areas of intervention were relevant to most of the priority issues identified by young people and other project stakeholders. Table 9 summarises how the project design aligns and diverges from these priority issues – it takes into account the activities and *intended* outcomes of the project, rather than the changes that were actually achieved. The strongest areas of alignment relate to leadership environments in communities, young people’s participation in leadership and decision-making at the community level and ASRH. The project demonstrated some level of alignment with all of the main priority issues identified by young people.

Table 9: Project alignment with young people's priorities

Priority issues	Project alignment
Alcohol and drug use	The project objectives and outcomes did not specifically target alcohol and drug use. While this is a complex issue, the project did focus on outcomes that can be linked to addressing substance use and its impacts, including fostering peer support networks through youth groups, GBV prevention and response and urging health workers (through ASRH training) to integrate alcohol and drug use in their ASRH work, particularly for out of school adolescents and young adults.
Poor community leadership	The project delivered leadership training to Ward Members and to young people in communities. A key objective of the project was to build the leadership capacity of young people so that they can influence decision-making in their communities and hold leaders to account, including through the implementation of a “Youth Platform” at the district or provincial level.
Lack of family and community support for young people’s leadership	The project aimed to foster support for young people’s leadership in communities, and see community members make space for young people to discuss issues that are important to them in community forums. There was no targeted work with parents or families of young people, however, and the work with communities more broadly was largely limited to sensitisation about the project and issues to be addressed.
Early marriage/ pregnancy	The project has a strong focus on ASRH, including family planning, seeking to improve young people’s understanding of ASRH and access to quality ASRH services. And while early marriage as a practice is not specifically targeted in the project outcomes, the underlying attitudes and social norms that influence to early marriage are addressed through the cross-cutting focus on gender equality.
Health issues (inc. SRH and mental health)	The project has a strong focus on ASRH; specifically, improving young people’s understanding of ASRH and their access to quality ASRH services. The project addresses ASRH across all the thematic areas that it focuses on, including working directly with young people through the CoC program, capacity building for health workers and PD teachers and resourcing ASRH service delivery. Mental health is less of a direct focus of the project, but the ASRH focus includes counselling and the project also aimed to foster peer support networks through youth groups.

Key

	Strong alignment
	Some alignment
	No alignment

2.1.2 Coherence of project design (KEQ 2 and 3)

Project approach and activities

The coherence and consistency of the project design was supported by its adoption of a “socio-ecological model”, an integrated approach and evidence-based interventions for achieving target outcomes.

The socio-ecological model is a recognised approach to social change programming, particularly in the health promotion and GBV prevention spaces, which focuses on understanding the interconnected factors and actors that influence outcomes for particular individuals or groups. Application of the model ensured the program recognised that a range of factors and stakeholders influence young people’s lives and their ability to make decisions about their lives. This was translated into interventions at a range of levels, from the individual (young people themselves) through to the community (Ward Members and broader community members) and institutional levels (health facilities and schools). Combined, these interventions aimed to empower young people and address the range of barriers preventing them from claiming their rights and living lives free from violence.

The project design document also details the project’s “integrated approach”, which recognises that common themes – particularly gender norms – underpin the issues being addressed by the project and therefore serve as a mechanism for integrating different project intervention areas. This approach ensured that these themes were addressed in activities across all of the project’s settings – communities, schools, health facilities – to drive change and progress towards project outcomes in these settings.

In terms of specific activities and outputs, proven approaches to achieving outcomes underpinned key project interventions, indicating their consistency with the project’s outcomes. For example:

- The CoC program, which was developed by Plan International, has been rolled out in dozens of countries and the subject of numerous program evaluations.
- The awareness-raising activities of the NCFR are also part of a broader model that they have been implementing in ARoB and that has proven promising⁶.
- The training for health care workers, initially delivered by the Burnet Institute and later adapted by project staff for broader rollout under the project, was based on 10 years of research with young people in PNG, focusing on SRH practices and needs.

Additional outcomes

Regarding the project’s target outcomes, changes were identified during discussions with young people and other stakeholders that were not entirely captured in the outcome statements of the

⁶ [Braun, A., 2018, *From Gender Based Violence to Gender Justice and Healing: Evaluation Report, Phase I \(April 2015 – March 2018\)*, IWDA](#)

project ToC⁷, although they are certainly “in the spirit” of the project’s target outcomes. These changes are worth highlighting and relate to:

- Young people’s sense of self-worth, self-awareness, and self-confidence.
- Young people demonstrating leadership.
- Ward Members’ leadership skills.
- Behaviour changes that promote gender equality and individuals’ health and well-being.

Self-worth, self-awareness, and self-confidence

Young women said that CoC helped them to think about their self-image, self-esteem, to make better decisions, take care of their bodies, to feel they have the strength to overcome challenges to achieve their goals, to have the confidence to speak about issues they care about, and think about the future for themselves and their families.

I am happy I got involved with the COC in my community. I learnt to look after my body/ health and make wise decisions. My attitude and behaviours have changed.... (Female FGD participant, community A)

I was never outspoken like today and many of my friends here would agree with me. Today look at me, I stand in front of you, holding my baby with confidence and I can speak about the issues that affect young mothers (Female FGD participant, community B)

I am happy because I am becoming more confident in speaking and dialoguing with others such as my peers and those who are older than me. (Female FGD participant, community D)

Young men similarly reported increased concern for their futures and improved decision-making. They reported being motivated to take action to improve their lives and to demonstrate leadership in their communities.

Starting think about ourselves, our past and our future, I make individual changes and I see/ know what is right and what is wrong (Male FGD participant, community A)

Now we know that young people can become leaders as well. It is not just the old that have to be leaders. The youth can be leaders through having learnt the qualities of leadership. (Male FGD participant, community A)

The COC training topics helped the participants and me as well to make wise decisions about our future. (Male YF, Community B)

The representative from project partner NCFR similarly observed that “immediate change is happening. Self-realisation is happening and [young people] are learning and discovering who they are”.

Youth leadership in communities

The outcome statements in the project ToC relate mostly to YFs’ leadership capacities (rather than young people in communities more broadly) or talk about young people’s leadership indirectly through the community “making space” for their voices. But tangible leadership outcomes were also reported by young people in the communities who participated in the CoC sessions (not as YFs). Importantly, these leadership outcomes were mostly reported by the girls/ young women. The boys/ young men who participated in the FGDs did not identify increased participation in leadership roles or improved leadership skills as an outcome, although one male YF said that some CoC

⁷ Subsequently, they are not addressed in-depth in the Effectiveness assessment in Section 2.2.1.

participants are taking up leadership roles in the community. This might reflect a high baseline level of leadership participation among young men in communities compared to young women.

Increased participation in leadership roles was reported for girls/ young women in three of the four communities represented in the evaluation. Female FGD participants in one community noted increased leadership among CoC participants in many contexts in their community:

We are becoming young women leaders within our peers, families, villages, communities, churches and our Ward. It is a big achievement for us the CoC participants. (Female FGD participant, Community A)

In the same community, the female YF said that three young women participating in her CoC sessions had been elected into leadership roles in their community, in the Ward Steering Committee, church leadership structures and the local health facility committee. In another community, a female YF also reported that some of the CoC participants in their community had been appointed to leadership positions in the church executive.

Individual female FGD participants in two different communities reported leadership-related achievements that they attributed to the project; one was elected as the Women's Representative for their Ward Steering Committee and another reported that she was selected by her Ward Member to attend a training on behalf of the community. These FGD participants linked these leadership achievements to increases in their confidence and motivation to represent young women in their community:

I have been elected the Women's Representative for [my] Ward Steering Committee through Plan International. I must learn more for my girls and young women and represent them; I am more vocal now. (Female FGD participant, Community A)

My Ward Member has recognised my growing leadership skills and recently sent me to attend a Local NGO Bougainville Healthy Communities Projects (BHCP) training on behalf of the community. I am happy because I am becoming more confident in speaking and dialoguing with others such as my peers and those who are older than me. (Female FGD participant, Community D)

Ward leaders' leadership capacities

The project outcomes in the ToC also exclude leadership capacities of Ward Members. While project monitoring data did not easily permit calculation of the number of Ward Members who participated in leadership training, the FY21 outputs report indicates that 35 leaders attended leadership training in that year alone – significantly more men than women (27 men and 8 women). Ward leaders interviewed in two communities (one man and one woman) said that the project strengthened their leadership skills when asked how the project had impacted them. The male Ward Member said that the leadership training provided by the project improved his abilities to manage conflict in communities and the female Member said the project helped her to “understand [her]self as a leader” and improved her ability to address problems in her community.

Behaviour change – gender equality and health/ well-being

Behaviour change may have been considered by the project team as too ambitious for the first phase of the project; however, a range of stakeholders identified changes in the behaviour of young women and young men in support of gender equality and promoting their health and well-being.

Both young women and young men observed changes in young men's behaviour that indicate a shift in attitudes towards gender roles at the household level. The changes observed related to young men assisting with household work that is traditionally regarded as “women's work”, reflecting on

their roles as partners and parents and consulting with their wives when making decisions about household finances.

I see our male CoC youths are changing. They are now helping girls/ women with work that is usually considered and called “women’s work” in and around the house. Married boys/ young men are coming home early and helping in preparing dinner and they don’t stay out late into the night like in the past (Female FGD participant, Community A)

Married youth such as myself who are involved in the Plan Champions of Change are now consulting and involving our wives/ spouses in saving and budgeting to meet current and future needs and expenses. (Male FGD participant, Community A)

... CoC has helped those of us who are married and we are actually working on improving ourselves to be better fathers/ husbands in our homes (Male FGD participant, Community D)

Young men in one community reported that they now understand the importance of girls’ and women’s voices in shaping the future of their families and community more broadly:

[we] now understand the importance of... allowing our girls/ women to share concerns that can help raise our community standards to another level... they must come up and our families will be okay (Male FGD participant, Community A)

One of the PD Teachers interviewed also said that CoC had led to changes in young men’s “behaviours and mindsets towards the females” and that young men were “[demonstrating] more respect and helping to do household work”.

Young women observed that girls were starting to “look after their bodies” through improved personal hygiene and disposing of their sanitary waste responsibly and that their academic performance at school was improving. Young men in two communities observed that alcohol consumption had decreased in their community since the project started and young men in another community said that young people (men and women) were becoming more engaged in economic activities (cash cropping). One Ward Member also noted that they do not see young people standing by the roadside (where they “gathered to smoke drugs”) anymore, since the project started, and a Member in another community said that young people are contributing more to community initiatives by working with community leaders and participating in church activities (such as visiting sick people).

2.1.3 Alignment with policy and supporting government collaboration (KEQ 4)

Alignment with ABG Youth Policy

A copy of the ABG Youth Policy could not be obtained from the project team or internet search, so instead, the ABG’s Bougainville Strategic Development Plan 2018-2022 was used as the basis to determine the relevance of the project to government policy.

The Bougainville Strategic Development Plan 2018-2022 sets out the ABG’s priorities for development, focusing on four areas: social development, economic development, infrastructure development and the government framework. It is a fairly high level document, with more detailed individual sector development plans and departmental corporate plans sitting under the Strategic Development Plan within the ABG policy and planning framework.

The social development component of the Strategic Development Plan has been most relevant to the current phase of the YEP project. There is a significant degree of alignment between the commitments of the Strategic Development Plan in this area and the activities of the YEP project – particularly around the theme of “Women and Children”. These areas of alignment are outlined in

Table 10 below. The main area of difference is the project’s strong focus on ASRH; the Strategic Development Plan does not incorporate such a strong focus on SRH or adolescent-friendly SRH services specifically.

