

## Adolescent well-being: Background Papers for Multi-stakeholder Consultations

### Paper 9: Lessons Learned from Adolescent Well-being Programmes

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## **Abstract**

This paper summarizes key programmatic lessons from a review of ten adolescent well-being programmes across a range of world regions. Programmes were either nominated by members of the PMNCH Adolescent Health and Well-being Workstream's Working, Steering or Reference Groups, or by authors of other background papers in this series. Programmes that explicitly addressed at least three of the five domains of adolescent well-being in their written objectives were considered for inclusion.

The programmes have been grouped by the primary settings in which they were implemented: 1. Household (2 programmes); 2. Schools (3 programmes); 3. Community (3 programmes); 4. Digital space (2 programmes). Each of these settings plays an integral part in shaping and developing adolescents and represent an important space for programming to promote adolescent well-being.

The programmes illustrate that it is feasible to design and implement effective holistic well-being programmes that address multiple domains of adolescent well-being. To ensure the effectiveness of a programme focused on improving adolescent well-being across multiple domains, this paper emphasizes the importance of systems thinking, multi-sectoral collaboration and sustainability. Programmes need to be designed with an understanding that adolescents are a diverse group with a breadth of lived experiences. Programmes must consider and be tailored to be relevant to a range of determinants, such as age, gender, socio-economic, and familial structures. This paper also stresses that actively and meaningfully engaging adolescents in all aspects of the governance, design, implementation, and evaluation of the programme is essential for addressing adolescent well-being across its five domains. Effective adolescent programmes need to reach adolescents in the multiple settings where they live. It is important that programmes in different settings are co-ordinated and work synergistically to ensure that gaps are addressed and that programme objectives in each of the settings reinforce each other.

## 1. Introduction

After childhood, adolescence provides a second window of opportunity to influence individuals' developmental trajectories. This period of life can mitigate the effects of earlier adverse childhood experiences and prepare adolescents to thrive during adulthood(1),(2). In 2020, the UN H6+ Technical Working Group on Adolescent Health and Well-being published a new definition and conceptual framework for adolescent well-being.(3) They highlighted that programmes promoting adolescent well-being need to be holistic and address multiple domains: health and nutrition; connectedness, positive values and contribution to society; safety and a supportive environment; learning, competence, education, skills, and employability; and agency and resilience.(3)

To better understand the implications of the adolescent well-being framework in practice and inform policy and programme managers on what they need to know for effective programming for adolescent well-being, this paper presents four key lessons that are critical to successful adolescent well-being programming. The lessons are drawn from ten examples of adolescent programmes that have attempted to improve adolescent well-being across multiple domains. These programmes are distinct from single sector programmes, which, for example, only target specific issues such as adolescent mental health or sexual and reproductive health and rights.

## 2. Methods

Key lessons were drawn from evaluations of each of the ten programmes and collated to inform this paper. The programmes were identified from among those nominated by members of the Partnership for Maternal, Newborn & Child Health's (PMNCH) Adolescent Health and Well-being Workstream's Working, Steering or Reference Groups or by the authors of other background papers in this series.

They were selected from among programmes that met the following criteria:

1. At least three of the five domains of adolescent well-being were explicitly mentioned in the written objectives of the programme(3)
2. The programme had been evaluated
3. The programme targeted adolescents, either alone or as a major and explicit group within a broader target population

The ten case studies were selected to represent programmes that:

1. Covered different combinations of domains in their objectives, and, between them, included programmes that targeted all the five adolescent well-being domains
2. Ranged from relatively small (e.g. one city) to national or multi-country scale
3. Were run by local or national governments or by nongovernmental organizations
4. Spanned all six WHO Regions (Africa, Europe, Eastern Mediterranean, Pan America, South East Asia, and the Western Pacific).
5. Between them, represented programmes implemented in at least four different settings (household, schools, community and the digital space)
6. Utilized different implementation strategies.

## 3. The Programmes

The ten programmes are listed in Table 1, with brief summaries of each programme and the key programming lessons from them are given in Annex 1.

**Table 1: The Programmes**

Programme Name, Dates and Key Sources	Domains Explicitly Targeted in Programme Objectives	Location	Funding and/or Oversight	Implementing Agency	Scale	Summary	Evaluation Findings	
<b>1.</b>	<b>Household: Family-or caregiver-centred programmes</b>							
1.1.	<p>The Parenting for Lifelong Health Sinovuyo Teen Parenting Programme (2014-ongoing)</p> <p>Loening-Voysey et al. 2018 (4) Cluver et al. 2018 (5) Cluver et al. 2018. (6)</p>	1, 2, 3, 4	South Africa	UNICEF WHO	Clowns without Borders South Africa, National Department of Social Development	Cluster randomized trial was relatively small-scale and included 552 families in 40 clusters(4), but programme has been scaled up within South Africa and has been introduced in 15 other countries since then, in Africa, Asia, the Caribbean and Europe.	<ul style="list-style-type: none"> <li>Aims to improve adolescent well-being among 10-17 year-olds through 14 group sessions with parents and adolescents (together and separately) focused on relationships building and violence prevention skills(5).</li> </ul>	<p>“Families who took part had lower rates of violence against teenagers, better family relationships, lower substance use and better planning by families to protect teenagers from abuse in the community. Caregivers ... were less depressed and less stressed about parenting and had more social support. Families ... had better budgeting and more savings”(6).</p>

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**Table 1: The Programmes (cont...d)**

Programme Name, Dates and Key Sources	Domains Explicitly Targeted in Programme Objectives	Location	Funding and/or Oversight	Implementing Agency	Scale	Summary	Evaluation Findings
<b>1.</b>	<b>Household: Family-or caregiver-centred programmes</b>						
1.2	Familias Fuertes – Amor y Limites (2003-ongoing)  Molgaard & Spoth 2001 (7)  Naranjo-Rivera K, Mmari K, Weeks F 2017 (8)  Orpinas 2014 (9)	1, 2, 3, 4, 5	Latin America: Argentina, Bolivia, Brazil, Chile, Colombia, Costa Rica, the Dominican Republic, Ecuador, El Salvador, Guatemala, Honduras, Mexico, Nicaragua, Panama, Paraguay, and Peru.	Pan American Health Organization (PAHO)	National ministries: Education, Health, Justice	Multi-country. Large scale or national in each country.  <ul style="list-style-type: none"> <li>• Targets adolescents aged 10-14 and their families.</li> <li>• Aims to improve family relationships, enhance parenting skills and build youth pro-social life skills that will protect adolescents from participating in health-compromising activities such as alcohol, tobacco and drug use” (7).</li> </ul>	Observed results reported by programme managers: See Table A2 in Annex 1 (8).

(cont...d)

**Table 1: The Programmes (cont...d)**

Programme Name, Dates and Key Sources	Domains Explicitly Targeted in Programme Objectives	Location	Funding and/or Oversight	Implementing Agency	Scale	Summary	Evaluation Findings	
<b>2.</b>	<b>School-based programmes</b>							
2.1.	Female Secondary School Assistance Project (1993-2001) Gibbons 2018 (10) Xiaoyan 1996 (11) World Bank 2003 (12)	1, 2, 3, 4	Bangladesh	Government of Bangladesh assisted by the International Development Association of the World Bank	Government of Bangladesh	1.6 million girls in 2002 (10)	<ul style="list-style-type: none"> <li>• Aims to increase secondary school attendance by girls through a conditional cash-transfer stipend. (11).</li> <li>• Uses an “integrated package” approach that includes improvements in WASH facilities, teacher salaries, skills training and capacity building (12).</li> </ul>	By the close of the programme in 2002, FSSAP had provided stipends for over 1.6 million girl-years in secondary education (12). Attendance in secondary schools that received assistance through FSSAP saw an increase in enrolment of girls from 462,000 in 1994 to 984,000 in 1999(12). Community school user groups were formed and co-financed (20%) the building or refurbishment of WASH facilities in almost 4,000 schools (99% of the target number of schools)(12).

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**Table 1: The Programmes (cont...d)**

Programme Name, Dates and Key Sources	Domains Explicitly Targeted in Programme Objectives	Location	Funding and/or Oversight	Implementing Agency	Scale	Summary	Evaluation Findings	
<b>2.</b>	<b>School-based programmes</b>							
2.2.	Akshaya Patra Foundation Mid-day Feeding Programme (2000-ongoing)  The Akshaya Patra Foundation 2017 (13)	1, 2, 4	India	Government of India (Public-Private Partnership model)	The Akshaya Patra Foundation and Government of India	1.8 million school children in 19,000 schools in 52 locations over 13 states and 2 Union Territories on all school days	<ul style="list-style-type: none"> <li>• Targets school-aged children and adolescents 6-14 years and provides them with a daily free mid-day meal.</li> <li>• Aims to address malnutrition and improve education outcomes (13).</li> </ul>	A mixed quantitative and qualitative evaluation included the collation of information from school records, in-depth interviews with school teachers, parents and students and observation of the distribution of meals in study schools. This revealed that 78% of boys and 84% of girls (5-14 years of age) were found to have a normal range of BMI in TAPF-supported schools, while 68% and 75% of boys and girls, respectively, had a normal range of BMI in non-TAPF schools (13). Students in TAPF-supported schools performed better in their annual exams in comparison to non-TAPF students(13)

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**Table 1: The Programmes (cont...d)**

Programme Name, Dates and Key Sources	Domains Explicitly Targeted in Programme Objectives	Location	Funding and/or Oversight	Implementing Agency	Scale	Summary	Evaluation Findings	
<b>2.</b>	<b>School-based programmes</b>							
2.3	The Good School Toolkit (2007-ongoing)  Raising Voices 2015 (14)  Devries et al. 2015 (15)  Devries, K.M., Knight, L., Allen, E. et al. 2017 (16)	1, 2, 3, 4, 5	Uganda	London School of Hygiene and Tropical Medicine	Raising Voices (NGO)	600 schools	<ul style="list-style-type: none"> <li>• Targets primary school students to reduce the physical violence that they experience in school.</li> <li>• Aims “to help administrators and teachers create a violence-free learning environment, where students can develop their skills and confidence and become constructive, creative, and thoughtful members of their community.”(14)</li> </ul>	At the endline survey of the randomized controlled trial 49% of staff in control schools reported having used physical violence during the past week vs 31% in intervention schools(15). However, the randomized controlled trial found that the Toolkit did not affect student mental health or student education test scores(15).

