Assessment of the Adolescents and Youth Constituency (AYC) of the Partnership for Maternal, Newborn and Child Health (PMNCH)

Assessment Report
FINAL DRAFT

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<th>Description</th>
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<tbody>
<tr>
<td>AA-HA!</td>
<td>The Global Accelerated Action for the Health of Adolescents</td>
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<tr>
<td>AHW</td>
<td>Adolescent Health and Well-Being</td>
</tr>
<tr>
<td>A&amp;Y</td>
<td>Adolescents and Youth</td>
</tr>
<tr>
<td>AYC</td>
<td>Adolescent and Youth Constituency</td>
</tr>
<tr>
<td>CHF</td>
<td>Swiss Francs</td>
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<tr>
<td>CIFF</td>
<td>Children’s Investment Fund Foundation</td>
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<td>CSO</td>
<td>Civil Society Organisation</td>
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<tr>
<td>EWEC</td>
<td>Every Women Every Child</td>
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<td>FP2020</td>
<td>Family Planning 2020</td>
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<tr>
<td>GFF</td>
<td>Global Financing Facility</td>
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<td>GS</td>
<td>Global Strategy</td>
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<td>IAP</td>
<td>International Accountability Panel</td>
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<tr>
<td>IDI</td>
<td>In depth interview</td>
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<td>IFMSA</td>
<td>International Federation of Medical Student Associations</td>
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<td>IPU</td>
<td>Inter-Parliamentarian Union</td>
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<tr>
<td>IYAFP</td>
<td>International Youth Alliance for Family Planning</td>
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<td>MAYE</td>
<td>Meaningful Adolescent &amp; Youth Engagement</td>
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<tr>
<td>MP</td>
<td>Mentorship programme</td>
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<tr>
<td>MYE</td>
<td>Meaningful Youth Engagement</td>
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<tr>
<td>NGO</td>
<td>Non-Governmental Organization</td>
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<tr>
<td>PF</td>
<td>Partners’ Forum</td>
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<tr>
<td>PMNCH</td>
<td>The Partnership for Maternal, Newborn &amp; Child Health</td>
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<tr>
<td>SCIH</td>
<td>Swiss Centre for International Health</td>
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<tr>
<td>SDGs</td>
<td>Sustainable Development Goals</td>
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<tr>
<td>SRHR</td>
<td>Sexual and Reproductive Health and Rights</td>
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<tr>
<td>SRHU</td>
<td>Sexual and Reproductive Health Unit</td>
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<tr>
<td>SRMNCAN</td>
<td>Sexual, Reproductive, Maternal, Newborn, Child and Adolescent Health</td>
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<tr>
<td>Swiss TPH</td>
<td>Swiss Tropical and Public Health Institute</td>
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<tr>
<td>SWOT</td>
<td>Strength, Weaknesses, Opportunities, Challenges</td>
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<tr>
<td>ToR</td>
<td>Terms of Reference</td>
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<tr>
<td>UNAIDS</td>
<td>The Joint Programme for HIV and AIDS</td>
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<td>UNEG</td>
<td>United Nations Evaluation Group</td>
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<tr>
<td>UNGA</td>
<td>United Nations General Assembly</td>
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<tr>
<td>Acronym</td>
<td>Full Name</td>
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<tr>
<td>UNFPA</td>
<td>United Nations Population Fund</td>
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<td>UNICEF</td>
<td>United Nations Children Fund</td>
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<tr>
<td>VWG</td>
<td>Virtual Working Group</td>
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<tr>
<td>WCAH</td>
<td>Women’s, children’s and adolescent’s health</td>
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<tr>
<td>WD</td>
<td>Women Deliver</td>
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<tr>
<td>WG</td>
<td>Working Group</td>
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<td>WHO</td>
<td>World Health Organization</td>
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<td>WHA</td>
<td>World Health Assembly</td>
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<tr>
<td>YMCA</td>
<td>Young men’s Christian association</td>
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<tr>
<td>YWCA</td>
<td>Young women’s Christian association</td>
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<tr>
<td>YLO</td>
<td>Youth-led organisations</td>
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Executive Summary

Background

The Partnership for Maternal, Newborn & Child Health (PMNCH) is a platform involving a wide range of partners - from governments and the private sector to health care professionals and grassroots activists. The aim of PMNCH is to support the 2030 Survive, Thrive and Transform targets of the Global Strategy by facilitating Women’s, Children’s and Adolescent’s Health stakeholder synergy, collaboration and partnership through its four core functions of alignment, analysis, accountability and advocacy. The Partnership brings together more than 1000 member organizations at global, regional and national level across ten different constituencies, aiming to advance Women’s, Children’s and Adolescents’ Health. In its 2018 work plan, PMNCH focused on 10 different work streams one of which focuses on Adolescents’ Health and Well-Being. The PMNCH approach enables partners to achieve more together than they could alone on the key thematic areas.

In October 2015, PMNCH created a constituency focused on Adolescents and Youth (A&Y) representing the needs of young people within the Partnership (PMNCH Strategic Plan 2016-2020). The AYC is the only constituency representing a population segment making it a unique and dynamic group within the Partnership. It is comprised of youth-led and youth-serving organizations (i.e. AYC/Partnership members) from a range of countries working at country, regional and global levels, including organizations, networks and healthcare professional associations and research institutions working on, and advocating for, health and development priorities. The AYC has doubled its number of members each year since its establishment in 2016; as of December 2018 there were 82 members in the AYC. Members have also been supported (financially and otherwise) to participate actively in a wide range of events and activities within and outside PMNCH, with the aim of enabling them to meaningfully engage and influence discussions, decisions and actions on young people’s health and well-being issues and beyond.

The AYC works to bring heightened attention to A&Y issues within the PMNCH global vision and strategy through meaningful engagement of young people with a focus on advocacy, knowledge, skills and evidence; and accountability. It provides an opportunity for young people to advance the Sustainable Development Goals (SDGs) through their active participation and involvement in the implementation of the Global Strategy for Women’s, Children’s and Adolescents’ Health.

Objective of the Assessment

As PMNCH moves forward to fulfil its strategic convening and partnership role, it is critical that the AYC play its role of bringing adolescent and youth into the global dialogue to advance the interests of young people within the global health agenda. PMNCH commissioned the Swiss Tropical and Public Health Institute (Swiss TPH) to assess the AYC’s contribution to PMNCH’s work plan and broader efforts to achieve its strategic objectives. The objective of the assessment is to take stock of the achievements and challenges, review the meaningful
engagement of AYC members and document lessons learned. The assessment took place between March and July 2019 with documentation reviewed through the end of 2018.

Methodology

The Swiss TPH Assessment Team used an abbreviated “Strengths, Weaknesses, Opportunities and Threats” (SWOT) approach to inform the assessment questions to identify specific opportunities for growth and key gaps to facilitate group learning. The assessment questions covered all aspects of the AYC’s work related to improving the health and well-being of adolescents and youth through various engagement strategies and activities. The assessment included a mixed method data collection process; external consultation and review by an established reference group for the assessment and validation by a Virtual Working Group (VWG) of A&Y stakeholders. An initial mapping of youth networks and interest groups at global and regional level situated the AYC within a broader context and informed the interpretation. Data collection was drawn from a desk-based review of over 200 documents; 18 in-depth interviews (IDIs) with selected stakeholders and an online survey sent to all AYC Partnership members (Responses received by 18/88).). The assessment used participatory approaches to ensure that the viewpoints from a variety of stakeholders were captured including youth. Throughout all stages of the assessment, the Swiss TPH team engaged five youth consultants from the US, Mexico, Rwanda, Switzerland and Nepal to ensure the findings, their interpretation and the recommendations include the perspective of young people from the global adolescent and youth and health community. The consideration section was specifically added to provide a space for the youth researchers to provide feedback on the potential for the AYC to becoming a truly global platform for youth networking on RMNCH issues.

Findings

AYC contribution to PMNCH: The AYC participates in all PMNCH activities adding youth voice and perspective across diverse thematic areas and work streams thereby increasing engagement, alignment and accountability of partners to support the successful implementation of PMNCH’s workplan, particularly related to adolescent health and well-being workstream. The AYC participates on the PMNCH Board with two AYC Board Members and two alternates allocated. Adolescents and youth are also be represented in the other constituencies. They have contributed to the PMNCH Business Case and the workplan. Despite active engagement however, a broader vision on how adolescent and youth issues can and should be incorporated into the advocacy, for example, for implementation of EWEC or UHC was not well articulated. This reflects a lack of clarity on whether youth participation is an objective itself or as a means to advocate for youth issues within global commitments and strategies such as the EWEC strategy, UHC or SDG’s, or both.

PMNCH’s mandate is Women’s, Children’s and Adolescent’s Health and its work across 10 thematic constituencies presents a particular opportunity and challenge for the AYC. The Mandate offers the AYC the potential to play a unique role in the adolescent and youth (A&Y) movement globally, regionally and nationally by appealing to a wide youth organization audience but creates some challenge in identifying a specific agenda that galvanizes attention within PMNCH and beyond.
AYC strategy, added value and sustainability: The AYC activities are defined and aligned to the workplan of PMNCH yet at times lacks an overarching strategic approach at times resulting in opportunistic engagement by the AYC which limits the AHW messaging and reduces visibility. The AYC offers a variety of benefits for membership of youth-led and youth-serving organizations including a range of training and learning opportunities; in practice however, it serves more as a platform for individual youth engagement (vis-à-vis their organizational engagement) and as an information hub. Capacity building occurs through opportunities to engage meaningfully in a variety of working groups and committees, as well as through implementation of small grants.

The comparative advantage of the AYC rests with its positioning within AHW work of PMNCH. Exposure to the PMNCH ecosystem allows the AYC platform to act as a convener of partners, opening doors and opportunities for its members. Indeed the large number of youth engagement activities supported by PMNCH and implemented by AYC members have led to the AYC being perceived as the “go-to” platform for meaningful youth engagement by UNFPA and WHO. Apart from the AYC being on the GFF Board, AYC participation at the country has helped in prioritising adolescent and youth issues in the national WOMEN’S, CHILDREN’S AND ADOLESCENT’S HEALTH investment case. Sustainability of the AYC is largely dependent on Partnership and as such that the presence of the AYC leadership on the Board contributes to long-term sustainability within the governance structures of PMNCH. However there is a need to develop a specific plan to address the issue of ‘aging-out’ of leadership which will also reduce focus on select few or just the leadership.

Meaningful adolescent and youth engagement and capacity building: There was broad agreement from the PMNCH leadership that AYC members’ opinions and recommendations are taken seriously with AYC members themselves reporting some degree of ownership to co-create activities and influence what is going on by being directly involved in decision-making. Not all AYC members however agreed with some explicitly mentioning that they felt not taken seriously because of being a young person.

Advocacy, Knowledge Generation and Accountability: The AYC’s participation in PMNCH advocacy initiatives increased awareness and collaboration with youth-led organisations to champion AHW as a priority at country, regional and global levels. AYC members participated in high-level events, global dialogue and national advocacy for AHW usually with the aim of calling attention to the adolescent and youth issues within the PMNCH advocacy agenda. The Advocacy Toolkit has been a successful resource in PMNCH’s contribution to country level advocacy. Through training and use on the Toolkit, young people engaged in decision-making processes, have strengthened youth participation in national, multi stakeholder platforms, helped to drive accountability, and expand the capacity of youth-led and youth-serving organizations to tackle A&Y issues amongst themselves and with partners. The AYC has made specific contributions to PMNCH’s activities, products and convening through their active role in the development of key global guidance documents and reports to heighten attention on AHW globally such as the AA-HA. Many of the mentorship programme resources however were limited to topics related to advocacy, accountability and project management with limited dissemination through the resource hub for the mentorship programme that was considered a missed opportunity by some. The AYC participated in accountability activities of PMNCH by supporting citizen hearings at the World Health Assembly and collaborated with the International Accountability Panel (IAP) among other activities though more could have been done and is being planned in 2019.

Governance and Structure: Since 2016 the AYC has had a presence on the Board and in the other constituencies with a focal point for each, with some more active and robust in terms
of activities than others. The two AYC Board Members and two Board alternates are part of the bigger decision making body bringing youth voice and perspective to the Board discussions.

**Considerations:** The Adolescent and Youth Constituency has grown since its’ inception having documented successes along the way. It now has the opportunity to take stock of it achievements and challenges, some of which are documented in this assessment. The next Strategic Plan of PMNCH also offers opportunities to focus the AYC agenda on strategic priorities for the constituency and to organize itself and its work plan for greater effectiveness and sustainability. Key considerations as they move forward will be to refine the AYC concept of membership including expectations and rewards for members, and how will it be sustained; and to further clarify and measure meaningful youth engagement and participation to ensure the AYC is “fit for purpose” as they move ahead in the coming years.

**Key Recommendations**

**AYC strategic role to delivering on PMNCH’s objectives, targets and milestones in its Strategy and Business Plan**

1. PMNCH should seek to create an annual, clearly identifiable AYC strategic priorities to guide AYC activities and engagement accompanied by a strong communication strategy to increase identification, visibility and ownership of the AYC by members and other PMNCH partners.
2. The AYC should take full responsibility for making themselves a technically strong partner within PMNCH for AHW. This should include a sustainability plan to address institutional structures, engagement rules, membership expansion plans, leadership transition strategy and internal and external accountability mechanisms to deliver with PMNCH for AHW over the longer term.
3. Increase accountability by establishing a robust monitoring, evaluation and learning system (including outcome and process indicators) to follow progress against AYC strategic priorities within the PMNCH work plan

**AYC comparative advantage (‘Value Add’) and sustainability**

4. The AYC should articulate its comparative advantage by developing a two-way value proposition on what it brings to PMNCH and vice versa including membership entitlements, expectations and opportunities for capacity building and engagement
5. Develop a sustainability plan for the AYC with requisite institutional structures, engagement rules, membership expansion plans, leadership transition strategy and internal and external accountability mechanisms to deliver with PMNCH for AHW over the longer term.

**Meaningful Adolescent and Youth engagement and capacity building**

6. Monitor and measure the effectiveness of PMNCH by establishing a measurement framework for MAYE. The AYC can develop a scoring mechanisms for its own engagement to be able to demonstrate the effectiveness of their youth engagement –
if not empirically, then minimally against AYC member expectations as per the MAYE statement.

7. Strengthen capacities and engagement of AYC member organisations by creating opportunities and incentives within the PMNCH organisational structure to grow, learn and become effective advocates in their own countries, regions and globally.

8. Relaunch a revised mentorship program as part of the capacity-building package offered by the AYC based on learnings from the analysis of the pilot programme. The mentorship program was appreciated by AYC members and can potentially offer catalytic support and guidance for youth leaders.

Advocacy, Knowledge generation and Accountability

9. Focus AYC advocacy on AYC defined priorities. Strategic messaging and technical contributions will facilitate PMNCH/AYC visibility and accountability to a common agenda.

10. Build the AYC to be an innovative learning platform to share lessons and best practices from the AY community working on Women’s, Children’s and Adolescent’s Health. Using creative digital technology link the AYC activities to the PMNCH website making it the ‘Go-To’ place for youth-led organisations, researchers and other stakeholders.

11. Ensure the AYC has a prominent role in PMNCH’s accountability initiatives on broader Women’s, Children’s and Adolescent’s Health at country, regional and global level. To participate effectively, the AYC may need to build member understanding and capacity to engage on Women’s, Children’s and Adolescent’s Health accountability initiatives.

Governance and Structure

12. Review and reorient AYC positioning and structure within the PMNCH to facilitate growth and sustainability of the platform. Be specific about how the Secretariat will facilitate and support AYC engagement, and clear about expectations of AYC members when selected to participate.

13. Strengthen and diversify the membership base of the AYC ensuring the AYC leadership and focal points increasingly reflect the broader constituency.

14. Develop a communications strategy for the AYC to increase identification, visibility and ownership of the AYC by members and other PMNCH partners.

15. Expand PMNCH’s financial support for AYC activities in countries through an expanded small grants program, among other measures.
1. Introduction

The Partnership for Maternal, Newborn & Child Health (PMNCH or the Partnership) brings together more than 1000 member organisations at global, regional and national level\(^1\) across ten different constituencies, aiming to advance Women’s, Children’s and Adolescents’ Health\(^2\). PMNCH is led by a Board, the Executive Committee and supported by the Secretariat with focal points from each constituency\(^3\).

The Partnership is a platform involving a wide range of partners - from governments and the private sector to health care professionals and grassroots activists - with the aim of supporting the 2030 Survive, Thrive and Transform targets of the Global Strategy by facilitating Women’s, Children’s and Adolescents’ Health stakeholder synergy, collaboration and partnership through its four core functions of alignment, analysis, accountability and advocacy. The work of PMNCH is organized around a partnership-centric model. PMNCH supports partners to deliver on the Partnership’s workplan priorities, building on the work of each partner and focus on areas where multi-stakeholder collaboration and multi-sectoral action can increase impact at the national, regional and global levels. The PMNCH approach enables partners to achieve more together than they could alone.

In its 2018 work plan PMNCH focused on 10 different work streams. Six of these work streams (or workplan priorities) correspond to the six EWEC Partners’ Framework focus areas, namely: Early Childhood Development, Adolescents’ Health and Well-Being, Quality, Equity and Dignity in Services, Sexual and Reproductive Health and Rights, Empowerment of Women, Girls and Communities, and Humanitarian and Fragile Settings. The Partnership is fully aligned with the Sustainable Development Goals (SDGs), the 2020 EWEC Partners’ Framework and the Global Strategy for Women’s, Children’s and Adolescents’ Health (2016-2030). The PMNCH Strategic Plan 2016-2020, the Business Plan 2018-2020 and its annual work plans and budgets, guides the work of the Partnership.

PMNCH delivers on it work plans through its constituencies, with the support of the Secretariat and partners. The Adolescent and Youth Constituency (AYC) is one of 10 constituencies of the Partnership. This assessment reviews the AYC contribution to the PMNCH agenda to which they are part.

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\(^1\) Including the Africa Region, the Americas Region, Eastern Mediterranean Region, Europe Region, South East Asia Region and the Western Pacific Region.


The Adolescent and Youth Constituency

In early 2015, it was clear that the Global Strategy Version 2.0 would add adolescent health as a priority. The partnership, which had actively been engaging youth and adolescents in the mobilization to achieve the targets in the Global Strategy, was well positioned to advance their advocacy in this area. Young activist saw an opportunity and began calling for a formal seat at the PMNCH table, which was then granted.

In October 2015, the PMNCH Board created an adolescent and youth constituency (AYC) and agreed for the constituency to be systematically represented across all the other constituencies. The AYC represented the needs of young people within the Partnership (PMNCH Strategic Plan 2016-2020). Members of the AYC are representatives from youth-led organizations and networks advocating for sexual, reproductive, maternal, newborn, child and adolescents’ health. Since May 2016 adolescents and youth hold two Board and two alternate seats to ensure that their views are represented within the work of PMNCH and its governance structures for the implementation of the Sustainable Development Goals, and its roadmap--the Global Strategy. In addition, its members are represented in all working groups and committees.