Table 10: YEP project alignment with ABG Strategic Development Plan 2018-2022

Theme	Commitments/ actions in the Strategic Development Plan	Relevant YEP project activities (or intended activities)
Health	<ul style="list-style-type: none"> • Increase access to and uptake of family planning. 	<ul style="list-style-type: none"> • Information and awareness-raising on SRH (including family planning) among young people. • Integration of ASRH in PD sessions at schools and training PD teachers. • Training of health workers in delivery of adolescent-friendly SRH services (including family planning)
Education	<ul style="list-style-type: none"> • Include gender equity and social inclusion (GESI), family and sexual violence in school curriculum. 	<ul style="list-style-type: none"> • Integration of ASRH and gender equality in PD sessions at schools.
Women and children	<p>Child protection and FSV</p> <ul style="list-style-type: none"> • Further develop and strengthen child protection systems including establishing stakeholder groups and training of volunteers. • Develop and implement awareness on child protection. • Strengthen, support and coordinate family and sexual violence activities including awareness on child protection and family and sexual violence 	<ul style="list-style-type: none"> • Intended to strengthen referral networks in communities, to support people seeking support for SRH and FSV. • Conducted awareness raising on child protection as part of COVID-19 response
	<p>GESI</p> <ul style="list-style-type: none"> • In all government activities, implement, promote and advocate for improved gender, equity and social inclusion (GESI) outcomes through partnerships and provide awareness. • Strengthen women’s advocacy through support to BWF and women’s community groups and encourage and support women leaders. • Work with the Department of Education to introduce gender equity and social inclusion into school curriculums and seek to create safe schools environments 	<ul style="list-style-type: none"> • Gender equality underpins the entire project design and the majoring of activities were aimed at supporting gender equality outcomes. • Support for the establishment and strengthening of YWAs (through partnership with BWF) • Delivery of CoC program and leadership trainings support young people’s leadership in community governance structures. • Integration of ASRH and gender equality in PD sessions at schools and training PD teachers.
Youth, recreation and sport	<ul style="list-style-type: none"> • Implement programs to strengthen capacity of youth organisations to meet the needs of young people. 	<ul style="list-style-type: none"> • Support for youth groups in communities to formalise/ organise.

	<ul style="list-style-type: none"> • With partners, design and deliver youth programs including awareness, life-skills training, sport and economic empowerment. • At the ward level, activities on youth personal development, youth participation in government and community matters, sports, spirituality and economic activities. 	<ul style="list-style-type: none"> • Support for the establishment and strengthening of YWAs (through partnership with BWF) • Delivery of CoC program and leadership trainings supports young people in developing life skills and participating in community governance structures.
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Government collaboration

The project worked very closely with the DoH and feedback from the DoH representative indicated a positive working relationship with the project. Collaboration with the DoE was less successful; the interviewed DoE representative said that lack of communication from the project created challenges in their relationship with the project (see Section 2.2.2 for more detail).

There was no evidence that the project fostered collaboration *between* different government departments, although different government departments were included in design workshops and consultation sessions, including the Departments of Community Development, Primary Industries, Tourism, Health and Education. Project management staff considered this an area for improvement in future YEP programming.

2.2 Effectiveness

2.2.1 Achievement of outcomes/ objectives (KEQ 5 and 8)

Effectiveness assessment

Table 11 below assesses the effectiveness of the project in terms of progress towards the end-of-project outcomes in the revised phase one ToC. A more detailed version of the assessment is provided in Annex 3, which includes a summary of the evidence to support the rating assigned for each outcome in the assessment.

Early in the project, the team realised that the original ToC and design were too ambitious for the context, timeframe and resources available (and this became even more apparent when COVID-19 impacted implementation). As a result, the evaluation views the revised phase one ToC as the logical basis for assessing effectiveness and so the project is assessed against the end-of-project outcomes in the revised phase one ToC.

In summary, the evidence suggests that the project achieved the most significant progress in its work directly with young people. Key outcomes evident from the data include increases in young people’s knowledge around ASRH, attitudinal shifts among young people in support of gender equality and an increase in young women taking up leadership roles in their communities.

The least amount of progress was evident in the project’s work around strengthening referral pathways and supporting young people’s collective advocacy. Furthermore, the project’s lack of targeted strategies around inclusion of vulnerable and marginalised young people was reflected in the absence of evidence around positive outcomes for gender diverse young people and young people living with a disability.

It is important to note that the strength of evidence across the different outcomes was mixed and this may have influenced the effectiveness assessment. Furthermore, significant positive outcomes were reported by evaluation participants that are not captured in the outcomes statements of the

ToC and are subsequently not included in the Effectiveness Assessment (see Section 2.1.2 for more detail on those additional outcomes).





Table 11: Effectiveness assessment

Project outcome	Rationale for rating
Young people’s individual and collective agency: empower and influence	
<p>Young men and women have improved knowledge of gender equality, gender differential risks and protective factors related to ASRH & VAWG, available services...</p>	<p>Improved knowledge and skills were reported by young people, including in relation to understanding ASRH and knowledge of associated services, but some young people also said they did not know about the referral pathways in their communities.</p> <p>Additionally, the overarching themes around gender equality and gender differential risks and protective factors related to ASRH and VAWG did not feature strongly in young people’s feedback about what they had learned from the project.</p> <p>Significantly, however, a range of project stakeholders reported positive changes in young people’s behaviour in support of core project concepts, which suggests attitudinal shifts linked to improved understanding of key project concepts.</p>
<p>...discuss their issues and share information with peers...</p>	<p>The CoC program facilitates discussion of a range of issues, but the evidence suggests there are limitations to how much it is likely to be happening outside the CoC sessions. Young people did report sharing information with their peers; however, there was a singular focus on SRH among young women and there was less focus in general on sharing information among young men.</p> <p>Notably, though, there were instances of young men from project locations delivering male advocacy awareness sessions in their communities following participation in a session delivered by NCFR.</p>
<p>...and access counselling and treatment and make referrals.</p>	<p>There is limited data on the actual number of young women and young men who accessed counselling and treatment and made referrals. Reliance on Plan project staff to deliver some services, combined with recruitment issues when key staff left, meant that the availability of some ASRH services at Arawa hospital was compromised for most of the project’s duration.</p> <p>The project worked to increase the availability and accessibility of ASRH services by training health workers, raising awareness of available services and establishing YFSs. But counselling remains a gap in available young services and young people said that issues remain around location/ accessibility of services, knowledge of referral pathways, stigmatisation around accessing services and self-treatment of SRH problems.</p>
<p>Youth facilitators have capacities in ASRH, GE, Women leadership and VAWG, roll out gender responsive ASRH & COC capacity building for youth group</p>	<p>All of the YFs interviewed feel confident delivering the CoC program to their peers and reported positive changes in their peers as a result of the project. These changes relate directly to key project messaging, which reflects YFs’ “capacities” in ASRH, gender equality and leadership.</p>

members and duty bearers in schools and deliver messages in communities.	Only around half of the trained YFs are actively rolling out the CoC program to their peers. In addition, there is only evidence of rollout of CoC with young people in communities – none of the YFs, young people or duty bearers in schools mentioned the roll out of CoC or ASRH sessions in schools by YFs.
Youth Champions advocate for Youth Platform at CG/District or Provincial level.	There is no evidence that young people specifically advocated for a Youth Platform at any level. The project has, however, helped young people in some communities to become more organised and formalised , as well as strengthening the young women’s association structures in Panguna and Kieta. These achievements will be important for future advocacy activities.
Enabling environment: response and prevention	
Community members have improved knowledge and understanding of gender sensitive youth issues such as youth's right to participate, gender differential risks and protective factors related to ASRH...	Lack of support – particularly from families and the broader community – reported by young people participating in the project may signify that communities do not understand how the project could benefit young people and their communities. Nevertheless, young people in most of the communities did report some level of support from leaders and the YFs all said that their families were very supportive of their involvement in the project, which indicates some positive developments in communities’ understanding of the project’s objectives.
...and provide space to young people to discuss their ASRH, VAWG and gender equality issues in community forums.	Significantly, young women had taken up leadership roles in two of the communities , and young men in one community reported that they could raise their concerns through the youth representative in their Ward Steering Committee . But support for the project from families and community members more broadly was fairly low according to young people. This suggests that there may be untapped opportunities for young people to participate in community forums.
Incorporate youth issues within ward plans and...	There is no evidence that youth issues were incorporated into ward plans , although progress was made towards developing a supportive enabling environment for future work, including garnering support from some community leaders and some progress in the formalisation/ organisation of youth groups.
...establish linkages with protection and ASRH services for referrals.	The project did not achieve its objectives related to strengthening support systems and referral pathways . This was evident in the issues raised by a range of stakeholders related to lack of awareness of and access to services and the need to strengthen referral pathways. Project staff and one Ward Member highlighted this as a shortcoming of the project.
Health Care Providers have improved skills on adolescent-friendly, gender responsive SRH services and youth-friendly SRH referrals, treatment and counselling delivered through in-clinic and out-clinic services	Feedback from health sector representatives and project staff indicate that gaps remain in terms of the types of ASRH services that are available to adolescents, as well as communities more broadly. Nevertheless, YFS were created in the health facilities, ASRH information and services were delivered and key gaps were filled by the project (though staff turnover at Plan affected delivery of key interventions related to this outcome). Furthermore, the project resulted in the creation of a youth space in a health centre in Buin

	District, outside the project target area , after the OIC there sent two staff to attend the project's ASRH training.
Personal Education Development Teachers have enhanced understanding of youth issues and deliver effective orientation on ASRH, gender responsive behaviour and VAWG	Teachers said that the trainings increased their ASRH knowledge and the DoE representative speculated that the PD teaching component of the project positively impacted the academic performance of some of the students in the target schools (in terms of their ability to answer PD-specific exam questions). Furthermore, the project staff regarded this component of the project as very effective. The project staff also noted that relocation of teachers to other schools may impact the achievement of this project outcome. Furthermore, the reach of this component of the project was limited by the DoE's refusal to approve expansion into new schools (attributed to the project's lack of communication with the DoE).
Inclusion	
KEQ 8: How did the project engage with young men, women, non-binary etc. youth and how did their experiences differ? How effectively did the project target their different needs and priorities?	The project did not include targeted strategies to engage or target the specific needs of young living with disabilities or young people with diverse sexual orientation, gender identity, gender expression and sex characteristics (SOGIESC) . In addition, the evidence suggests that there is minimal understanding and action among project stakeholders to adapt activities to include young people from vulnerable groups. There was also evidence that the attitudes of some YFs, particularly towards gender diverse young people, may discourage their participation in the project.

Rating key

-  Evidence of significant positive change relevant to an outcome
-  Evidence of moderate change relevant to an outcome
-  Minimal change evident in relation to an outcome
-  No change mentioned/ respondents state that no change has occurred

Issues to investigate

Some of the views expressed and changes reported by the young people may signify some potential risks that warrant further investigation.

Young men in one community attributed the reduction in alcohol consumption in their community to CoC participants and leaders making “rules” and “penalties”. Since young men are linking these rules and penalties to CoC, it might be prudent to ascertain the nature of these “penalties” to ensure there has not been misunderstanding about the intent of the CoC program. Young men in this community also reported that the youth in the community arranged a meeting to canvass views on “identifying corrupt leaders” in their community and “having them changed”. This may warrant consideration of whether and how the CoC program is balancing encouragement for young people to assert their rights with ensuring young people’s safety.

In the young women’s FGDs, some of the views expressed implied that the project had made them consider their behaviour from the perspectives of gaining their families’ approval, potentially attempting to prevent violence that had been perpetrated against them in the past and taking personal responsibility for the positive changes that they want to see in other family members. This may warrant further investigation from the project team to ensure the messaging of CoC and the project is being accurately reflected in communities and that there are mechanisms in place to monitor both the expected and unexpected outcomes of the CoC program.

2.2.2 Enabling and hindering factors (KEQ 6 and 7)

This section focuses on factors that facilitated or impeded project effectiveness that are relevant across all (or several) outcome areas. Issues specific to individual outcomes are discussed in the effectiveness scorecard.

The enabling and hindering factors can be categorised according to five key themes:

1. External disruptions
2. Community and family attitudes
3. Young people’s motivations and responsibilities
4. Partnerships and collaboration
5. Project design and implementation

Table 12: Summary of enabling and hindering factors

Themes	Barrier effect	Enabler effect
External disruptions	<ul style="list-style-type: none">• COVID-19 measures restricted movement and delayed project implementation	<ul style="list-style-type: none">• Prompted coordination/ collaboration with other Plan projects to work on themes relevant to the YEP project, contextualised for the COVID-19 pandemic
Community and family attitudes	<ul style="list-style-type: none">• Lack of support from family and communities deterred young people from participating• Parents’ views/ lack of understanding around ASRH limited progress in the PD teaching component of the project	<ul style="list-style-type: none">• Supportive leaders fostered youth leadership in some communities

Young people's motivations and responsibilities	<ul style="list-style-type: none"> • Young people did not see value in the project's intent and wanted "tangible" outcomes (eg. infrastructure). • Child caring responsibilities hindered young women's participation. 	<ul style="list-style-type: none"> • CoC topics and project overall is regarded as relevant and important by the young people participating.
Partnerships and collaboration	<ul style="list-style-type: none"> • Contractual and administrative issues created challenges for partners in resourcing the project • Lack of communication with DoE negatively impacted working relationship and decreased reach of project 	<ul style="list-style-type: none"> • Positive working relationships with NCFR, BWF and DoH support the rollout of project activities, including into new communities where partners had not worked before • Selected partners/ collaborators were established, relevant and influential.