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**Table 1: The Programmes (cont...d)**

Programme Name, Dates and Key Sources	Domains Explicitly Targeted in Programme Objectives	Location	Funding and/or Oversight	Implementing Agency	Scale	Summary	Evaluation Findings	
<b>3.</b>	<b>Community-based programmes</b>							
3.1.	You Are Not Alone (YANA) (2017-ongoing)  Mills 2020 (17)	1, 2, 3, 4, 5	United Kingdom	Building Connections Fund (UK Government, UK National Lottery Community Fund and the Co-op Foundation)	Body & Soul	316 adolescents	<ul style="list-style-type: none"> <li>• Targets 16-29 year-olds who are at high risk of suicide, defined as having attempted suicide within the year prior to joining the programme.</li> <li>• Focuses on building skills within a community ethos to manage difficulties often arising from adverse childhood experiences (ACEs).</li> </ul>	YANA participants “experienced improved emotional regulation, and a reduction in impulsivity, improving social connectivity, improving confidence and reducing self-harm.”(17)

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**Table 1: The Programmes (cont...d)**

Programme Name, Dates and Key Sources	Domains Explicitly Targeted in Programme Objectives	Location	Funding and/or Oversight	Implementing Agency	Scale	Summary	Evaluation Findings	
<b>3.</b>	<b>Community-based programmes</b>							
3.2.	Vivo Mi Calle (2019-ongoing)	1, 2, 3, 4, 5	Colombia	Fondation Botnar	Despacio  Implementing partners: World Resources Institute and the Secretariat of Mobility in Cali, Insititución Educativa Santa Rosa, Institución Educativa Nuevo Latir	350 participants (adolescents aged 10-15) and more than 20,000 beneficiaries of the public spaces and routes.	<ul style="list-style-type: none"> <li>• Aims to improve the health and well-being of adolescents through their active participation in the creation and regeneration of safe public spaces and routes that foster their right to healthy cities.</li> <li>• Aims to promote citizen engagement and their relationship with city stakeholders to promote healthy and safe urban environments.</li> <li>• Used digital technologies to empower adolescents to capture their observations through designing social maps that were used to inform the redesign of routes to key places within the city.</li> </ul>	Participatory workshops with adolescents identified 29 risks. These were grouped into: “road safety”, “personal security”, “sexual harassment” and “environmental factors”. This information further informed the overall project plan and objectives. Workshops identified that a local bridge was an invisible barrier, because it was unsafe to cross it, so youth had to make a deviation to reach their school. This public space was the entry point to launch the project in the communities. The bridge was renovated and decorated by adolescents and a plan is in place for the creation of further work to create safe spaces and routes based on the results of digital mapping to identify changes that would improve the well-being of adolescents

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**Table 1: The Programmes (cont...d)**

Programme Name, Dates and Key Sources	Domains Explicitly Targeted in Programme Objectives	Location	Implementing Agency and Funding and/or Oversight	Scale	Summary	Evaluation Findings	
<b>3.</b>	<b>Community-based programmes</b>						
3.3.	OurCluj (part of OurCity, a global multi-city initiative)  Fondation Botnar 2021 (18)	1, 2, 3, 4, 5	Romania	A collaborative multi-stakeholder initiative. Co-created by SDG CoLab (NGO), Fondation Botnar (funder), Cluj-Napoca City Hall and its Cluj Civic Imagination and Innovation Centre (CIIC), Babeş-Bolyai University, UniversitART (NGO), Cluj Youth Federation (NGO/alliance), PONT Group (NGO), Cluj Cultural Centre (NGO/alliance), Romanian Health Observatory (NGO), MagicHELP (NGO), Wello (social enterprise), Engagement Lab (NGO)  Funders: Fondation Botnar	Estimated 160,000 people, 50% of the Cluj-Napoca population. This estimated number includes the target audience of organizations that are direct beneficiaries of the programme.	<ul style="list-style-type: none"> <li>• Aims to co-create and implement coordinated programmes in the city to facilitate its transformation into a place where young people’s well-being and opportunities are thriving</li> <li>• Fosters civic innovation by leveraging digital technologies and participatory engagement with young people (10-24 year-olds) and other public, private and civic stakeholders</li> </ul>	In its early stages of implementation, two interdisciplinary studies informed the evolving co-design process of OurCluj. The LEAP study identified priority needs and opportunities for youth well-being (19). The (in)Visible study investigated relational networks and trust building. Findings led to OurCluj launching a catalytic school network, an experimental social innovation fund and three app-based programmes- Eualert addresses adolescent school dropout (20); Wello addresses childhood obesity (21), and MagicHelp builds support networks for families with terminally ill children (22).

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**Table 1: The Programmes (cont...d)**

Programme Name, Dates and Key Sources	Domains Explicitly Targeted in Programme Objectives	Location	Funding and/or Oversight	Implementing Agency	Scale	Summary	Evaluation Findings
<b>4. Digital-space based programmes</b>							
4.1. Maharati: Skill Programme (2017-ongoing)  UNICEF 2018 (23)  UNICEF 2020 (24)	2, 3, 4, 5	Jordan	UNICEF	UNICEF Generations For Peace (NGO), Jordan Ministry of Youth	188 youth centres across the kingdom, reaching 45000 youth and adolescents (23)	<ul style="list-style-type: none"> <li>• Targets 15-24 year-olds.</li> <li>• Aims “to promote lasting behaviour change” by implementing skill building and civic engagement programmes at the Ministry of Youth in Jordan that “build and develop 21st Century skills” as well as foster social cohesion and peace building (24).</li> </ul>	In 2019-2020, more than 600 facilitators were trained and implemented the full Maharati programme and 100,000 learners took part in the programme in-person and online. Based on pre- and post-tests, participating adolescents and youth were shown to have an increased sense of belonging, improved communication and teamwork skills, and increased engagement in community activities(24).
4.2. Youth Agency Marketplace (YOMA) (2019-ongoing)  YOMA 2020 (25)	2, 3, 4, 5	Kenya, South Africa, Nigeria	Fondation Botnar Foundation, GIZ, UNICEF	DiDX, RLabs (NPO), Goodwall (NPO), Atingi (GIZ), Generation Unlimited (UN and partners)	Varies by challenge but, for example, 90,000 young people were reached in the COVID-19 challenge	<ul style="list-style-type: none"> <li>• Targets 16-24 year-olds.</li> <li>• Aims to increase youth agency by actively engaging youth in social impact tasks and “learning to earning” opportunities.</li> </ul>	YOMA runs challenges that allow young people to share their talent, learn new skills and be matched to job opportunities (e.g. internships). Related to one of the challenges, for example, approximately 90,000 young people registered for the 7-week COVID-19 Pan-Africa Challenge. YOMA received more than 58,000 ideas, 2300 videos and 3500 digital storyboards for this challenge (25).

## 4. Key Lessons

Four key lessons emerged from the review of the ten selected programmes. These were:

- 1) Holistic well-being programming is feasible and can have impact. It requires systems thinking within an interdisciplinary approach and multi-sectoral collaboration;
- 2) Programmes must consider the diversity of adolescents and ensure that the programme meets their diverse needs;
- 3) Young people need to be actively engaged in all stages of the programme design, implementation and evaluation; and
- 4) Holistic adolescent well-being programmes should reach adolescents in multiple settings where their lives are lived.

### 4.1. Holistic well-being programming is feasible and can have impact.

Adolescent well-being is comprised of 5 domains: Domain 1. Good health and optimum nutrition, Domain 2. Connectedness, positive values and contribution to society, Domain 3. Safety and a supportive environment, Domain 4. Learning, competence, education, skills and employability, and Domain 5. Agency and resilience. These five domains emphasize the multidimensional nature of well-being(3). Among the ten case studies selected for this paper, five programmes (**Familias Fuertes – Amor y Limites** (from now on referred to as **Familias Fuertes**), **The Good School Toolkit**, **You Are Not Alone**, **Vivo Mi Calle**, **OurCluj**) explicitly attempted to address adolescent well-being across all five domains, while others explicitly focused on three or four domains. All ten programmes demonstrate that it is feasible to target multiple domains of well-being within a single programme and it offers an opportunity to build synergy and mutually reinforce the different domains.

With the exception of **OurCluj**, which is still in early stages of development and so currently only has the results from situation assessments and process evaluations, each of the five programmes focusing on all five domains achieved at least one of their objectives, and they had an impact on at least one dimension of adolescent well-being. Overall, these programmes showed that holistic well-being programming is feasible and can have an impact. Specifically, programmes need to use systems thinking within an interdisciplinary approach (see Section 4.1.1), and multi-sectoral collaboration (see Section 4.1.2) are needed to address the multidimensional and interconnected nature of well-being. Furthermore, sustainability needs to be considered from the outset in designing programmes and must be worked on throughout the programme's life (see Section 4.1.3).

The ten programmes demonstrate that holistic well-being programming within a single programme has the important advantage of giving the potential for building synergy and mutual reinforcement across the domains of adolescent well-being. However, it was noticeable that few of the programmes reported achieving their objectives across all the domains or dimensions of adolescent well-being that they attempted to. In designing and implementing holistic or multi-domain adolescent well-being programmes, certain aspects of the programme may dominate while others may be implemented with less intensity. In order to design a successful multi-domain adolescent programme robust monitoring and evaluation systems are required. This will allow programme managers to ensure that all aspects of the programme are being implemented with adequate intensity and fidelity.

#### 4.1.1. Systems thinking and an interdisciplinary approach

Given the multidimensional nature of well-being, 'systems thinking' and an interdisciplinary approach will be needed. Systems thinking 'is aimed at understanding relationships between (*intervention*) components and their overall impact on system outcomes (i.e., intended and unintended) and how a system of interest similarly fits in the broader context of its environment' (26). Thinking from the start about the potential intended and unintended consequences of a programme on all aspects of the system in which it is operating will position it for success. Among others, four of the programmes that were reviewed provided examples of why systems thinking and an interdisciplinary approach is important.

The **Female Secondary School Assistance Project (FSSAP)** (Programme 2.1 in Table 1 and Annex 1) used multiple interventions which allowed the programme to address issues within four domains of well-being. However, the programme was unable to meet all of its objectives as it did not plan for the consequences of its success in one area of the education system on other aspects of the system. The programme enhanced girls' school retention through providing conditional cash transfers to female students, but the education system was unable to maintain teacher: student ratios and educational quality because of the increased demand for education. As a result, although the programme met its main objective of increasing school attendance, it did not increase girls' academic achievements. Similarly, the long-term objective of FSSAP was to increase the number of educated women in Bangladesh as a means of fostering their participation in the economic and social development of the country. However, little was done to facilitate the transition of FSSAP stipend recipients into the work force, for example by linking graduating schoolgirls to higher education institutions such as universities or to clear employment opportunities. Partly as a result of this, the programme was adjudged not to have provided the technical or life skills that girls needed to secure employment(27). This second failure of systems thinking meant that, despite increased retention in schools the programme did not increase girls' employment.

The **Good School Toolkit** (Programme 2.3 in Table 1 and Annex 1) met one of its main objectives by positively affecting students' feelings of safety and well-being at school. However, this feeling of increased safety and well-being was not sufficient to significantly improve students' mental health and educational outcomes. The programme team suggested that this might have been because the interventions did not address other key socioeconomic, familial and structural factors linked to mental health symptoms and educational outcomes both within and outside the school setting, including large class sizes, poor physical school infrastructure and lack of resources for teaching, and key factors in the students' family situations and in the wider community.

In Jordan, the Ministry of Education works with UNICEF to implement the **Maharati Skills Programme** (Programme 4.1 in Table 1 and Annex 1) to promote adolescent well-being using interventions that spanned Domains 2, 3, 4 and 5. This extracurricular programme aims to provide young people with skills to enter the workplace and become engaged citizens. It does this by complimenting the academic curriculum designed by the Ministry of Education with skill building activities. This demonstrates systems thinking as the intervention has been placed within the wider context of its environment in order to enable young people to become engaged and active citizens who can participate both in the economic and social development of Jordan. The hope is that the programme will allow Jordan to mitigate current high levels of youth unemployment, which are attributed to a mismatch between capacities of young people and the skills needed in Jordan's current job market(28).

The **OurCluj** initiative (Programme 3.3 in Table 1 and Annex 1), which aims to improve youth well-being in a city ecosystem, has intentionally used a systems thinking approach from the start. It commissioned an interdisciplinary study (19), which aimed to apply a systems lens to understand the

factors affecting youth well-being in the Cluj-Napoca metropolitan area. It identified four interrelated priority areas for action: health, learning, collective agency and enabling environment. Although still in its early phases, **OurCluj** is investing time and effort from its start to build an understanding of the interrelated complexities that influence young people's well-being through an ongoing mapping of issues and of stakeholders, assisted by artificial intelligence-based mapping and visualization tools, interviews and workshops.

#### 4.1.2. Multi-sectoral collaboration

Alongside 'systems thinking' and an interdisciplinary approach, multi-sectoral collaboration is a necessary element of programmes to promote adolescent well-being across its domains. The programmes selected for this paper illustrate the importance of ensuring active multi-sectoral collaboration to achieve adolescent well-being. Five specific examples of this are given below.