The AYC is the only constituency representing a population segment making it a unique and dynamic group within the Partnership. The AYC is composed of youth-led and youth-serving organizations (i.e. AYC/Partnership members) from a range of countries, working at country, regional and global levels. They include organizations, networks and healthcare professional associations and research institutions working on, and advocating for, health and development priorities. Many are also networks of youth-led organizations, such as the Organization of African Youth and the International Federation of Medical Students' Associations. The AYC has doubled its number of members each year since its establishment in 2016. As of December 2018 there were 82 members in the AYC. Members have also been supported (financially and otherwise) to participate actively in a wide range of events and activities within and outside PMNCH, with the aim of enabling them to meaningfully engage and influence discussions, decisions and actions on young people’s health and well-being issues and beyond.

The AYC works to bring heightened attention to A&Y issues within the PMNCH global vision and strategy through meaningful engagement of young people with a focus on advocacy, knowledge, skills and evidence; and accountability. It provides an opportunity for young people to advance the Sustainable Development Goals (SDGs) through their active participation and involvement in the implementation of the Global Strategy for Women’s, Children’s and Adolescents’ Health.

It constitutes a critical part of the Partnership’s governance and institutional structure, engaged in and leading on PMNCH’s work related to improving the health and well-being of adolescents and youth, particularly in countries. By strengthening meaningful adolescent and youth engagement, PMNCH strives to ensure the positioning of AYC members on various global, regional and national platforms related to Women’s, Children’s and Adolescents’ Health. The Partnership’s AYC aims to be a platform for youth-led and youth-serving organizations to

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4 http://www.who.int/pmnch/media/events/2016/ay_pmnchworkplan/en/
engage with others, and strengthen partnerships to drive change and progress for adolescent health and well-being specifically, and as an integral part of the interrelated Every Woman Every Child focus areas, as well as the Global Strategy and the SDGs.

The AYC has mobilised and advocated for the needs of adolescent and youth including sexual and reproductive health and rights (SRHR) and increased accountability in line with the Global Strategy’s targets and The Global Accelerated Action for the Health of Adolescents (Global AA-HA!)$^5$.

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$^5$ The Global AA-HA! constitutes a useful implementation guidance, providing recommendations and best practices around adolescent health and well-being and aims to support countries in priority setting.
2. Assessing the AYC: Objectives of the mandate

The AYC has steadily grown since its inception in 2015. As PMNCH moves forward to fulfill its strategic convening and partnership role, it is critical that the AYC play its role of bringing adolescent and youth into the global dialogue to advance the interests of young people within the global health agenda. PMNCH has commissioned the Swiss Tropical and Public Health Institute (Swiss TPH) to assess the AYC’s contribution to PMNCH’s work plan and broader efforts to achieving its strategic objectives.

The **objective** of the assessment is to take stock of the achievements and challenges, review the meaningful engagement of AYC members and document lessons learned. The outcome of the assessment will provide practical recommendations that can be made operable by the AYC and PMNCH as a whole to strengthen the constituency and AYC efforts to engage adolescents and youth on the global, regional and national women, children and adolescent health agenda.
3. Methodology

3.1 Scope and approach of the PMNCH AYC Assessment

Scope: The Assessment was planned to take place in late 2018 and early 2019. Due to contracting issues, data collection (document review, interviews and the survey) for the Assessment was conducted between March – June 2019, with analysis conducted in early July. In early September, members of the secretariat and the reference group provided further feedback and clarifications on the draft report. In later September a final draft was prepared and shared again with the secretariat and additional reference group members. The results of these iterations are included in this report.

In addition to the data collection activities and review process described above, the assessment team members also listened in on an AYC leadership retreat and the Webinar series held after data collection had ended. The team has tried to include as much as possible from these additional data sources though recognise the results of these activities are not fully included in the report as they occurred outside of the data collection and analysis period, and after the report was largely written.

Approach: The Swiss TPH Assessment Team used an abbreviated “Strengths, Weaknesses, Opportunities and Threats” (SWOT) approach to inform the assessment questions to identify specific opportunities for growth and key gaps to facilitate group learning. The assessment questions covered all aspects of the AYC’s work related to improving the health and well-being of adolescents and youth through various engagement strategies and activities.

The agreed deliverables for this assessment included an Inception Report; data collection through a document review, in-depth interviews with selected stakeholders and an online survey; validation of findings with a virtual working group; and a final Assessment Report.

Two planning meetings were held in Geneva prior to the start of the assessment to agree on the approach, milestones and clarify responsibilities. A dissemination meeting is planned once the final assessment report is approved.

Throughout all stages of the assessment, the Swiss TPH team engaged five youth consultants from the US, Mexico, Rwanda, Switzerland and Nepal to ensure the findings, their interpretation and the recommendations include the perspective of young people from the global adolescent and youth and health community.

3.2 Evaluation methodology

The assessment included a mixed method data collection process; external consultation and review by an established reference group for the assessment and validation by a Virtual Working Group (VWG) of A&Y stakeholders. An initial mapping of youth networks and interest groups at global and regional level situated the AYC within a broader context and informed the interpretation. Assessment questions were developed based on the terms of reference of the mandate, the SWOT framework, and through close consultation with the PMNCH Secretariat and the AYC leadership. Data collection was drawn from a desk-based review of
over 200 documents; 18 in-depth interviews (IDIs) with selected stakeholders and an online survey sent to all AYC Partnership members (N=88). The assessment used participatory approaches to ensure that the viewpoints from a variety of stakeholders were captured.

Results were entered into matrices and findings triangulated and interpreted collectively within the team to provide a holistic and contextualized analysis for grounded recommendations based on results. A Virtual Working Group was convened to validate the results and further fine-tune and clarify any outstanding issues before they were finalized for the Assessment Report. Details of the methods used are outlined below.

3.2.1 Methods and tools

Mapping of global and regional youth platforms and networks

To situate the AYC within the broader youth movement, networks and initiatives, the Swiss TPH Assessment Team conducted a mapping of global and regional youth platforms and networks working on adolescent health and well-being in the preparatory phase of the assessment (see Annex 7.2). The mapping provided an overview on youth platforms active on similar topics and with a similar scope as the AYC and informed the selection of additional interviewees. The mapping has also proven to be a useful resource for the development of the recommendations and to help situate the recommendations coming out of the assessment within the broader global and regional youth movements.

The mapping was conducted through an initial Google search. Search terms included youth/young/adol*/platform/network/health/well-being; websites of networks and platforms were screened for inclusion criteria (i.e. including age range (10-24 years of age), focus on health or health + other thematic focus, active on a regional or global level). Additional sources were identified through a search on Twitter and Facebook and by contacting key stakeholders directly or through the websites identified. If inclusion criteria were met, additional information was added to the mapping (e.g. thematic areas of work; number of members; geographical scope etc.) and where available. The search was partly limited due to missing information or misleading information.

Development of the Assessment Questions

Assessment questions were elaborated based on the Terms of Reference (ToR) for the mandate and an initial document review. They were refined in close consultation with the AYC PMNCH focal point and PMNCH Reference Group Members. The Assessment Questions focused on key areas relevant to the work of the AYC. The assessment questions were structured along seven focus areas:

1. Overall mission, vision and approach
2. AYC strategy and sustainability
3. Meaningful youth engagement and capacity building
4. Advocacy
5. Knowledge, evidence and skills
6. Accountability; and
7. Governance and structure
A total of 18 assessment questions were developed and supported by related probes for each assessment question with a focus on strength, weaknesses, opportunities and challenges. The questions guides were adapted for the various data collection methods and tools. See Annex 7.3.

**Desk-based document review**

The Swiss TPH Assessment Team conducted a comprehensive document review, including over 200 different sources, following the initial document and website review. Relevant documents were shared by the PMNCH Assessment Focal Point and complemented by the Swiss TPH Assessment Team through a Google search. The review included reports, presentations, peer-reviewed publications, websites, Twitter accounts, conference panels etc.. The full review was conducted prior to the qualitative and quantitative data collection, providing a solid basis of knowledge of the work of the AYC, the work of PMNCH more generally, and the organisational governance structure. Information was collated in line with the assessment questions and included into a standardized assessment matrix (see Inception Report). The document review provided the opportunity to establish a list of probes and highlight areas that needed further data to be collected through the quantitative and qualitative data collection methods.

**Online Survey**

An online survey was developed following the assessment questions. It sought to capture the views and perspectives of AYC members on various resources, opportunities and activities conducted by the AYC related to Women’s, Children’s and Adolescents’ Health (see Annex 7.7). Specifically, the survey was designed to explore expectations and opportunities of youth engagement in greater depth, as well as achievements and lessons learned related to AYC activities in the frame of improving Women’s, Children’s and Adolescents’ Health. Draft survey questions were submitted to the PMNCH Assessment Focal Point and the Reference Group for an initial pre-test. Feedback was incorporated prior to finalization and approval. A total of 26 questions were included.

The software Survey Monkey was used to set-up the online survey. The survey was sent to 88 AYC Partnership members. The PMNCH Assessment Focal Point provided the AYC Partnership members contact list. All invited survey recipients received an automated and personalized email using Mail Chimp with a link to the survey.

Survey recipients were given 23 days to take part in the survey, and the Swiss TPH team sent four reminder notices, including a follow-up by PMNCH, to increase the response rate. The online survey was developed in English, but a translation of survey questions and replies was offered in French and Spanish. Data was exported to SPSS and analysed by calculating simple frequencies and using statistical tests where appropriate. Graphs, visually reflecting the findings, were prepared as a result of the analysis. Further findings were entered into the standardized assessment matrix.

**In-Depth Interviews with selected AYC members**

Semi-structured interview guides (i.e. assessment questions in English) for In-Depth Interviews (IDIs) were developed and translated into Spanish and French (see Annex 7.3).
The guide also contained an introduction in each sub-section to orient the respondent on specific activities of the AYC to facilitate the discussion. Prior to the interview, information on the scope and purpose of the assessment was shared with the interviewee (see Annex 7.4; available in English, Spanish and French) and verbal informed consent to the interview was obtained for each interview.

The PMNCH Assessment Focal Point shared contact lists of 33 different stakeholders, grouped into four categories, namely: PMNCH AYC members; PMNCH Secretariat; PMNCH non-AYC members including Board members and representatives of youth platforms, UN organizations and other key stakeholders. Further, interviewees had the opportunity to suggest other key informants that were also considered for an interview by the Assessment Team. To ensure an independent assessment and reduce selection bias, the Swiss TPH Assessment Team made an independent and purposeful selection of stakeholders to interview based on early suggestions by PMNCH in line with pre-agreed criteria. Additional potential respondents were selected using the same methodology. The selection of respondents gave due consideration to balance and representation within the sample in terms of position, geographical representativeness, gender balance, etc.).

PMNCH sent an initial invitation to the selected stakeholders to request an interview for the purpose of this assessment. The Swiss TPH Assessment Team coordinated the scheduling of interviews via a scheduling software and personalised emails. The Assessment Team attempted to facilitate as possible, across various time zones, the interviewees requested time preferences.

The Assessment Team initially anticipated conducting 12 IDIs. In the end, 18 IDIs were conducted with a selection of stakeholders through Skype, WhatsApp call or telephone or in person - depending on the stakeholders’ preference. The interviews were conducted by the Swiss TPH Assessment Team leader or a Swiss TPH Assessment Team member and accompanied by an additional team member whenever possible. During the interview notes were taken and entered into the standardized assessment matrix in line with the assessment question. Due to challenges in scheduling interview appointments, IDIs were carried out over a period of seven weeks between 22 May – 09 July 2019.

3.3 Analysis approach

3.3.1 Quantitative and qualitative analysis of the data and findings

A data analysis workshop was conducted in Switzerland over two days during which the findings were synthesised and analysed. The workshop involved all Swiss TPH Assessment Team members and considered data collected during the document review, the IDIs and online survey. Evidence summaries by assessment question combining all relevant data sources according to theme were prepared as the basis for the analysis exercise. The analysis workshop reviewed, triangulated where possible and interpreted the results as presented in the summaries. Draft findings and recommendations were formulated for each evaluation question. Finding sources are clearly noted in the Final Assessment Report: all documents reviewed were allocated an identity document number (see Annex 7.6); and all interviewees were anonymised by allocating them to three main groups (PMNCH (including Board members, Secretariat, PMNCH non-AYC members); AYC members; Other (Other
stakeholder, not aligned to PMNCH). To maintain impartiality, no names or specific functions are included in this report and sources are being kept anonymous.

**A selection of preliminary assessment findings and recommendations** were shared with the Virtual Working Group members for feedback (see below for details) with results being considered in the finalization of the Assessment Report.

### 3.3.2 Validation through a Virtual Working Group

The Swiss TPH Assessment Team set up a Virtual Working Group with support of the PMNCH AYC Focal Point. Such external review provides an opportunity for quality control, and orientation of findings and recommendations of the assessment. The Virtual Working Group members were invited to provide their feedback to the preliminary assessment findings and recommendations. Their input helped to fill potential gaps in knowledge or understanding, and identify best practice and lessons learned. A list of Virtual Working Group members was established by PMNCH and feedback provided by the Swiss TPH Assessment Team. The inputs by the Virtual Working Group members were taken into consideration as appropriate in the finalization of the Assessment Report findings and recommendations. Clarifications from the Secretariat were also received and incorporated into the final report and recommendations for the purpose of clarity. Final recommendations contained in the report however were decided by the external Assessment Team to ensure independence of the process.

### 3.4 Quality assurance

The Swiss TPH Assessment Team conducted internal quality controls for all products before external dissemination using evaluation quality assurance tools. In addition to internal quality assurance mechanisms implemented by the Swiss TPH Assessment Team, external quality assurance was provided through the PMNCH Reference Group and Virtual Working Group members. The PMNCH Reference Group monitored the review process and provided regular feedback on the quality of deliverables.

These quality assurance mechanisms complemented the assessment design. The transparent, utilisation-focused design of the assessment following a SWOT approach facilitated data collection and analysis. The data collection tools were designed to explicitly correspond to the assessment questions to ensure that data collection was conducted in a uniform and consistent manner.

The Swiss TPH Assessment Team worked according to the United Nations Ethical guidelines for Evaluations. Confidentiality of information, data, records and transcripts were assured through the assessment process; all assessment related documents are stored on a secure server at Swiss TPH.

### 3.5 Challenges and limitations

The draft assessment questions were submitted to the PMNCH Assessment Focal Point and the Reference Group for approval and finalization and before being shared more widely. This process took significantly more time than anticipated but through the iterative process, agreement was reached. The effect of this delay and the previous start up delays in contracting
and organization of the mandate within PMNCH altered the original timeline significantly. This had repercussions on the time availability of the Team Leader and Project Manager. Despite the delays, Swiss TPH met the final agreed time frame as approved by the PMNCH focal person.

Significant revision of the PMNCH strategy over the period under assessment also posed challenges for the Assessment team as terms, acronyms and documentation were not always aligned or updated thus reflecting approaches that were already out of date. Despite some early confusion however, these points were clarified by the PMNCH Secretariat over the course of the assessment period.

In general, the Assessment team had difficulty scheduling appointments for interviews and getting a response to the survey by AYC members. The request for interviews received a very low initial response rate requiring many reminders, and follow-up. Despite best efforts, some of those that agreed to be interviewed failed to show up, no longer responded to the call, or shifted the appointment at the last minute. As a result, the Assessment team was required to extend the period for interviews to a total of seven weeks. The survey response rate was very low (N= 18/88) despite extension of the response period and repeated and various reminders. These challenges may have biased the results as only those close to the PMNCH and the AYC were ultimately interviewed or surveyed. Given the assessment wanted to assess perspectives of a variety of stakeholders however, we feel we did get a range of perspectives (from donors to Board or AYC members and non-members) that offered a balance of views. As a result, triangulation of findings was not always possible with potential impact on the robustness of findings. Consultation with the Virtual Working Group has helped to overcome some of these limitations.
4. Findings

4.1 AYC contribution to PMNCH (EQ 1.1, 1.2, 1.3)

In the three years since its inception, the AYC has participated in almost all PMNCH activities, adding youth voice and perspective across diverse thematic areas. It has contributed to PMNCH’s efforts to increase engagement, alignment and accountability of partners to support the successful implementation of PMNCH’s strategic objectives and workplan priorities. The AYC is focused on communicating adolescent health and well-being (AHW) in all PMNCH activities and events including through the other constituencies.1

The AYC has contributed and successfully influenced the Partnership to heighten awareness and inclusion to AHW within their strategic objectives and work plans. The contribution has been greatest within the Adolescents’ Health and Well-Being work stream. Contributions to other work streams have been made punctually for specific products and activities, usually in response to a request from the Secretariat or a constituency.2 Despite active engagement across the PMNCH work plan (where EWEC, UHC and the SDGs are central), many AYC members and other AYC stakeholder respondents were not able to specify how the AYC could support PMNCH to advance A&Y issues within the global agenda. This broader vision on how A&Y issues can and should be incorporated into the advocacy, for example, for implementation of EWEC or UHC was not well articulated. There was no consensus among respondents on whether youth participation is an objective itself (to have youth included in global dialogues that affect them) or as a means to advocate for youth issues within global commitments and strategies such as the EWEC strategy, UHC or SDG’s, or both.

4.1.1 AYC influence within PMNCH (EQ 1.3)

The PMNCH Board includes two AYC Board Members and two alternates. Adolescents and youth can also be represented in the other constituencies, for example, the International Federation of Medical Student Associations became an Alternate Board member on behalf of the Healthcare Professional Associations constituency (HCPA). In addition, the AYC has focal points active in the other PMNCH constituencies. The AYC has organised five thematically focused A&Y working groups within PMNCH to engage AYC members as partners or collaborators on specific topics. Through these engagements and the AHW work stream, the AYC have engaged at important PMNCH retreats and actively contributed to key PMNCH strategic meetings and documents. Example of retreats and leadership meetings include (though not limited to) engagement of young people at the virtual AYC consultation 2017; the AHW retreat in 2017, AYC Leadership Retreat 2018, the PMNCH Board Retreat 2018 and the PMNCH Board meetings (21st-23rd). Particularly during the last Board meeting held between 9-11 July 2019, AHW and meaningful youth engagement was more prominently featured with the AYC holding a pre-board constituency meeting. In addition, AYC Board members presented on AHW portfolio update during the Board meeting. Although the AYC has been actively engaged in many advocacy events, the effect or impact of their engagement has not been measured.

AYC contribution to the PMNCH Strategic Plan (2016-2020) and Business Plans (2016-2018 and 2018-2020) led to heightened attention on engaging young people within the broader
PMNCH mandate. PMNCH partners particularly within the H6 increasingly recognize the importance of youth voice as demonstrated by their interest and willingness to involve AYC members on working groups, document review, and at their events (as noted in the next subsection). It was reported that PMNCH made significant efforts to actively include AYC members in internal meetings with partners organized by PMNCH (PMNCH; 67) but the specifics of their contribution has not been well documented.

4.1.2 AYC contribution to PMNCH’s activities, products and convening generally (EQ 1.2)

The AYC has contributed externally to the global Women’s, Children’s and Adolescents’ Health agenda through PMNCH related activities and positioning. Notable was the AYC’s active role in the development to key global guidance documents and reports to heighten attention on AHW globally. Specifically, the AYC reviewed and contributed technically to PMNCH-supported documents and resources, including the AA-HA!, the International Accountability Panel (IAP) report on Adolescents and the United Nations Global Strategy Progress Report and brochure - which provide guidance, positioning and increased accountability for AHW within the EWEC agenda and the SDGs. The AYC has significantly contributed to PMNCH advocacy at international level through their meaningful youth engagement and participation at high-level events and dialogues.