External disruptions

A number of events, external to the project and beyond the project's control, created significant disruptions to project implementation and subsequently impeded progress towards project outcomes. Some of these disruptions were known and expected; for example, the independence referendum was held in November 2019 and project field activities were suspended for security reasons. In addition, the transition of PiPNG management structures into the Plan Asia-Pacific regional structures was expected but required a period of adjustment to new systems, processes and templates, which created disruptions to project implementation, according to the YEP Program Manager.

The COVID-19 pandemic was a significant, unexpected event that impacted the implementation of the project. The YEP Program Manager noted that the COVID-19 pandemic delayed project implementation "on many levels", including COVID-19 prevention measures reducing the level of community engagement; however, it also provided opportunities to invest in staff and cooperate with other projects in the PiPNG portfolio. The YEP Program Manager said that they took the opportunity to invest in staff development when project activities were postponed and the Senior Program Manager at PIA noted that the project team mobilised to work with other Plan projects on themes central to the YEP project, but in the context of dealing with the COVID-19 pandemic, including GBV, child protection and hygiene awareness-raising:

...there was a great need to educate people about COVID-19. At the same time, because there was a prolonged lockdown, the cases of GBV increased. This created an opportunity for the project to partner with [the Water for Women project] and the [AHP Disaster Ready project], to raise awareness in schools, on social media and in the communities. (PIA Senior Program Manager, Gender and Women's Empowerment)

In spite of these challenges, the Senior Program Manager at PIA noted that "Despite huge expected and unexpected factors such as the referendum, elections, office transition and COVID-19, the project was able to deliver in critical areas".

Community and family attitudes

Community and family attitudes were identified as a significant factor that impeded the achievement of project outcomes.

Young people across all four communities highlighted that lack of support from families, leaders and the community more broadly was an issue affecting young people's participation in the project and presenting barriers to achieving the project's objectives. This was reiterated by staff during the reflection workshop.

This lack of support manifested in numerous ways, including parents and spouses forbidding young people from participating in the project; stigmatisation deterring young people from accessing SRH services; families and community members making disparaging remarks about the project and the young people participating; community members conflating young people "raising their voices" with lack of respect for elders; and leaders demonstrating lack of concern for the issues the project seeks to address. Reflecting prevailing gender attitudes and norms, young women highlighted challenges related to family and community support far more than their male peers, particularly in terms of being forbidden from participating by relatives and being viewed as neglecting their parenting responsibilities by participating.

The two PD teachers interviewed perceived parental attitudes and practices as significant impediments to the project's work to improve young people's SRH and both teachers said that parents' understanding of ASRH must be improved in order for them to adequately support their children.

Importantly, however, support from local leaders was reported by young people in some communities as well and linked to important project achievements. This is most strongly reflected in young women taking up leadership roles in three of the four communities included in the evaluation. In addition, young men in one community said "We are an important stakeholder in the communities and so in the ward structures as well", noting that there was a youth representative in the Ward Steering committee, which gave young people the opportunity to share their interests and concerns with duty bearers and the community.

Young people's motivations and responsibilities

Young people reported that the project's focus and/ or mode of implementation sometimes conflicted with young people's views and priorities, which affected young people's participation in the project.

Young people in most of the communities said that many young people did not see the value of the project or were suspicious of the project's intent, which deterred them from participating. Young people said that their peers wanted to see "tangible" projects – that they were "tired" of projects that offer trainings, focus on behaviour change rather than infrastructure or phase out before any impacts are seen. Financial motivations and priorities were also mentioned by some young people, who said their peers would rather spend time making money than participating in CoC, or wanted an allowance for attending the CoC sessions, "because other NGOs give allowances to people attending trainings". YFs also hinted at concerns around lack of incentive to do their work: one YF said that there is no incentive, recognition or appreciation for the work they do in the community and another implied that they can easily lose motivation if issues arise in the project, since they do not receive any incentive to participate in the project.

Young women reported that child caring responsibilities hindered young women's participation in the project, and that it was challenging to find alternative care arrangements for children (this was not mentioned by young men). Some young women did report that they bring their children to the sessions and one female YF said that she encourages young women to bring their children; however, this YF also encouraged the project to address this issue, saying "I hope that this project is able to

accommodate for our needs as well. We need sitters or if we must bring our kids – should there be any activities for them as well?”.

In spite of these challenges, the YFs and young people who participated in the evaluation viewed the project and CoC specifically as relevant to the needs and priorities of young people in their communities and felt that their participation in the project was important. This positive perception of the project reflects the high levels of motivation that many young people expressed when discussing the project and outcomes for participating young people.

Partnerships and collaboration

Administrative, communication and resourcing issues were raised by project partners and collaborators as potential hindrances to project implementation.

Internal challenges around resourcing were reported by project partner, NCFR, who noted that they have competing priorities with other programs and partnerships, are short of staff and need additional facilitators. The Plan project staff confirmed that these issues have affected project implementation. BWF also reported some internal challenges, noting that inexperienced staff at BWF had mismanaged funds early in the project. BWF also said that the funding arrangements under the project have created significant issues, noting that “the project makes [BWF]” use the 10% allocation for overhead fees to implement activities. BWF questioned how they could meet their running costs under this arrangement and said it was a “huge challenge”. NCFR hinted at concerns around contractual issues as well, saying “...there are certain areas in the contract that needs to be looked at closely to ensure that both sides are happy, and we work well together.”

The YEP Program Manager also highlighted contractual and administrative challenges with partners, noting that Plan project staff invest a lot of time in processing payments and organising logistics at the expense of implementing project activities; and late submission of acquittals by partners delays the disbursement of funds and ultimately delays project implementation.

Government stakeholders also identified a number of issues related to formalisation of partnerships and communication with the project. The DoH said that signing of the MoU with the project was not timely, which may have created confusion around expectations under the project. The DoE spoke at length about the lack of communication from Plan during project implementation, stating that they did not receive updates from Plan about how the schools and PD teachers were rolling out the project activities. The DoE representative noted that this lack of communication impeded their ability to assist the project in managing any challenges that may have arisen and prompted them to reject the project’s requests to work in additional schools, which decreased the reach of the PD component of the project. The YEP Program Manager acknowledged these issues and noted that challenges with staff recruitment and the competing demands of new projects on the YEP team’s time may have contributed to the team’s lack of consistent communication with the DoE.

Ward members’ support was vital for the identification of YFs, the successful rollout of CoC and elevating young people’s voices in communities, but not all members were equally supportive, according to project staff and young people who participated in the evaluation.

In spite of the challenges, the selected partners and collaborators are relevant, established and influential. BWF and NCFR have been working on the key project issues for several years and the project enabled them to branch into new communities (in the case of NCFR) or strengthen their work in communities (in the case of BWF). The involvement of the DoH and DoE is vital for facilitating the project’s ASRH work in the health system and schools and for ensuring sustainability of the project outcomes. Similarly, the support of Ward Members is essential for young people’s

participation, securing buy-in from the broader community and facilitating young people's contribution to shaping their communities.

Project design and implementation

The approach to designing and implementing project activities may have hindered the achievement of project outcomes in several ways.

- **Design process:** As the design document explains, the design process of the project (and overarching program) was staggered. Two design processes were undertaken – one in 2018 and one in 2019 – and during the time in between the design processes, the project team lacked clarity around the purpose of the project and key interventions. This affected implementation.
- **Appropriateness of ToC:** The project team regarded the original ToC (which is now the longer-term, program-level ToC) as too ambitious. In addition, the YEP Program Manager noted that the ToC incorporated “too many outcomes and outputs” and that the project team experienced difficulty in understanding the project from a “bigger picture” perspective, which hindered implementation during the early stages of the project.
- **Accessibility of project locations:** Geographical challenges and dispersion of the target population in some areas created difficulty in accessing young people, which limited both the reach and the depth of impact that the project could achieve in these areas. The YEP Program Manager also noted that the “long walks” required to access some communities posed security risks for female YFs and believes that the project should have focused on fewer locations that were less challenging to access, at least in the early stages.
- **Location of key activities:** Delivering key activities (such as leadership trainings) at centralised locations rather than in communities prevented some target participants from attending and missed the opportunity for community members to be engaged through direct observation of project activities.
- **Management, planning and logistics:** The PIA Senior Program Manager noted that many day-to-day issues around planning and logistics affected project delivery, such as transportation not being arranged or failing to arrive to pick up staff/ youth facilitators for trainings. The PIA Senior Program Manager also said that collaboration with other Plan projects sometimes delayed implementation of YEP project activities. Staff turnover and challenges recruiting staff to fill vacant positions also presented challenges to project implementation, according to the YEP Program Manager.
- **Selection of project participants:** Most of the YFs were “handpicked” by ward leaders, which the YEP Program Manager acknowledged should have been done together with the project team, based on agreed criteria. The YEP Program Manager also linked the high dropout rate among YFs (around 50%) to their age, suggesting that it may have been more effective to use “mature men and women” as facilitators to roll out the CoC, or perhaps the project partners (BWF or NCFR). Importantly, though, this would compromise the youth-led approach to the project and may impede longer-term outcomes related to young people becoming “catalysts for change” in their communities⁸.

⁸ Refer to MTO1b in the program-level ToC

2.3 Partnerships

2.3.1 Effectiveness of partnerships and collaboration (KEQ 9, 10 and 11)

Partnerships and collaboration approach

The project's partnerships and collaboration approach can be conceptualised in three categories:

1. **Partnerships for implementation:** Engaging local organisations as formal “partners” to deliver key project interventions (aligning with these organisations' existing work)
2. **Collaboration for systems improvement:** Collaborating with government departments at the district level to facilitate work in schools and health centres
3. **Collaboration for local-level change:** Engaging with local leaders (especially Ward Members) to engage young people in communities and make space for young people to influence

Table 13 below outlines the different ways that these partnerships and collaborations contributed to the project.

Table 13: Partnership/ collaboration at different stages of the project

Partnership/ collaboration categories	Stakeholders	Involvement in project		
		Design	Inception	Implementation
Partnerships for implementation	BWF	<ul style="list-style-type: none"> Representatives attended initial design workshop/s and/ or consultations as part of the design process. 	<ul style="list-style-type: none"> Representatives participated in consultation workshops and community sensitisation sessions⁹ 	<ul style="list-style-type: none"> Raised awareness of the project among its structures in Central Region. Participated in meetings/ capacity-building activities for YWAs and facilitated YWA members' participation in WPS work. Participated in CoC ToT training Participated in key advocacy events.
	NCFR			<ul style="list-style-type: none"> Delivered trainings focusing on human rights, gender and family and sexual violence for community leaders, community members and young people (including YFs). Participated in CoC ToT training
Collaboration for systems improvement	DoE	<ul style="list-style-type: none"> Unsure whether representatives participated in design process. Representatives interviewed said that they personally did not participate. 	<ul style="list-style-type: none"> Representatives participated in consultation workshops and community sensitisation sessions¹⁰ 	<ul style="list-style-type: none"> PD teachers attended ASRH training and delivered PD sessions (incorporating ASRH) in schools. Little involvement of the DoE at the district level, including limited communication regarding project updates
	DoH			<ul style="list-style-type: none"> MoU signed with DoH outlining roles and responsibilities. Health care workers participated in ASRH trainings (and mentoring from project staff) and delivered ASRH information to clients attending YFSs and clinics.

⁹ FY20 Annual Narrative Report

¹⁰ FY20 Annual Narrative Report

				<ul style="list-style-type: none"> • Health care workers conducted community outreach activities, with project staff conducting ASRH awareness-raising as part of the outreach. • YFSs created in four health centres
Collaboration for local-level change	Ward Members	<ul style="list-style-type: none"> • Unsure whether any Ward Members participated in design process. • Ward members interviewed said that they personally did not participate. 	<ul style="list-style-type: none"> • Community sensitisation sessions were delivered to community leaders, government representatives at different levels introducing YEP to gain support when youth seek ASRH service in the future. 	<ul style="list-style-type: none"> • Ward Members participated in leadership training, selected project participants (young people) and were key contact points for the project in communities.

Successes, challenges and gaps

All three categories of the partnership and collaboration approach involved successes and challenges in terms of facilitating project implementation and progress towards outcomes. These are summarised in Table 14 below.