The **Youth Agency Marketplace (YOMA)** programme (Programme 4.2 in Table 1 and Annex 1) is a digital marketplace for youth across the world which aims to build and transform their futures by actively engaging in social impact and "learning to earning" opportunities. Young people are linked with opportunities offered by partners such as private enterprises, educational institutions and employers. Leaders of the initiative report that "without multi-sectoral collaboration among education, technology and communication sectors, YOMA would have been unable to improve adolescent well-being across four of its domains". Digital-space based programmes such as **YOMA** and the previously mentioned **Maharati Skills Programme** can play a significant role in improving adolescent well-being. However, in order to ensure equitable access to digital programmes among adolescents, issues of access to internet-based interventions as well as poor internet connectivity need to be addressed. Although there are large differences by country, income-group, and rural/urban location, a recent report by UNICEF and the International Telecommunication Union (ITU) estimated that, globally, two-thirds of children and young people aged 3-24 years do not have internet access at home (29). The report estimated that only 6% of 3-24 year-olds in low-income countries had internet access at home, and even within high-income countries, 13% of this age group lacked access. It is therefore no coincidence that neither of the digital-space-based programmes included in this review are working in low-income countries. To effectively implement digital-space-based adolescent well-being programmes, multi-sectoral collaboration between the education and the technology and communication sectors is needed. This will require a joint vision for expanding the digital sector and an understanding of the mutual benefits of increasing and improving access to the internet.

Multi-sectoral collaboration can also be important for the successful scaling-up of programmes. The evaluation of the **Familias Fuertes** programme (Programme 1.2 in Table 1 and Annex 1) showed that, to effectively scale-up the successful small-scale "Strengthening Families Programme" sufficient resources must be allocated to local adaptation, training, supervision and monitoring and evaluation, and for collaboration across the multiple sectors delivering the programme to ensure that its quality is maintained. One way to do this is by promoting community participation and private-public partnerships. Evaluations of the **Akshaya Patra Foundation (TAPF) Mid-day Feeding Programme** (Programme 2.2 in Table 1 and Annex 1) showed that the programme had successfully improved adolescent well-being in three domains: improved nutrition (Domain 1), socialization across castes (Domain 3), and improvements in educational enrolment, attendance and academic outcomes (Domain 4). Community participation and private-public partnerships that spanned multiple sectors, allowed the **TAPF Mid-Day Feeding Programme** to grow from serving 1,500 children and adolescents in 5 schools in 2000 to serving 1.8 million in 2021(30).

The **OurCluj** programme (Programme 3.3 in Table 1 and Annex 1) not only illustrates the importance of multi-sectoral collaboration in improving adolescent well-being across all five of its domains, but also suggests the importance of explicitly investing in activities designed to build community and organizational awareness related to adolescent well-being. Programme implementers also stress the importance of identifying and working with public, private, and civic stakeholders (including adolescents themselves) to build trust as well as relational capital between them in order to stimulate their commitment to working together towards a common objective. Sectors and organizations need to work synergistically rather than competitively by looking for opportunities to support each other. This can only be done by first investing in activities designed to build trust and understanding. Multi-sectoral collaboration is challenging and requires the investment of time and effort to develop shared understanding of each other's objectives, paradigms, language and approaches, and the alignment of vision, aims and resources. It requires a mutual agreement on the benefits of working together and the investment of time for coordination and the building of trust.

#### 4.1.3 Designing for sustainability

**Familias Fuertes** (Programme 1.2 in Table 1 and Annex 1) has been confronted with many challenges related to limited resources and variable levels of government support over time in many of the countries where it has been implemented. This has made it difficult to maximize and sustain the programme's impact. Sustainability needs to be considered from the outset in designing programmes and must be worked on throughout the programme's life. Programmes need to ensure that they have, and will continue to have, adequate resources to drive their programmes forward. Ultimately, the **Female Secondary School Assistance Project (FSSAP)** (Programme 2.1 in Table 1 and Annex 1), although it ran for 8 years, was not a sustainable programme as when the donor aid finished, the programme ended. The **OurCluj** programme (Programme 3.3 in Table 1 and Annex 1) and **Akshaya Patra Foundation (TAPF) Mid-day Feeding Programme** (Programme 2.2 in Table 1 and Annex 1) are two adolescent well-being programmes that explicitly attempted to address programme sustainability within their design. The **TAPF Mid-day Feeding Programme** is an ongoing programme which has been running since 2000. It has a sustainable funding due to its public/private partnership funding structure. The **OurCluj** programme is in its early stages of development and is currently funded by Fondation Botnar. However, from its inception, it has been consciously working towards long-term sustainability through identifying and working with a wide range of stakeholders in order to foster multiple 'ownership' of the programme and to spread the risk. A steady flow of resources is tied to building trust and working hard to develop a shared vision among multiple stakeholders, which both of these programmes have taken into consideration within their structures.

#### 4.2. Programmes must consider the diversity of adolescents

There are huge differences in physical, social, and emotional development between young adolescents, older adolescents and young adults(31). To address the multi-dimensional nature of well-being and the individual needs of adolescents, programmes must take developmental differences between adolescents into account. The programmes reviewed for this paper either focused on a specific age group of adolescents (for example, **Familias Fuertes** targeted adolescents aged 10-14 years, **TAPF** targeted children and adolescents aged 6-14 years) or targeted adolescents as a whole (e.g. **Vivo Mi Calle, Our Cluj**). Evaluations of the successful **Parenting for Lifelong Health Sinovuyo Teen Parenting Programme** (Programme 1.1 in Table 1 and Annex 1), which targeted 10-17 year-olds noted that variants of the programme should be tailored to narrower age bands of adolescents to be even more effective. In one country, **Familias Fuertes** also found it necessary to make a specific adaptation of the programme for use in rural areas among the indigenous population (9).

Gender differences among adolescents also need to be taken into consideration when designing adolescent well-being programmes. However, not all of the programme evaluations in our review explicitly reported on their impact by gender. The **Good School Toolkit** (Programme 2.3 in Table 1 and Annex 1) was found to be effective in reducing teacher to student physical violence against students of both sexes, however, there was weak evidence that the intervention had a stronger effect in male students than female students ( $p$  for interaction=0.043) (15). The implementers of the **Good School Toolkit** intervention noted that more research was needed to determine how the intervention could more successfully engage with girls and how to address unhelpful gender norms (16). The mixed quantitative and qualitative study conducted by the **Akshaya Patra Foundation (TAPF) Mid-day Feeding Programme** (Programme 2.2 in Table 1 and Annex 1) found that 78% of boys and 84% of girls (5-14 years of age) had a normal range of BMI in TAPF-supported schools, while 68% and 75% of boys and girls, respectively, had a normal range of BMI in non-TAPF schools, suggesting that the impact of the intervention was similar by gender (13). In both TAPF schools and non-TAPF schools the attendance rates of girls were slightly higher than those of boys, but there was no significant differences between TAPF schools and non-TAPF schools (13).

The **Familias Fuertes** (Programme 1.2 in Table 1 and Annex 1) was revised by PAHO experts in gender and health to eliminate possible gender biases of the programme (8). The evaluation of the programme did not examine whether there were differences in the impact of the programme on girls or boys, but noted that many countries struggled to engage fathers in the programme. Eight countries included questions on the participation of adolescents by gender. Six countries reported higher participation of girls, no countries reported higher participation of boys, and one country reported equal boy-girl participation (9). Programme facilitators attributed the predominate participation of mothers and female caregivers to cultural norms, in which there is a high prevalence of single mothers and males are employed and thus less available to attend Familias Fuertes sessions (9). Programme facilitators also experienced difficulties in overcoming challenges associated with a 'machista culture' in which violence of men towards women is common (9). Programme facilitators noted that overcoming cultural norms associated with the 'machista culture' was one of the greatest challenges for the programme (9).

Although the **You Are Not Alone (YANA)** programme in the UK (Programme 3.1 in Table 1 and Annex 1) has not, to our knowledge, reported effectiveness results by gender, staff have noted greater challenges in reaching young men, and in particularly young men of colour or young men from minority backgrounds. To overcome this challenge, Body & Soul is working with various charities and statutory services in the North London area to broaden its pool of referrals in an attempt to more effectively reach this community.

To improve adolescent well-being, interventions need to encompass the breadth of the person's lived experience and not just their presenting problems. The small-scale **You Are Not Alone (YANA)** programme in the UK (Programme 3.1 in Table 1 and Annex 1) implemented by Body & Soul targets 16-29 year-olds who are at high risk of suicide, defined as having attempted suicide within the year prior to joining the programme (17). It places equal importance on supporting members in the following six key areas of their lives: mental health and emotional regulation, physical health, social connectivity, cognitive and behavioural learning, self-concept, and productivity. Upon joining the programme, members must complete a six-month Dialectical Behavioural Therapy (DBT) programme. In parallel to DBT, YANA offers its members additional support and activities and opportunities. This programme has reported a significant impact on improving participants' emotional regulation, reducing impulsivity, improving social connectivity, improving confidence, and reducing self-harm. The members that participate in this programme are from diverse backgrounds and programme implementers have argued that one of the reasons for its success has been that the interventions are tailored and adapted to the specific individual. A range of issues are taken into account such as the

nature of the person, their strength, talents, interests and aspirations as well as where the young person lives, their employment, relationships, education, and access to resources including services, transport, food, and money and their previous adverse childhood experiences.

#### 4.3. The importance of actively engaging young people in all stages of the programme.

“Nothing About Us, Without Us” is the principle that no policy should be decided without the full and direct participation of members of the group that is affected by that policy(32). Not only is this principle pertinent for empowering adolescents, but it is important for improving adolescent well-being programming. Tokenistic “involvement” of adolescents and young people is common. However, meaningfully involving young people at all stages of the programme, including its design, implementation, monitoring, evaluation and governance structures, involves the investment of both human and financial resources into this process (33). For example, many adult community members may be able to volunteer their time without compensation, whereas this may not be the case for all adolescents or young people, and particularly for those from the poorest socio-economic groups. Also, young people may require orientation, training or coaching to be able to maximize their active participation in meetings or the delivery of services (34). Furthermore, specific approaches and activities may be required to meaningfully engage adolescents, and especially young adolescents, such as workshops involving participatory learning and action (PLA) approaches, gamification, drama, music, or sports (35).

Examples of how this principle has been applied in programmes include the **OurCluj** initiative (Programme 3.3 in Table 1 and Annex 1) in which youth and representatives of youth-led organizations are actively included as co-designers and equal stakeholders within the governance structures of the programme. This ensures that the programme activities are directly relevant to the young people they aim to support, helps to build trust in the programme among the city’s young people, and enables the exchange of learnings. The **YOMA** (Programme 4.2 in Table 1 and Annex 1) has included young people in various stages of its programme design. Initially YOMA consulted youth through global workshops, which informed the programme’s design. Young people played an integral role in designing YOMA’s value system and continue to inform YOMA’s work as members of its steering committee (Camilla Haux. personal communication).

**Vivo Mi Calle** (Programme 3.2 in Table 1 and Annex 1) aims to improve health and well-being across all five domains of adolescent well-being. A key strategy to achieve this has been to foster adolescent participation both in the design process and in the programme’s implementation. Adolescents are actively involved in identifying problems in their neighbourhoods especially related to public spaces, and in proposing, designing, and implementing solutions. Adolescents proposed introducing plants, colours and controlling speed of the motorcycles to improve the safety of the bridge. Adolescents worked alongside other members of the community to implement these solutions. This approach allows for active citizen engagement, participation and buy-in by the programme’s beneficiaries and diverse stakeholders.

The programmes that were reviewed for this paper gave numerous examples of how the opinions of adolescents had been studied within the programme’s monitoring and evaluations. These included the **Parenting for Lifelong Health Sinovuyo Teen Parenting Programme**, **Familias Fuertes**, and the **You Are Not Alone (YANA)** programme (Programmes 1.1, 1.2 and 3.1 in Table 1 and Annex 1). However, the reports of the programmes did not provide concrete illustrations of adolescent participation in the design and interpretation of programme evaluations or monitoring systems. However, doing this can ensure that the evaluations capture the true perspectives of adolescents, which can lead to more relevant programmes. In other words, the adolescents should not only be

asked for their opinions on the programme as ‘evaluation subjects’ but should also be actively involved in the design and interpretation of the evaluation itself.