Specific notable examples are summarised below:

**Global Consensus Statement: Meaningful Adolescent & Youth Engagement**: PMNCH, together with the International Youth Alliance for Family Planning (IYAFP) and Family Planning 2020 (FP2020) spearheaded the development of the ‘Global Consensus Statement: Meaningful Adolescent & Youth Engagement’ in 2018 (MAYE), which today has over 250 signatories.

**AA-HA!** The AYC participated as a member of the AA-HA! Advisory group providing technical inputs through consultation workshops with adolescents in Nigeria, Colombia, Turkey, China, Slovenia, West Bank and Gaza Strip, and support for the development of a comic book entitled ‘Akilah and Carlos’s Big Day of Discovery!’ with the World Bank, UNFPA, and UNESCO. The comic book provides a clear explanation of AA-HA! for a target younger audience, and how it should be implemented at national level. Young leaders also presented the AA-HA! Strategy at the European Congress on Paediatric and Adolescent Gynaecology, and the AA-HA! AFRO Regional Forum in 2017. These engagements resulted in commitments from Member States and the expansion of the PMNCH AYC youth network.

**Advocating for Change for Adolescents practical Toolkit**: The AYC contributed to the development of the Toolkit which has been implemented in several countries with both financial support by PMNCH as well as its partners in many countries. This Toolkit provides youth-led organisations and young people to advocate for improved adolescent health and well-being at national and sub-national level. In addition, the Toolkit was adapted at country level to build young people’s capacity with the most relevant data, policy information and case studies (which were launched along with Ministries of Health among other decision-makers).

**International Accountability Panel’s (IAP) Transformative Accountability for Adolescents report (2017)**: AYC members reviewed the IAP report on adolescents that included recommendations that are being taken seriously by the international community.
PMNCH is mandated to provide a progress report on objectives and targets of the Global Strategy, members of the AYC contributed to the development of key indicators monitoring the Global Strategy with a youth representative engaged in the Global Strategy Progress Report working group and accountability body. In addition, the AYC contributed to the development of a WHO Bulletin titled “Young people’s contribution to the Global Strategy for Women’s, Children’s and Adolescents’ Health (2016–2030)” and during the 19th Board Meeting in 2017, an AYC member presented a brief on adolescent and youth accountability developed by the AYC.

Participation in high-level events, global dialogue and national advocacy for AHW (EQ 1.2)

The AYC provides opportunities for members to participate in high-level events by facilitating access for young people to attend or speak in key fora, usually with the aim of calling attention to the youth issues within the PMNCH advocacy agenda. Youth were selected through an open application process, though often at short notice. Support usually includes flights and accommodation plus support for their presentation. Youth delegates are included in the PMNCH delegation to events and as such often have an opportunity to participate in high-level discussions and strategic advocacy that other young delegates may not be exposed to. For these opportunities, it is critical to note the role of the secretariat in creating such opportunities for the youth delegates. Indeed, AYC participation in PMNCH and collaborating partner events has become standard practice. We did not observe however, guidance documents or a specific strategy that specifically prepares young people for effective participation such as tips for public engagement or advocacy priorities and talking points. Some youth delegates reported being briefed and supported by the secretariat to maximize their participation.

At national level, the AYC helped to advance the AHW agenda through its work in selected countries. The AYC worked to build capacities of youth-led organisations through the use of their highly appreciated ‘Advocating for Change for Adolescents! A Practical Toolkit for Young people to Advocate for Improved Health and Wellbeing’ (i.e. Toolkit). Supported by small grants in five countries (India, Nigeria, Malawi, Kenya and Cameroon), the AYC was able to strengthen youth advocates capacity to advocate for AHW within their country dialogues and debates. Specifically, they convened a meeting between young people and their national government representatives from the five countries to advocate for the inclusion and advancement of adolescent health and well-being based on national promises. In turn, the representatives responded to questions highlighting national leadership and political commitment to improving the health and well-being of adolescents in collaboration with young people. More information on the Toolkit can be found in Chapter 4.4.2.

PMNCH also catalyzed AYC participation in country level Global Financing Facility (GFF) processes. This has resulted in youth representation on the GFF Board and a GFF youth coordinating group.

At regional level, the AYC and PMNCH participated in:

- a multi-stakeholder participatory platform at the South-East Region Town Hall, an event co-organized by WHO SEARO and the Indonesian government in 2019 (16, 17);
- a WHO regional forum (AFRO), including a presentation on the AA-HA! (June 2017);
• the AA-HA! AFRO regional forum, Kigali, Rwanda (November/December 2017);
• the European Congress on Paediatric and Adolescent Gynaecology, including a presentation on the AA-HA! (June 2017);
• Africa Sexual and Reproductive Health Conference, Johannesburg, South Africa (February 2018)\(^\text{19}\)

AYC members have also played an important role on behalf of PMNCH in highlighting A&Y issues at global events\(^\text{20}\). Examples of AYC engagement in global events are listed below.

• Youth pre-conference entitled “Access Equity Rights – Now!” at the 21\textsuperscript{st} International AIDS Conference 2016;
• Adolescent Country Tracker (ACT) 2016;
• Global Adolescent Health Conference in Ottawa (May 2017);
• 5th Youth Pre-World Health Assembly (WHA) Workshop and the WHA 2017;
• G7 forum, ‘Starting from girls,’ focused on strengthening young women’s rights (April 2017);
• Acting on the Call Summit, including a presentation on youth engagement (Aug 2017);
• UN general Assembly 2017;
• Core Group Global Health Practitioner Conference, including a presentation on the Advocating for change for Adolescents! Toolkit (Sep 2017);
• International Adolescent Health Congress, New Delhi, India (October 2017);
• Gavi HPV vaccine meeting, Geneva, Switzerland (November 2017);
• Universal Health Coverage Forum, Tokyo, Japan (December 201);
• ECOSOC Youth Forum, New York, USA (January 2018);
• Violence Knows No Borders’ side event, Commission on the Status of Women, New York, USA;
• Inter-Parliamentary Union Assembly side event, Geneva Switzerland (March 2018) resulting in a call to action to engage youth in IPU activities;
• World Health Assembly (May 2018), including co-organizing the Pre-World Health Assembly;
• WHO Civil Society meeting: Promote health, keep the world safe, serve the vulnerable (March 2018);
• WHO ‘Helping Adolescents Thrive’ project focused on developing technical guidelines and a package of interventions on adolescent mental health (March –December 2018);
• the International Conference on Family Planning 2018;
• Meaningful Adolescent and Youth Engagement Consensus Statement launched with over 250 signatories (November 2018).
• Global Financing Facility Civil Society workshop and DRUM conference (November 2018); The PMNCH Partners’ Forum, including side events (December 2018) (12, 2 PMNCH);
• Women Deliver Conference 2019.

One respondent said: “They have been able to position the AYC to participate at United Nations General Assembly (UNGA) and the World Health Assembly (WHA) with high level people and young people on stage and in interactive discussions that changes perceptions of Meaningful Youth Engagement (MYE)” (PMNCH). This engagement was mutually beneficial and highly appreciated by the AYC members, many of whom for the first time had access to high level of exposure and direct interface with their national and global health leaders\(^\text{21}\).
Box 1: Opportunity: The AYC has great potential that needs to be harnessed

One respondent said: “Having the PMNCH affiliation opens up opportunities and increases visibility” and another interviewee said: “While youth-led organizations receive access to funding and can contribute through programming to global priorities, individuals learn diplomacy and confidence to work at the national level” (AYC Member). A third mentioned: “Being part of the AYC has provided me with access to capacity building, networking, funding, and [the chance to] influence policies and programming in countries and globally”.

The broad PMNCH mandate as opportunity and challenge for the AYC

The AYC is unique as a global youth platform in the breadth of its mandate. The broad focus of PMNCH’s mandate on Women’s, Children’s and Adolescents’ Health and its work across 10 stakeholder constituencies presents a particular opportunity and challenge for the AYC. By being thematically broad and inclusive, there is the potential for PMNCH and its AYC to play a unique role in the adolescent and youth (A&Y) movement globally by appealing to a wide youth organization audience. However, the breadth increases the challenge for the AYC to focus on a specific agenda, and galvanize attention of their own constituency for some of the lines of work within PMNCH.

While the PMNCH workplan and priorities are clear, understanding of how and with which focus the AYC and A&Y members specifically engage in the various thematic areas of the PMNCH agenda varies considerably. It is unclear whether AYC members on other constituencies are there to specifically call attention in those debates and discussions to youth issues (as a representative of the AYC) or simply to be a young person member in the other constituency fortified by the expertise they may or may not have on the topic. However this tension between bringing AYC agreed messages to dialogues or just simply participating as a youth (and by which, adding a youth perspective) may be inherent in the organization of PMNCH. Other constituencies also seem to be faced with the same dilemma as to whether their participation is as a PMNCH representative of a specific stakeholder group or as members in their own right with their own agenda and interests.

Responses varied considerably on what is the role of AYC members on the other constituencies as well. There appears to be a need for greater guidance and clarity on how AYC members should strategically engage in the workplan whether that be to call attention to the needs of young people or whether they should focus instead on the issue being discussed (e.g. UHC) or both. AYC members on other constituencies are remunerated for participating but that seems to not be enough. Making the most of AYC member participation in the other PMNCH constituencies and the associated events and forums requires facilitation at a minimum, if not training. The AYC has not as yet, articulated how AYC members should engage resulting in quite some diversity and effectiveness of their engagement. Strong leadership within the AYC has helped to overcome some of the divergence of interests yet there is recognition that they still have work to define their meaningful engagement in the PMNCH work plan portfolio.

Plans for the dissemination of current or new resources and opportunities suggested by the AYC in both documents and meetings are often quite broad, both thematically but also methodologically. For example, reference is made to a variety of themes across strategic
lines and in Board meetings. These issues range from human rights, sexual and reproductive health, and the needs of marginalized adolescents to, most recently, utilizing emerging technologies such as artificial intelligence to advance the AYC agenda.

The lack of consensus among AYC members, the Secretariat and the Board on a common vision of their mandate within PMNCH’s broad thematic lines and the way forward, sometimes results in fragmentation of messaging and youth voice. Since the adolescent and youth mandates of partner organizations convened by PMNCH often operate in silos (such as those of UNFPA, FP2020, GFF, GAVI, 2 PMNCH, 14), finding common ground between diverse AYC stakeholders is particularly challenging and as emphasized by one respondent: “How can we have strong leaders with the layer below not connected; it is a competitive space, but a glue or ligament between all the Board members to have a common agenda is needed.”

The AYC Country Engagement Coordinators (same as Board and alternate members) and country coordinators for the roll out of the Toolkit (from Girls Globe) play an ongoing convening role in the prevention of silos and in implementation of the advocacy and accountability road maps.

4.2 AYC strategy, added value and sustainability

4.2.1 AYC Strategy and Branding (EQ 2.1)

The AYC, as a constituency of PMNCH, shares PMNCH’s value proposition and priority objectives as outlined in the Partnership’s Theory of Change and Results Framework of the current Business Plan 2018-2020. As such, the theory of change outlined in the Business Plan provides the basis for the alignment of AYC activities and the activities of all other constituencies.

Since its inception, AYC activities are defined and aligned to the work plan of PMNCH that they have contributed to developing and implementing. Despite this alignment, engagement by the AYC in PMNCH activities is often opportunistic (based on opportunities for engagement that become available through the PMNCH or partners) rather than purposely identified and focused on AYC specific priorities. The AYC has clearly articulated activities within the PMNCH AHW workstream, however the activities lack an overarching strategic approach, prioritization and the necessary linkages to other actions that would solidify their AHW messaging and strengthen their visibility as the PMNCH youth platform. As a result, AYC participation and contribution can appear ad hoc and not strategically guided. An early AYC Theory of Change from 2014 was not finalized or updated, although this issue is now apparently being addressed (e.g. there was a recent workshop to set the AYC agenda for the coming years). Some respondents noted that there is no specific budget allocated for AYC activities. The CIFF grant however provided funds for the AHW workstream which was largely used by the AYC for the respective activities. It should be also noted that funding is not allocated to constituencies generally within PMNCH but rather for activities across the whole of the PMNCH work plan. In this regard, each of the constituencies stand on an equal footing. Although there is earmarked funding for the adolescent health and well-being work stream portfolio within PMNCH, many partners also participate in the outputs generated through earmarked funding.
Strengthening the AYC by making more resources available for their activities and interests depends on the purpose the AYC is envisioned to fulfil within PMNCH. The underlying issue, respondents noted, was the need for a common vision for the AYC platform that can be addressed and communicated effectively through a comprehensive communications strategy to others from which specific resources can stem.

Currently, PMNCH’s efforts to contribute on the AHW agenda on the ground through AYC advocacy and event is very visible. The PMNCH identity is not always clear in presentations and activities in which the AYC members play a convening role. Although many interviewees stated that AYC members appreciated the opportunity PMNCH created for increased access to key officials and stakeholders, others mentioned that it was not always clear if the young leaders were representing their own youth-led organisations (YLO), another platform or PMNCH. For example, one interviewee stated: “There is an increasing number of effective advocates on the global health scene, but I don’t know if they are from the AYC,” while another respondent shared that: “Members receive funding from and represent different sponsors at high-level advocacy events. They are not representing the PMNCH and AYC, so they have to support the sessions and objectives of their sponsors.” Many AYC members are engaged on various platforms and attend high-level advocacy events wearing several hats. The lack of a clear AYC label (e.g. logo) reduces visibility and can lead to confusion by potential and existing partners on whether the AYC was involved in the event. This effects both the influence and reach of PMNCH and its AYC. Lack of clear branding by PMNCH of the AYC limits visibility of their efforts. This may contribute inadvertently to missed opportunities for strategic action and communication, visibility, and eventually sustainability of PMNCH and AYC efforts.

4.2.2 Benefits of AYC membership (EQ 3.1 and 3.2)

The AYC is made up of youth-led and youth-serving organizations; in practice however, it serves more as a platform for individual youth engagement (via their organizational engagement) and as an information hub. The AYC has actively contributed to the capacity building of youth leaders by providing them with opportunities, funding and facilitating the professionalization of their contributions. In addition, the platform offers an array of opportunities and resources for the involvement of young people and youth-led organisations in the health and development community. For example, PMNCH and the Children’s Investment Fund Foundation (CIFF) jointly funded training for the AYC existing and incoming leadership to improve adolescent and youth involvement in decision-making for capacity building, advocacy and accountability efforts in 2017 and 2018. In 2018, the AYC leadership used these skills to reach 60 young people through a capacity-building workshop for the Advocacy Toolkit at the 2018 Africa Sexual and Reproductive Health Conference.
Figure 1 showing results from the survey: opportunities and resources from which organisations and individuals benefited in 2018-2019.

Figure 1 shows that most survey respondents identified at least one AYC opportunity or resource from which they or their organization had benefited in 2018 and 2019. More cited individual benefits than organizational benefits, mostly: resources, opportunities for visibility, mentorship and/or participation in international, regional and national platforms. At the organizational level, the same ‘top 4’ benefits were mentioned, but with less emphasis on opportunities for visibility.

Figure 2 shows that some interviewees confirmed that participation in international conferences and high-level meetings have resulted in deepened partnerships and opportunities in their own countries. Interestingly, among those who perceived that AYC membership had contributed to building the capacity of their organization, most felt that it had done so by deepening partnership engagement with other organizations and/or expanding the organization’s outreach efforts. Fewer felt it had done so by facilitating access to financial or other resources.
The AYC offers a variety of training and learning opportunities including online material resources. These are in the form of publications, guidance documents and knowledge summaries. Examples include: the article ‘Building the foundations for sustainable development: a case for global investment in the capabilities of adolescents’ published in the Lancet (2017), and a UNICEF guide on influencing decisions that improve children's lives. Online training opportunities include the production of interactive webinars by the AYC.

The Partnership introduced a mentorship programme (MP) for AYC members. The MP helped to ‘connect the dots’ with capacity building. The programme linked 50 mentees to 50 partner mentors from private companies, donors, academia and research in the first year. The MP included access to a resource hub: Materials provided through the hub included: how to write a shadow report, how to work with a Theory of Change, and the Toolkit among many others.

Despite the MP matching process being transparent and systematic, the quality of the mentorships varied, since the needs or time commitments of individuals were not always sufficiently considered. It was envisioned as a low resource investment that counted on the good will of mentors to facilitate opportunities for mentees. Given the positioning of the mentors, there was great disparity between the opportunities provided to the mentees by their mentors which was perceived as unfair or a lack of quality of the program which PMNCH was then expected to make up for. Clearly the expectations of the program among mentees exceeded the original intent there by leading to understandable disappointment. Additional challenges noted related to establishing clear roles for the mentors, limited resources to sustain the coordination of the program itself and pro-activeness of mentors and mentees.

As one respondent highlighted: “Some mentors in the program did not receive recognition as there were no established communication/interaction requirements”, while another said: “Mentors that didn’t have opportunities, they looked to PMNCH to give the resources”. Overall, a number of respondents highlighted the value of the program but expressed a need for it to be improved upon.

The AYC also contributed to building the skills of its members in using evidence for youth-led advocacy, accountability and meaningful engagement. It offered trainings through webinars,
and capacity building workshops during conferences, events and high-level meetings; and further by opening space to individual young people contributing to working groups or publications. Much of the capacity building focused on the use of the Toolkit and participation in advocacy more generally with over 7,000 youth activists trained on advocacy skills according to one interviewee. PMNCH also successfully built young people’s capacity to advocate meaningfully in the World Health Assembly through their support for the International Federation of Medical Student Associations (IFMSA) pre-WHA capacity building four-day training event for a youth-led organizations. This event reached over 5,000 youth participants from around the world and resulted in at least 50 youth participants at the 2018 pre-WHA.

4.2.3 Building capacity through opportunities and grants (EQ2.1)

AYC members were given the opportunity to engage meaningfully in a variety of working groups and committees. Selected examples include the Adolescent Health & Well-being Working Group through the AYC engagement coordinators; the ‘Advocating for change for adolescents! Toolkit’ grants (led by Girls Globe with support from PMNCH and Women Deliver); the Meaningful Youth Engagement Resource Working Group (led by FP2020); the MP (led by IFMSA); and the Partners’ Forum Youth Engagement Committee (led by Hope Pillar Project). Additional examples include the Advisory Group to the AA-HA!, ensuring that AA-HA! guidance translates to meaningful youth engagement in national health plans and the opportunity for members to participate in events such as the IPU Assembly Delegation and learn about laws, smart health financing models and partnership-building to influence inclusion of AY in UHC.

The AYC also offers some individual consultancy opportunities that are financially remunerated and promote young people’s engagement and skills at national and international level. For example, one member of the AYC was commissioned to work on resources such as the Global Consensus on Meaningful Youth Engagement (MAYE) with other youth advocates from other organisations such as FP2020 and the IYAF. Financially remunerated opportunities also include the four AYC coordinators, five country grants and for IFMSA hosting the Pre-World Health Assembly in 2018. However, such opportunities remain scarce relative to the number of AYC members and interest.