Table 14: Success and challenges of partnership/ collaboration model

Partnership/ collaboration category	Contribution to successes	Challenges (see Section 2.2.2 for more detail)
Partnerships for implementation	<ul style="list-style-type: none"> Lack of evidence around direct contribution to key project successes, but the work of NCFR and BWF is highly relevant to project outcomes and NCFR has a track record in work around human rights and GBV prevention and response (and has collaborated with BWF in this work)¹¹. 	<ul style="list-style-type: none"> Competing priorities, resourcing, contracting and administrative issues. Lack of collaboration with other partners/ collaborators.
Collaboration for systems improvement	<ul style="list-style-type: none"> DoE and DoH allowed the project to work in schools and with health workers. Motivation and support at the individual school/ health centre level meant PD sessions and ASRH services were delivered. 	<ul style="list-style-type: none"> Lack of formalisation in relationship/ partnership. Lack of communication about project achievements/ challenges affected relationship with project. Lack of collaboration with other partners/ collaborators.
Collaboration for local-level change	<ul style="list-style-type: none"> Ward Members supported (or at least did not prevent) CoC rollout in communities, which underpinned the most significant outcomes achieved so far. 	<ul style="list-style-type: none"> Ward members were not supportive in all communities, which affected project implementation in those communities. Lack of collaboration with other partners/ collaborators.

Based on the experiences of the communities and stakeholders included in the evaluation, the aspects of the project that saw the most significant progress related to young people’s individual and collective agency. CoC and leadership training were the key project activities aimed at achieving these types of outcomes and Ward Members’ support – or at least “permission” – was important for facilitating the rollout of these activities in communities. In addition, the support of the DoH and DoE was necessary in order for the project to work with health workers and teachers, but actual progress towards outcomes was more influenced by the motivation of staff at the individual schools or health centres, rather than the district department level. The formal project partners – BWF and NCFR – worked on issues that were important to the project, including challenging community level attitudes around gender (NCFR) and providing structure for young women to work collectively on issues that affect them (BWF); however, their direct contribution to progress towards project

¹¹ [Braun, A., 2018, From Gender Based Violence to Gender Justice and Healing: Evaluation Report, Phase I \(April 2015 – March 2018\), IWDA](#)

outcomes during the project is unclear. Importantly though, despite the lack of evidence from the YEP project, NCFR has a track record in effective work around human rights and GBV prevention and response and has collaborated with BWF in this work as well¹².

The challenges experienced by individual partners and collaborators that affected the implementation and effectiveness of the project are outlined in detail in section 2.2.2. They relate to internal capacity and resourcing, contractual and administrative issues, lack of communication about the project, unclear roles and responsibilities and buy-in to the project. Despite these challenges, all partners and collaborators interviewed saw value in the project and expressed interest in participating in future phases of the project.

Looking at the overall partnerships and collaboration approach, an important gap is evident in the lack of work with church leaders. The project team noted that the role of the church is very important in communities although there are challenges associated with the church's stance on ASRH issues. One of the health workers interviewed also highlighted the need to involve church leaders in referral processes for the YFSs. The project team noted that church representatives participated in community consultations; however, there is no evidence that the project made a concerted effort to engage the church as a key stakeholder.

There is also evidence that the partners and collaborators may have been compartmentalised in their work and opportunities to foster coordination and collaboration between these stakeholders may not have been identified and utilised. For example, when asked what they thought the project was trying to achieve and what they would like to see for the project in the future, all of these stakeholders focused only on the specific component of the project that they worked on. In addition, there is no evidence that the project fostered collaboration between different partners and collaborators to a significant extent. Both BWF and NCFR and almost all of the Ward Leaders said that the project had not resulted in any new relationships with organisations, authorities or other stakeholders outside their community. This compartmentalised approach to relationships with partners and collaborators may have prevented these stakeholders from understanding and valuing the full scope of the project's focus, potentially limiting their buy-in, contribution and effective collaboration under the project.

2.4 Efficiency

2.4.1 Cost-efficiency and timeliness (KEQ 12 and 13)

The project promoted cost-efficiency by working through existing partners and structures and coordinating with other Plan projects, but faced challenges in adapting to changes in administrative systems, delivering project activities to planned timelines and planning in accordance with the resourcing available.

- **Working through existing partners and structures reduced costs:** The project worked with established partners who drew on existing resources and structures to deliver project activities. NCFR used their existing curricula to deliver trainings focusing on human rights, gender and family and sexual violence and the BWF YWA structures were the basis for work around strengthening young women's associations. Furthermore, the CoC modules are based on Plan's existing CoC program and ASRH curricula for health facilities and PD teacher trainings were based on materials from organisations (CARE and the Burnet Institute) working on similar issues in comparable contexts.

¹² [Braun, A., 2018, *From Gender Based Violence to Gender Justice and Healing: Evaluation Report, Phase I \(April 2015 – March 2018\)*, IWDA](#)

- **Coordination with other Plan projects optimised resources:** During the height of the COVID-19 pandemic, when implementation of project activities was suspended, the project partnered with Plan’s Water for Women (WfW) and Australian Humanitarian Partnership (AHP) projects to deliver information and raise awareness about hygiene and the prevention of COVID-19 transmission, as well as themes central to the YEP project, including GBV, protection and sharing household responsibilities. The project also worked closely with Plan’s ABT project, which provided an entry point for the project in a new region (South Bougainville). The project team delivered trainings on gender and ASRH, as well as livelihoods, which is planned to be a key area of intervention in future phases of the project.
- **Numerous internal and external factors delayed project implementation:** A range of factors delayed project implementation, including events external to the project and beyond the project’s control (eg. COVID-19, the independence referendum, transition to Plan Asia-Pacific regional management systems) and internal issues related to staff understanding of the project, staff turnover, partners’ administrative practices, and failure to secure approval of activities from the DoE (see Section 2.2.2 for more detail).
- **Implementation delays and administrative issues led to underspend:** The YEP Program Manager acknowledged that the delays in project implementation led to underspending of the project budget and the PIA Senior Program Manager noted that difficulty in tracking spending early in the project (as a result of the adoption of new budgeting templates as part of the transition to Plan Asia-Pacific regional management) also contributed to underspend early in the project.
- **Too many communities were targeted for the resources available:** The YEP Program Manager believes too many communities were targeted, given the geographic difficulties in accessing some communities and the dispersion of the population over large areas. This meant that there was insufficient time and resources to achieve both the reach and depth of change that the project intended in these communities.

2.5 Sustainability

2.5.1 Enabling and hindering factors (KEQ 14, 15 and 16)

Sustainability refers to the likelihood that the positive changes achieved by the project will continue beyond the project. Assessment of the sustainability of the outcomes (or progress) achieved by the project is based on the criteria outlined in Table 15 below.

Table 15: Sustainability assessment criteria

Criteria	Description
Building capacity of key stakeholders	Extent to which the project improved key project stakeholders’ knowledge, skills, confidence and access to resources to sustain the project’s work and changes achieved so far.
Working with the right stakeholders	Extent to which the project engaged with stakeholders with the most interest and influence in the project’s target outcomes.
Integration with the policy and/ or practice of duty bearers and other influential stakeholders	Extent to which the project’s activities or target outcomes have been integrated into the work of government departments, service providers or other key stakeholders.
Coordination with other projects	Extent to which the project has worked with and/ or leveraged resources from other Plan projects to achieve sustainable change in project areas.

Exit strategy/ planning for sustainability	Extent to which the project has planned for sustainability of changes achieved.
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Table 16 below details the assessment of the project’s sustainability based on the criteria. The assessment found that the key aspects of the project that will promote the sustainability of the changes achieved by the project relate to:

- The application of a sociol-ecological approach, working with stakeholders in all levels of the socio-ecological model (individual, interpersonal, community, societal).
- Building the knowledge, skills, confidence and motivation of young people who participated in the project.
- Formalising collaboration with the DoH and working with established and relevant NGO/ CSO partners.

The most important gaps and challenges that could hinder the sustainability of the project’s achievements include:

- Lack of integration of and investment in the project’s interventions by government departments/ institutions.
- Linked to lack of investment by government departments, challenges around resourcing, budgets, “buy-in” from key government staff and movement of trained health and school staff.
- Lack of support from parents/ families, communities and local leaders.

Table 16: Sustainability assessment

Sustainability criteria	Factors supporting sustainability	Gaps/ challenges
<p>Building capacity of key stakeholders</p>	<p>The project incorporated a number of trainings and awareness-raising activities to build project stakeholders', skills and knowledge in a range of areas, including:</p> <ul style="list-style-type: none"> • CoC training for YFs, and delivery of CoC to young people (by YFs) • Leadership training for YFs, young people and Ward Members • ASRH training and mentoring for health care workers and PD teachers • Training for male advocates and women human rights defenders (delivered by NCFR) • Awareness-raising around human rights and family sexual violence for young people and communities (delivered by NCFR) • Institutional strengthening for YWAs <p>The actual effectiveness and outcomes of these training initiatives are mixed, but the evidence suggests that the most significant progress related to improvements in young people's self-worth, confidence and leadership abilities, as well as understanding of SRH, which are important foundations for the outcomes the project seeks to achieve.</p> <p>The adoption of a ToT model for rolling out the CoC program may support a range of project stakeholders to continue to build young people's capacities to deliver the CoC program to their peers.</p> <p>In terms of access to resources, the project has assisted PD teachers in acquiring and developing ASRH teaching resources, provided resources to the YFS in health centres and equipped YFs with CoC program materials.</p>	<p>Young people</p> <p>There were mixed reports around improvements in young people's understanding of referral pathways – young people in some communities were aware of services available in Arawa but in several cases, young people were unaware of referral pathways available to them.</p> <p>Only around half of the trained YFs are actively rolling out the CoC program to their peers, although it is unclear whether this is related to shortcomings in the capacity-building and support of the project or other issues (such as motivation or competing priorities).</p> <p>Limited progress in organising and affiliating youth groups may hinder young people's capacities to build on the skills and confidence gained through the project and collectively raise and address issues that are important to them.</p> <p>Health and education</p> <p>Health sector stakeholders noted that gaps in skills around providing adolescent friendly SRH services remain an issue.</p> <p>Relocation of teachers and health staff during the project hindered mentoring by project staff.</p> <p>There is no evidence of a ToT approach being applied to ensure trained health workers and PD teachers were equipped to effectively pass on their skills and knowledge in other health facilities/ schools.</p> <p>The project approach relies heavily on direct implementation by project staff, particularly in the ASRH work.</p>

<p>Working with the right stakeholders</p>	<p>The socio-ecological model adopted by the project supported work with a range of actors, including:</p> <ul style="list-style-type: none"> • Young people and their peer groups • Communities and local leaders (Ward Members) • Government departments and services (health centres and schools). <p>Working across these different “levels” of the socio-ecological model is important for achieving and sustaining the outcomes targeted by the project, as it facilitates changes in the attitudes, social norms and actions of the actors and institutions that influence young people’s lives.</p> <p>Project partners, BWF and NCFR, are well-established in Central Region and have been working on key project issues for several years, which indicates their legitimacy and alignment with the project’s overarching goal.</p>	<p>Some important stakeholders were not actively targeted by the project, which may affect the sustainability of some of the project’s achievements, especially related to young people’s confidence and capacity to raise and seek support on issues that are important to them:</p> <ul style="list-style-type: none"> • Working with young people’s parents and families was a gap emphasised by PD teachers and evident in young people’s reports that family attitudes hindered young people’s participation in the project and access to services. • The project team and a health worker noted that the role of the church is very important in communities and in addressing the key issues targeted by the project (especially related to ASRH), but involvement of the church in the project was minimal. <p>Internal challenges faced by partners, including resourcing and competing priorities, may hinder their ability to maintain the work of the project without continuing support.</p> <p>There were varying levels of involvement and support from local leaders and community members; in communities where leaders and communities were not supportive or adequately engaged, young people may face challenges in applying the knowledge, skills and confidence they gained through the project.</p>
<p>Integration with the policy and/ or practice of duty bearers and other influential stakeholders</p>	<p>The project signed an MoU with the DoH, signalling the MoU’s commitment to the project activities and intended outcomes.</p> <p>YFSs have been created in the four health facilities that the project worked with.</p> <p>Project reports state that health workers confirmed providing ASRH information to young people in the health facilities following training under the project.</p> <p>At the community level, there are examples of leaders creating space for young people’s participation. Young women have been</p>	<p>No formal agreement with the DoE and the DoE representative interviewed reported having a difficult relationship with Plan and the project.</p> <p>ASRH component has not been formally integrated into the PD curriculum and there is uncertainty about the extent to which teachers continue to deliver PD sessions when they move to other schools.</p> <p>DoH reported many challenges in delivering SRH services, particularly related to equipment and human resourcing, which may</p>

	appointed to leadership positions in two communities – in a Ward Steering Committee and in a church executive.	present challenges in maintaining focus and investment in ASRH work. Movement of trained health workers to other health facilities may affect the delivery of adolescent-friendly SRH services in project areas.
Coordination with other Plan projects		The project did coordinate with other Plan projects, mostly delivering trainings and awareness sessions on a range of topics (including GBV, ASRH and public health information related to COVIDI-19). But there is no evidence that this coordination has been sustained in the form of integrated programming in the project areas . In addition, the PIA Senior Program Manager noted that working with other Plan projects did create challenges in coordination and scheduling of activities , that sometimes delayed the YEP project’s implementation.
Exit strategy/ planning for sustainability	The project design document specifically addresses sustainability and highlights collaboration with government departments (including DoH and DoE) as the key measure to ensure sustainability.	The project design does not include an exit strategy .