#### 4.4. Holistic adolescent well-being programmes should reach adolescents in multiple settings

The ten programmes each took place in one of four settings: 1. Household (2 programmes); 2. Schools (3 programmes); 3. Community (3 programmes); 4. Digital space (2 programmes). Each of these settings plays an important role in an adolescents’ daily life.

##### 4.4.1. Household

During adolescence, young people move towards physical, emotional and cognitive independence(28) and their families and caregivers play an important positive or negative role in these transitions. The 2017 Varkey Foundation Generation Z Global Citizenship Survey found that, globally, 89% of young people reported that their parents were the most significant influencing factor in their lives(36). It is critically important, therefore, that adolescents maintain positive connections with their parents and/or other adult caregivers. Adolescent well-being programmes that effectively involve families and caregivers can ensure that adolescents’ development and well-being are supported by their families and avoid behaviours that put them at risk. The **Parenting for Lifelong Health Sinovuyo Teen Parenting Programme** and **Familias Fuertes** (Programmes 1.1 and 1.2 in Table 1 and Annex 1) illustrate that adolescent well-being can be promoted by programmes that target their well-being within the context of their families and caregivers.

##### 4.4.2. School-based programmes

Schools affect multiple aspects of adolescent development and adolescent well-being. Adolescents spend a large proportion of their time in school. Although, the primary purpose of a school is to deliver academic education, its effects on well-being in terms of adolescents’ physical and mental health, safety, civic engagement and social development is far broader(37). School-based programmes such as the **Female Secondary School Assistance Project (FSSAP)**, **Akshaya Patra Foundation (TAPF) Mid-day Feeding Programme** and the **The Good School Toolkit** (Programmes 2.1, 2.2 and 2.3 in Table 1 and Annex 1) provide examples of the opportunities provided by school-based programmes for addressing adolescent well-being and for helping adolescents to prepare for a successful transition into adulthood.

##### 4.4.3. Community-based programmes

As demonstrated by the three examples reviewed in this paper (**You Are Not Alone (YANA)**, **Vivo Mi Calle** and **OurCluj** (Programmes 3.1, 3.2 and 3.3 in Table 1 and Annex 1), community-based interventions can support young people’s social and emotional well-being that schools often lack the time and resources to support. Participation in out-of-school programmes can address these gaps for students, as well as reaching out-of-school adolescents. Among other things, they can help to develop young people’s social and emotional skills, particularly self-confidence, self-efficacy and emotional regulation(38) as demonstrated by the **YANA** programme which specifically targeted 16-29 year olds who are at high risk of suicide. Programmes such as **Vivo Mi Calle** and **Our Cluj** that address adolescent well-being at a community or city level also work to empower young people. For example, **Vivo Mi Calle** empowers young people through their active participation in the regeneration of public spaces. Adolescents participate in surveys, social mapping exercises, identify issues and needs, and propose and implement solutions aiming to improve public spaces for them and their community. The **OurCluj** programme is part of a growing movement that aims to show that cities, which are dynamic

systems, have the potential to transform the well-being of the adolescents and youth living in them (39).

#### 4.4.4. Digital-space programmes

The current generation of adolescents is growing up in an increasingly digital world. In many contexts, adolescent well-being is “now intimately connected with direct and indirect experiences with the digital environment and the technologies which mediate these interactions.”(40). Some adolescents spend more time on digital devices than in classrooms (41). The digital ecosystem represents an opportunity to implement programmes that can improve adolescent well-being. In our digital age, the need for digital skills has greatly increased, but access to learning those skills has not met growing demands. Programmes such as **YOMA** and both UNICEF’s online “Learning Passport” and UPSHIFT implemented within the **Maharati Skill Programme** in Jordan are examples of recent programmes that have aimed to assist adolescents to actively increase their future employability. They have shown that programmes have the potential to reach a large number of adolescents to develop their digital skills, such as video editing and app creation.<sup>1</sup>

#### 4.4.5 Working across settings

Each of these four settings represents an important space for programming to promote adolescent well-being. However, individual programmes have tended to only work in one setting. This is not a problem as such, but it is important that programmes in different settings are co-ordinated and work synergistically to ensure that gaps are addressed and that the programmes reinforce each other. Ideally, individual programmes working in specific settings should not compete with each other but should work towards the common goal of improving adolescent well-being. For example, although **Familias Fuertes** targets adolescent well-being within the context of their families and caregivers, schools can play an important role in facilitating the programme. In some countries, **Familias Fuertes** explicitly links households with schools. Parents and their children who will be invited to participate in the programme are selected through schools, while teachers are trained to serve as programme facilitators. Following the completion of the programme, booster sessions are conducted in the school by teachers (Sonja Caffè, personal communication).

## 5. Discussion

This paper has reviewed ten adolescent programmes that have explicitly addressed more than three domains of adolescent well-being within their written programme objectives. In doing so it has demonstrated that holistic adolescent well-being programming is feasible and can have an impact. The paper has identified key lessons learned that will be integral for informing future policy and programming on adolescent well-being.

It emphasizes how approaches such as systems thinking, an interdisciplinary approach and multi-sectoral collaboration strengthen holistic adolescent well-being programming. Furthermore, it highlights the importance of recognizing that adolescents are a diverse sub-set of the population with specific needs, and that this diversity needs to be catered for in all aspects of programme design, implementation, monitoring and evaluation. Moreover, in order to design an adolescent programme that is effective, programme managers need to actively and meaningfully engage adolescents in programme design, implementation and evaluation processes. It is through active adolescent engagement that adolescent programmes will find their strength and improve adolescent well-being.

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<sup>1</sup> Another example of a programme in the digital space is the Fablabs programme which is described in Background Paper 12.

Although not every programme can work across multiple settings, programmes should co-ordinate their activities in order to synergistically reinforce their shared objectives of improving adolescent well-being.

The paper draws on a total of 10 case studies across all the six WHO Regions. Some of the programmes included adolescents across a broad age range, while others focused on a more limited age group. Although some implied that they might plan to do this in the future, none used a “participant segmentation” approach with somewhat different interventions provided to different groups within the target population, for example based on age, gender, ethnicity, religion, or socio-economic status. Given the huge differences in physical, social, and emotional development by these variables, such segmentation should always be considered.

These ten adolescent well-being programmes covered a wide range of interventions, including social protection programmes such as cash transfers (**Female Secondary School Assistance Project**), parenting and teacher focused programmes (the **Parenting for Lifelong Health Sinovuyo Teen Parenting Programme**, **Familias Fuertes** and **The Good School Toolkit**), psychosocial interventions (**You Are Not Alone**), a programme providing school meals (**The Akshaya Patra Foundation (TAPF) Mid-day Feeding Programme**), life skills education and relevant skills learning and interventions to improve adolescents’ employability (**YOMA** and the **Maharati Skills Programme**), a programme to make public spaces safer, healthier and more attractive (**Vivo Mi Calle**) and active citizenship (**Our Cluj**). However, these ten programmes are not likely to represent all the many types of programmes that exist. In fact, an important limitation of this paper is that the case studies were selected based on recommendations, which has most likely limited the representativeness of the programmes. For example, none of the programmes specifically worked with law enforcement officers or in youth clubs. In addition, none of the selected programmes focused on specific sub-groups of very marginalized adolescents such as those who are immigrants or refugees, disabled adolescents, sexual minorities, orphans, trafficked, or who belong to a stigmatized indigenous, ethnic, tribal or religious group (42). Addressing diversity, discrimination and inequalities within adolescent well-being programmes will require reaching and meeting the needs of these marginalised sub-groups of adolescents.

The selected programmes illustrate that it is feasible to design programmes that address adolescent well-being across three or more domains. It also shows that such broad-based or comprehensive programmes can have impact and illustrates some of the key factors that must be incorporated into the design and implementation of the programmes for them to be successful.

## 6. Conclusion

The examples reviewed in this paper illustrate that it is possible to design programmes that address adolescent well-being across multiple domains. The case studies demonstrate that such programmes exist, but that they also have their limitations. Key lessons that emerged from this review are that 1) Holistic well-being programming requires systems thinking, an interdisciplinary approach and multi-sectoral collaboration 2) Programmes must consider the diversity of adolescents 3) Young people need to be actively and meaningfully engaged in all stages of the programme, and 4) Holistic adolescent well-being programmes should reach adolescents in multiple settings. By taking these key lessons into account it will be possible to design, implement and facilitate programmes that promote adolescent well-being.

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## Annex 1: The Ten Programmes

The ten programmes were grouped by the settings in which they took place (Table A1). The four settings were: 1. Household (2 programmes); 2. Schools (3 programmes); 3. Community (3 programmes); 4. Digital space (2 programmes).

**Table A1: The Programmes**

Programme Name		Location	Date
<b>1. Household: Family-or caregiver-centred programmes</b>			
1.1	The Parenting for Lifelong Health Sinovuyo Teen Parenting Programme	South Africa	2014-ongoing
1.2	Familias Fuertes	Latin America: Argentina, Bolivia, Brazil, Chile, Colombia, Costa Rica, the Dominican Republic, Ecuador, El Salvador, Guatemala, Honduras, Mexico, Nicaragua, Panama, Paraguay, and Peru.	2003-ongoing
<b>2. School-based programmes</b>			
2.1.	Female Secondary School Assistance Project	Bangladesh	1993-2001
2.2.	Akshaya Patra Foundation Mid-day Feeding Programme	India	2000-ongoing
2.3.	The Good School Toolkit	Uganda	2007-ongoing
<b>3. Community-based programmes</b>			
3.1.	You Are Not Alone (YANA)	United Kingdom	2017-ongoing
3.2.	Vivo Mi Calle	Cali, Colombia	2019-ongoing
3.3.	Our Cluj	Romania	2019-ongoing
<b>4. Digital-space based programmes</b>			
4.1	Maharati: Skill Programme	Jordan	2017-ongoing
4.2	YOMA	Kenya, South Africa, Nigeria	2019-ongoing

## 1.0. Household: Family- or caregiver-centred programmes

### 1.1. The Parenting for Lifelong Health Sinovuyo Teen Parenting Programme in South Africa (PLH Teens) (2014-ongoing)

The Parenting for Lifelong Health Sinovuyo Teen Parenting Programme (PLH Teens) is part of the WHO- and UNICEF-endorsed Parenting for Lifelong Health (PLH) Initiative. PLH Teens was originally developed and rigorously evaluated within a cluster-randomized controlled trial in South Africa(1). Targeted at 10-17 year-olds, the programme aims to improve the safety and well-being of adolescents, increase positive parenting practices, increase social support, improve mental health, and improve family capacity to plan for keeping adolescents safe in their communities. The programme explicitly aims to improve adolescent well-being across at least four of the five domains. It targets Domain 1 by focusing on improving mental health and addresses domains 2 and 3 by improving family relations that allow for increased connectedness and building an environment that is emotionally and physically safe. It hypothesizes that by teaching adolescents to reduce externalising behaviour they will become more resilient and equipped to handle adversities (Domain 5).

The programme includes 14 group sessions, delivered on a weekly basis. 10 of these sessions are conducted with both parents and adolescents and 4 sessions are delivered to parents and adolescents separately. In these sessions, parents and adolescents are introduced to core relationship building and violence prevention skills. The programme is implemented using a collaborative learning approach, in which learning is activity-based, includes role-play scenarios as well as participants being given ideas that they are asked to practice at home between sessions. Families who were randomly allocated to take part in this programme had “lower rates of violence against teenagers, better family relationships and better planning by families to protect teenagers from abuse in the community. Caregivers ... were less depressed and less stressed about parenting, had lower substance use and had more social support. Families ... were less likely to run out of money, food, and electricity at the end of the month, and had better budgeting and more savings”(1).