Respondents generally perceived the opportunities and resources provided by the AYC as useful. The majority felt that building the capacities of individual members was stronger than the capacity building provided to youth-led organizations as a whole as also shown in Figure 3 (Survey (n=15)), with few respondents saying that individuals and selected youth-led organizations were equally supported. Overall, AYC membership was perceived by 14 of the 18 survey respondents to have contributed to increasing their own or other individuals’ effectiveness as youth leaders. However again there is some room for improvement: six said it had contributed to a great or very great extent, and eight said it had contributed to some extent or to a small extent.
Among those who benefited, AYC opportunities and resources were generally perceived to have been useful, particularly in relation to building the capacity of individual members. The majority of these opportunities (with the exception of the Toolkit grants) were perceived to be for individuals, rather than organizations themselves74. Of the 15 online survey respondents who received individual benefits, all said that they were useful, and a half stated that they were useful to a great or very great extent. Of the 13 respondents who received organizational benefits, all but one said that they had been useful, but only three said that they were useful to a great or very great extent.

There did not appear to be a clear expectation that individual beneficiaries of capacity building or other opportunities afforded to them by PMNCH came with a commensurate explicit obligation to share learnings and experiences with their organisation, networks or other youth platforms from their country. Given the lack of internal accountability mechanisms in place to assure such feedback loops, it is unclear how and to what extent capacity building facilitated by the AYC was passed down from individual youth leaders (i.e. AYC members) to sub-national levels (e.g. knowledge received through webinars, at conferences or workshops). A notable exception are the grants given to youth-led organizations in countries for the roll-out of the advocacy Toolkit.

4.2.4 Small grants program

At country level, the AYC was able to develop leadership through capacity building for national level AYC member organizations and leaders through access to small grants provided by PMNCH and donor partners75. The small grant mechanism was for technical assistance and coalition building to advance the AHW agenda at a national level. These grants were given to five national networks and organisations to use the PMNCH supported Toolkit to generate momentum around AY issues in national development plans, including GFF investment cases and stakeholder discussions76. In Nigeria, India, Cameroon, Kenya and Malawi the grants
either established coalition of, or supported networks on the ground at national and sub-national level. Through the grants, PMNCH and the AYC selected NGOs engaged 2500 young people and influenced 150 decision makers on AY issues in the year 2018. They also led to increased focus on AY issues by national political and government representatives and decision makers. This financial support encouraged capacity building at national and local levels through collaborations with the government and translation of the Toolkit for further reach such as into French in Cameroon. Building on these efforts, the small grants program will scale up to 14 multi-stakeholder youth coalitions in countries in 2019, through a transparent, competitive bidding process in countries that meet the criteria (defined by the PMNCH Board as priority countries, where there are existing PMNCH investments and a multi-stakeholder platform has been established). These can correspond to GFF country platforms including the CS coordinating groups when appropriate. The situation of the current grantees in terms of funding had not yet been communicated and thus remains uncertain, with potential impact on sustainability.

The small grant provided focus that generates meaningful youth participation in the national dialogue around Women’s, Children’s and Adolescents’ Health priorities in line with the PMNCH Business Plan (2018-2020). The Organization of Africa Youth Kenyan Chapter with PMNCH convened partners, government, UNFPA, WD, youth organisations, YMCA, and the Population Council adapted the Toolkit for young people to advocate for improved adolescent health and well-being in Kenya through a widely consultative process.

In Cameroon, an NGO youth network facilitated a partnership between Women Deliver, the Ministry of Health and PMNCH to develop guidance on completing the indicator tracking table to support advocacy efforts on adolescent health and wellbeing within the GFF country stakeholder platform. In India, an advocacy training for 32 people was held in the state of Bihar; and in Malawi, 40 youth organizations and networks were enabled to meaningfully participation in a district and national Sexual, Reproductive, Maternal, Newborn, Child and Adolescent Health (SRMNCAH) Technical Committee. Furthermore, a number of AYC members received global grants to act as co-ordinators for these programs.

Through the small grant mechanism, AYC members at national / sub-national level were able to harness their collective strengths and influence effectively the participation of young people using the partnership-centric approached approved by the PMNCH Board, and advocated by GFF, CIFF and the H6 Partnership. Their efforts worked specifically to collaboratively strengthen the platform for adolescent and youth issues including the engagement of youth-led organisations and civil society (CSOs) coalitions, and connect young leaders to multi-stakeholder platforms. In addition, the support expanded the capacity of young people and increased visibility of their efforts to key stakeholders creating new and deepening existing partnerships that went beyond national boundaries. Their participation was seen as backed by a global network which provided legitimacy to their work, making it easier to some extent to engage with decision-makers.
4.2.5 Comparative Advantage of the AYC platform (EQ 2.1 and 3.2)

The AYC is positioned to advance the AHW agenda within the work of PMNCH as shown in Figure 4 below. Through PMNCH’s institutional framework, AYC members have access to key stakeholders across constituencies and countries. Members value the unique partnership-centric approach of PMNCH which they feel has been leveraged well by the AYC to advance the AHW agenda. PMNCH has strong global links to cross-cutting organizations which align to the Global Strategy (GS) and EWEC more broadly. Exposure to the PMNCH ecosystem allows the AYC platform to act as a convener of partners, opening doors and opportunities for its members. “Members can say they are an AYC member and it opens up doors with potential partners and governments” one respondent said and another respondent mentioned: “If harnessed properly, there are not many platforms that bring together cross thematic issues [i.e. as the AYC does] to develop a common agenda.”

Another comparative advantage of the AYC relates to the portfolio of resources and opportunities the platform provides (especially competitive seed grants, access to leaders, advocacy tools and the mentorship program). Indeed, non-bureaucratic small grants are perceived as a unique strength of the AYC. Conversely, interactive channels such as webinars provided by the AYC or shared by member organisations could be further developed.

At country level, PMNCH has a large number of diverse partners that is viewed as a unique advantage as many are well positioned to support government priorities related to the AHW agenda and have an impact on the ground. The partnership at country level, while not AYC
specific, does open doors and opportunities for AYC members to engage in their countries through other PMNCH partners such as International NGO.

#### AYC’s comparative and unique advantages to build on in the future

<table>
<thead>
<tr>
<th>Advantage</th>
<th>Number of respondents (/18)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Access to events / forums / networking opportunities</td>
<td>6</td>
</tr>
<tr>
<td>Access to funding/resources</td>
<td>6</td>
</tr>
<tr>
<td>Linking the global, regional, national and local</td>
<td>4</td>
</tr>
<tr>
<td>Access to capacity building opportunities</td>
<td>4</td>
</tr>
<tr>
<td>Access to powerful organisations</td>
<td>4</td>
</tr>
<tr>
<td>Giving youth a unified voice</td>
<td>2</td>
</tr>
</tbody>
</table>

Figure 4 AYC’s comparative and unique advantages to build on in the future

4.2.6 Sustainability of the AYC platform (EQ 2.3)

The AYC ensures its long-term sustainability within the Partnership through different modalities, with varying degrees of success. The presence of the AYC leadership on the Board contributes to important long-term sustainability within the governance structures of PMNCH. However, the leadership is focused on a few selected young people over the past few years primarily from African countries, and no clear strategy (as of December 2018) could be identified to address the issue of ‘aging-out’ of leadership posts within the AYC. While a transition on the Board is specified in the Board Manual, which is followed, by the Governance and Nomination Committee Chair, how young people who are aging out will be specifically addressed is not mentioned. Work has been done to diversify the AYC leadership however. In 2016 Board members were from East and Southern Africa, and Eastern Europe-Slovenia, and by 2018, the constellation expanded to also include members from Latin America and Eastern Europe-Turkey.

Financial sustainability of the AYC is supported by strong external funding, partnerships with youth-led organisations and donors that support and align with the inclusion of AHW into PMNCH’s work plans. PMNCH has in recent years met its primary funding objectives which has further ensured support for the AYC. While the AYC is not actively involved in fundraising,
resource allocation for AHW activities within PMNCH is based on the work plan which AYC leaders were involved in developing.

Monthly calls and AYC retreats constitute an opportunity to share best practices and lessons learned across AYC members; however no formal and systematic accountability system seems to be in place to ensure the passing down of knowledge, best practices and challenges at country-level\textsuperscript{100}. Likewise, there does not appear to be a formalized strategy for the transition of AYC leadership to pass on (institutional) knowledge to new leaders, which will potentially effect on long-term sustainability\textsuperscript{101}, though some mentioned an “induction” process was in place, which the assessment team could not verify.

One interviewee mentioned: “The Secretariat is doing their best to keep [i.e. young] people in the Partnership – when you age-out you either become an advisor or participate in other groups” (AYC Member). Others suggested the need to develop a formal transition process, including hand-over guidelines and greater clarity on age limits, which many were unclear about despite operational guidelines of the AYC stipulating 30 years as the upper limit for involvement. New members require continuous mentoring to understand the PMNCH language and participate across many health issues\textsuperscript{102}. Overall, short terms and high turn-around affect the sustainability of efforts, according to one respondent\textsuperscript{103}. Evidence of the impact and sustainability of cross-constituency representation appears limited\textsuperscript{104}.

While PMNCH gave youth-led organisations and young people space to position themselves in countries (e.g. through catalytic funding; seed grants; appointment of country activities coordinator and AY engagement coordinators)\textsuperscript{105}, one interviewee mentioned that a formalized coordination strategy at country level appears missing (e.g. no country-coordinating body in each country; no regional coordinator)\textsuperscript{106}.

Overall, opportunities for capacity building were largely short term. For example, the financial support provided to the IFMSA to organize the 4-day conference capacity-building workshops before the WHA in 2018 was considered insufficient for the work organising the conference entails\textsuperscript{107}. Despite conversations taking place since the beginning of 2019 and a request for a formal proposal of long-term collaboration between IFMSA and PMNCH, agreement was not reached by the time of the WHA, which led to the workshop not being financially supported by PMNCH in 2019\textsuperscript{108}. PMNCH supported as possible the IFMSA workshop as a strategic opportunity to build capacity of young people to advocate more effectively at the WHA. The funds available were considered limited, which led some to question the continuous and long-term sustainability of opportunity-based (rather than strategically planned) efforts by PMNCH and the AYC\textsuperscript{109}. While many recognised and appreciated that PMNCH actively sought to seize opportunities for youth engagement and capacity building, other, perhaps without the overview, came to such activities with high expectations that more would follow. It was not always clear when an opportunity was a one-off event or part of a larger scheme for which additional opportunities would follow\textsuperscript{110}.

4.2.7 Expectations of the AYC engagement and partnership model and future sustainability (EQ 2.3)

The AYC, as the other constituencies, contributed to the PMNCH workplan and the development of the Business Plan, including the definition of constituencies/member’ strategic role. In addition, the AYC has had several planning workshops which have culminating in
agreed actions and priorities which the Secretariat and key AYC “coordinators” are implementing. However, despite these efforts, many respondents did not have a clear idea of the strategic priorities guiding AYC contributions to PMNCH activities and events. There is a perception that AYC initiatives and opportunities appeared rather ad-hoc, without an overarching strategy (on how the AYC wants to affect change through its engagement) and based largely on individuals’ ideas. Activities ranged from a “Nothing for us without us” public event organized by the Government of Mozambique and PMNCH with a focus on adolescent girls\textsuperscript{111} to a country engagement strategy in Malawi\textsuperscript{112} to a call to action to engage youth in the International Parliamentary Union (IPU) activities at the 2018 IPU Assembly event on legislation on food and nutrition\textsuperscript{113}, with an overall strong focus on African countries\textsuperscript{114}. This lack of strategic focus had some respondents questioning how resource allocation was decided with a few interviewees mentioning that too much of the funding is going to the participation at international conferences instead of country level activities\textsuperscript{115}. It is unclear whether other PMNCH constituencies have a more articulated strategic focus for their engagement.

Nevertheless, the sheer number of youth engagement activities supported by PMNCH and implemented by AYC members have led to the AYC being perceived as the “go-to” platform for meaningful youth engagement by UNFPA and WHO\textsuperscript{116} as evidenced by important peer-reviewed publications on this topic\textsuperscript{117}. However, not all respondents saw the AYC in this way\textsuperscript{118}, and as mentioned by one interviewee: “The AYC platform is only for learning about opportunities for funding or training, but not necessarily where young people go for information and new research”\textsuperscript{119}. Lack of identification of what young people need in terms of resources that AYC members would like to be provided is perceived as a further gap\textsuperscript{120}. “We need to have mentors, institutional capacity development including fundraising, capacity building for individuals and speaking sessions at different levels. Youth-led organizations require proper documentation (e.g. workforce policies) and they don’t get funding/resources for this because of institutional set-up”\textsuperscript{121}.

Further, expectations of AYC engagement and contribution from PMNCH are high, and perhaps unrealistic given the level of support currently available. For example, AYC members are supported to participate in strategic meetings to represent young people’s perspectives of what is happening on the ground in relation to EWEC at country level. Yet, selected youth representatives may come to the event unprepared because they lacked funding and time to collect and synthesise the necessary evidence from their country beforehand\textsuperscript{122}. With the exception of a small number of paid consultancies, AYC members are expected to take up opportunities offered to them on a voluntary basis\textsuperscript{123}. Young people involved in this type of work are either students or engage in work for small youth-led organisations or youth platforms with limited resources. With competing commitments for their time and effort, the voluntary nature of AYC activities impacts their ability to engage regularly and consistently\textsuperscript{124}.

High-level engagements and platforms are also challenging for AYC members in terms of the logistics of travel\textsuperscript{125}, and representation. The average youth participant from a constituency member has not been previously exposed to such opportunities. To involve these individuals (rather than the leadership of the organizations) requires a bottom-up approach which is currently not in place\textsuperscript{126}. In addition, thus far individual and organizational support has mainly centred on English-speaking people and countries, which poses a challenge in building regional partnerships\textsuperscript{127}, although recently, PMNCH is translating tools to more regions\textsuperscript{128} to extend their outreach. For example, funding was provided to a youth-led organization in
Cameroon to expand the roll-out of the Toolkit into Francophone countries as mentioned above. PMNCH is also to translate the Toolkit in Spanish. In addition, the Global Consensus on MAYE was translated to French and presented at a Ouagadougou Partnership meeting.

Some drawbacks were found around the dissemination of opportunities despite the fact that the majority of respondents are knowledgeable on the channels by which information is shared. While the AYC has a google listserv, which shares opportunities to engage on various projects, receive funding and apply for scholarships, some opportunities are disseminated by partner organisations rather than the AYC itself. Although the process to engage young people appears to be transparent and non-discriminatory by some respondents, there are weaknesses in the membership system which leads to missed opportunities. Firstly, a lack of transparency towards applying for opportunities themselves is problematic for members and secondly, the timing of the dissemination of opportunities was not always sufficient to allow broader participation in the events proposed. For example, visa requirements or communicating priority countries from which grantees will be selected were mentioned as important to AYC members. Some members thought there was a lack of focus in the opportunities provided as it was not always clear what is going on in this space.

At country level, the GFF can be seen as an opportunity as they have stakeholder platforms and increased interest in adolescent and youth participation that PMNCH is helping to drive as evidence by their recent interest in having youth members on their Board. The AYC contributes to sustainability of the AHW agenda within PMNCH by building strategic partnerships with international organisations and national governments, and connecting young people to regional and global platforms and political leaders. For example, PMNCH has an AYC representative on the GFF Investors Group as one of the alternates of the two NGO GFF seats. However, to ensure sustainability of activities at country level more resources and partnerships are needed.

4.3 Meaningful adolescent and youth engagement (MAYE) and capacity building

PMNCH, the International Youth Alliance for Family Planning (IYAFP) and Family Planning 2020 (FP2020) spearheaded the development of the ‘Global Consensus Statement: Meaningful Adolescent & Youth Engagement’ in 2018 (MAYE), which was launched at the International Conference on Family Planning (ICFP) in 2018 and the Partners’ Forum in India in 2018. The French version was presented at the Ouagadougou Partnership meeting. The statement was developed through a series of consultations of young people globally, and since its launch has continuously been endorsed by a large number of partners. Meaningful youth engagement is herein defined as “...an inclusive, intentional, mutually-respectful partnership between adolescents, youth, and adults whereby power is shared, respective contributions are valued, and young people’s ideas, perspectives, skills, and strengths are integrated into the design and delivery of programs, strategies, policies, funding mechanisms, and organizations that affect their lives and their communities, countries, and world”. As a result, it “…recognizes and changes the power structures that prevent young people from being considered experts regarding their own needs and priorities, while also building their leadership capacities. Young people includes ‘adolescents’ ages 10-19 and ‘youth’ ages 15-24 (based on the WHO definition) regardless of socioeconomic status, ethnic identity, sexual
orientation, gender identity and expression, sex characteristics, marital status, religion, disability, political affiliation, or physical location”\(^{144}\). Meaningful youth engagement is framed by five main principles, namely being rights-based; transparent and informative; voluntary and free from coercion; respectful of young people’s views, background, and identities; and safe \(^{145}\).

4.3.1 Meaningful adolescent and youth engagement supported by the AYC and the broader PMNCH (EQ 3.1)

Young people have the opportunity to raise their own issues, including AHW in the context of the PMNCH mandate yet modalities of how voice and young people’s engagement are promoted by the AYC vary. A respondent shared that: “The meaningful youth engagement statement has undertaken some efforts to hold organisations accountable to how they work with young people”\(^{146}\). Since its launch, together with IYFAP and FP2020, PMNCH has received over 230 MAYE endorsements and efforts have taken place to establish an accountability system to track actions in addition to endorsements that will be launched on the International Youth Day 2019\(^{147}\).

PMNCH often tries to include AHW through the AYC in the review of resources, tools and documents\(^{148}\). This has resulted in greater presence and focus on adolescent and youth issues within PMNCH strategic activities and events both internally and externally.

There was broad agreement from the PMNCH leadership that AYC members’ opinions and recommendations are taken seriously\(^{149}\). Many AYC members themselves reported feeling meaningfully engaged in the AYC, with some degree of ownership to co-create activities and influence what is going on by being directly involved in decision-making\(^{150}\). However, not all AYC members themselves agreed: some explicitly mentioned that they constantly felt looked down upon and not taken seriously because of being a young person\(^{151}\). This may suggest a lack of structure through which their views can be channelled. Several suggested that PMNCH partners needed capacity building on the importance of, and how to meaningfully engage with young people, including respecting their opinions, and reducing bureaucracy to facilitate their participation\(^{152}\).

One interviewee said “The biggest benefit of the AYC is the exposure and access it gives its members to engage with leaders from their own countries in international fora…”\(^{153}\). Opportunities for engagement and representation however appear mainly focused on a small group of individuals from the AYC leadership level. While opportunities to participate were generally shared within the AYC, short lead times, capacities needed to attend (including at times personal resources, time and language skills) limited those who could reasonably apply or be selected\(^{154}\). For several respondents it was unclear whether these young people represent the organization they work for or themselves as individuals and/or the AYC (see above)\(^{155}\).

Survey results (see Figure 5) also showed a mixed picture regarding the extent to which AYC membership facilitated meaningful engagement and participation in advocating for AHW. Of the 18 respondents, most\(^{156}\) reported that AYC membership had increased their organization’s meaningful engagement and participation in advocacy for AHW, but only three said that it had done so to a great or very great extent. Two respondents said that AYC membership had not done this at all, and three did not know or did not respond.
Generally, young people meaningfully involved at the different levels either represent youth or older youth; very little evidence could be found on the extent of meaningful engagement of adolescents (age 10-14 years) at national level, and no evidence was available for the involvement of this age group at the Partnership level. While some youth-led organisations at the national level are involving adolescents in their work, the influence of the AYC in doing so remains unclear.