2.6 Scalability

2.6.1 Scalability assessment (KEQ 17, 18 and 19)

A number of factors influence the ability of a project to reach larger numbers of people. One factor that is relevant across the whole project is the geographical challenges in accessing some communities and the dispersed nature of the populations in many communities. Other factors are relevant to varying degrees, depending on the specific project interventions, and can be classified as:

1. Characteristics of the **project/ intervention** itself that will support scale up.
2. Characteristics of the **enabling environment**, or the conditions required to support scale up.

To determine which aspects of the project demonstrate potential for scale-up and the conditions that would be required to support scale-up, it is useful to assess the project against specific criteria relevant to the project/ intervention and the enabling environment. Table 17 below describes the criteria that are used to facilitate the scalability assessment of the project and Table 18 assesses the project against the criteria.

Table 17: Scalability criteria

Level	Criteria	Description
Intervention	Effectiveness	Extent to which the project intervention demonstrates effectiveness and/ or applies existing, proven methodologies and approaches. The assessment is based on the findings of Section 2.2 (Effectiveness).
Intervention	Relevance	Extent to which the project intervention is meeting real needs and is valued by the main target group (young people) The assessment is based on the findings of Section 2.1 (Relevance).
Intervention	Adaptability	Extent to which the project intervention can be adapted to different contexts or changes in context. The assessment is based on review of key project curricula and other materials and other information about key project activities.
Intervention	Coordination, collaboration and efficiency	Extent to which the project intervention optimises costs and the delivery of results, while maintaining quality; and effectively coordinates and collaborates with existing initiatives. The assessment is based on the findings of Section 2.4 (Efficiency).
Enabling environment	Institutional alignment	Extent to which the project intervention aligns with the priorities of relevant institutions/ duty bearers. The assessment is based on alignment with the Bougainville Strategic Development Plan 2018-2022 and interviews with duty bearers and institutional stakeholders.
Enabling environment	Institutional investment	Extent to which the project intervention has secured investment and/ or led to practice change by institutions/ duty bearers. The assessment is based on interviews with duty bearers and institutional stakeholders.

Given the highly integrated nature of the project ToC, it is also useful to separate the project into “intervention areas” and assess the individual intervention areas in terms of their scalability. The following broad intervention areas are evident in the project ToC:

1. Strengthening young people’s individual and collective agency
2. Changing social norms in support of gender equality and the health and well-being of young people
3. Supporting the delivery of adolescent friendly ASRH information and services
4. Supporting schools to integrate ASRH and gender equality in PD sessions.

Based on the analysis in the Table 18, the project’s work around strengthening young people’s individual and collective agency may face the fewest challenges in scaling up, due to the effectiveness of the activities implemented, its relevance to young people’s needs and priorities and its adaptability to different contexts. This area of intervention also involved collaboration with other Plan projects (ABT) and partners (NCFR and BWF) who work outside of the current project area, which highlights significant potential to expand the reach of this work. Like all intervention areas, however, there was no evidence of additional investment by institutional stakeholders to sustain and scale the project’s work in this area.

The project’s work in supporting the delivery of adolescent friendly ASRH information and services is likely to face the most significant challenges in reaching scale, mostly due to its reliance on Plan for resourcing key services and other activities (such as ASRH information sessions in communities). Importantly, however, challenges highlighted in the scalability assessment do not imply that the project should discontinue work in these intervention areas; the work in all intervention areas are interrelated and highly important. Rather, the scalability assessment should inform the project team about which aspects of the intervention areas may require further thought and strategising around scaling.




Table 18: Scalability assessment

Scalability criteria	Project intervention areas			
	1. <i>Strengthening young people's individual and collective agency</i>	2. <i>Changing social norms in support of gender equality and the health and well-being of young people</i>	3. <i>Supporting the delivery of adolescent friendly SRH information and services</i>	4. <i>Supporting schools to integrate ASRH and gender equality in PD sessions.</i>
Effectiveness	The project improved young people's self-confidence, self-esteem and leadership capacities. Some progress was also made in organising and formalising youth groups, which can support young people to take collective action to claim their rights.	Support for gender equality and young people's rights and leadership from families, community members and leaders remains an issue; however, this is likely to signify the lengthy timelines needed to change social norms and not necessarily a reflection of the effectiveness of this intervention area.	Limited data exists around the effectiveness of ASRH training for health workers. Availability of counselling services remains a gap. Nevertheless, services were delivered through the project during the early stages of implementation, SRH information was delivered during community outreach sessions with health workers and YFSs were created in four health care facilities.	The PD teachers said the trainings increased their ASRH knowledge and the DoE representative speculated that the project improved students' ability to answer PD-specific exam questions. But the reach of this component of the project was limited by the DoE's refusal to approve expansion into new schools.
Relevance	Young people themselves viewed the CoC program as relevant in addressing the issues that are important to them and viewed their participation as important. The project's key outcome areas align with several issues that young people identified as important to them.	Changing social norms in support of gender equality and the health/well-being of young people is vital to address many of the issues identified (by young people themselves and other project stakeholders) as important to young people's lives, including early marriage/ pregnancy, school dropout, SRH and mental health.	Understanding of the specific ASRH needs of young people and delivering adolescent-friendly ASRH services is essential for addressing issues identified (by young people themselves and other project stakeholders) as highly important to young people's lives, particularly in relation to early marriage, pregnancy and managing SRH issues and mental health.	Supporting young people to understand their SRH and associated rights, as well as support gender equality is essential for addressing issues identified as highly important to young people's lives, including early marriage, pregnancy and managing SRH issues and mental health
Adaptability	The CoC program is intended to be adapted to different contexts, based on factors such as the challenges girls may face in	The CoC program is intended to be adapted to different contexts and the activities implemented by NCFR are being rolled out across	Minimum standards need to be met to ensure quality of services (and compliance with government clinical guidelines); however, some	The training materials for PD teachers is not prescriptive in terms of how the information is delivered to students so teachers

	participating in the program and applying what they learn or acting on the changes they experience.	ARoB, so are likely to be adaptable to differences in context between communities.	approaches can be adapted for different contexts (eg. the location and resourcing of YFSs and the framing of messaging around ASRH information delivered during community outreach).	can develop and adapt lessons and activities as appropriate for the context of their classes.
Coordination, collaboration and efficiency	<p>The project reduced costs by using an existing programming approach (CoC) and training YFs in delivery of the curriculum, so rollout was not dependent on the project team.</p> <p>Collaborating with organisations and Plan projects that work outside the current project area signifies potential to reach target audiences beyond the current project area.</p>	<p>The project reduced costs by using existing programming approaches and working through established partners and associated community structures.</p> <p>Collaborating with organisations and Plan projects that work outside the current project area signifies potential to reach target audiences beyond the current project area.</p>	The project reduced costs by working with existing ASRH training curricula; however, this intervention area was heavily resourced by Plan and relocation of trained health workers to facilities outside the project area may have affected cost-effectiveness. There is no evidence of a ToT approach being applied to ensure trained health workers were equipped to pass on their skills and knowledge in other health facilities.	The project reduced costs by working with existing ASRH training curricula; however, relocation of trained PD teachers to schools outside the project area may have affected cost-effectiveness. There is no evidence of a ToT approach being applied to ensure trained PD teachers were equipped to pass on their skills and knowledge in other schools.
Institutional alignment	<p>The ARoB Strategic Development Plan committed to supporting young people individually through awareness-raising, life-skills training, sport and economic empowerment. Collective action was supported through the commitment to establish directorates for youth to deliver activities (at the Ward level) on personal development and youth participation in government and community matters.</p> <p>Support and engagement of local leaders was a challenge, however.</p>	<p>The ARoB Strategic Development Plan committed to promoting and advocating for “improved gender and social inclusion outcomes”, but there is no detail around the specific outcomes targeted and the Plan’s commitments to addressing family and sexual violence are from a response perspective, rather than prevention.</p> <p>Ward Members demonstrated mixed levels of understanding of and commitment to addressing the social norms that drive gender</p>	<p>ASRH is not specifically addressed in the ARoB Strategic Development Plan and SRH more broadly is only addressed in terms of increasing facility births, antenatal coverage and family planning.</p> <p>But the DoH was very supportive of the project, noted that the project filled significant gaps and signed an MoU with the project, which indicates that the project’s work aligned with the DoH’s priorities.</p>	<p>Under the ARoB Strategic Development Plan, the ABG committed to working through the DoE to introduce gender equity and social inclusion into school curricula and create safe school environments.</p> <p>The DoE representative, despite confessing that they did not fully understand the project, said that they support the project because it focused on critical areas.</p>

	Although Ward governance structures include positions for youth members and there were notable examples of young people taking up local leadership positions.	inequality and negative SRH outcomes for young people.		
Institutional investment	No evidence of additional investment from institutional stakeholders in supporting young people's individual and collective agency.	No evidence of additional investment from institutional stakeholders in changing social norms.	There is evidence of limited additional investment in ASRH from the DoH, in the form of health facilities dedicating spaces as YFSs. But the DoH struggles to adequately resource SRH services and there is no evidence of additional investment in ASRH apart from the YFSs.	The DoE has not formally integrated the ASRH component into the PD curriculum and there is no other evidence of additional investment from the DoE or other institutional stakeholders in supporting schools to integrate ASRH and gender equality in PD sessions.

Key

-  Significant potential and/ or few challenges to scaling up, according to criterion
-  Some potential and/ or moderate challenges to scaling up, according to criterion
-  Limited potential and/ or significant challenges to scaling up, according to criterion

3. Conclusion

The project faced significant disruptions due to COVID-19 and other internal and external factors, which impacted implementation and therefore progress towards outcomes. Nevertheless, the project managed to deliver crucial activities that achieved progress towards several outcomes, and set a solid foundation for future phases of the program.

The effectiveness of the project is most evident in its work directly with young people; YFs and young people in communities viewed the project as highly relevant and reported important changes in their knowledge, beliefs and in some cases, behaviour. There were also notable examples of young women taking up leadership positions in their communities, which YFs and young people attributed to the project. They also reported challenges around family and community support for their participation in the project and the project's intended outcomes, however, which highlights the need for the project to work more on engaging the broader community.

The project's work around strengthening ASRH services and referral pathways delivered some important initiatives, including training for health workers in ASRH and supporting the establishment of YFSs in health facilities. But little progress was made in strengthening referral pathways. In addition, this aspect of the project relied heavily on Plan resourcing, which signifies potential issues around the sustainability of the approach. The work with PD teachers to incorporate ASRH into their PD sessions demonstrated potential to achieve important outcomes around PD teachers' capacities and students' knowledge of SRH; however, issues with the project's relationship with the DoE limited the reach (and jeopardises the sustainability) of this aspect of the project.

Other aspects of the project's partnerships and collaboration approach also presented challenges, including resourcing and administrative issues, lack of formalisation in relationships/ partnerships and difficulty in engaging some influential stakeholders. Nevertheless, the partners and collaborators involved in the project were relevant to the project's strategies and outcomes and established and influential in their areas of work.

The sustainability of the progress achieved during the current phase of the project faces a number of challenges, mostly related to the lack of investment from government departments and insufficient engagement of parents/ families, communities and local leaders. These factors also impede the scalability of the project's interventions, reinforcing the need for the project team to explore how these issues may be addressed in future phases of the program.