Although the programme requires training and supporting a new cadre of community-based workers and volunteers and includes a relatively large number of sessions, a 2015-2016 cluster randomised controlled trial found that PLH Teens was cost-effective in reducing violence and incidents of abuse (2). Throughout the duration of the trial, the total implementation cost was US\$135 954, or US\$504 per family enrolled. Among the 270 families in the treatment group, an estimated 73 (95% CI: 29,118) incidents of physical and emotional abuse were averted. Within the trial, the total cost per incident of physical or emotional abuse averted was US\$1837. When implemented at scale, the programme team estimated that this cost was likely to decrease to US\$972. Beyond the importance of improving well-being among adolescents, the economic benefits of averting abuse in South Africa is estimated to be a minimum of US\$2724 in terms of lifetime saving per incident of abuse averted(2). Since the programme is likely to have several other beneficial effects, its overall cost-effectiveness is likely to be greater than this.

### **Lessons learned.**

- *Parenting programmes can be both effective and cost-effective in promoting adolescent well-being, at least when implemented at a relatively small scale by highly motivated staff*

The successful PLH Teens Programme illustrates the importance of parents/caregivers in promoting the physical and emotional well-being of adolescents as well as the feasibility of implementing such a programme. Subsequent studies have shown that, with suitable adaptation, the programme has been successfully implemented in numerous other low- and middle-income countries in Sub-Saharan Africa, South-eastern Europe, Southeast Asia, and the Caribbean (3). In order to successfully scale up or replicate the programme, evaluations have suggested that the programme should be tailored to the age of the adolescent and should be embedded into local social services to ensure sustainability(4). Findings suggest that long term support should be offered to families after the 14 sessions are completed in order to reinforce the programme's lessons (4).

#### 1.2. "Familias Fuertes – Amor y Limites" in 14 Latin American countries (2003-ongoing)

The Strengthening Families Programme (SFP) is an evidence-based family skills training programme that was developed within "Project Family" by the Social and Behavioural Research Centre for Rural Health at Iowa University in 2001 (5). The programme targets adolescents aged 10-14 years and their families. "It aims to improve family relationships, enhance parenting skills and build youth prosocial life skills that will protect adolescents from participating in health compromising activities such as alcohol, tobacco and drug use" (6). SFP is based on a 7-session curriculum, comprised of sessions with parents and adolescents, separately and jointly, that are facilitated by professionals including doctors, nurses, psychologists, social workers, educators, and experts in adolescent public health. The seven sessions aim to improve positive parenting practices such as enhancing positive relationships between parents and their children, (i.e. giving compliments, affection, appreciation, involvement), communicating family values against high-risk behaviours, and increasing consistent parental discipline and supervision(7). Rigorous impact evaluations of the Strengthening Families Programme demonstrated the programme's effectiveness in several states within the USA as well as in Europe(6). SFP skills training has proved to be effective in reducing multiple risk factors related to alcohol and drug abuse, mental health problems and "delinquency", and increased academic success(6). Participants also reported increased family bonding, increased parental involvement, increased positive parenting skills, increased positive communication, increased family organization, decreased family conflict, decreased youth depression, decreased youth aggression, increased youth cooperation, increased number of prosocial friends, increased youth social competencies and increased youth school grades (6).The University of Iowa SFP team strongly advocated that, in order to assess the SFP process within each family, a multi-method and multi-informant assessment strategy should be an integral part of the programme. This should include interviews with 1) the parent, 2) the adolescent, and 3) the therapist/trainer that both the adolescent and their parent(s) report to. Parents and adolescents take part in a pre-intervention evaluation session and a post-intervention evaluation session at the end of the seventh (last) session(5).

Since SFP's inception in 2001, the programme has been replicated in the United States in all 50 states(5) and in 36 European countries(8) with successful results. In 2003, the Pan American Health Organization (PAHO) adapted SFP to the Latin American context and has been supporting its implementation in the sub-region as the "Familias Fuertes – Amor y Limites" (FF) Programme, often abbreviated to "Familias Fuertes". The programme currently runs in 14 countries and reaches more than 200,000 families annually in these countries: Bolivia, Brazil, Chile, Colombia, Dominican Republic, Ecuador, El Salvador, Guatemala, Honduras, Mexico, Nicaragua, Panama, Paraguay, and Peru. The FF programme's aims slightly differ from those of SFP, as FF not only focuses on improving family relationships, enhancing parenting skills and building youth skills to prevent substance abuse but also specifically aims to increase school attendance and prevent teen pregnancy(9). The programme's

objectives encompass all the five domains of adolescent well-being. It explicitly aims to foster an emotional and physically safe (Domain 3) and healthy environment (Domain 1), encourage connectedness among family members (Domain 2), equip adolescents with the necessary emotional resources to thrive and handle adversities (Domain 5). Furthermore, it aims to improve school attendance (Domain 4).

In 2017, Johns Hopkins University (JHU), under contract from PAHO, conducted key informant interviews with PAHO country-level directors, and trainers and facilitators involved in implementing and delivering FF. The objective of these evaluations was to gain information about the characteristics of FF implementation in Latin America, including training and infrastructure development, fidelity, adaptations, target populations, and outcomes as well as recommendations for improving FF(9). The key informants were very positive about the programme, but the JHU evaluation of FF found that the pre-and post-intervention evaluation sessions that had been strongly recommended by the designers of SFP were not rigorously maintained in the implementation of FF. This meant that it was not possible to know whether the original impressive results of the SFP programme would have been maintained once the original programme was scaled-up and implemented by national governments rather than by the academic institution involved in the programme's original design. Interviews with facilitators revealed that only nine out of fourteen countries (64%) conducted both pre-and post-evaluations. This was at least partly because programme facilitators attempted to apply an evaluation tool that was originally designed by Iowa University to function as a research tool to measure medium and long-term impact. This was an extensive tool with 130 items. Two countries attempted to analyse these data, but there were no measurable results, as the tools were poorly completed by participants. As a result of the evaluation this situation was corrected, and a proper pre-post test tool was adapted from the Iowa program, which is currently being used in the countries, but results are not yet available (Sonja Caffé, personal communication.) In the remaining five countries, either no formal evaluation was conducted or only a pre- or a post-evaluation was carried out but not both. Facilitators and trainers noted that pre- and post-evaluations were difficult to administer because many families could not read or write. Naranjo-Rivera and colleagues in the FF programme evaluation by JHU therefore relied on key informant interviews to assess the effectiveness of the programme (Table A2).

The key informants noted that in the context of Latin America, countries faced implementation challenges. They grouped these into seven categories: 1) limited resources, 2) variable government support, 3) political challenges, including the turnover of people overseeing or implementing FF, 4) timing - interviewees noted that some sessions were too short while others were too long, 5) unreliable infrastructure - local representatives noted that the technology needed to show FF videos was unreliable due to electricity shortages or lack of equipment, 6) low parent participation, and 7) feeding participants - implementers found it important to provide refreshments due to the time of the day in which the sessions took place, but there were challenges in financing this aspect of FF (9).

### ***Lessons learned.***

- *Parenting and family-centred programmes can foster adolescent well-being*

Overall, the evaluation of the initial SFP programme showed that this relatively short but intensive parenting skills programme involving young adolescents and their parents could be highly effective across several domains of adolescent well-being (8-10).

- *Scaling up small-scale programmes for national implementation requires sufficient resources*

The evaluation of the FF programme showed that scaling up such a programme for national implementation by routine government institutions needs the allocation of sufficient resources both in terms of money, training, supervision, and monitoring of implementation fidelity to ensure that key components of the intervention are not lost, and effectiveness is maintained(12). It also showed the importance of sufficient time and effort being put into adapting the programme to the local context(12).

**Table A2: Familias Fuertes: Observed Results Reported by Programme Managers (30) by Type and Country (9)**

Observed Results Reported by Programme Managers	Number of Countries	Countries
1) Improved mutual understanding and increased closeness/connectedness between parents and youth	12	Bolivia, Brazil, Colombia, Dominican Republic, Ecuador, El Salvador, Honduras, Mexico, Nicaragua, Panama, Paraguay, Peru
2) Improved parent-youth communication	13	Bolivia, Brazil, Chile, Colombia, Dominican Republic, Ecuador, El Salvador, Guatemala, Mexico, Nicaragua, Panama, Paraguay, Peru
3) Improved parental involvement, parenting, rule-setting, and loving discipline	10	Bolivia, Chile, Colombia, Dominican Republic, Ecuador, El Salvador, Guatemala, Mexico, Nicaragua, Panama
4) Reduced use of physical maltreatment and punishment, and intrafamilial violence	3	Colombia, Dominican Republic, Ecuador
5) Reduced youth health risks and problem behaviours, and increased ability to resist peer pressure	8	Bolivia, Chile, Colombia, Dominican Republic, Ecuador, El Salvador, Mexico, Peru
6) Improved school attendance and performance	3	Brazil, Dominican Republic, Panama
7) Facilitators using the tools in their work or lives/relationships with their own children	4	Ecuador, Honduras, Mexico, Paraguay

## 2.0. School-based programmes

Schools affect multiple aspects of adolescent development and adolescent well-being. Adolescents spend a large proportion of their time in school. Although, the primary purpose of school is to pursue academic education, its effects on well-being in terms of adolescents' physical and mental health, safety, civic engagement and social development is far broader(10). School-based programmes offer an opportunity to improve and address adolescent well-being and prepare adolescents for a successful transition into adulthood.

### 2.1. Female Secondary School Assistance Project (FSSAP) in Bangladesh (1993-2001)

In 1990, Bangladesh's net primary school enrolment rate was 64% for girls and 74% for boys(11). The disparity in access to education between girls and boys was even larger in secondary schools. In 1990, girls only made up 33% of the total students enrolled in secondary schools. Only 29% of female students, who attended secondary schools completed it (11). In 1990, Bangladeshi government primary schools were free, while secondary schools required tuition payments. Families also had to cover additional costs such as transport (in most cases, secondary schools were not located in rural areas), books, uniforms, stationery and examination fees(12). Due to financial constraints and the widespread view that only sons are economic assets, many families chose not to invest in educating female children beyond primary school.

In order to strengthen women's development and promote access to social services such as education, the Female Education Scholarship Project was implemented in 1982-1992 with support from USAID(11). In 1993, after an evaluation of the project by the World Bank's International Development

Association (IDA), the Government of Bangladesh (GOB), assisted by IDA, launched the FSSAP programme, which ended in 2001(13).

The objective of FSSAP was to stimulate a significant increase in secondary school enrolment of girls that would lead to an increase in educated women being capable of participating in the economic and social development of Bangladesh. The programme's stated objectives were linked to improving adolescent well-being as they focused on Domains 1 (improved health through the provision of WASH facilities in schools), 2 (Connectedness to school and making a positive contribution to society), 3 (creating a safe and supportive school environment and promoting gender equity) and 4 (promoting school retention and attendance and increasing girls' employability). Specifically, the programme aimed to equip adolescents with:

1. The skills needed to contribute to the change and development of their own lives and of their communities;
2. Create enriching opportunities that allow girls equal access to opportunities;
3. Create opportunities for learning, education and employability.

FSSAP utilized an "integrated package approach" to increase secondary school enrolment of girls. By incorporating multiple interventions, the programme addressed the gender gap in secondary education. The main component of the FSSAP addressed the direct cost of educating girls in secondary school (Grades 6-10) through a monetary incentive(13). Other components of FSSAP included:

- provision of salaries for additional teachers, particularly females;
- occupational skills training for girls related to market demand and wage- and self-employment;
- activities to promote public awareness regarding the benefits of female education;
- Improvement of water, sanitation and hygiene (WASH) facilities within schools, including construction or refurbishment of toilets, tube wells and other water supply and sanitation facilities;
- capacity building at national and local levels.