A challenge for AYC members is that they are often asked to participate in events or give input on strategic resources at short notice, which does not allow for a sufficient time to prepare. These opportunities come up with short notice and are not necessarily PMNCH events but rather requested or made available by a partner wanting to identify or make room for young people to participate at the last minute. These opportunities are then vetted through the AYC Board members and alternates, to select an AYC representative to attend. When time is short, the AYC Focal Point has to provide guidance in the preparation of young people for them to participate. While the role of the secretariat is to support the young person’s statement, sometimes more support is needed. Despite the Secretariat’s role of helping youth leaders to participate effectively, some, nonetheless, felt that PMNCH (not necessarily the Focal Point) has the tendency to prescribe how they should engage. Some respondents stated that as a result, collaboration is not always easy, as it did not allow them space to learn over time and make mistakes. One respondent recommended: “Allow adolescents and youth to make mistakes; it is not guidance when PMNCH takes over. Adolescents and youth need the space, power, right and resources to accomplish.”

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**Figure 5** Extent to which AYC membership increased my organisation's meaningful engagement and participation in advocacy for adolescent and youth well-being.
The perception of truly “meaningful” engagement of young people facilitated through the AYC and the PMNCH as a whole was seen as mixed by respondents (AYC Member, 218). Some interviewees mentioned that true meaningful engagement has not yet been achieved, and that “…some PMNCH partners still require further education on what meaningful youth engagement entails”. While some voiced that PMNCH works for them and gives young people the needed space, they do not truly work with them. For example, some respondents acknowledged that young people are missing the skills and capacity to take up the opportunities offered by PMNCH, because it takes time for them to learn and increase their knowledge (e.g. UN language; a specific topic or role) (4 AYC Members).

The lack of capacity or limited willingness to meaningfully engage by some AYC members has also been reported, though from a different perspective: “Young people bring in a perspective that PMNCH may have overlooked; sometimes young people have powerful voices but not always; some lack the maturity to engage in a meaningful way in an international setting…” (PMNCH, PMNCH, general observation: survey response rate and interview response rate).

Capacity building related to the practical use of the MAYE statement by AYC members was perceived as a missed opportunity by one interviewee (94, PMNCH).

4.4 Advocacy, Knowledge Generation and Accountability (EQ 4,5,6)

4.4.1 High level advocacy at global (EQ 4.1)

Perhaps the most visible activity the AYC is engaged in is high-level advocacy for AHW alongside PMNCH and partners. PMNCH facilitates AYC engagement and representation in nearly all of their recent events and activities with considerable success. It is challenging and often impossible to distinguish the extent of the contribution of the AYC versus PMNCH as a whole.

The AYC’s participation in PMNCH advocacy initiatives has been reported to have contributed to an increased awareness and collaboration with youth-led organisations to champion AHW as a priority area at country, regional and global levels. In 2017 alone, the AYC was engaged in and supported over 30 global and regional meetings. PMNCH and their partners have also facilitated AYC members meeting key officials and stakeholders for partnership building and to advocate for A&Y issues. In particular, one interviewee stated that “PMNCH helped us meet key officials and potential partners to implement the project. This is not possible outside of this opportunity” and a survey respondent shared that “They really have tried to make sure that invited youth don’t just go to the events to be spectators but that they are given roles that will be sustainably beneficial to them”.

The AYC has increased to some extent the visibility of the PMNCH and integrated AHW in global advocacy initiatives such as EWEC and MAYE but perhaps not as much as it could have done (see section 4.2.1). The AYC’s ability to get young people into high-level policy spaces allows them to influence policy dialogue and take global issues to the national level. Access to such platforms also provides the opportunity to access donors, increase visibility
and expand their reach on the ground\textsuperscript{170}. However, some interviewees shared that the AYC has to push for timeliness, inclusion and funding for advocacy with the short notice of opportunities being a key constraint\textsuperscript{171}.

National and global engagement follows the PMNCH lead with the AYC participation organized largely by the Secretariat\textsuperscript{172}. Some AYC representatives play a larger role because the individual takes an interest and prepares themselves with support from the Secretariat. Section 4.1 gives many examples of AYC members contributing significantly to PMNCH activities\textsuperscript{173}.

The AYC is predominately focused on the Workstream 2: Adolescent Health and Well-Being where Advocacy objectives focus on multi-sectoral country-specific campaigns to monitor progress on EWEC commitments, and a high-level coalition linking national and global champions. The AYC is also specifically implicated in Work Stream 1: Early Childhood Development (ECD) where they are requested to support PMNCH to advocate on the Nurturing care Framework and ECD thematic priorities in countries. Moreover, across the other Workstreams, the AYC is named as a suggested partner in countries to help PMNCH align partners to the ECAH commitments and financing, including through GFF stakeholder dialogues in country level investment cases. Beyond these named activities within the PMNCH work plans however, there is little evidence of a specific focus or strategic objective of the AYC that informs how they engage (i.e. what are the most important messages; themes within EWEC) that the AYC wants to communicate strategically in these other PMNCH related advocacy efforts\textsuperscript{174}.

4.4.2 Advocacy at country level (EQ 4.2)

The Advocacy Toolkit has been a successful resource in PMNCH’s contribution to country level advocacy. Through training and use on the Toolkit, young people engaged in decision-making processes, created and strengthened multi stakeholder platforms, helped to drive accountability, and expand the capacity of youth-led and youth-serving organizations to tackle A&Y issues\textsuperscript{175}. Young people felt a great sense of ownership by having the ability to tailor their advocacy strategy (and the Toolkit) to country-specific needs, such as the adoption of AHW national education curriculum, translation to French and the establishment of disaggregated data collection processes and indicator tracking for greater accountability for AHW in Cameroon\textsuperscript{176}. In addition, the Toolkit has been presented and discussed at multiple key events with country partners\textsuperscript{177}.

There is an aim to expand the reach of the Toolkit by providing five additional small grants for country level rollout of the advocacy training and coalition building\textsuperscript{178}. Yet interviewees expressed a need to leverage best practices and lessons learned through formal cross benchmarking and information sharing with AYC members and partners to make the most out of the new opportunities such grants would provide\textsuperscript{179}. Some respondents expressed a need for geographic representation and advocacy resources in other languages\textsuperscript{180}, which is reinforced by one interviewee that stated: “Increasing to 10 countries but only taking countries within GFF priority areas [limits our reach]. We have to look for ways around the funding mechanism requirements [of the GFF focus] to better serve members and regions within the AYC\textsuperscript{181}. PMNCH has funded a youth-led organisations’ coordinator to facilitate continuation of implementation of the Toolkit in the selected countries\textsuperscript{182}.
Evidence shows the AYC’s contribution to country level advocacy, outside of the Toolkit and small grants scheme is limited to a few meetings and public events in Mozambique in 2016 and Malawi in 2017. From these engagements, the AYC contributed to fostering country commitments to AHW and the development of action plans for youth-led advocacy and accountability activities.

Figure 6 shows that only a few of the survey respondents indicated that the AYC has advocated effectively at the country level to a great or very great extent, which is further corroborated by interviewees stating that they are unclear about the country level impact. This finding highlights a potential gap in information sharing and/or country level advocacy outside of the Toolkit.

Despite more than half of the survey respondents showing the AYC advocating for the needs of young people to some extent or more at the regional level, evidence surrounding regional advocacy is very limited. The AYC has contributed to high-level advocacy at the regional level mostly in Africa, with a few exceptions in Europe and Southeast Asia. A respondent expressed “PMNCH is not very engaged in existing regional forums but it is involved and tries to penetrate regional events and conferences but not strategic regional events or decision making platforms…Maybe it does, but we just don’t know about it or it’s only made known to a handful [of] young people,” which reinforces limited AYC contribution to high-level regional advocacy and a potential lack of information surrounding advocacy engagement being distributed throughout the AYC.

Figure 6 showing the extent to which the AYC advocated effectively for the needs of young people at the global, regional, and country level.
4.4.3 Supporting development of knowledge products (EQ 5.1 and 5.2)

PMNCH has produced a number of evidence-based resources to support the inclusion of AHW\textsuperscript{191}, most notably the Toolkit mentioned above. The Toolkit built capacity to advocate for increased investments in adolescent health, and helps guide strategic choices and decision-making for such investments to be reflected in relevant national policies\textsuperscript{192}. The Toolkit was developed by young people and increased local ownership and adoption of practices\textsuperscript{193}. It has been updated and now includes information on how to engage in GFF at the country level and country case studies showcasing the work of the five previously selected countries\textsuperscript{194}.

In addition to the Toolkit, PMNCH developed a handful of resources and funded a few trainings also related to advocacy for AHW\textsuperscript{195}. Examples include the ‘PMNCH Knowledge Summary #35 Act Now for Adolescents’\textsuperscript{196}, contribution to latest peer-reviewed publications and to key reports\textsuperscript{197}. Publications and resources provided by PMNCH, in addition to the Toolkit, have contributed to increasing the understanding of advocacy and locally driven advocacy strategies\textsuperscript{198}. These include examples such as campaign planning tools, national programming and priority setting, and advocacy budgeting\textsuperscript{199}.

Many of the resources however were limited to topics related to advocacy, accountability and project management. Significantly, a number of online resources appear to have been shared as part of the resource hub only through the MP\textsuperscript{200} which was considered a missed opportunity by some, as it has not been further developed to date\textsuperscript{201}. AYC webinars were reported to be rather static than interactive, suggesting an area that could also be strengthened\textsuperscript{202}. For example, the PMNCH Knowledge Centre website does not allow searching for PMNCH resources by topic (e.g. AHW) limiting its usefulness\textsuperscript{203}.

Evidence made available by the AYC focuses on the global level (providing more general and advocacy driven information with limited applicability to the national level). The AYC also shared a limited number of evidence products at national level - although the Toolkit and the comic book related to the AA-HA! Were notable exceptions\textsuperscript{204}.

The extent and reach of the products remains unclear: documentation of the level of the use and the impact of evidence and linked results is limited for the majority of documents shared. It is, however, evident that the Toolkit - including chapters on evidence and how to gather evidence - was used in the five countries receiving grants for its roll-out. This led to several ongoing activities at national level, identification and advocacy of gaps related to AHW and increased country commitment\textsuperscript{205}. One interviewee shared that: “PMNCH publications have helped provide a template to aid in-country data collection and analysis for evidence-based advocacy and decision making”\textsuperscript{206}. It is critical to note that a need for more resources, especially in languages other than English, and engagement that expands the geographical reach of the AYC was identified\textsuperscript{207}.

While the AYC is committed to sharing evidence, several interviewees mentioned that resources are not always youth friendly. They expressed the need to turn high-level reports/documents into an adolescent friendly format, such as flash cards, videos, comic books and through webinars or similar\textsuperscript{208}. Some respondents mentioned directly or indirectly that the AYC is not the go-to-platform for adolescent and youth related evidence despite its great potential\textsuperscript{209}. Further, too many resources were shared with little practical implications or guidance, leading to exhaustion of recipients, while a clear dissemination plan appeared missing\textsuperscript{210}. There was little evidence (that could be found) on the sharing of best practices and
lessons learned\textsuperscript{211}. In addition, communication on the distribution of evidence, as well opportunities and knowledge of activities of other members could be improved\textsuperscript{212}.

4.4.4 Contribution to accountability initiatives (EQ 6.1 and 6.2)

AYC has also been involved in selected accountability initiatives for EWEC Global Strategy and their own accountability mechanisms within the Partnership including their annual work plans\textsuperscript{213}. One respondent mentioned that given the low response rate from countries on commitments to EWEC, especially related to youth, more could be done by PMNCH and the AYC in this domain\textsuperscript{214}.

PMNCH and with support from the AYC facilitated citizen hearings at WHA, including the staging of the ‘Moving from Dialogue to Action! Citizen-led accountability for Women’s, Children’s and Adolescents’ Health’ in 2016 and the citizen-hearings in 2018 focusing on adolescents\textsuperscript{215}. In 2017, there was a high-level focus on driving accountability in the Partnership’s budget that led to collaboration with the International Accountability Panel (IAP). The IAP had an AYC member support in leading youth-centred consultations in the development of their 2017 Annual Report on adolescents and its launch at UNGA in 2017 with a speech on the ‘Importance of accountability mechanisms and the need for action surrounding MYE’\textsuperscript{216}. As follow-up to UNGA and the launch of the IAP report on adolescents, PMNCH created a web story of the launch titled ‘Transformative Accountability for Adolescents’ and engaged the AYC to take part in an Accountability Retreat in 2017\textsuperscript{217}. There were presentations on the report and its recommendations at relevant meetings as well as the dissemination throughout the AYC leading to the popularization of the report at the country level\textsuperscript{218}. Particularly in Malawi, recommendations from the IAP report on adolescents led to AYC mobilization and development of national coalitions for youth-led advocacy and accountability\textsuperscript{219}. In 2018, PMNCH facilitated the engagement of the IAP to the AYC Focal Point of the private sector constituency for the development of the Annual Report on accountability of the private sector. These efforts led to reporting processes that monitor AYC engagement in accountability activities, in alignment with the GFF CS Strategy and the Youth Addendum\textsuperscript{220}. With the AYC already developing products and collaborating with the IAP in various aspects, a few respondents shared that there is an opportunity to engage AYC members in more activities on broader issues\textsuperscript{221} to aid in fostering a multi-stakeholder platform that is more inclusive and accelerates action.

Accountability tools and resources for AYC members include the Toolkit that highlights the importance of accountability for EWEC commitments. Accountability briefs were disseminated at events and in countries to increase the understanding of accountability, providing a step-by-step guide for action and to increase the participation of youth in accountability processes. These include examples such as the ‘Adolescent and Youth Accountability Brief’ and ‘Universal accountability monitoring priorities for the global strategy for women’s, children’s and adolescents health 2016-2030’, along with a webinar titled ‘How young people can drive accountability in the era of SDG’s’\textsuperscript{222}.

While a number of resources on accountability were shared through the MP\textsuperscript{223}, only a few examples could be identified related to the focused capacity building of young people on this topic (see above). While opportunities exist (e.g. collaboration with FP2020 on how to use evidence to advance accountability; IAP) targeted capacity building appears to be limited in this domain from the AYC\textsuperscript{224}. 

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Importantly, survey respondents perceived the AYC to have had a greater impact at the global level than at the regional or country level, with 7 out of 18 respondents agreeing or strongly agreeing that it had strengthened accountability efforts at the global level to a great or very great extent. Very few of those surveyed expressed the same at the regional and country levels, with one survey respondent stating “There is [sic] no activities implemented at country level focusing on accountability for adolescent and youth health”²²⁵. Figure 7 showing the extent to which the AYC is perceived to have strengthened accountability efforts for adolescent and youth health and rights at global, regional and country levels.

Despite the activities above, the AYC has yet to significantly engage in the PMNCH accountability work stream though plans are currently underway to bridge this gap²²⁶. The AYC participated and engaged at international conferences and high-level meetings for accountability in AHW and/or Women’s, Children’s and Adolescents’ Health²²⁷ (see Chapter 4.1) but has not specifically advanced an AYC agenda related to accountability as yet within the accountability work stream of PMNCH²²⁸. One interviewee shared that there is a sense of “shared responsibility”²²⁹ for accountability, while another expressed that: “…young people have immense skills. There is a need to get them to use their expertise and give them responsibility in this area”²³⁰. Despite regular high-level discussions surrounding accountability including the meaning of accountability for the AYC agenda, existing resources, how to engage young people, identifying adolescent and youth needs and exploring feedback mechanism options²³¹, there remains the need to establish and clarify how the AYC will engage in the accountability agenda²³².
4.5 Governance and Structure (EQ 7)

4.5.1 AYC integration within the PMNCH governance structure (EQ 7.1)

Since 2016 the AYC has had a presence on the Board and in the other constituencies with a focal point for each, with some more active and robust in terms of activities than others. As members of the Board, they participate in Board discussions and strategic planning sessions, and work plan development. Board decisions are not taken without the input of the AYC representatives.

There are mixed results on the effectiveness of the integration of the AYC in the broader governance structure of PMNCH. The two AYC Board Members and two Board alternates are part of the bigger decision making body. While they attempt to bring youth voice and perspective to the Board discussions, all Board members have not equally appreciated their participation. Some noted that AYC leaders on the Board have had difficulties at times in having their opinion valued and influential despite high-level supporters including and particularly, the past Board chairperson, which helped facilitate their engagement.

The presence and engagement of the AYC Focal Point in the other constituencies has further heightened attention to AHW within those spaces. AYC Focal Points demonstrate that youth can be “equal partners” if given the space and support to do so. Yet focal points were unclear about their role and the progress made on other constituencies (3 AYC Member). They bring a youth perspective and apparently highlight youth issues related to the constituency discussions but there does not seem to be an overarching focus or strategic aim of the AYC in relation to the various agendas nor an accountability mechanism in place for
which they must answer to the AYC. In most of the other constituencies, the focal points rely heavily on the Secretariat to facilitate engagement (AYC Member, PMNCH, Other).

In addition, not all partners within the other constituencies are equally appreciative of the AYC engagement: some are more amenable than others (Other, PMNCH, 2 AYC Members). Partners noted tensions between constituencies due to there being more resources made available for AYC participation than for others despite the fact that some of the CSOs are also underfunded and in need of support (2 Other, AYC Member). Meanwhile other constituencies requested greater AYC engagement, particularly if they bring their own opinions and priorities without the PMNCH Secretariat’s filter (Other).

AYC members engaged on the Board, and the other constituencies have been most effective when they bring focus to A&Y issues in Board meetings and the development process of the PMNCH work plan and business plan (4 AYC Members, 2 PMNCH, 77). The Secretariat supported their involvement by creating opportunities for their participation across PMNCH activities and partners’ events (beyond PMNCH) (AYC Member, 2 PMNCH, Other). In such activities, AYC members’ participation was not necessarily to advocate for A&Y issues, but rather to engage, as a young person with their own unique perspective, in the topic of the event or activity. This required interest and engagement by the youth focal point to be successful. Meaningful participation could be strengthened by constructive feedback mechanisms and capacity building to facilitate learning, growth and evolving leadership capacity (AYC Member, AYC June retreat 2019). Others agreed that focal point capacity and engagement varies and should be strengthened (3 AYC Members). Participation and resources have increased but not the diversity of participation (AYC Member).