4. Learning and recommendations/ ideas for phase two

4.1 Short term priorities

4.1.1 Learning

- Motivating and engaging young people is key to the project's success and was the most effective aspect of the project during phase one.
- The relationship with the DoE is tenuous and remains an impediment to the effectiveness of the project's work on PD sessions.
- While the project prepares to enter phase two, it is important that effort is made to maintain young people's motivation and address the issues that have affected the project's relationship with the DoE

4.1.2 Recommendations and ideas

- **Maintain momentum and interest among young people and other key project stakeholders:** The project has made progress in building young people's interest and motivation to participate in project activities and young people expressed optimism about future phases of the project. It is important to continue to engage with trained YFs and young people, as well as community leaders, in order to ensure interest and momentum is not lost. This is particularly important given the issues that were highlighted around people's scepticism about the project and YFs expressing the need for more recognition and appreciation.
- **Improve relationship with DoE:** The DoE is a very important stakeholder with significant influence over the sustainability of the gender equality and ASRH work in schools. The feedback from the DoE representative was highly critical of the project's communication practices, and effort should be prioritised to provide a detailed update on the project, discuss next steps and map out processes for ensuring open and effective communication moving forward. Ultimately, the project may aim to sign an MoU with the DoE to formalise collaboration and have clarity around roles and responsibilities and commitments under the project. The DoE should be invited to the design workshop for the next phase of the program and provided space to offer their feedback and ideas for improvement.

4.2 Project design

4.2.1 Learning

- The integrated approach and socio-ecological model encourages intervention with a range of important stakeholders at different levels and directs the focus of the project to fundamental, cross-cutting issues that negatively impact young people's lives. But significant gaps remain in the current project approach, particularly around work with families and communities, strengthening referral pathways and taking into account the post-conflict context of ARoB and the deeply engrained issues around violence and associated trauma.
- The type of deep cultural change that the project seeks to achieve is likely to necessitate trade-off between reaching scale and investing in multiple interventions in fewer communities.

- Young women face very specific barriers to participating in the project (and broader community life), mostly linked to their assigned roles as caregivers within families. These barriers must be considered in future phases of the program.
- The project did not integrate targeted strategies to support the participation of young people living with a disability and young people with diverse sexual orientation, gender identity, gender expression and sex characteristics (SOGIESC). Importantly, the data indicates lack of awareness around diverse SOGIESC inclusion in particular (and in comparison to disability inclusion) and in some cases, negative attitudes towards young people with diverse SOGIESC.
- Effective partnerships are vital to the effectiveness and sustainability of the project. The project's partnership model could be strengthened by improving engagement with existing partners and considering new strategic partners.

4.2.2 Recommendations and ideas

Project approach

Depth vs scale

The project may consider focusing on a **limited number of communities to deliver a truly integrated program that delivers transformative change**, rather than scaling up to include additional communities. The issues that the project seeks to address are complex and require multi-faceted long-term programming targeting a range of stakeholders and settings. Working in a larger number of communities will dilute resources, jeopardising impact.

Integrated approach

The project's integrated approach should be continued. During the design of phase two, it may be useful to **map out the specific interventions and common outcomes that support the integrated approach, and their links to the change pathways in the project's different thematic areas (ASRH, economic empowerment, leadership etc.)**. This will entail a move away from the "siloes" representation of the project in the current phase one ToC and program level ToC. It may help ensure that the project is accurately conceptualised by project staff and key project stakeholders and promote useful reflection, appropriate adaptation and ultimately, effectiveness.

Socio-ecological model

Interpersonal relationships

The project should strengthen **work with the parents of adolescents** (see Section 7.2.2), as well as **partners/ spouses** of young women. These stakeholders serve as gatekeepers for young people – particularly girls and young women – to participate in the project and benefit from the types of changes that the project is working towards. Furthermore, many of the changes that are required in order to achieve the project's long-term goal require changes in these stakeholders' attitudes and behaviours; thus, their effective engagement and active participation in the project is crucial to the project's success.

Community

At the community level, the project can strengthen supportive structures and tackle damaging social norms and behaviours in several ways.

- **Referral pathways:** Increase focus on strengthening referral pathways, particularly community-based mechanisms to improve access to SRH and FSV support. Linking with the

networks of MAs and WHRDs supported by existing project partner, NCFR, may be a logical starting point. As part of this work, it is vitally important that some level of quality is maintained and that referral outcomes are monitored, ensuring key actors in the pathways are providing accurate, appropriate and adolescent-friendly advice, information and support (although this will take time to achieve). Community-driven solutions for overcoming structural barriers, such as cost of services or transport to access services, could be explored (if they do not already exist) as a stop-gap for longer-term structural change that must be driven by policymakers.

- **Youth groups:** Continue work on supporting youth groups to formalise and affiliate with youth association structures and access the resources and opportunities that affiliation offers. This is important for empowering young people to take collection action on the issues that are important to them and to create supportive peer networks.
- **Community leaders:** Targeted strategies to secure the active support and participation of community leaders, including Ward Members and village chiefs, should be implemented. Support from community leaders was an important factor influencing the effectiveness of the project, particularly in the youth empowerment work. Furthermore, community leaders served important functions in managing GBV cases in communities, which reinforces the importance of their role in the project. As suggested by the YEP Program Manager, the project team could explore how leaders could serve an “...oversight role... to understand the progress and challenges and take ownership of what is happening in their communities”.
- **Community-level interventions:** Strengthen community-level interventions to address the socio-cultural barriers that prevent young people from accessing services, demonstrating leadership, claiming their rights and living free from violence. This may involve targeting whole communities’ participation in structured dialogues and/ or activities (similar to the CoC program for young people). Similar approaches have been explored for violence prevention projects elsewhere in PNG¹³ and may be useful for the project team to draw on.
- **Trauma and post-conflict context:** The project team may consider how to tailor the project’s focus and strategies to better reflect the post-conflict context of ARoB and the role of trauma in the issues the project seeks to address, particularly violence prevention. Some of this work could take place in structures supported by the project, such as youth groups or community dialogue groups and approaches have been developed that may be appropriate to the ARoB context¹⁴. In addition, a trauma-informed approach could be integrated into work around improving access to quality counselling services.

Institutional/ societal

- **Policy and advocacy:** The sustainability of the project’s achievements to date and the effectiveness of future work can be enhanced by working with policymakers and government duty bearers to integrate key project initiatives into policy and practice. The project team should also keep abreast of key policy developments and seek opportunities to participate in processes that develop and shape policy (such as the revision of the Strategic Development Plan or the Youth Policy). The project team may need to consider in detail the

¹³ [Barclay, A., Doyle, K. and Russell, M., 2017, *Community Healing and Rebuilding Program, Oxfam’s Strategy for Prevention of Family and Community Violence in Papua New Guinea, Oxfam Australia.*](#)

¹⁴ See, for example, [Barclay et al., 2017](#) and [CETA](#), an approach to addressing mental health and behavioural issues that can be tailored and implemented by lay providers.

types of policy and practice outcomes the project should work towards, and at what levels (eg. Ward, district) and develop an advocacy/ influencing strategy for the project.

Intervention areas

Acknowledging that the livelihoods and economic empowerment component to be introduced in phase two will already expand the breadth of the project's thematic focus, there are other areas of intervention the project may consider, based on feedback from a range of project stakeholders:

- **Parenting/ caregiving of adolescents:** Parents/ caregivers need to be more involved in the project through targeted interventions aimed at fostering positive relationships between parents and adolescents and equipping parents with the skills (and motivation) to support adolescents in managing their health (including SRH) and well-being and working towards their goals. The project may consider some interventions that bring parents and young people together as an opportunity to encourage positive dialogue around key issues between parents and adolescents.
- **Adolescents/ young people as parents:** Given the high rates of early marriage and pregnancy and the impact this has on all aspects of girls'/ young women's lives – including the core issues the project seeks to address – the project may consider integrating activities (or linking with existing interventions) that focus on building young people's life skills, parenting skills and self-care capacities.

Plan International has a range of resources to support interventions around positive parenting, including for adolescent parents, mostly in crisis settings though. If linking to existing initiatives in the project areas is not an option, the project team may wish to consider how key approaches from Plan's resources and the resources of other organisations may be integrated into the project, perhaps through existing activities/ structures.

Barriers to participation

The project should support young women in particular to overcome barriers to participating in the project associated with their caring responsibilities and assigned roles in their households. On a practical level, the project may investigate how child caring support can be provided for young mothers participating in project activities. Longer term work around challenging the gendered attitudes and norms that assign caring responsibilities to women and girls can be achieved through strengthened work with the parents of adolescents and young women's partners/ spouses (see 7.2 (a) "Interpersonal relationships").

Inclusion

The project should investigate and implement appropriate strategies to facilitate the participation of young people facing different forms of exclusion, including young people living with a disability and young people with diverse SOGIESC. In addition, looking beyond participation, the project should investigate how to integrate the specific priorities and needs of these young people. For example, for young people with diverse SOGIESC, the project may explore how to include these young people's needs and priorities into the project's gender equality work, including challenging the attitudes and norms that perpetuate discrimination against them. It is important to acknowledge how challenging diverse SOGIESC inclusion work will be in the context of the communities that the project works in and the significant risk this may pose for young people participating in the project and for project staff. Subsequently, the project may wish to liaise with organisations working on diverse SOGIESC inclusion to develop appropriate interventions, strategies and partnerships that ensure a Do No Harm approach. Similarly, the project may consider working with a disabled

people's organisation (DPO) in order to develop effective and appropriate strategies and interventions to address the needs and priorities of young people living with a disability.

Partnerships

- **Engagement and coordination with partners:** Partners should be supported to fully understand the requirements of Plan's financial and other reporting templates and systems. Reporting requirements, including frequency and templates, should be fit for purpose and reflect constraints faced by partners (particularly time and resourcing). Any misunderstanding about budget structures (reported by partners) should be addressed before the second phase of the project begins.
- **Churches:** Churches were identified by project stakeholders as influential institutions in communities, particularly in relation to SRH. The project should actively engage with church leaders and build their support for the project. This will be challenging if church leaders perceive project messaging as conflicting with their teaching. The project team may consider consulting NCFR about their experience in teaching about human rights, which incorporates a module focused on the "Biblical Understanding of Human Rights". In addition, ensuring and emphasising that project messaging aligns with the policies and standards of the DoH may help assign legitimacy to the project's SRH work.

4.3 Project management

4.3.1 Learning

- Repetitive and incomplete project reports and limited implementation of the project MEL Framework creates difficulty in understanding project progress, identifying and responding to challenges and applying learning.
- Plans for the new phase of the project may introduce additional sources of risk, particularly around GBV, which will need to be reflected in risk analysis and management strategies.
- Risk analysis and management strategies are largely only documented in the project design document¹⁵, which may impede effective monitoring of risks, management strategies and effective response to incidents.