FSSAP provided a monetary incentive for girls to enrol and stay in secondary school. The stipend assists girls with tuition and personal costs. Girls receive a monthly stipend to attend secondary school once they sign a consensus agreement with their parents that they will 1) attend school at least 75 percent of school days; 2) obtain an average of at least 45 percent in annual examinations; and 3) remain unmarried until after their grade 10 examination.

By the close of the programme in 2002, FSSAP had provided stipends for over 1.6 million girl-years in secondary education (13). The FSSAP achieved two of its key objectives. School attendance in secondary schools that received assistance through FSSAP saw an increase in enrolment of girls from 462,000 in 1994 to 984,000 in 1999(13). Community school user groups were formed and co-financed (20%) the building or refurbishment of WASH facilities in almost 4,000 schools (99% of the target number of schools).

However, FFSAP did not fully achieve its other main objective, which was to improve education results. Only about 22-31% of female students enrolled in the FFSAP passed the grade 10 secondary school leaving certificate (compared to 31-42% of female students nationwide for the years data were available.) FSSAP's target of increasing secondary school teachers was also not fully achieved. Only 655 additional teachers were recruited instead of the target of 800 (82%). A shortage of teachers was reported to have affected educational quality(14). FSSAP also failed to provide occupational skills training to girls who left school, which inhibited their ability to find employment.

### **Lessons learned.**

- *Conditional cash transfers can enhance school retention*

FSSAP was structured around the provision of incentives, in the form of payment of school fees and other school-related costs. Such conditional cash/kind transfers are attractive to beneficiaries and their parents and were considered by the programme to be the main reason why girls' secondary school enrolment and retention increased dramatically over the life of the programme (15).

- *Multiple integrated interventions can be synergistic*

FSSAP highlights the importance of utilizing an integrated, multi-component package approach that incorporates multiple interventions in order to improve adolescent well-being. The programme considered that FSSAP's work on other key factors that inhibit access to education among girls, such as the availability of adequate WASH facilities, a lack of teachers (and especially of female teachers), and activities to promote public awareness regarding the benefits of female education, enhanced the effects of the conditional cash transfers on adolescent girls' well-being.

- *"Planning for success" is important to the design and implementation of adolescent well-being programmes can enhance their success*

Since 1990, the secondary education sector has grown at twice the rate of the primary education sector in Bangladesh (16). FSSAP significantly increased enrolment among girls, but as the pre-existing secondary education infrastructure was not prepared to educate this large influx of secondary students, it became strained and educational quality suffered. A shortage of teachers was considered to be an important reason for the lack of positive educational outcomes(17). This illustrates the more general lesson that any adolescent programme should plan for potential consequences of success and ensure that appropriate resources and infrastructure are provided for any increase in uptake of services that will result.

Also, the long-term objective of FSSAP was to increase the number of educated women in Bangladesh as a means of fostering their participation in the economic and social development of Bangladesh. However, little was done to facilitate the transition of FSSAP stipend recipients into the work force. The programme was adjudged not to have provided the technical or life skills that girls needed to secure employment (16). Programmes that focus on improving adolescent well-being and increasing education need to ensure that there are pathways for adolescents to transition to employment and/or parenthood. In the case of the FSSAP this would involve linking schools to higher education institutions such as universities or to clear employment opportunities.

## 2.2. The Akshaya Patra Foundation: Mid-Day Feeding Programme in India (2000-ongoing)

The Akshaya Patra Foundation (TAPF) began operating its Mid-Day Meal Programme in 2000. The programme targets school-aged children and adolescents 6-14 years of age. As of 2017, it provides a daily free mid-day meal to 1.8 million school children in 19,000 schools in 52 locations in India(18). TAPF is a public private partnership supported by the Government of India and various State Governments, alongside corporate partners and individual donors and donor organizations. The programme aims to reduce classroom hunger and address malnutrition (Domain 1), increase school enrolment (Domain 4), increase school attendance (Domain 4), improve socialisation among castes (Domain 3), and empower women through employment as cooks and distributors of the food. Programme evaluations conducted by TAPF report that the Mid-Day Feeding Programme has increased school attendance, has improved socialisation among children of all castes through getting them to eat together and has resulted in decreases in malnutrition and reductions in classroom hunger (19). For example, 78% of boys and 84% of girls (5-14 years of age) were found to have a normal range of BMI in TAPF-supported schools, while 68% and 75% of boys and girls, respectively, had a normal range of BMI in non-TAPF schools (19). Moreover, students in TAPF-supported schools perform better in their annual exams in comparison to non-TAPF students(19), which confirms the importance of a nutritious meal in improving attention spans in classrooms.

### **Lessons learned.**

- *Public private partnerships can be successful*

Through its promotion of community participation and private-public partnerships, the TAPF Mid-Day Feeding Programme has grown from serving 1,500 children and adolescents in 5 schools in 2000 to serving 1.8 million in 2021(18). Evaluations have shown that it has successfully improved adolescent well-being in several domains (improved nutrition (domain 1), socialization across castes (domain 3), and improvements in educational enrolment, attendance, and academic outcomes (domain 4).

### 2.3. The Good School Toolkit in Uganda (2007-ongoing)

Corporal punishment was banned in Uganda in 1997 and became illegal in schools in 2016. Nevertheless, violence against students is reported to remain widespread and has been associated with poor mental health and poor educational performance (20). A 2005 study by two NGOs, Raising Voices and Save the Children, found that over 60% of children aged 11-14 years living in five diverse districts of Uganda reported that they experienced violence in schools every day(20). Similarly, a 2012 cross-sectional survey of 3706 students aged 11-14 years and 577 school staff members found that 93% of boys and 94% of girls attending primary school reported lifetime experience of physical violence from a school staff member and 50% of students reported having experienced violence from a school staff member in the past week(21). The most common form of violence reported by student was caning by a teacher. Four percent of all students surveyed reported that they had sought medical attention due to injury caused by a school staff member(22). The study found that violence in school was associated with poor learning outcomes among girls (21) and poor mental health, which other studies have linked to negative psycho-social outcomes later in life(23). Findings from a 2017 global systematic review and meta-analysis showed that all forms of violence in childhood have significant impact on educational outcomes. The study found that “children who have experienced any form of violence in childhood have a 13% probability that they will not graduate from school.” (24)

To address violence among students in Uganda, Raising Voices developed an intervention “The Good School Toolkit” to help educators and students explore what constitutes a healthy, vibrant, and positive school. The Toolkit’s aim is “to help administrators and teachers create a violence-free learning environment, where students can develop their skills and confidence and become constructive, creative, and thoughtful members of their community.” (25) The Toolkit was designed between 2007-2012 and was evaluated within a cluster randomized trial that was conducted in collaboration with the London School of Hygiene and Tropical Medicine and Makerere University in 2012-2014. The overall objectives of the programme are to create a collective vision for the school, create a nurturing learning environment, implement a more progressive learning methodology and to support the administration in becoming more transparent and accountable. Toolkit objectives are linked to improving all five domains of adolescent well-being as they include specific objectives related to domain 1 (create a violence-free learning environment to improve mental health),2 (develop skills for becoming constructive, creative and thoughtful members of a community),3 (create a learning environment that is safe and respectful), 4 (implement a more progressive learning methodology) and 5 (equip teachers with the tools to increase student confidence and success).

The trial found that, within 18 months implementation of the Toolkit had reduced the risk of physical violence by teachers and school staff against children by 42%(21). In schools that utilized the Good School Toolkit, teachers were 50% less likely to report using physical violence against their students compared to schools that did not use the Good School Toolkit(21). Students reported an increased sense of well-being, safety and belonging at school. Although, the 2012 baseline survey found that violence was associated with poor learning outcomes among girls and poor mental health(21), a 2016 randomized controlled trial found that the Toolkit had no positive or negative impact on student mental health or student education test scores(26). However, students who took part in baseline and

endline cross-sectional surveys reported that the Toolkit reduced physical and emotional violence between peers and severe violence by teachers on students (27).

### **Lessons learned.**

- *The importance of a “whole system approach” to programming for adolescent well-being.*

Adolescent well-being is multi-faceted and the result of complex interactions between multiple factors that can be resistant to change through a single intervention programme in one setting. According to the Toolkit’s theory of change, improvements in school atmosphere and reductions in mental health symptoms should, over time, lead to improvements in educational outcomes. However, the rigorous evaluation of the Toolkit in Uganda found that although it positively affected students’ feelings of safety and well-being at school, this did not result in statistically significant improvements in students’ mental health or educational outcomes within the trial. The toolkit as implemented in the trial was only focused on changes within the school. Although, it tried to address a whole school approach, the interventions were limited to the changes that could be made at school. The programme team suggested that this might have been because the programme did not address other key socioeconomic, familial, and structural factors linked to mental health symptoms and educational outcomes both within and outside the schools including large class sizes, poor physical school infrastructure and lack of resources for teaching, and key factors in the students’ families and wider community. Although students felt safer in schools that utilized the Toolkit, this appeared not have been sufficient to significantly improve students’ mental health and educational outcomes. The results of the Good School Toolkit trial illustrate the importance of a whole system approach to improving adolescent well-being. In order to establish a programme that effectively addresses adolescent well-being, programmes may need to address the socioeconomic, familial and structural factors both in schools, families and communities that are linked to mental health symptoms and educational outcomes in adolescents.

## 3.0. Community-based programmes

Community-based interventions, including programmes at city or district level, can support young people’s social and emotional well-being that schools often lack the time and resources to support. Participation in out-of-school programmes can address these gaps and help to develop young people’s social and emotional skills, particularly self-confidence, self-efficacy and emotional regulation(28). Programmes that address adolescent well-being at a community level can also work to empower young people and build their resilience.

### 3.1. YANA Body & Soul (2017-ongoing)

In the United Kingdom, suicide is the leading cause of death among adolescents and young adults aged between 10 and 34 years(29).

Body & Soul’s “You Are Not Alone” (YANA) programme was created to respond to this ongoing crisis. YANA targets 16-29 year olds who are at high risk of suicide, defined as having attempted suicide within the year prior to joining the programme. YANA focuses on encouraging young people to manage difficulties related to adverse childhood experiences (ACEs), as well as nurtures the nature of the person by taking into account their strength, talents, interests and aspirations. YANA does not only offer Dialectical Behavioural Therapy to its members, but also a range of additional services support and activities. The programme does not offer only one therapy, but a range of additional services and support as well as activities.

Felitti and colleagues found that those who experience four or more ACEs are 12 times more likely to attempt suicide within their lives(30). Young people who access YANA on average report six ACEs

related to abuse, neglect, household dysfunction (e.g. domestic abuse, a parent experiencing substance misuse or imprisonment) (29).

YANA aims to encourage young people to manage difficulties related to ACEs in a less harmful way with the objective of helping younger people become more happy, healthy (Domain 1), connected (Domain 2), confident (Domain 5), capable and productive (Domains 2 and 4). YANA uses weekly dialectical behavioural therapy group sessions (DBT Skills groups), which run for 22 consecutive weeks, either in the afternoon or in the evening. Members access sessions alongside psychosocial, therapeutic and practical support such as 1:1 appointments with the programme manager for skills coaching and casework support, as well as access to 1:1 appointments with a nutritionist, 1:1 appointments with a psychotherapist, housing and immigration legal advice and creative group workshops such as spoken word, yoga and dance courses. YANA also offers its members the opportunity to be part of a community where learning, interests and talents can be nurtured. YANA also encourages members to volunteer and co-produce projects and services. Between its inception in 2017 and February 2021, a total of 316 people have registered with YANA (Kelsey Hylland, personal communication)

To measure the impact of YANA, Body & Soul conducts a baseline assessment upon registration, at the end of the 22-weeks of DBT sessions, and 6 months after the DBT course has ended, using validated psychometric measures and a structural clinical assessment. These assessments have shown major improvements in self-reported outcomes (Box 1). Although there was no contemporaneous control group and based on self-reported outcomes, these positive before-after results among YANA participants indicate the programme’s success in improving emotional regulation and a reduction in impulsivity, improving social connectivity, improving confidence, and reducing self-harm.