On the Board, the extent to which the governance structure ensures the AYC members can attend meetings, follow what is being discussed and the outcomes is varied (3 AYC Members). Discussions on the Board are seen as a consultative process with a bird’s-eye view of activities (e.g. the GFF portfolio engagement, finance committee within PMNCH with FP2020) (AYC Member). How the Board structure facilitates meaningful youth engagement at the level of governance remains contested; some respondents emphasized that this could be strengthened by reviewing the integration process of AYC leadership into the existing structures245. While there are Terms of Reference for Board members and Alternates that clarified the difference in roles between the Board and the Secretariat, similar terms have not been clarified between Board members and their role within a constituency, unless they have a specific role on a deliverable in the work plan (i.e. AY Country Engagement Coordinator, Consultant on Meaningful AY Engagement Consensus Statement). It is unclear what information AYC Board members and alternates should share with the wider constituency. (2 AYC Member). Related to this point, one interviewee said: “The information stays with the Board members and Secretariat” (AYC Member).
As shown in Figure 8, there are some concerns about the AYC’s performance in terms of achieving transparency, fairness and diversity. Only three out of 18 survey respondents thought that, to a great or very great extent, the AYC governance structure facilitates a transparent, fair and equitable process for selecting members to participate and benefit from opportunities, whereas six thought that it does not do this at all. In terms of membership diversity, views were slightly more positive, but still with room for improvement: five respondents thought the structure facilitates diversity to a great or very great extent, and just one person that it does not do this at all.

A significant issue limiting AYC engagement in PMNCH work streams and constituencies has been a lack of remuneration for their time and involvement (see Section 4.2.7). This has recently been addressed to some extent through the provision of stipends (or grants) for focal points. PMNCH does not usually provide travel support for PMNCH members for their engagement in activities (except to attend Board meetings, for specific PMNCH events or for specific consultancies). Youth participation is usually included in PMNCH activities but given limited resources for travel, AYC members that are already attending (usually with another sponsor) are approached to also represent the AYC/PMNCH at the event. As mentioned previously, this can result in the person wearing more than one hat at the event with priority given for the organization that funded them to attend. They state that they have to “sneak in PMNCH activities on the side of their sponsored events”. The playing of multiple roles by AYC members has resulted in a branding issue for PMNCH which can be overshadowed by other, more sponsoring partners such as ‘She Decides’ and ‘Women Deliver’ among others. Many of the events facilitated by the AYC within the context of other events such as the ICFP or UNGA, for example, do not have sufficient funds to sponsor wide participation of AYC members and rather have to build on those that have been funded already though other sources to maximise participation and AYC actions (see section 4.2).

A number of respondents raised the issue of the lack of accountability expected of AYC Focal Points and leaders to the broader constituency. While focal points represent the AYC across...
all constituencies, several respondents shared that formal accountability mechanisms are not in place or operationalized within the AYC. A survey respondent stated: “[We speak of] reporting on AYC representations [yet] AYC members sit in other constituencies but we do not know who those young people are and which constituencies they are representing us on. We do not know what decisions they are making or what plans we should look forward to, based on their advocacy and placement in those constituencies. We must remember that they are representing other young people from the AYC in general and not just themselves and therefore there needs to be a good flow of information.” In addition, some interviewees stated that the budget for the Adolescent Health and Well-being Workstream including small grants and other activities needed greater transparency. It is unclear how the investment translates into action at the country level they stated. Furthermore, accountability mechanisms surrounding the monitoring of country level indicators and reporting also appear to be missing.

4.5.2 Support of the Secretariat (EQ 7.2)

The AYC leadership and members have been well supported by the PMNCH Secretariat, especially in terms of coordination and technical support. The role aligns with the purpose of the function specifically outlined in key documents such as the PMNCH Business Plan 2018-2020. Engagement with, and by the Secretariat offers the opportunity to share updates, support country partners with technical expertise and incorporate MYE. The Focal Point also plays an important role in advocating for AHW more broadly in the PMNCH structures.

The AYC secretariat is well supported through the close support received by the AHW Technical Officer at PMNCH according to several respondents. Nonetheless, challenges exist in balancing the needs of PMNCH and the structures they are embedded in and the perspectives of young people themselves. For example, the tension between the branding of PMNCH versus how young people want to frame communication about their engagement. However, much more support is needed at the PMNCH governance level to support the AYC membership and ensure space for their effective leadership to take place.

Resource constraints including understaffing at the level of the Secretariat to support the work of the AYC, and the fact that not all six EWEC focus areas are equally resourced is of concern. The challenge of the funding gap is also present since there is no specific budget for AYC to facilitate their engagement, although this is the case across all constituencies as each constituency contributes to the whole of the PMNCH workplan. Some respondents said that the secretariat appears understaffed which impacts their ability to support young people, while others consider that AYC members selected to be engaged should be more proactive in their preparation and participation (relying less on the secretariat’s detailed support as to how they should participate). Some roles and responsibilities also appear to lack clarity; there is a clear tension between the tasks at hand and level of remuneration since the majority of AYC members are volunteers. One respondent said «For some an AYC active position meant more than a job but there should be a clear limit of what is done voluntarily» while another respondent mentioned: «With remuneration, PMNCH would maybe take our support more seriously and prioritize us as resources.» There is also a lack of knowledge of administrative policies and processes which inhibits effective support.
4.5.3 Partners Forum (EQ 7.3)

Overall, there are varying perspectives on the effective use of the Partners’ Forum (PF) as a platform by the AYC (see Figure 9). Some consider that the PF has served as a positive platform to bring young people together and facilitate their access to diverse partners. Towards that end, the PF is looked upon favourably in terms of its networking opportunities that may lead to broader benefits of being exposed to new partners (E.g. GIFF, CIFF, White Ribbon Alliance, UNOY) and engaging with them, particularly for capacity building or resource mobilization. The PF has the potential “…to break silos for global health partnerships”, according to one interviewee.

Figure 9 The extent to which PMNCH Partner’s Forum constituted an effective platform to advocate for and/or build the capacity of its AYC members

The PF covered all logistical and financial aspects of participation for selected AYC members that was seen as an advantage of the PF (compared to other such events); however, this also meant that PMNCH had to pay for everything as outlined by one respondent. Young people are involved in plenary sessions, workshops and speaking opportunities which concern EWEC (PMNCH) (e.g. AYC member attended the 4th PF in India and spoke about global health partnerships with reference to MYE as a tool for accountability), including opening and closing ceremonies. However, selected speakers are not always the best fit, with session leaders often dominated by the Board members according to two interviewees (2 AYC Members). In some cases, the representation of young people at the PF appears to be tokenistic to respondents: “They honour people that are undeserving in her estimation, this sets up the wrong precedent; it is a big waste of money – we are like a gift shop – what is the return on investment; token representation at best”. Moreover, there is not always the opportunity to...
engage after face-to-face interactions. For example, an interviewee mentioned that “After every meeting the question is then what. How do we make it more meaningful?”

Others suggest that while the PF works, the platform is not particularly well utilized and could be improved on different levels. For example, one respondent noted that “Sometimes the goals and objectives for the PF are lost [for the AYC].”

4.5.4 Diversity, representativeness and expansiveness (EQ 7.4)

In terms of geographic diversity, the governance structure of the AYC facilitates diversity, more so than other PMNCH constituencies but only to a certain extent. While there is some diversity in the regions that are represented in leadership, in reality, the number of Board seats means that some regions will get left behind. In terms of the AYC leadership roles, the representation comes mainly from African countries.

Feedback on the selection process for these positions is mixed. Many feel the process for getting young people involved in the governance structure could be improved. One respondent mentioned: “It leaves a lot of people behind, while the others waiting can age out.” Moreover, there are no francophone youth involved at the governance level. Language barriers exist since the main language of communication is English, but this is not always the case for AYC members, as GFF stakeholder platforms for example communicate in French. There has also been an attempt to prioritize Spanish with the development of the advocacy tools in other regions; however, country preferences depend largely on funding opportunities.

Further challenges include the fact that some young people are simply “…not interested in a leadership position because of time commitment.” Engagement also required representation that reflects varying skills sets, and it was noted that there are no specific sub-groups, such as people with special needs that are included at this level. Women appeared to have leadership opportunities, but there were mixed views on the gender balance. Further, young people below 25 years of age also need to be better considered.

In general, for AYC members, most of the organizational representation is from Africa, and especially from East and Southern Africa although this has recently changed with the new leadership (that now also includes Eastern Europe and South American representation).

In 2017, there was a 20% increase in the number of AYC members, which demonstrates some degree of expansiveness. As the AYC membership grows, it will be important to define active membership and the benefits and expectations that are entailed to ensure PMNCH provides a platform that young people can engage with in ways that are most interesting and appealing to them.
5. Considerations

The Adolescent and Youth Constituency has grown since its’ inception having documented successes along the way. It now has the opportunity to take stock of it achievements and challenges, some of which are documented in this assessment. The next Strategic Plan of PMNCH also offers opportunities to focus the AYC agenda on strategic priorities for the constituency and to organize itself and its work plan for greater effectiveness and sustainability.

A key consideration for the AYC is to decide how it will organize and focus itself for greatest impact under the PMNCH banner and mandate. To be the “go to” platform for youth under the broad remit of the PMNCH requires positioning to fill a niche that platforms of equal breadth do not offer. Currently, well know platforms such as the Women Deliver's Youth Leaders Program, the International Youth Alliance for Family Planning, She Decides and many others offer examples of activities, outreach and governance structures but their narrow focus limits their reach and model for the purposes of the AYC/PMNCH.

As a constituency for a UN hosted structure, better models to consider include the GFATM Communities Living with HIV and affected by Tuberculosis and Malaria Delegation constituency (GFATM Communities constituency), The PACT (UNAIDS), and the former UNFPA Global Youth Advisory Panel.

The GFATM community’s constituency, like the AYC has a seat at the GFATM board since 2004 and participates fully in the decision-making processes of the Global Fund through its various governance mechanisms. As a unified voice of people living with and affected by the three diseases, they have a clear aim of ensuring the best prevention, treatment, care and support services for the three diseases through their advocacy on the Board. The Communities Delegation come from different regions and bring different types of experience and expertise, which they adds weight to their voice at the Board. The AYC similarly has a seat at the table and a population based mandate to bring youth voice and perspective to PMNCH deliberations of the Board and into the workplan. The difference is clearly the weight of the voice and space given to PLWHA community for example versus that of young people to the overall mandate of the organizations and the resources available for each. Nonetheless, PMNCH’s AYC can learn from the Communities Constituency model in the focus and consistency of their message on the GFATM Board.

The PACT is actually a network of more than 80 organizations working collaboratively and strategically in the global HIV response. Since 2013 they have been building solidarity across youth organizations to ensure the health, well-being and human rights of all young people. They are currently working on a global campaign entitled #uproot -- a global, youth-led political agenda based on the principles of equity, inclusion and solidarity, aimed at ending AIDS by 2030 and advancing sexual and reproductive health and rights. UNAIDS serves as the Secretariat for the PACT and as the secretariat, UNAIDS does not determine the PACT agenda, focus, or campaign strategy.

The AYC is similarly a network of about 100 youth led (and youth serving organization) with global and regional reach. Like the PACT, PMNCH and its AYC are hosted within a UN Agency

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6 This discussion of consideration has been developed with inputs from the youth researchers on the Assessment team and reflects their views and perspectives directly for consideration.
(WHO) with relative autonomy. The AYC differs however in that it is not fully distinct from the PMNCH as it shares the mandate, work plan and strategic objectives of its host organization. The independent voice and mandate of the PACT allows them to decide which campaign to pursue and how without negotiating this with the broader organization. The AYC could also chose to pursue a specific agenda (within the PMNCH broader work plan) which would give the AYC greater visibility and potential to effect the change they want to see around youth organizing and advocacy.

The UNFPA Global Youth Advisory Panel served as a model within the UN to bring youth perspective and voice to review and advice on the youth portfolio of UNFPA. The youth selected to be on the panel were brought to New York at strategic moments to provide insight and perspective on key products, plans or strategies. Although the Panel was widely seen as useful, some criticism was arose around the inclusion of what became “professional youth” that were appearing at all major events as “spokespersons” for youth interests globally. UNFPA argued that having trained a core group of young people to advocate within global processes for youth interests was valuable as they were well prepared and able to engage effectively. They did recognize however that this was a trade-off when considering the need for sustainability, bringing new voices and perspectives, and young adolescents forward in future. The YAP also experimented with bring adolescents to participate but this required adults to accompany the adolescents which became prohibitively expensive. The AYC shares similar opportunities and challenges to ensuring MAYE at the global and regional levels. Youth leaders (not adolescents) are selected and trained to participate in global advocacy efforts of PMNCH and by their very participation, become more skilled and thus more likely to be selected for the next opportunity. As a result, opportunity is concentrated in a handful of youth movements they represent nor sustainable in the longer term.

These examples indicate the challenge and opportunities before the AYC as it strives to adopt good practice in coalition and network building. Key considerations as they move forward will be to refine:

- How membership is defined, what are the expectations and rewards of membership, and how will it be sustained; and
- How does PMNCH’s AYC engage to ensure that its participation is meaningful and “fit for purpose” for both the aims of PMNCH and the AYC members (at individual or organizational level)?

Many of these issues were discussed in the findings and some are reflected in the recommendations. A few additional considerations are detailed below for reflection.

Regarding membership, key questions focus on who the AYC seeks to include. Is it enough to be a youth activist or should the AYC recruit only leaders and representatives of youth-led organizations? Do those involved have an obligation to share or give back to those they represent? What are the mechanisms for doing so? And who leads?

The AYC could follow a country or regional coordinator/focal point approach, which has been initiated by a number of youth organizations such as the International Youth Alliance for Family Planning. Volunteer positions based remotely with small ‘rewards’ system (opportunity to attend a yearly cascade training for example which each focal point is responsible to carry out in his/her own country) is a low resource way of connecting like-minded individuals whilst seeking to create a ripple effect globally AND create awareness of PMNCH/EWEC/AYC
worldwide. This can be a strong pillar to strengthen geographical diversity while at the same time initiating a sense of global connectedness towards main goals.

Another key factor is to let young people lead. We know that networks which address youth issues and are managed (and given autonomy to do so) solely by a youth cohort such as the PACT tend to have more trust amongst themselves and ownership over their own work. Youth networks and programs (see the International Women’s Health Coalition, IPPF, Advocates for Youth, the Youth Coalition, Women Deliver’s Youth leadership program, etc) that have durability have shown that an adult secretariat (even if they come from the youth movement themselves) managing the youth platform does not speak to the capacities of youth leaders. Youth have skills and one way to meaningfully acknowledge that is to keep all the staff and volunteer positions of the AYC strictly for young people (defined age-range). Respondents emphasized that who leads influences the level of engagement/cooperation/confidence within a network- providing a sense that we’re all at the same level, on the same page because of our population segment, the needs we have and the challenges we face creates a comradery needed to sustain and grow the network.

With the AYC being hosted at the WHO, is there the possibility to develop a youth advisory panel as was done by UNFPA. Technical working groups have already been used by WHO on other topics; given the Global Strategy focus on AHW, consideration should be given to develop a panel of youth experts that could be groomed to advise on key issues, projects and documents in advance. Alternatively, a Youth ‘rapporteur by region or selected focus countries could for example be implemented by selecting one representative from a AYC member organization to attend a yearly work-group session in Geneva or regional office. Through such organized mechanisms, the value of the contribution due to reparation and training could be all the more effective and timely.

Finally, when considering the AYC in countries, examples like the partnership between the MOH and the Youth Network in Cameroon offer a model. The AYC could develop a blueprint for how ministries can best integrate youth based on MAYE principles. For instance, the AYC could provide guidance on how governments can include relevant, capable youth to ensure the perspectives of adolescents are integrated in deliberations at country level that affect them. On the one hand, building the skills of young people to have the capacity to interact with diverse stakeholders is important, but providing support to governments who want to involve young people and how to go about this process in a way, which truly reflects the MAYE principles, and both facilitates and strengthens the two-way partnership. AYC country focal points mentioned above could be a first point of reference for these ministries to involve youth.
6. Recommendations

AYC strategic role to delivering on PMNCH’s objectives, targets and milestones in its Strategy and Business Plan

1. Create **annual**, clearly identifiable AYC strategic priorities to guide AYC activities and engagement

   The Strategic priorities should articulate:
   - AYC specific approaches for engagement, prioritised aims, and how the AYC contributes and aligns to the PMNCH mandate and AHW work stream, as well as the shared deliverables in the Business Plan;
   - guidance on a harmonized approach to engagement for youth in PMNCH activities.
   - a definition of adolescent health and wellbeing in broad terms while establishing focus areas to reconcile the broadness of the constituency with the narrower focus of the other constituencies on RMNCAH.
   - clear positioning of the AYC platform and its contributions to PMNCH and the AHW community globally; and
   - further clarify how meaningful youth engagement should be understood within the Partnership to facilitate common understanding and realistic expectations.

2. The AYC should take full responsibility for making the AYC a technically strong partner within PMNCH for AHW. Establish consensus within the AYC on how to structure themselves to be better able to participate effectively and contribute to technical work by organising the capacity building and skills training AYC members’ need to be effective contributors to the PMNCH objective, targets and milestone. Work internally to define the budgetary needs and resources to facilitate this organisation development process.

3. Increase accountability by establishing a robust monitoring, evaluation and learning system (including outcome and process indicators) to follow progress against AYC strategic priorities within the PMNCH work plan. The system should capture the relevance and effectiveness of AYC contribution to high-level advocacy, capacity building, development of evidence-based resources, and sharing through measurable deliverables that are followed up for accountability to the broader constituency. Accountability mechanisms should be established with PMNCH and the AYC membership for all AYC activities to ensure accomplishments and challenges are shared across the platform.

AYC comparative advantage (‘Value Add’) and sustainability

4. The AYC should articulate its comparative advantage by developing a two-way value proposition on what it brings to PMNCH and vice versa including membership entitlements, expectations and opportunities for capacity building and engagement. The clarity of purpose articulated in such a value proposition can be the basis of a PMNCH fundraising strategy to strengthen the AYC and position the platform within the global AHW stakeholder community. Use the fundraising plan to call for
support for AYC identified budget priorities based on a broader PMNCH strategy for targeted action at country, regional and global level.

5. **Develop a sustainability plan for the AYC** with requisite institutional structures, engagement rules, membership expansion plans, leadership transition strategy and internal and external accountability mechanisms to deliver with PMNCH for AHW over the longer term. To foster new leadership and strengthen partner organisations ensure rotation, gender and regional balance in selection of the organisations and participants for trainings or events. Consider establishing a mechanism for the continuous education and mentoring of future (adolescent) leaders with the support of senior (aged out) AYC advisors.

**Meaningful Adolescent and Youth engagement and capacity building**

6. **Monitor and measure the effectiveness of MAYE of PMNCH** by establishing a measurement framework for MAYE. This can build on the multiple tools currently available to measure MAYE that exist. The AYC can develop a scoring mechanism for its own engagement, and then a measure for engagement within PMNCH. Through such measures, the AYC and PMNCH will be able to demonstrate the effectiveness of youth engagement – if not empirically, then minimally against AYC member expectations as per the MAYE statement.

7. **Strengthen capacities and engagement of AYC member organisations** by creating opportunities and incentives within the PMNCH organisational structure to grow, learn and become effective advocates in their own countries, regions and globally. Reconsider the membership structure with options for establishing tiers of members based on the number of years they have been involved with commensurate opportunities associated. Funding for meaningful participation and exposure in high-level events, capacity building and networking should be made available for individuals and organisations in a transparent and inclusive system. Such funding and remuneration will also contribute to motivating members to increase their engagement. Establish reporting and sharing mechanisms of those that benefit in terms of deliverables to the AYC/PMNCH. Minimally, AYC members that benefit from opportunities should have to show how they shared their learning and opportunities at country level.