4.3.2 Recommendations and ideas

Documentation and MEL

- **Progress reporting:** Reporting templates should be fit for purpose, focusing on priority information and reflecting the constraints faced by the project team (particularly time and resourcing). Project reports should avoid duplicating information and data from previous reporting periods (except in the case of annual reports that compile information from the preceding 12 months), to ensure clear representation of progress made (and challenges encountered/ addressed) during reporting periods. Project reports should be completed/ finalised and final versions filed appropriately.
- **MEL:** There was very limited evidence of project monitoring and even output-level data was not collected or stored in a systematic way. The project needs improved MEL resourcing, including increased support from MEL technical staff, in order to track progress and identify issues around effectiveness and risks. A fit for purpose MEL framework (with clear,

¹⁵ The exception is child safeguarding risks, which are detailed in a specific document required by Plan International

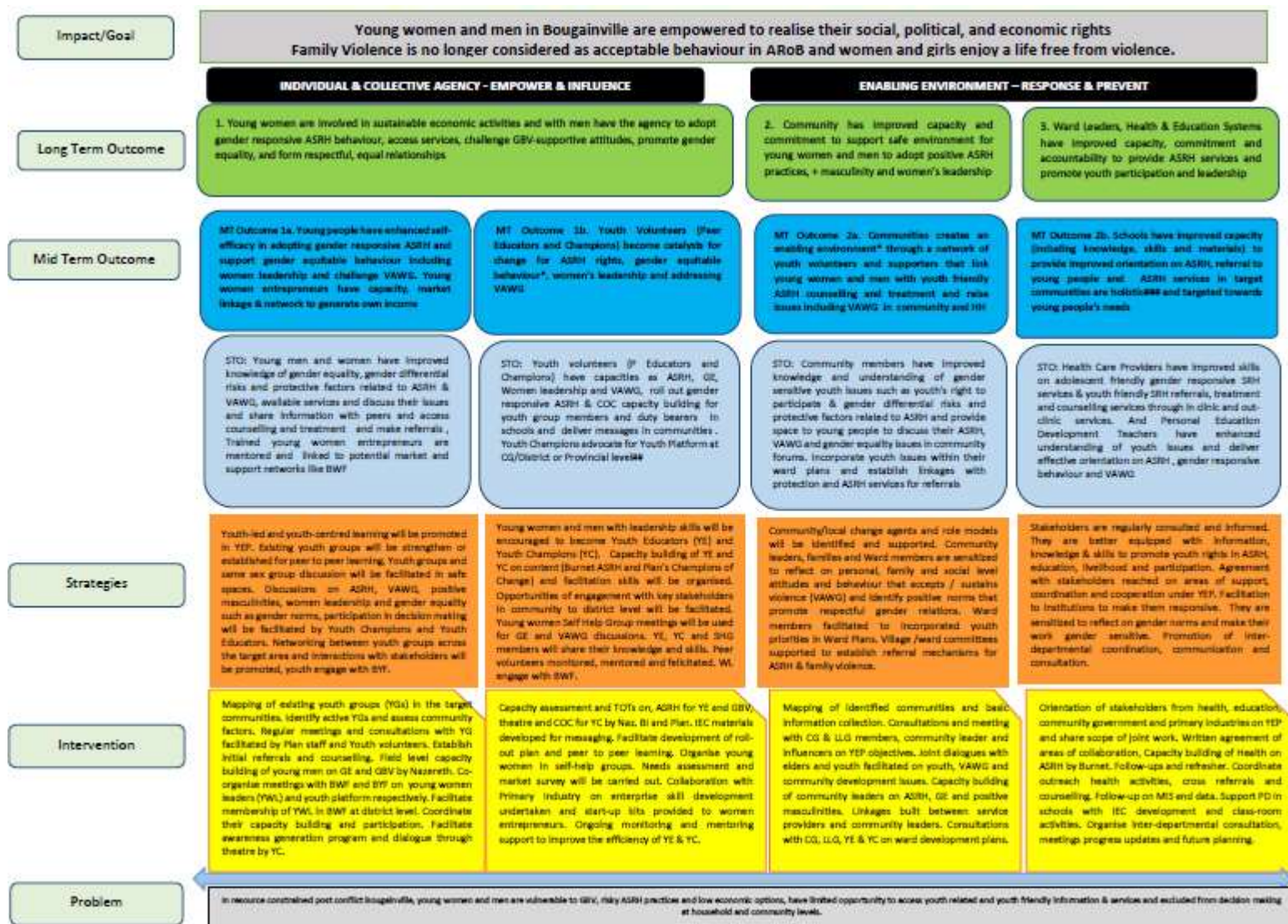
streamlined data collection process) should also be developed with the whole project team, to ensure they understand the MEL system and are committed to implementing it.

Risk management

- **Risk analysis and management strategies:** A detailed risk analysis and management plan should be developed for the second phase of the project, incorporating the risks to participants that were identified in the first phase of the project and integrating the additional considerations around WEE and MEL (see below)
- **Women's economic empowerment:** While the relationship between WEE and GBV is complex, incorporating a new livelihoods/ economic empowerment component in the project may raise the risk of GBV¹⁶. The project's risk management plan should include strategies to minimise the risk of GBV linked to the project's activities livelihoods and economic empowerment work.
- **Monitoring risks and unexpected outcomes:** The MEL Framework for the project should monitor identified risks and management strategies and be flexible enough to capture negative unexpected outcomes. This will allow the project's risk management plan to be updated in response to emerging risks and information about the effectiveness of existing management strategies.

¹⁶ [Mundkur, A., Nguyen, M.L., FitzGerald, I. and Tuladhar, S., 2020, Working Paper: Linking women's economic empowerment, eliminating gender-based violence and enabling sexual and reproductive health and rights, CARE.](#)

Annex 2: Program ToC



Annex 3: Effectiveness Assessment – Summary of Evidence

Project outcome	Rationale for rating	Summary of evidence
Young people’s individual and collective agency: empower and influence		
<p>Young men and women have improved knowledge of gender equality, gender differential risks and protective factors related to ASRH & VAWG, available services...</p>	<p>Improved knowledge and skills were reported by young people, including in relation to understanding ASRH and knowledge of associated services, but some young people also said they did not know about the referral pathways in their communities.</p> <p>Additionally, the overarching themes around gender equality and gender differential risks and protective factors related to ASRH and VAWG did not feature strongly in young people’s feedback about what they had learned from the project.</p> <p>Significantly, however, a range of project stakeholders reported positive changes in young people’s behaviour in support of core project concepts, which suggests attitudinal shifts linked to improved understanding of key project concepts.</p>	<p>Young women reported “learning a lot” from the CoC program and that the project helped them to better understand referral pathways and associated systems (although in two communities, young women said that they did not know about referral pathways in their community). Young women also reported increased understanding of their rights and improved leadership skills. There were also reports of young women sharing their knowledge about SRH with their peers. Given the project’s strong focus on SRH, this may reflect improved understanding of SRH through participation in the project.</p> <p>Young men reported that youths in their community have improved understanding of “the issues around them” and how to improve themselves individually. They also reported improved understanding of the qualities that define a good leader and what they should expect from their leaders. In one community, the young men reported that the trainings delivered through project has enabled young people to start economic activities. Young men in two of the communities were aware of ASRH and VAWG services in Arawa but said there were no referral pathways in their local communities; young men in the third community were silent when asked about services and referral pathways.</p> <p>Reports of behaviour change in support of gender equality and individuals’ health and well-being indicate improvements in young people’s understating of core project concepts. Young women, young men and other stakeholders reported a range of changes including young men assisting more with household work and recognising the importance of girls’ and women’s’ voices in families and communities; reductions in consumption of alcohol and other drugs among young people abuse; and improved personal and menstrual hygiene practices among girls and young women.</p>
<p>...discuss their issues and share information with peers...</p>	<p>The CoC program facilitates discussion of a range of issues, but the evidence suggests there are limitations to how much it is likely to be happening outside the CoC sessions. Young people did report sharing information with their peers; however, there was a</p>	<p>Young women reported sharing learning and information specifically about SRH with their peers, including personal hygiene during menstruation; and the menstrual cycle and family planning.</p> <p>Young men were less inclined to mention sharing issues and information with their peers. One male FGD participant reported telling other people in his</p>

	<p>singular focus on SRH among young women and there was less focus in general on sharing information among young men.</p> <p>Notably, though, there were instances of young men from project locations delivering male advocacy awareness sessions in their communities following participation in a session delivered by NCFR.</p>	<p>community “what leadership is” and a male YF highlighted that CoC provides a platform for young people to exchange experiences at the community level. Notably, though, project reports¹⁷ revealed that young men from project locations participated as observers in a male advocacy session delivered by NCFR and as a result, 11 of these young men conducted awareness sessions in their communities during the 16 Days of Activism.</p>
<p>...and access counselling and treatment and make referrals.</p>	<p>There is limited data on the actual number of young women and young men who accessed counselling and treatment and made referrals. Reliance on Plan project staff to deliver some services, combined with recruitment issues when key staff left, meant that the availability of some ASRH services at Arawa hospital was compromised for most of the project’s duration.</p> <p>The project worked to increase the availability and accessibility of ASRH services by training health workers, raising awareness of available services and establishing YFSs. But counselling remains a gap in available young services and young people said that issues remain around location/ accessibility of services, knowledge of referral pathways, stigmatisation around accessing services and self-treatment of SRH problems.</p>	<p>There is limited data available around young people accessing counselling and treatment; the only data available relates to attendance at the Monova ASRH Clinic at Arawa hospital in FY20, when a total of 113 clients attended. The majority of clients were seeking information on family planning, sexual health and safe sex, HIV/ AIDS and nutrition. The project funded the position of a full-time nurse at the Monova clinic; however, this nurse left in early 2020, and the project was unable to recruit a suitable replacement until June 2022. This meant that the availability of adolescent-friendly SRH services at the Arawa hospital was compromised for more than two years.</p> <p>The project also endeavoured to increase the availability and accessibility of ASRH services by delivering ASRH training to health care staff in Arawa hospital and three rural health facilities; delivering ASRH awareness-raising activities during health workers’ community outreach activities; providing transport for health staff to conduct outreach activities; and facilitating the establishment of YFSs in Arawa hospital and the three rural health facilities.</p> <p>Counselling appears to remain as a gap in services available – the current training delivered under the project does not include counselling and one of the health centre staff interviewed said that staff in the YFS at their centre needed training in counselling adolescents. The DoH representative also noted that they needed a need a social worker in the FSC in Arawa.</p> <p>Young women and men highlighted that a number of barriers remain to accessing health services, including lack of awareness of referral pathways; lack of services/ referral pathways available locally in their community (ie. services are in the urban centre, Arawa) and the high cost of public transport to access services; lack of mobile phone coverage which impedes communication; fear of reprisal from</p>

¹⁷ FY20 Annual Narrative Report.

		<p>perpetrators of violence; and stigmatisation. In most communities, they also said that family violence matters are managed by village leaders and in two communities, it was reported that young people may try to treat themselves with traditional methods before seeking help from health services for SRH issues.</p>
<p>Youth facilitators have capacities in ASRH, GE, Women leadership and VAWG, roll out gender responsive ASRH & CoC capacity building for youth group members and duty bearers in schools and deliver messages in communities.</p>	<p>All of the YFs interviewed feel confident delivering the CoC program to their peers and reported positive changes in their peers as a result of the project. These changes relate directly to key project messaging, which reflects YFs’ “capacities” in ASRH, gender equality and leadership.</p> <p>Only around half of the trained YFs are actively rolling out the CoC program to their peers. In addition, there is only evidence of rollout of CoC with young people in communities – none of the YFs, young people or duty bearers in schools mentioned the roll out of CoC or ASRH sessions in schools by YFs.</p>	<p>The most up-to-date project output data is from June 2021. 62 Youth Facilitators have been trained in the CoC program (31 females, and 31 males). 18 youths have participated in leadership training (including 15 of the YFs) – 9 males and 9 females.</p> <p>All of the YFs interviewed said that they felt confident rolling out the CoC program to their peers and reported positive changes in their peers as a result of the project. These changes related to key project messaging, including knowledge of SRH and referral pathways, leadership skills, understanding their rights, and even changes in behaviour related to gender roles in families. Importantly though, two YFs (one male and one female) said that they would like more mentoring and guidance when implementing the project activities.</p> <p>In terms of reach of CoC rollout, only 33 of the 62 trained YFs are rolling out the CoC program to their peers and only 24 are consistently engaging with their peers. 102 youths (52 females and 50 males) have participated in the CoC rollout by YFs in 6¹⁸ of the 10 target communities (Kopani, Koiano, Dantanai, Kerei East, Kerei West, Metora).</p> <p>Importantly, some of the views presented by young people raise concerns related to safeguarding and perpetuating gender inequality and should be investigated by the project team (see Section 2.2.1).</p>
<p>Youth Champions advocate for Youth Platform at CG/District or Provincial level.</p>	<p>There is no evidence that young people specifically advocated for a Youth Platform at any level. The project has, however, helped young people in some communities to become more organised and formalised, as well as strengthening the young women’s association structures in Panguna and Kieta. These achievements will be important for future advocacy activities.</p>	<p>Advocacy to establish a Youth Platform at different government levels was not raised by any project stakeholders as a project activity or outcome; however, an important precondition for being able to advocate and influence is organisation and formalisation of youth groups and this has progressed according to young people in several communities.</p> <p>A female YF noted that Plan encouraged the young people to mobilise and register to affiliate their youth group with the district youth association. The registration was completed in July 2021 and the YF said that the group have already started to</p>