**Box A1: Results of the assessment of outcomes among YANA participants, comparing after 6 months in the programme with baseline.**

Reported using better coping strategies to manage their emotions:	96%
Reported feeling better able to recognise their emotions:	91%
Reported feeling less alone:	91%
Reported feeling more connected to those around them:	75%
Reported feeling more able to communicate their needs and opinions:	100%
Reported feeling more confident:	87%
Reported a reduction in their self-harm:	81%
The mean score for impulsivity on the Difficulties in Emotion Regulation Scale improved from 21.65/30 at baseline to 12.16/30 after clients had been in the programme for 6 months, a relative decrease of 44%.	

**Lessons learned.**

- *Interventions to improve adolescents’ well-being should encompass the breadth of the person’s lived experience and not just their presenting problems*

The YANA experience suggests that early intervention, provision of meaningful activities (not just clinical intervention) and structured support around times of transitions, recognition of the need to address issues related to where the young person lives, their employment, surroundings, relationships, education, and access to resources including services, transport, food, and money and that takes into account the connection between adverse childhood experiences and increased risk of suicide later in life, all need to be taken into account when supporting young people in suicide prevention(29). It is for this reason that YANA places equal importance on supporting members in the following six key

areas of their lives: mental health and emotional regulation, physical health, social connectivity, cognitive and behavioural learning, self-concept and productivity.

### 3.2. Vivo Mi Calle in Cali, Colombia (2019-ongoing)

In 2018, the city of Cali in Colombia recorded 1,200 homicides, 393 road traffic fatalities and 2,626 road traffic injuries (31). Violence and road crashes in Cali limit residents’ enjoyment and access to streets or public spaces. Moreover, 35% of 5-12 year-old children are overweight and this percentage increases with age.

In response to these numbers, a local NGO, Despacio, implemented Vivo Mi Calle. This project is part of Fondation Botnar’s Healthy Cities for Adolescents program managed by the International Society for Urban Health (ISUH), and it is targeted to adolescents aged 10-15 years in low-income neighbourhoods within the city. Vivo Mi Calle’s aim is to improve the health and well-being of adolescents through their active participation in the regeneration and creation of safe public spaces and routes that foster their access to, and use of, public spaces for recreation and movement as part of their right to a healthy environment. The programme’s specific objectives span all five domains of adolescent well-being (Box 2).

#### Box A2: Vivo Mi Calle’s specific objectives

Objective	Domain of adolescent well-being
1. Promote the voice and participation of adolescents in the creation of safe spaces and routes to ensure their health and well-being	1, 2, 3
2. Provide healthy public spaces and routes for target communities	1, 2, 3
3. Educate and coach adolescents on technical concepts and best practices related to the project themes	2, 4
4. Raise awareness, engage and empower youth leaders to support and advocate for public policies that promote Cali becoming a healthy city	2, 5
5. Establish partnerships including community, civil society, government and other stakeholders to contribute and progress the objectives of the project	
6. Develop a monitoring and evaluation framework to build evidence on the project’s impact	
7. Share evidence to inform, contribute and improve future local and national projects.	

In addition to Despacio, Vivo Mi Calle has two main implementing partners: the Cali Secretariat of Mobility (a department within the Municipal Government) and the World Resources Institute (a global research non-profit organization with its headquarters in the USA). Vivo Mi Calle uses a participatory approach and held workshops with adolescents to identify key risks in their neighbourhoods. Adolescents who participated in the workshops identified 29 risks, which were then grouped into risks related to road safety, personal security, sexual harassment, and environmental factors. The adolescents identified specific barriers within the neighbourhood that they felt limited their mobility and access to public spaces such as streets and parks. Through these workshops, adolescents collectively identified that a bridge on the route between a park and the school posed high risks of violence and represented an invisible barrier. Adolescents who participated in the workshops stated that “the bridge was always desolate and dangerous”. They needed to walk 150 metres further in order to avoid crossing the bridge which was a site of gang clashes. Adolescents suggested that attracting more people to the area would improve its safety and proposed to introduce plants, colours

and controlling the speed of the motorcycles in this pedestrian bridge located in front of the largest school in the area. Adolescents from the project, the community and Vivo Mi Calle worked for 3 days in the implementation of the solutions proposed by the adolescents (Natalia Lleras, personal communication).

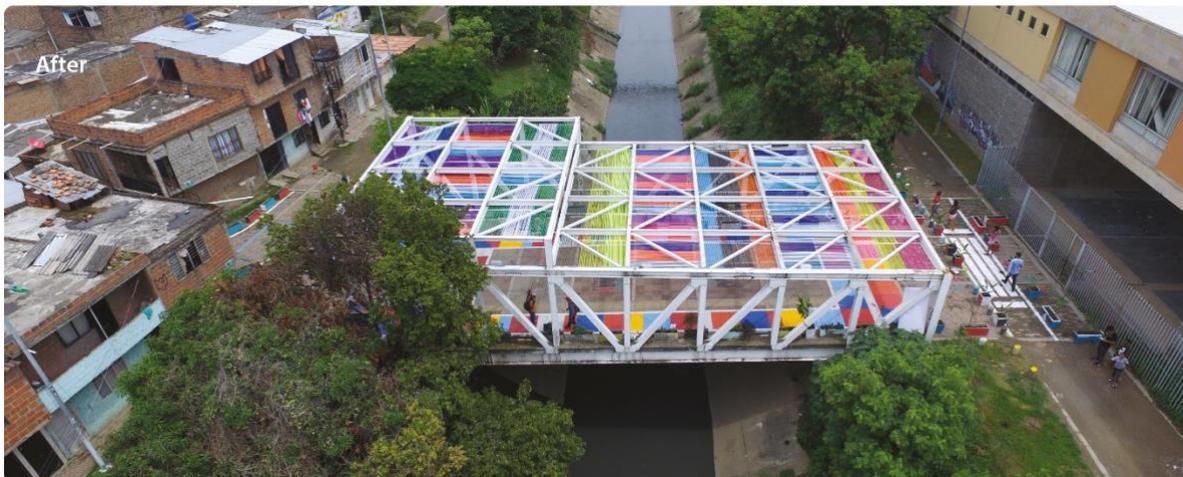
**Figure A1: Bridge before Vivo Mi Calle renovation to improve its attractiveness and safety.**

(Photograph by Juan Sebastián Ramírez, Despacio.org, 2019)



**Figure A2: Bridge after Vivo Mi Calle renovation to improve its attractiveness and safety.**

(Photograph by Juan Sebastián Ramírez, Despacio.org, 2019.)



### **Lessons learned.**

- *Actively involving adolescents in identifying problems and in designing and implementing solutions for the public space ensures that programmes are relevant and facilitates active buy-in by the programme's beneficiaries.*
- *Including the voice and participation of adolescents in the regeneration of public spaces improves their physical, mental and social well-being while also benefiting the community.*
- *Involving adolescents in the regeneration of public spaces allow them to exercise their voice.*

The following statement by a member of the Municipality's Secretariat of Mobility illustrates this. *"The project's greatest achievement is finding solutions with the community as the leading figure to overcome existing barriers, .... This project shows that in the Secretariat of Mobility we need to keep promoting comprehensive projects that go beyond the technical aspects and allow active citizen participation".*

### 3.3. OurCluj in Cluj-Napoca, Romania (2019-ongoing)

Today, over half of the world's population lives in urban areas; by 2050, that proportion is expected to rise to two-thirds (32). It is estimated that, by 2030, 60% of the world's urban population will be under the age of 18 years (32). As more people move to cities looking for a better life, millions of young people are growing up in environments that struggle to meet their needs. Despite increased commitments made by global and local actors in line with the Sustainable Development Goals(33), the majority of the world's cities fail to address the social and environmental problems caused by inadequate infrastructure, greenhouse gas emissions, deficient education, urban poverty and social exclusion. While cities occupy less than 2% of the world's land area, they contribute over 60% to the global economy, and two thirds of greenhouse gas emissions, profoundly impacting planetary health. The well-being of adolescents and youth (34) will be essential to building a more inclusive and resilient urban future(35). Young people are important drivers of social, economic, and political change. Amidst unprecedented multiple global crises today, their active engagement is essential for successful and inclusive transformation of cities and the world we live in.

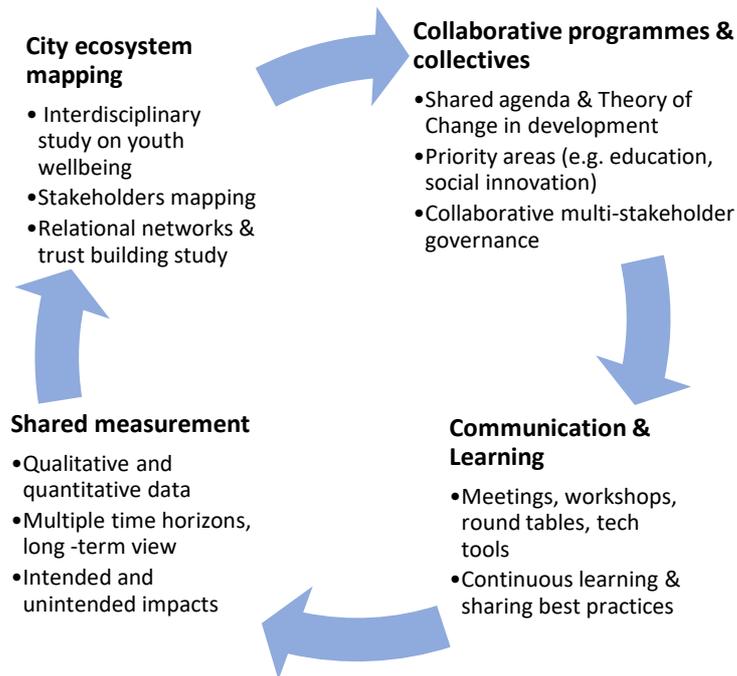
Cluj-Napoca is a city of over 300,000 inhabitants in Romania. A high proportion of the population are young, and with ten universities, one-third of the city's population are students. With support from the OurCity initiative funded by Fondation Botnar, the OurCluj programme explicitly targets the well-being of adolescents and youth in its broadest sense. OurCluj explicitly targets the well-being of adolescents and youth (aged 10-24 years) in its broadest sense. Its objectives are to "(1) raise public awareness and resources to promote the well-being of young people, (2) create social and civic innovation infrastructure fostering well-being programmes, (3) empower active youth participation, (4) influence city policies and strategy on youth well-being, and (5) develop and communicate emergent practices with other cities in Romania, Europe and globally"(Barbara Bulc, personal communication).

According to the programme's leaders, in order to strive for sustainable change, the OurCity initiative of the Fondation Botnar "views cities as dynamic ecosystems and takes a long-term perspective, while applying participatory design and catalysing multi-sectoral partnerships that address priority needs of young people locally".

The codesign of OurCluj programme took a systems thinking approach towards a collective impact, illustrated in Box A3. An interdisciplinary and participatory study known as "LEAP" was conducted by a consortium of civic and academic partners to identify the needs and opportunities for youth well-being(36). A second study is investigating the relational networks and building of trust between different public, private, civic and youth actors within the city. This research aims to inform the design of new types of collaboration through the use of information technologies to obtain better outcomes and more open governance processes, developed through inclusive participation.