8. **Relaunch a revised mentorship program** as part of the capacity-building package offered by the AYC. The mentorship program was appreciated by AYC members and can potentially offer catalytic support and guidance for youth leaders. In addition to involving senior experts in the program, consider engaging graduated (aged-out) AYC leaders as youth mentors to develop the advocacy and leadership skills of new, younger, AYC members for their future representation of the AYC in national, regional and global events. Consider incentives to foster stronger engagement of both mentors and mentees.

**Advocacy, Knowledge generation and Accountability**

9. **Focus AYC advocacy on defined priorities.** For each event, the objective of the AYC participation should be made clear in terms of both technical content, messages
to be communicated, and visibility. Through better planning, purposeful participation of AYC members can be strengthened. Strategic messaging and technical contributions will facilitate PMNCH/AYC visibility and accountability to a common agenda.

10. **Build the AYC to be an innovative learning platform** to share lessons and best practices from the AY community working on Women’s, Children’s and Adolescents’ Health. Using creative digital technology, consider expanding the present LISTSERV to offer newsflashes or an alternative news feed to share resources, capacity building opportunities including webinars, an event calendar, and importantly, funding opportunities. The platform can also be used to celebrate recent achievements of the AYC (individuals and organisations) and broader adolescent and youth movements and networks. The communication stream should be amplified through social media creating excitement that brings AYC members closer together and focused on common thematic areas as defined in an AYC Strategy. The Digital Platform should link to the PMNCH website making it the ‘Go-To’ place for youth-led organisations, researchers and other stakeholders.

11. **Ensure the AYC has a prominent role in PMNCH’s accountability initiatives** at country, regional and global level. To participate effectively, the AYC may need to build member understanding and capacity to engage on Women’s, Children’s and Adolescents’ Health accountability initiatives. Training materials exist for increasing youth engagement on accountability related to the SDGs and youth that can be adapted and used by the AYC and partners. Start with the Advocacy Toolkit and adapt as needed to focus on accountability for AHW at country level.

**Governance and Structure**

12. **Review and reorient AYC positioning and structure within the PMNCH** to facilitate growth and sustainability of the platform. Promote AYC members’ meaningful engagement in the other constituencies by creating space for them to bring AYC specific priorities to the conversation. Be specific about how the Secretariat will facilitate and support AYC engagement, and clear about expectations of AYC members when selected to participate. Provide greater accountability through reporting (on specific indicators) and regular feedback loops to ensure communication and learning to improve the effectiveness of AYC engagement. Consider reorienting the relationship between the PMNCH Secretariat and the AYC to provide greater autonomy in decision-making to the AYC.

13. **Strengthen and diversify the membership base** of the AYC ensuring the AYC leadership and focal points increasingly reflect the broader constituency. The AYC platform has the possibility to serve as an overarching youth network for youth-led organisations given the breadth and reach of PMNCH. This will require clear structures within the AYC that are transparent, fair, and meet the needs of its members. Update and revise as needed the membership outreach plan and consider conducting a targeted membership campaign in selected regions and among specific sub-groups of youth-led organisations that are locally recognised as leading advocates for AHW in their own spaces.
14. **Develop a communications strategy for the AYC to increase identification, visibility and ownership of the AYC by members and other PMNCH partners.** A communications, capacity building and advocacy officer have been recently recruited (through grants) and will participate at the Board and other high level events such as the ICPD summit which demonstrate important progress. Together they should advance a broader communication strategy that should:

- equip AYC members with clear messages to foster cohesion and common purpose despite the diversity of activities and engagement to advance AHW within PMNCH broader mandate;
- help to create visibility, appreciation, and ownership by the AYC and partners of their contribution to the AHW work plan and credibility linked with specific tasks and budget, and
- complement the PMNCH brand: it could be used for their own newsletter; reporting of achievements, Twitter and Instagram account etc.

15. **Expand PMNCH's financial support for AYC activities in countries.** The small grants program was an excellent example of how catalytic funding can expand the reach of PMNCH and the AYC’s advocacy and capacity-building to country level. The successful use of grant funds by AYC members to meaningfully engage on country-level GFF stakeholder platforms demonstrates the value of such financing. The plan to increase the number of small grants is welcome and should be well documented and shared. Consider making additional funding opportunities available for country level activities, possibly through an incentive based small grants mechanisms linking accomplishments to progressive access to organisational development and capacity building.
7. Annexes

7.1. Terms of Reference
Assessment of the Adolescents and Youth Constituency (AYC) of the Partnership for Maternal, Child and Adolescent Health (PMNCH)

Request for Proposals (RFP)
Bid Reference
2018/FWC/NMC/013.
Unit Name
PMNCH

Purpose of the RFP:
Assessment of the Adolescents and Youth Constituency

Closing Date:
[31 July 2018]
The World Health Organization (WHO) is seeking offers for an assessment to evaluate the effectiveness of the PMNCH AYC as a mechanism for meaningful youth engagement in global health. Your Company Institution is invited to submit a proposal for the services in response to this Request for Proposals (RFP).

WHO is a public international organization, consisting of 194 Member States, and a Specialized Agency of the United Nations with the mandate to act as the directing and coordinating authority on international health work. As such, WHO is dependent on the budgetary and extra-budgetary contributions it receives for the implementation of its activities. Bidders are, therefore, requested to propose the best and most cost-effective solution to meet WHO requirements, while ensuring a high level of service.

1. Requirements
WHO requires the successful bidder, to carry out the following tasks and deliverables:

- Developing a concept note for the assessment scope and model.
- Carrying out a desk review
- Developing an assessment questionnaire, including finalising and disseminating an AYC survey, supporting a virtual assessment working group with AYC, and hosting individual calls with select AYC members for in-depth interviews.
- Carrying out a quantitative and qualitative analysis of the data and findings.
- Developing an assessment report including recommendations for a strengthened AYC, better structures, ways of working, and strengthened meaningful engagement of the AYC members within and across PMNCH constituencies, as well as through other AY platforms.

See attached detailed Terms of Reference for complete information.

The successful bidder shall be a ☑ for profit / ☐ not for profit institution operating in the field of Global Health with proven expertise in engaging youth-led organizations at global and regional and/or country level, in-depth analyses and conducting assessments and evaluations.

Bidders should follow the instructions set forth below in the submission of their proposal to WHO.

2. Proposal
The proposal and all correspondence and documents relating thereto shall be prepared and submitted in the English language.

The proposal should be concisely presented and structured to include the following information:

- Presentation of your Company / of your CV and work portfolio (please complete Annex 2)
- Proposed solution
- Proposed Approach/Methodology
- Examples of recent work performed with Youth-led organizations at global, regional and/or country level
- Financial proposal - Currency.

Information which the bidder considers confidential, if any, should be clearly marked as such.
3. Instructions to Bidders

Bidders must follow the instructions set forth in this RFP in the submission of their proposal to WHO.

A prospective bidder requiring any clarification on technical, contractual or commercial matters may notify WHO via email at the following address no later than 5 working days prior to the closing date for the submission of offers:

Email for submissions of all queries: pmnch-rfp@who.int

(Use Bid reference in subject line)

A consolidated document of WHO’s responses to all questions (including an explanation of the query but without identifying the source of enquiry) will be sent to all prospective bidders who have received the RFP.

From the date of issue of this RFP to the final selection, contact with WHO officials concerning the RFP process shall not be permitted, other than through the submission of queries and/or through a possible presentation or meeting called for by WHO, in accordance with the terms of this RFP.

The bidder shall submit, in writing, the complete proposal to WHO, no later than 31 July 2018 at 17:00 hours CET time (“the closing date”), by email at the following email address:

AYC Assessment.

(Use Bid reference in subject line)

To be complete, a proposal shall include:
- A technical proposal, as described under part 2 above;
- A financial proposal, as described under part 2 above;
- Annex 2, duly completed and signed by a person or persons duly authorized to represent the bidder, to submit a proposal and to bind the bidder to the terms of this RFP.

Each proposal shall be marked Ref: 2018/FWC/NMC/013.

WHO may, at its own discretion, extend the closing date for the submission of proposals by notifying all bidders thereof in writing before the above closing date and time.

Any proposal received by WHO after the closing date for submission of proposals may be rejected. Bidders are therefore advised to ensure that they have taken all steps to submit their proposals in advance of the above closing date and time.

The offer outlined in the proposal must be valid for a minimum period of 90 calendar days after the closing date. A proposal valid for a shorter period may be rejected by WHO. In exceptional circumstances, WHO may solicit the bidder’s consent to an extension of the period of validity. The request and the responses thereto shall be made in writing. Any bidder granting such an extension will not, however, be permitted to otherwise modify its proposal.

The bidder may withdraw its proposal any time after the proposal’s submission and before the above mentioned closing date, provided that written notice of the withdrawal is received by WHO at the email address indicated above, before the closing date for submission of proposals.

No proposal may be modified after its submission, unless WHO has issued an amendment to the RFP allowing such modifications.
No proposal may be withdrawn in the interval between the closing date and the expiration of the period of proposal validity specified by the bidder in the proposal (subject always to the minimum period of validity referred to above).

WHO may, at any time before the closing date, for any reason, whether on its own initiative or in response to a clarification requested by a (prospective) bidder, modify the RFP by written amendment. Amendments could, inter alia, include modification of the project scope or requirements, the project timeline expectations and/or extension of the closing date for submission.

All prospective bidders that have received the RFP will be notified in writing of all amendments to the RFP and will, where applicable, be invited to amend their proposal accordingly.

All bidders must adhere to the UN Supplier Code of Conduct, which is available on the WHO procurement website at http://www.who.int/about/finances-accountability/procurement/en/.

4. Evaluation
Before conducting the technical and financial evaluation of the proposals received, WHO will perform a preliminary examination of these proposals to determine whether they are complete, whether any computational errors have been made, whether the documents have been properly signed, and whether the proposals are generally in order. Proposals which are not in order as aforesaid may be rejected.

The evaluation panel will evaluate the technical merits of all the proposals which have passed the preliminary examination of proposals based on the following weighting:

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<th>70 % of total evaluation</th>
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<tr>
<td>Technical Weighting:</td>
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<tr>
<td>Financial Weighting:</td>
<td>30 % of total evaluation</td>
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Please note that WHO is not bound to select any bidder and may reject all proposals. Furthermore, since a contract would be awarded in respect of the proposal which is considered most responsive to the needs of the project concerned, due consideration being given to WHO’s general principles, including the principle of best value for money, WHO does not bind itself in any way to select the bidder offering the lowest price.

WHO may, at its discretion, ask any bidder for clarification of any part of its proposal. The request for clarification and the response shall be in writing. No change in price or substance of the proposal shall be sought, offered or permitted during this exchange.

NOTE: Individual contact between WHO and bidders is expressly prohibited both before and after the closing date for submission of proposals.

5. Award
WHO reserves the right to:
   a) Award the contract to a bidder of its choice, even if its bid is not the lowest;
   b) Award separate contracts for parts of the work, components or items, to one or more bidders of its choice, even if their bids are not the lowest;
c) Accept or reject any proposal, and to annul the solicitation process and reject all proposals at any time prior to award of contract, without thereby incurring any liability to the affected bidder or bidders and without any obligation to inform the affected bidder or bidders of the grounds for WHO’s action;

d) Award the contract on the basis of the Organization’s particular objectives to a bidder whose proposal is considered to be the most responsive to the needs of the Organization and the activity concerned;

e) Not award any contract at all.

WHO has the right to eliminate bids for technical or other reasons throughout the evaluation/selection process. WHO shall not in any way be obliged to reveal, or discuss with any bidder, how a proposal was assessed, or to provide any other information relating to the evaluation/selection process or to state the reasons for elimination to any bidder.

NOTE: WHO is acting in good faith by issuing this RFP. However, this document does not oblige WHO to contract for the performance of any work, nor for the supply of any products or services.

At any time during the evaluation/selection process, WHO reserves the right to modify the scope of the work, services and/or goods called for under this RFP. WHO shall notify the change to only those bidders who have not been officially eliminated due to technical reasons at that point in time.

WHO reserves the right at the time of award of contract to extend, reduce or otherwise revise the scope of the work, services and/or goods called for under this RFP without any change in the base price or other terms and conditions offered by the selected bidder.

WHO also reserves the right to enter into negotiations with one or more bidders of its choice, including but not limited to negotiation of the terms of the proposal(s), the price quoted in such proposal(s) and/or the deletion of certain parts of the work, components or items called for under this RFP.

Within 30 days of receipt of the contract between WHO and the successful bidder (the “Contract”), the successful bidder shall sign and date the Contract and return it to WHO according to the instructions provided at that time. If the bidder does not accept the Contract terms without changes, then WHO has the right not to proceed with the selected bidder and instead contract with another bidder of its choice. The Contract will include, without limitation, the provisions set forth in Annex 3.

Any and all of the contractor’s (general and/or special) conditions of contract are hereby explicitly excluded from the Contract, i.e., regardless of whether such conditions are included in the Contractor’s offer, or printed or referred to on the Contractor’s letterhead, invoices and/or other material, documentation or communications.

We look forward to receiving your response to this RFP.

Yours sincerely,
The PMNCH Team.

Annexes

1. Detailed Terms of Reference
2. Vendor information form
3. Contractual provisions
Annex 1: Detailed Terms of Reference

Assessment of the Adolescents and Youth Constituency
Terms of Reference

5 July 2018

1. Background

Adolescent health and wellbeing is one of the six Every Woman Every Child (EWEC) focus areas through which progress must be made if the 2030 Sustainable Development Goals (SDGs) and Global Strategy1 goals are to be achieved. The Partnership for Maternal, Newborn and Child Health (PMNCH; The Partnership) together with its Adolescent and Youth Constituency (AYC) – composed of ambitious and inclusive youth-led organizations working at country, regional and global levels – continues to be a key driver for change and progress within this EWEC thematic portfolio and an important contributor to not only the adolescent health and wellbeing portfolio but the five other interrelated EWEC focus areas2, as well as the Global Strategy and the SDGs at large.

2. Objective

As part of PMNCH 2018 workplan, The Partnership is seeking the services of a consultant to conduct an assessment to evaluate the effectiveness of the PMNCH AYC as a mechanism for meaningful youth engagement in global health. The assessment serves the purpose to identify key gaps and opportunities to strengthen the AYC, in terms of its structure, ways of working, engagement within and across PMNCH constituencies, as well as external partners within the development arena. This will inform future improved engagement strategies. This assignment will use the outcome of the initial stakeholders mapping and engagement analysis that was carried out in 2017 as its baseline for comparative purposes. The deliverable of this assignment would be an assessment report, including recommendations for a strengthened AYC, better structures, ways of working, and strengthened meaningful engagement of the AYC members within and across PMNCH constituencies, as well as through other AY platforms.

3. Tasks and deliverables

The contractor will be responsible for the following:

Tasks

Under the supervision of the Governance and Partnerships team at the PMNCH Secretariat and working closely with the AYC leadership and relevant working group, the consultant will be responsible for:

- Developing a concept note for the assessment scope and model.
- Carrying out a desk review

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2 Early Childhood Development, Quality, Equity and Dignity in Services (QED), Sexual and Reproductive Health and Rights, Empowerment of Women, Girls and Communities and Humanitarian and Fragile Settings.
Developing an assessment questionnaire, including finalising and disseminating an AYC survey, supporting a virtual assessment working group with AYC, and hosting individual calls with select AYC members for in-depth interviews.

Carrying out a quantitative and qualitative analysis of the data and findings.

Developing an assessment report including recommendations for a strengthened AYC, better structures, ways of working, and strengthened meaningful engagement of the AYC members within and across PMNCH constituencies, as well as through other AY platforms.

**Deliverables**

- A concept note for the assessment scope and model
- Assessment carried out (desk reviews, interviews and survey)
- A final assessment report including the details specified above.

4. **Requirements/Competencies**

The bidder must demonstrate the following qualifications:

- In-depth knowledge and experience of conducting relevant assessments and analyses, particularly in relation to engaging youth-led organizations at global, regional and country levels
- Familiarity with survey tools and analysis, conducting interviews and reporting on findings
- Strong project management skills
- Strong verbal and written communication skills
- Excellent organizational skills and strong attention to detail

5. **Activity Duration**

- The work will be undertaken between 23rd July – 28th September 2018. The final assessment report is then due on 28th September 2018.

6. **Place of assignment**

The assignment can take place where the contractor is based, except for 3 possible visits to PMNCH premises at the World Health Organization in Geneva, Switzerland if the contractor is based in Europe. The visits will be intended for an initial briefing with the Secretariat, a second meeting to update on progress and a final handover meeting. If proximity is an issue, then meetings will be held via teleconference.
Annex 2: Vendor Information Form

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<thead>
<tr>
<th>Company Information to be provided by the Vendor submitting the proposal</th>
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<tbody>
<tr>
<td><strong>UNGM Vendor ID Number:</strong></td>
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<tr>
<td>(if available - refer to WHO website for registration process)*</td>
</tr>
<tr>
<td><strong>Legal Company Name:</strong></td>
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<tr>
<td>(Not trade name or DBA name)</td>
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<tr>
<td><strong>Company Contact:</strong></td>
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<tr>
<td>Address:</td>
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<tr>
<td>City:</td>
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<tr>
<td>Country:</td>
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<tr>
<td><strong>Corporate Information:</strong></td>
</tr>
<tr>
<td>Company mission statement</td>
</tr>
<tr>
<td><strong>Service commitment to customers and measurements used</strong></td>
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<tr>
<td>(if available)</td>
</tr>
<tr>
<td><strong>Organization structure</strong> (include description of the parts of your organization that would be involved in the performance of the work)</td>
</tr>
<tr>
<td><strong>Relevant experience</strong> (how could your expertise contribute to WHO's needs for the purpose of this RFP) – Please attach reference and contact details</td>
</tr>
<tr>
<td><strong>Staffing information</strong></td>
</tr>
</tbody>
</table>

* [http://www.who.int/about/finance-accountability/procurement/en/](http://www.who.int/about/finance-accountability/procurement/en/)

Within 30 days of receipt of the contract between WHO and the successful bidder (the “Contract”), the successful bidder shall sign and date the Contract and return it to WHO according to the instructions provided at that time. If the bidder does not accept the Contract terms without changes, then WHO has the right not to proceed with the selected bidder and instead contract with another bidder of its choice. The Contract will include, without limitation, the provisions set forth below (with the successful bidder referred to below as the “Contractor”):

1. **Compliance with WHO Codes and Policies.** By entering into the Contract, the Contractor acknowledges that it has read, and hereby accepts and agrees to comply with, the WHO Policies (as defined below).

   In connection with the foregoing, the Contractor shall take appropriate measures to prevent and respond to any violations of the standards of conduct, as described in the WHO Policies, by its employees and any other persons engaged by the Contractor to perform any services under the Contract.

   Without limiting the foregoing, the Contractor shall promptly report to WHO, in accordance with the terms of the applicable WHO Policies, any actual or suspected violations of any WHO Policies of which the Contractor becomes aware.

   For purposes of the Contract, the term “WHO Policies” means collectively: (i) the WHO Code of Ethics and Professional Conduct; (ii) the WHO Policy on Sexual Exploitation and Abuse Prevention and Response; (iii) the WHO Code of Conduct for responsible research; (iv) the WHO Policy on Whistleblowing and Protection Against Retaliation; and (v) the UN Supplier Code of Conduct, in each case, as amended from time to time and which are publicly available on the WHO website at the following links: http://www.who.int/about/ethics/en/ for the UN Supplier Code of Conduct and at http://www.who.int/about/ethics/en/ for the other WHO Policies.