¹⁸ Data for the other four communities could not be located

		<p>participate in other projects and trainings from other organisations. A male YF in different community also said that his group was working closely with the district youth association by sharing their ideas with the association and a young man in another community said that his group had registered with the Investment Promotion Authority to open a bank account and form a “legal entity”. The BWF representative had also received reports youth groups affiliating in Panguna.</p> <p>The YEP Program Manager also noted that the project strengthened existing youth-led structures in communities, by establishing a Young Women’s Association in Panguna (where none existed) and training members in their roles and responsibilities; and working with the KYWA to strengthen their executive to facilitate their affiliation with the BYF. The YEP Program Manager noted plans to connect youth in communities (CoC participants) to these youth associations and structures in the future. The YEP Program Manager also said that the project intended to support young people to develop plans to submit to Ward Steering Committees, to inform their Ward Plans; however, this did not eventuate during the current phase.</p> <p>Some advocacy activities were also conducted with the YWAs, though not specifically related to establishing a Youth Platform; for example, during IWD.</p>
Enabling environment: response and prevention		
<p>Community members have improved knowledge and understanding of gender sensitive youth issues such as youth's right to participate, gender differential risks and protective factors related to ASRH...</p>	<p>Lack of support – particularly from families and the broader community – reported by young people participating in the project may signify that communities do not understand how the project could benefit young people and their communities.</p> <p>Nevertheless, young people in most of the communities did report some level of support from leaders and the YFs all said that their families were very supportive of their involvement in the project, which indicates some positive developments in communities’ understanding of the project’s objectives.</p>	<p>There was limited discussion about the extent to which community members really understand the specific issues that the project seeks to address and the project’s work around this was largely limited to the human rights, gender and FSV awareness sessions delivered by NCFR. Project staff, as well as young people across all four communities highlighted that lack of support from families, leaders and the community more broadly was often an issue affecting young people’s participation in the project and presenting barriers to achieving the project’s objectives. Young women tended to highlight challenges related to community support more than their male peers, which may reflect the gendered attitudes around leadership.</p> <p>Within three of the four communities, young people did acknowledge some level of support for the project’s objectives in their communities largely in terms of the leadership environment (and less so at the family and peer group levels) – mostly vague comments about community leaders supporting project activities or attending some sessions run by young people. But significantly, young women in</p>
<p>...and provide space to young people to discuss</p>	<p>Significantly, young women had taken up leadership roles in two of the communities, and young men in</p>	

<p>their ASRH, VAWG and gender equality issues in community forums.</p>	<p>one community reported that they could raise their concerns through the youth representative in their Ward Steering Committee. But support for the project from families and community members more broadly was fairly low according to young people. This suggests that there may be untapped opportunities for young people to participate in community forums.</p>	<p>two communities have taken up leadership positions in community structures (the Church Executive and the Ward Steering Committee). In addition, young men in one community said that they are important stakeholders in their communities and Ward structures and that they are “given the opportunity to share our interests and concerns” through the youth representative in their Ward Steering Committee.</p> <p>In contrast to the views of their broader peer group, all YFs interviewed reported that their families were “very supportive” of their involvement in the project. One male YF also said that his community was very supportive and provided a dedicated space in the elementary school for him and his female YF peer to run their project activities on weekends, adding that the community members also cooked food for them.</p> <p>When asked about changes in their work and their communities arising from the project, Ward Leaders did not discuss knowledge/ understanding of the specific issues that the project addresses, although one Ward Leader acknowledged the need to understand young people and how to address their specific needs and noted that the project had helped them to become “more tolerant” of young people and their needs. A Ward Leader from another community also reported advocating around ASRH and VAWG in their community. A third Ward Leader said that issues related to GBV and ASRH are “rare” in their community, which contradicts other information sources and may indicate reluctance to acknowledge or address these issues.</p>
<p>Incorporate youth issues within ward plans and...</p>	<p>There is no evidence that youth issues were incorporated into ward plans, although progress was made towards developing a supportive enabling environment for future work, including garnering support from some community leaders and some progress in the formalisation/ organisation of youth groups.</p>	<p>While there was no evidence that youth issues were incorporated into ward plans, progress was evident in some communities towards fostering a supportive leadership environment and organising young people, which will be important pre-conditions for influencing ward plans in the future. Some level of support from community leaders was reported by young people in most of the communities and some youths did take action to organise and formalise their groups. The project team noted that issues associated with the functioning of ward steering committees impeded progress in this outcome area, and also noted a lack of support from Ward Members and community leaders in some communities as being an issue with the project in general.</p>
<p>...establish linkages with protection and ASRH services for referrals.</p>	<p>The project did not achieve its objectives related to strengthening support systems and referral pathways. This was evident in the issues raised by a range of stakeholders related to lack of awareness of and access to services and the need to strengthen</p>	<p>While the project aimed to strengthen support systems, including referral pathways and linkages to/ between services, this was viewed by project staff as</p>

	<p>referral pathways. Project staff and one Ward Member highlighted this as a shortcoming of the project.</p>	<p>an area of the project that needs improving. This was supported by young people’s reports of a lack of awareness of referral pathways among their peers and issues with accessibility of services. Only two of the Ward Members interviewed discussed referral pathways. One said that the project did help them to link to the FSC, safe house and Men’s Hub in Arawa, although they had not referred anyone to these services. A Ward Member from another community said that they wanted referral pathways to be strengthened and that they wanted to be more involved in this work. They suggested identifying key people in the community, such as the Community Auxiliary Police and health workers to help address gaps in referral pathways. The work with NCFR was intended to link MAs and WHRDs into support systems and referral pathways for young people; however, project staff said little progress was made in this area and identified it as an area to strengthen in the future.</p> <p>The project partners and PD teachers did not discuss referral pathways or support systems when asked about the issues affecting youths and the changes achieved by the project. Lack of awareness of ASRH and referral pathways among teachers/ DoE specifically was raised as a shortcoming of the project by the project staff during the staff reflection.</p>
<p>Health Care Providers have improved skills on adolescent-friendly, gender responsive SRH services and youth-friendly SRH referrals, treatment and counselling delivered through in-clinic and out-clinic services</p>	<p>Feedback from health sector representatives and project staff indicate that gaps remain in terms of the types of ASRH services that are available to adolescents, as well as communities more broadly.</p> <p>Nevertheless, YFS were created in the health facilities, ASRH information and services were delivered and key gaps were filled by the project (though staff turnover at Plan affected delivery of key interventions related to this outcome). Furthermore, the project resulted in the creation of a youth space in a health centre in Buin District, outside the project target area,</p>	<p>ASRH trainings were conducted for health workers in four healthcare facilities; an initial training by the Burnet Institute and follow-up trainings for other staff using curricula developed by the project team when trained staff moved on to other facilities. Movement of trained health workers to new locations outside the project area mentoring was identified by project staff as an impediment to providing ongoing mentoring on ASRH services¹⁹.</p> <p>There is limited data available to assess whether the ASRH trainings delivered to health workers were translated into improved skills among participants, although the training report by the Burnet Institute notes self-reported improvements in knowledge and understanding related to all training areas immediately following the training²⁰. Project reports²¹ also state that health workers confirmed</p>

¹⁹FY21 Outputs Report

²⁰ Importantly, these figures also include Plan staff who participated and it is not possible to extract the data for health care workers specifically.

²¹FY20 Annual Report





	<p>after the OIC there sent two staff to attend the project's ASRH training.</p>	<p>providing ASRH information to young people in the health facilities following the trainings.</p> <p>Interviewed health sector stakeholders noted that gaps in skills around providing adolescent friendly SRH services remain an issue. One stakeholder said that staff in the YFS at their centre needed training in counselling adolescents; and the DoH representative said that "ASRH is a major area that we are lacking in the hospital" but noted that the project had helped fill a "huge vacuum" in this area. The DoH representative also said that the absence of a social worker in the FSC at Arawa Hospital created a significant gap in the services that could be provided, along with shortages of SRH/ STI testing equipment (although these services are not specific to adolescents). The DoH expressed concern that the project had recently hired a clinical nurse to be based in the FSC in Arawa, noting that they already had a clinical nurse and needed a social worker.</p> <p>Nevertheless, YFS were created in all four health facilities involved in the project and ASRH services were delivered and supported by the project. The Monova ASRH clinic at Arawa Hospital was attended by 113 clients in 2020 (data is not available for other years or for other health facilities). Importantly, the project staffed the clinic during the early phase of implementation and this reliance on Plan staff meant that the resignation of key staff in early 2020 left a gap in the services delivered. Plan staff in fact identified the clinical component of the project as a weakness during the staff reflection.</p> <p>It is also worth noting that the project's influence in the area of ASRH spread beyond the focus communities. The OIC at Buin District (which is outside the project target area) sent two staff to attend one of the ASRH trainings delivered under the project and a youth space was established in a health centre in the district to provide ASRH information to young people.</p>
<p>Personal Education Development Teachers have enhanced understanding of youth issues and deliver effective orientation on</p>	<p>Teachers said that the trainings increased their ASRH knowledge and the DoE representative speculated that the PD teaching component of the project positively impacted the academic performance of some of the students in the target schools (in terms of their ability to answer PD-specific exam questions).</p>	<p>Trainings were conducted for PD teachers in 17 schools²², focusing on ASRH and its importance to young people and their families and communities. Teachers within these schools also trained their colleagues, although exact numbers were not available in the data provided.</p> <p>The data around the effectiveness of these trainings is mixed. Observation of 10 trained teachers in late 2020 revealed issues related to the accuracy of teachers'</p>

²²Report on SRH in Schools_Final.docx

<p>ASRH, gender responsive behaviour and VAWG</p>	<p>Furthermore, the project staff regarded this component of the project as very effective.</p> <p>The project staff also noted that relocation of teachers to other schools may impact the achievement of this project outcome. Furthermore, the reach of this component of the project was limited by the DoE’s refusal to approve expansion into new schools (attributed to the project’s lack of communication with the DoE).</p>	<p>understanding of key training topics (such as anatomy) as well as their confidence to deliver the sessions to students. The observation report notes that female teachers were noticeably more confident and comfortable delivering the sessions than male teachers. Lack of teaching materials (eg. illustrations, games) was also identified as a challenge.</p> <p>The two PD teachers interviewed for the evaluation, however, reported that the trainings improved their skills and knowledge and one of them said that they felt “very confident with the training received” and expressed willingness to share their knowledge and skills from the training with other teachers.</p> <p>The DoE representative interviewed for the evaluation, while admitting they did not have a comprehensive understanding of the project, said they “assumed” that improvements in the final scores of Grade 8 students in target schools “could be a direct result of the project” as the majority of the students answered the five PD exam questions correctly.</p> <p>Project staff also noted that PD teachers are demonstrating creativity in the design and delivery of PD sessions and taking the initiative to include YFs from their communities into their teaching plans. Project staff viewed the PD session component of the project as “very effective” and that PD teachers had responded well to the project.</p> <p>There is no quantitative data available on the number of sessions that PD teachers have delivered that integrate the training they received through project and there is uncertainty about the extent to which teachers continue to deliver PD sessions when they move to other schools. Project staff identified teachers moving on to other schools as a potential threat to the effectiveness and sustainability of this particular project outcome.</p> <p>The reach of the PD teaching component of the project was limited by the project’s challenging relationship with the DoE. The DoE representative was dissatisfied with the level of communication from the project and refused to approve expansion of the project into new schools.</p>
<p>Inclusion</p>		
<p>KEQ 8: How did the project engage with young men, women, non-binary etc.</p>	<p>The project did not include targeted strategies to engage or target the specific needs of young living with disabilities or young people with diverse sexual</p>	<p>Gender diverse young people and young people living with a disability were not represented in data collection activities; however, the project stakeholders interviewed either demonstrated a lack of understanding around these issues or</p>

<p>youth and how did their experiences differ? How effectively did the project target their different needs and priorities?</p>	<p>orientation, gender identity, gender expression and sex characteristics (SOGIESC). In addition, the evidence suggests that there is minimal understanding and action among project stakeholders to adapt activities to include young people from vulnerable groups. There was also evidence that the attitudes of some YFs, particularly towards gender diverse young people, may discourage their participation in the project.</p>	<p>acknowledged that limited actions were taken to integrate the specific needs of these young people into project activities.</p> <p>The health workers either said they were unaware of any specific activities or that the project did not target these stakeholders. The PD teachers only spoke in terms of disability inclusion, with one teacher saying there were no students with a disability in their class and the other teacher saying that they taught and “considered the needs” of “several students with special needs”.</p> <p>The male YFs also only thought in terms of disability inclusion. Only one reported that they have a person with “special needs” in their group and stated that they had been “very supportive” of this group member for example, by constantly checking that they understand the content of the session.</p> <p>One female YF noted that people living with a disability in their community are generally excluded from activities in the community and that minimal effort is made to adjust activities to include them. This YF also said that, while some gender diverse young people had attended project activities, “...People like that are stigmatised in all our communities and so they keep to themselves. Our communities will not encourage that kind of behaviour”.</p>
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Rating key

-  Evidence of significant positive change relevant to an outcome
-  Evidence of moderate change relevant to an outcome
-  Minimal change evident in relation to an outcome
-  No change mentioned/ respondents state that no change has occurred