### Box A3: OurCluj codesign process utilizing systems thinking for collective impact

Adapted for OurCluj from “Systems Thinking for Social Change, David Peter Stroh, Table 2.2.” (37)



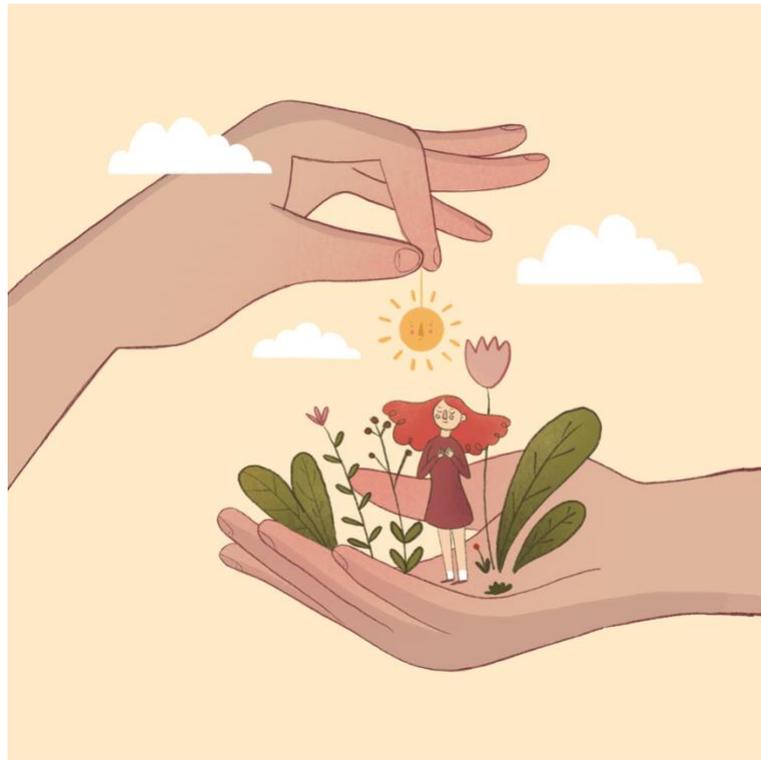
Considerable effort has been put into raising local awareness about the importance of youth wellbeing and participatory engagement, and in building trust among diverse stakeholders. **OurCluj**'s first focus area, identified through consultations among diverse stakeholders, is aiming to “rethink education for the 21st century” and the unique role of the city in improving it and impacting the wellbeing of young people in the city. **OurCluj** is still in the early stages of development, but its initial projects include a “catalytic school network” and three app-based projects: *Edualert* addresses adolescents who have left school early; *Wello* addresses childhood obesity, and *MagicHelp* builds support networks for children and their families with terminally ill members. An experimental multi-sectoral social innovation fund is in development.

**Figure A3: Young people participating in a consultation that contributed to the co-design of the OurCluj Programme.** (Photograph by Roland Váczi, reproduced with the permission of the photographer)



Since its inception in 2019, the process of co-designing and implementing OurCluj has been documented with evolving stakeholder maps, photographs and artwork produced by the art student collective ArtiViStory.

**Figure A2: “Well-being”** by Zsófia Bernát of the ArtiViStory Collective, an art students’ initiative visualizing OurCluj activities and young people’s perspectives. (Digital drawing, reproduced with the permission of the artist.)



#### **Lessons learned.**

- *Local, community-based programmes, such as in a city, can play an important role in implementing initiatives and policies for adolescent well-being.*
- *Designing and implementing programmes to promote adolescent well-being benefit from a systems perspective as well as a multi-disciplinary and multi-sectoral approach.*
- *Investing in activities to raise community and organizational awareness and interest in adolescent well-being across all its domains and in identifying and working with diverse stakeholders to build their trust as well as relational capital between them is essential to stimulate commitment.*
- *Young people must be actively engaged in the co-design of adolescent well-being programmes from the earliest stages.*

#### 4.0. Digital-space based programmes

The current generation of adolescents is growing up in an increasingly digital world. Adolescents are living offline and online simultaneously. As mentioned in background paper 11, adolescent well-being is “now intimately connected with direct and indirect experiences with the digital environment and the technologies which mediate these interactions.”(38). Adolescents in many places around the world spend more time on digital devices than in classrooms (39). The digital ecosystem represents an opportunity to implement programmes that can improve adolescent well-being. In a growing digital world, the need for digital skills has greatly increased, but access to learning digital skills has not met

growing demands. Programmes such as YOMA and both UNICEF's online "Learning Passport" and UPSHIFT implemented in the Maharati Skill Programme in Jordan are examples of recent programmes that have aimed to assist adolescents to actively increase their future employability within an increasingly digital world.

#### 4.1. Maharati Programme in Jordan (2017-ongoing)

Jordan has a population of 10.5 million and has one of the youngest populations in the world. Sixty-three percent of the population is under the age of 30, with a literacy rate of 99% (40). There are currently 2 million adolescents aged 10-19 years in Jordan and although nearly 75% of all adolescents complete lower secondary school, the proportion of adolescents and youth who are not in employment, education or training is nearly 50% for adolescents aged 15-19 years and 39% for young adults aged 20-24 years (41). High rates of school attendance have not translated into employment in Jordan. The current youth unemployment rate can be attributed to a mismatch between capacities and the life skills needed in the current market.

Current labour markets require skills such as collaboration, communication, financial and technical literacy as well as problem-solving and other transferable skills, such as analytical reasoning and critical thinking. Education systems are unprepared to deal with this shift in skills needed. In response to Jordan's growing youth unemployment rate, the Ministry of Education (MoE) allocated 20% of students' learning time in formal education to complementary extra-curricular activities that focus on developing "21<sup>st</sup> Century skills", as part of its Education Strategic Plan 2018-2022 (42). The term "21<sup>st</sup> Century Skills" overlaps with the previous term "transferable skills" mentioned above, but are also categorized into three groups 1) Learning skills such as critical thinking, creativity, collaboration and communication 2) Literacy skills such, including information literacy, media literacy and technology literacy and 3) Life skills: flexibility, leadership, initiative, productivity and social skills (43).

In partnership with the Ministry of Youth (MoY), and a Jordanian NGO, Generations for Peace, UNICEF launched the Maharati Programme ("My Skills" Programme) in 2017. The Maharati Programme targets youth and adolescents, both male and female between 15 and 24 years of age. The programme aims "to promote lasting behaviour change" by implementing skill-building and civic engagement programmes with the MoY in Jordan to build and develop 21st Century skills as well as fostering social cohesion and peace building (40).

The "My Skills" programme employs the framework of UNICEF's Life Skills and Citizenship Education (LSCE) Initiative, which aims to support "countries programmatically and technically to improve learning among children and youth". LSCE is a "four-dimensional model that focuses on: 'Learning to Know' (Cognitive Dimension), 'Learning to Do' (Instrumental Dimension), 'Learning to Be' (Individual Dimension), and 'Learning to Live Together' (Social Dimension)" (44) in order to equip children and youth with "the skills needed to transition from childhood to adulthood and handle transitions from education to work, while becoming active and engaged citizens"(44). For instance, adolescents learn the value of caring for and respecting other human beings and strategies to minimize or prevent all forms of violence, including how to navigate fears of bullying or being physically attacked at school.

Using the LSCE framework, the "My Skills" programme incorporates and promotes both UNICEF's Life Skills Manual (45) and online "Learning Passport" and the UNICEF UPSHIFT programme (46). Both of these programmes aim to empower young people through building skills needed for employment such as financial literacy, entrepreneurship and social innovation. The UNICEF learning passport is an online and mobile platform that enables continuous access to quality education. It provides modules for early childhood education, primary and secondary education, adolescent skills and technical and vocational education (45). UPSHIFT is a social entrepreneurship approach, initially developed in

Kosovo. The approach supports disadvantaged young people through training, workshops, mentorship, seed funding and skills in order to design solutions to problems within their communities. In Kosovo, the initiative enabled adolescents to create their own businesses and civil society organizations(48).

In Jordan, in 2019-2020, more than 600 facilitators were trained and implemented the full Maharati programme, and 100,000 learners were taking part in the programme in-person and online. More than 90% of learners were adolescents, over half of whom were female. Based on pre- and post-tests, participating adolescents and youth were shown to have an increased sense of belonging, improved communication and teamwork skills, and increased engagement in community activities. However, as the programme is still in an early stage there is no evidence yet to support that the programme has increased employment.

### ***Lessons learned***

As these overlap considerably with the lessons from the YOMA programme, they have been combined and are presented below after the summary of that programme.

## 4.2. YOMA in sub-Saharan Africa (2019-ongoing)

Before the onset of COVID-19, youth, aged 16-24 years were three times more likely to be unemployed compared to adults over the age of 25 years (49). The global youth unemployment rate is estimated at 18% (49). To meet changing demands of the labour market, young people need to be equipped with skills and competencies that allow them to compete both locally and globally for employment. In June 2020, to address challenges related to youth unemployment, UNICEF, GenU, DiDX and RLabs launched and implemented the “Youth Agency Marketplace” (YOMA) initiative across the world, with funding from Fondation Botnar and GIZ (#SmartDevelopmentHack).

YOMA is a digital marketplace for youth across the world to build and transform their futures by actively engaging in social impact tasks and “learning to earning” opportunities (Domains 2, 3, 4 and 5). Developed by and for young Africans to increase youth agency, YOMA is an “ecosystem” that connects youth with potential future employers and social impact organizations. Using ethical and privacy-preserving machine learning algorithms, YOMA provides youth participants with individualised opportunities for skills acquisition. The individual growth journey of a user, including off-platform achievements, is reflected in a digital CV, that stores all their verified credentials on a blockchain. Additionally, youth participants are incentivized to engage in the marketplace and complete tasks through a positive reinforcement system based on digital tokens (Zltos), which can be redeemed in a digital market place for items such as airtime, data, or online courses or a physical market place where young participants can redeem their digital tokens for tickets to events and grocery vouchers.

YOMA runs challenges such as the 7-week COVID-19 Pan-Africa Challenge (50). The challenge’s objectives were to 1. Give youth a voice, 2. Increase access to information, 3. Drive awareness 4. Develop skills and 5. Enhance employability. This challenge sought ideas, videos, and storyboards from young people on how to protect themselves and their communities from the virus. More than 90,000 young people registered for this challenge when it launched mid-May 2020. Participants noted in testimonials that they had acquired practical skills such as video production, 3D animation, digital marketing, app development, and graphic design. YOMA users also reported that by undertaking tasks they also developed critical thinking skills, gained self-confidence and greater empathy and altruistic thinking. YOMA received more than 58,000 ideas, 2300 videos and 3500 digital storyboards for this specific challenge (50). Strengthening digital ecosystems within countries will be critical in allowing adolescents to fully benefit from digital programmes.

### **Lessons learned.**

- *The digital space can provide a mechanism for adolescent well-being programmes to reach a large number of adolescents within a short time period and can span national borders.*

Both the YOMA and the Maharati Skills Programme were able to reach tens of thousands of young people within a few weeks.

- *Although formal evaluations of effectiveness and cost-effectiveness are still rare, digitally delivered programmes to promote aspects of adolescent well-being have shown promise.*

For example, although both YOMA and the Maharati Skills Programme are still in early stages, they show promise in their ability to provide young people with skills needed to enter the workplace and become engaged citizens.

- *Ideally, adolescent well-being programmes in the digital space should complement and take account of those delivered through other mechanisms.*

For example, the Maharati Skills Programme suggested that one of the strengths of their programme was that the fact that the extra-curricular activities that they introduced that work to compliment academic education were designed with the Ministry of Education to complement the formal education syllabus.

- *Adolescent well-being programmes in the digital space are necessarily limited by the degree of adolescents' access to the internet*

Estimates suggest that, globally, 69% of youth (15-24 years) are able to get online using a mobile phone or other device. However, the International Telecommunication Union (ITU) estimates that only 38% of youth living in less developed countries are using the internet (51). Two-thirds (2.2 billion) of children and young people below the age of 25 do not have internet access in their homes(52). So, while the digital space provides rapidly expanding access to adolescents and young adults for programmes, other delivery mechanisms will still be needed to reach those young people, who will include a disproportionate number of the poor, who either do not have access to the internet, or who only have intermittent or limited access.

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