2. **Zero tolerance for sexual exploitation and abuse.** WHO has zero tolerance towards sexual exploitation and abuse. In this regard, and without limiting any other provisions contained herein:

   (i) each legal entity Contractor warrants that it will: (i) take all reasonable and appropriate measures to prevent sexual exploitation or abuse as described in the WHO Policy on Sexual Exploitation and Abuse Prevention and Response by any of its employees and any other persons engaged by it to perform any services under the Contract; and (ii) promptly report to WHO and respond to, in accordance with the terms of the Policy, any actual or suspected violations of the Policy of which the contractor becomes aware; and

   (ii) each individual Contractor warrants that he/she will (i) not engage in any conduct that would constitute sexual exploitation or abuse as described in the WHO Policy on Sexual Exploitation and Abuse Prevention and Response; and (ii) promptly report to WHO, in accordance with the terms of the Policy, any actual or suspected violations of the Policy of which the Contractor becomes aware.

3. **Tobacco/Arms Related Disclosure Statement.** The Contractor may be required to disclose relationships it may have with the tobacco and/or arms industry through completion of the WHO Tobacco/Arms Disclosure Statement. In the event WHO requires completion of this Statement, the Contractor undertakes not to permit work on the Contract to commence, until WHO has assessed the disclosed information and confirmed to the Contractor in writing that the work can commence.
4. **Anti-Terrorism and UN Sanctions; Fraud and Corruption.** The Contractor warrants for the entire duration of the Contract that:

i. it is not and will not be involved in, or associated with, any person or entity associated with terrorism, as designated by any UN Security Council sanctions regime, that it will not make any payment or provide any other support to any such person or entity and that it will not enter into any employment or subcontracting relationship with any such person or entity;

ii. it shall not engage in any illegal, corrupt, fraudulent, collusive or coercive practices (including bribery, theft and other misuse of funds) in connection with the execution of the Contract; and

iii. the Contractor shall take all necessary precautions to prevent the financing of terrorism and/or any illegal corrupt, fraudulent, collusive or coercive practices (including bribery, theft and other misuse of funds) in connection with the execution of the Contract.

Any payments used by the Contractor for the promotion of any terrorist activity or any illegal, corrupt, fraudulent, collusive or coercive practice shall be repaid to WHO without delay.

5. **Breach of essential terms.** The Contractor acknowledges and agrees that each of the provisions of paragraphs 1, 2, 3 and 4 above constitutes an essential term of the Contract, and that in case of breach of any of these provisions, WHO may, in its sole discretion, decide to:

i. terminate the Contract, and/or any other contract concluded by WHO with the Contractor, immediately upon written notice to the Contractor, without any liability for termination charges or any other liability of any kind; and/or

ii. exclude the Contractor from participating in any ongoing or future tenders and/or entering into any future contractual or collaborative relationships with WHO.

WHO shall be entitled to report any violation of such provisions to WHO’s governing bodies, other UN agencies, and/or donors.

6. **Use of WHO Name and Emblem.** Without WHO’s prior written approval, the Contractor shall not, in any statement or material of an advertising or promotional nature, refer to the Contract or the Contractor’s relationship with WHO, or otherwise use the name (or any abbreviation thereof) and/or emblem of the World Health Organization.

7. **Assurances regarding procurement.** If the option for payment of a maximum amount applies, to the extent the Contractor is required to purchase any goods and/or services in connection with its performance of the Contract, the Contractor shall ensure that such goods and/or services shall be procured in accordance with the principle of best value for money. "Best value for money" means the responsive offer that is the best combination of technical specifications, quality and price.

8. **Audit.** WHO may request a financial and operational review or audit of the work performed under the Contract, to be conducted by WHO and/or parties authorized by WHO, and the Contractor undertakes to facilitate such review or audit. This review or audit may be carried out at any time during the implementation of the work performed under the Contract, or within five years of completion of the work. In order to facilitate such financial and operational review or audit, the Contractor shall keep accurate and systematic accounts and records in respect of the work performed under the Contract.
The Contractor shall make available, without restriction, to WHO and/or parties authorized by WHO:

i. the Contractor’s books, records and systems (including all relevant financial and operational information) relating to the Contract; and

ii. reasonable access to the Contractor’s premises and personnel.

The Contractor shall provide satisfactory explanations to all queries arising in connection with the aforementioned audit and access rights.

WHO may request the Contractor to provide complementary information about the work performed under the Contract that is reasonably available, including the findings and results of an audit (internal or external) conducted by the Contractor and related to the work performed under the Contract.

9. **Publication of Contract.** Subject to considerations of confidentiality, WHO may acknowledge the existence of the Contract to the public and publish and/or otherwise publicly disclose the Contractor’s name and country of incorporation, general information with respect to the work described herein and the Contract value. Such disclosure will be made in accordance with WHO’s information Disclosure Policy and shall be consistent with the terms of the Contract.
7.2. Mapping of Global and Regional Youth Platforms and Networks

[Submitted as a separate excel file.]
7.3. Assessment Questions

<table>
<thead>
<tr>
<th>ASSESSMENT QUESTIONS</th>
</tr>
</thead>
<tbody>
<tr>
<td>General Overview</td>
</tr>
<tr>
<td>PMNCH brings together more than 1000 member organisations at global, regional and national level across ten different constituencies, aiming to advance women’s, children’s and adolescents’ health (WOMEN’S, CHILDREN’S AND ADOLESCENT’S HEALTH).</td>
</tr>
<tr>
<td>In 2015, PMNCH created a constituency for Adolescents and Youth (AYC), one of ten constituencies, representing the needs of young people within the Partnership. It provides an opportunity for young people to advance the Sustainable Development Goals (SDGs) through their active participation and involvement in the implementation of the Global Strategy for Women’s, Children’s and Adolescents’ Health.</td>
</tr>
<tr>
<td>The AYC is the only constituency representing a population segment within PMNCH making it a unique and dynamic group within the Partnership. The AYC is composed of youth-led organizations from a range of countries, working at country, regional and global levels. They include youth-led and youth-serving organizations, networks and healthcare professional associations and research institutions working on, and advocating for, an array of health and development priorities. Many are also networks of youth-led organizations, such as the Organization of African Youth and the International Federation of Medical Students Association.</td>
</tr>
<tr>
<td>The AYC has doubled each year since its establishment in 2016. As of December 2018 there were 82 members in the AYC. In addition, its members are represented on all other constituencies and in working groups / committees within PMNCH. Members have also been supported (financially and otherwise) to participate actively in a wide range of events and activities within and outside PMNCH, with the aim enabling them to meaningfully engage and influence discussions, decisions and actions on young people’s health and well-being issues and beyond.</td>
</tr>
</tbody>
</table>

| To what extent are you familiar with the work of the PMNCH Adolescent and Youth Constituency (AYC)? |
| Probes: |
| • Request example of how they have engaged or become familiar with the AYC. |
| • Explore interviewees experience with the AYC and PMNCH more generally. |

1. Overall Mission, Vision and Approach
PMNCH is a platform involving a wide range of partners – from governments and the private sector to health care professionals and grassroots activists - with the aim of increasing engagement, alignment and accountability of partners to support the successful implementation of the Global Strategy for Women’s, Children’s and Adolescents’ Health.

The work of PMNCH is organized around a partnership-centric model. PMNCH supports partners to deliver on the Partnership’s workplan priorities, building on the work of each partner and focus on areas where multi-stakeholder collaboration and multi-sectoral action can increase impact at the national, regional and global levels. This approach enables partners to achieve more together than they could alone.

The Partnership works in a variety of domains - alignment, analysis, advocacy and accountability—to contribute to the Every Woman Every Child (EWEC) Movement and provide support to all partners to work together to achieve the full range of targets for the Global Strategy by 2030. In its 2018 Work Plan PMNCH focuses on 10 different work streams whereas six of these work streams (or workplan priorities) correspond to the six EWEC Partners’ Framework focus areas, namely: |
| • Early Childhood Development, |
1.1 [GENERAL CONTRIBUTION TO PMNCH STRATEGIC OBJECTIVES, WORKPLAN PRIORITY] To what extent did the PMNCH Adolescent and Youth Constituency (AYC) contribute to PMNCH’s efforts to increase engagement, alignment and accountability of partners to support the successful implementation of PMNCH’s strategic workplan priorities?

1.2 [HEIGHTENED ATTENTION TO A&Y IN PMNCH’S WORK IN THE GLOBAL DIALOGUE]
Did the AYC’s contribution increase focus on young people’s health and well-being in the products and activities developed and convened by PMNCH more generally? [Externally focused]

Probes:
• Provide examples of how the AYC contributed to the work of PMNCH related to the Global Strategy and other global, regional and national efforts to advance WOMEN’S, CHILDREN’S AND ADOLESCENT’S HEALTH.
• Provide examples of the contribution of the AYC to advancing A&Y issues within PMNCH’s efforts.
• Were they effective in their efforts?
• How could the efforts be improved/strengthened/expanded?
• Explore strengths, weaknesses // challenges, opportunities

1.3 [RAISED AWARENESS OF A&Y ISSUES WITHIN PMNCH] To what extent did the AYC increase awareness and inclusion of adolescent and youth issues within the work of PMNCH, including the work of other constituencies and across workplan priorities? [Internally focused]

Probes:
• Provide examples of how the AYC influenced the other work streams and initiatives of PMNCH.
• Provide examples of the AYC’s active involvement with other constituencies; thematic priorities.
• Were they effective in their efforts?
• How could the efforts be improved/strengthened/expanded?
• Explore strengths, weaknesses // challenges, opportunities

2. AYC Strategy and Sustainability
The Partnership supports the 2030 Survive, Thrive and Transform targets of the Global Strategy by facilitating Women’s, Children’s And Adolescent’s Health stakeholder synergy, collaboration and partnership through its core functions of alignment, analysis, accountability and advocacy.

The Partnership’s AYC aims to be a platform for youth-led and youth-serving organizations to engage with others and strengthen relationships to drive change and progress for adolescent health and well-being specifically and as an integral part of all the interrelated Every Woman Every Child focus areas, as well as the Global Strategy and the SDGs. Further it works to bring heightened attention to A&Y issues within the PMNCH global vision and strategy through meaningful engagement of young people with a focus on advocacy, knowledge, skills and evidence, and accountability, as mentioned beforehand.

The AYC is a critical part of the Partnership’s governance and institutional structure, engaged in and leading on PMNCH’s work related to improving the health and well-being of adolescents and youth, particularly in countries. By strengthening meaningful adolescent and youth engagement, PMNCH strives to ensure the positioning of AYC members on various global, regional and national platforms related to WOMEN’S, CHILDREN’S AND ADOLESCENT’S HEALTH.
2.1 [OPPORTUNITIES AND RESOURCES AYC PLATFORM OFFERS] What does the AYC platform offer in terms of unique opportunities or resources for the involvement of adolescents and youth in the health and development community? [The Partnership level; in general]

**Probes:**
- Please provide an example.
- How are opportunities for engagement and sharing of resources transferred from global to sub-national level?
- Have the PMNCH AYC Partnership members (including youth-serving and youth-led organizations) made use of the opportunities and resources to meaningfully engage young people in their work?
- What unique role could the AYC as a platform play in preparing young leaders and their organizations for the future in the field of global health and development?
- How can efforts, including opportunities and resources, be improved/strengthened expanded?

2.2 [COMPARATIVE ADVANTAGE OF AYC PLATFORM] What are the comparative advantages of the AYC compared to other global and regional youth movements (particularly those with similar broad mandates)?

**Probes:**
- Please elaborate on how AYC is viewed generally in the A&Y space. What would you consider the AYC’s added value?
- How can the AYC as a platform improve its outreach at global, regional, national and sub-national level?
- Are there other ways the AYC platform could be strengthened to meet the broader needs of its members e.g. in comparison to other regional and global youth movements, such as Women Deliver Young Leaders, Y-PEER, The PACT, Young Leaders for the SDGs, etc.?
- Additional Strengths, weaknesses // challenges, opportunities

2.3 [SUSTAINABILITY OF AYC PLATFORM] What is the AYC doing to promote the long-term sustainability of the AYC constituency within the Partnership? And in countries?

**Probes:**
- How does building the capacity of individual members contribute to strengthening the AYC within the PMNCH and in countries?
- Is there more the AYC could to strengthen itself organizationally?
- How is the AYC building on successes of its members and sharing lessons learned with other AYC members across the constituency and in countries?
- Is there an apparent strategy for dealing with the aging out of AYC leaders to ensure sustainability?

3. Meaningful Youth Engagement (recognizing young people as equal partners of change) and Capacity Building

Young people have a fundamental right to actively and meaningfully engage in all matters that affect their lives. They need to be central and seen as equal and valuable partners in strategy setting as well as the development, implementation, monitoring, and evaluation of all policies, programs, and initiatives that affect and protect them.

Members receive transparent and competitive bidding opportunities to participate in new or ongoing work. They are called upon to speak at meetings and events with high-level decision makers, join working groups around technical areas of interest, join and help run webinars, and can be commissioned to work on resources and tools on a competitive basis.
In 2018 PMNCH partnered to develop the Global Consensus Statement: Meaningful Adolescent and Youth Engagement which aims to mobilize global and local communities around a common understanding of how to ensure that young people are meaningfully engaged and participate in the above. In addition, PMNCH provided a checklist and additional resources for adopting and implementing meaningful adolescent and youth engagement which agencies, policymakers, civil society, health practitioners, and all others who seek to work with young people in an inclusive and equitable way can implement.

3.1 [MEANINGFUL YOUTH ENGAGEMENT IN PMNCH] To what extent has the AYC contributed to increasing meaningful adolescent and youth engagement to raise their own issues, including health and well-being, in the context of the PMNCH mandate?

3.2 [BENEFIT OF BEING AN AYC MEMBER] To what extent has engagement in the AYC benefited individuals or organizations in terms of:

- building capacities,
- increasing your effectiveness as a leader or as an organization,
- facilitated access to resources,
- expanded your reach individually or as an organization,
- deepened partnership engagement?

Probes:
- Explore voice and engagement within the Partnership governance and structures; between AYC members; thematic areas of PMNCH activity (e.g. research, program activities, advocacy, accountability etc.); externally
- Explore modalities of how voice and engagement are promoted (e.g. speaking opportunities for advocacy events with decision makers, technical projects/ working groups where AYC are nominated to participate, etc.)
- Document how AYC members engage as AYC representatives, reps of their own local NGOS, other constituencies?
- Investigate how capacity has been built as a result of involvement in the AYC at the individual, national or regional and global levels?
- How could the efforts be improved/strengthened/expanded?
- Strengths, weaknesses // challenges, opportunities

4. Advocacy

The Partnership has disseminated and advocated for A&Y issues and youth engagement to achieve its mandate. It has done so through its adolescent and youth materials (e.g. Adolescent Knowledge synthesis; Meaningful Adolescent and Youth Engagement statement) that have been developed by PMNCH as well as through products developed by partners. A Toolkit entitled ‘Advocating for Change for Adolescents’ was developed in 2017 that encouraged meaningful youth engagement to drive positive advocacy and accountability efforts to influence national health plans and policy processes.

The Partnership has also supported members to represent the AYC on global, regional and national platforms and meet with decision makers, and other key stakeholders. AYC leaders’ engagement in the Inter-Parliamentarian’s Union (IPU) gatherings and Partners Forum 2018 are examples of AYC advocacy in action. PMNCH also held an event on ‘Realizing the potential of the SDG generation’ for youth engagement with the government of Malawi involving both government representatives and young leaders.

4.1 [HIGH LEVEL ADVOCACY] To what extent has the AYC contributed to raising A&Y issues through high-level advocacy at global (e.g. international platforms, WHA, etc.) or regional level (e.g. 8th Africa Conference on Sexual Health and Rights)?

4.2 [COUNTRY LEVEL ADVOCACY] To what extent has the AYC contributed to country level advocacy for A&Y issues?

Probes:
• Explore the contribution to the integration of adolescent health and well-being into high level advocacy (e.g. SDGS, international platforms, high level meetings, WHA, other) and other advocacy initiatives. [global/regional level, country level]

• To what extent has the AYC increased the visibility of PMNCH through their advocacy efforts (e.g. which “hat” did they wear when advocating – PMNCH, AYC, national NGO)?

• Were PMNCH AYC developed advocacy tools promoted and used for advocacy efforts?

• How could the efforts be improved/strengthened/expanded?

• Strengths, weaknesses // challenges, opportunities

5. Knowledge, Evidence and Skills
The AYC promotes and synthesizes new research findings on adolescents and youth that are used in advocacy efforts to drive action for results. In 2016, PMNCH produced a knowledge summary based on the latest evidence of adolescent health and well-being in a youth-friendly format. It aimed to raise awareness on the priority issues facing adolescents with virtual dissemination and presentations at various events. The Partnership’s AYC also worked with leading health and development partners to produce technical guidance, and an adolescent-friendly comic book, Akilah and Carol’s Big Day of Discovery, to support country implementation efforts to strengthen the quality of adolescent health and well-being programs. A virtual resource hub with 50 adolescent and youth-relevant tools has also been compiled and disseminated among AYC members.

In 2017, the AYC mentorship program was launched (which involves a year-long commitment by mentors to their mentees) to mutually build organizational capacity and provide access to an online resource hub for young professionals around priority areas selected by the AYC, including EWEC focus areas, resource mobilization, entrepreneurship, and monitoring and evaluation.

5.1 [PROMOTION OF EVIDENCE BASED RESOURCES] How effective/successful has the AYC been in promoting the use of evidence-based resources to advance policies and interventions (e.g. AA-HA, recent publications etc.)?

5.2 [EVIDENCE-BASED CAPACITY BUILDING OF MEMBERS] To what extent has the AYC built the skills of its members to use evidence effectively for advocacy, accountability and knowledge sharing?

Probes:
• Explore whether the AYC identified, developed, synthesized and or shared knowledge resources to inform advocacy, research, accountability and program guidance. [global/regional level, country level] (E.g. How relevant were the resources developed; to what extent did the resources contribute to skills development and empowerment, etc.?)

• What has been the role of AYC members in these endeavors?

• How could these efforts be improved/strengthened/expanded?

• Strengths, weaknesses // challenges, opportunities

6. Accountability
PMNCH aims to support and foster unified, independent and mutual accountability processes and platforms to hold all Partners to account for results, resources and rights - a key element of the SDGs. Activities include convening accountability related events such as Citizen Hearings at the World Health Assembly and in countries, a Social Accountability Symposia, and an Accountability Breakfast in advance of the UN General Assembly each year. PMNCH has also reported on accountability in various formats to driving accountability initiatives such as through Countdown 2030. AYC related accountability activities include a 2017 AYC led webinar on how young people can drive accountability in the era of the SDGs. The Partnership also disseminated a concept note and a policy brief entitled “Adolescent and Youth Accountability”. PMNCH supported the event entitled ‘Citizen-led accountability in implementing Agenda 2030’ with the objective of showcasing participatory mechanisms in which to engage citizens, in particular adolescents.
6.1 [ACCOUNTABILITY FOR A&Y ISSUES WITHIN PMNCH INITIATIVES] To what extent has the AYC integrated the needs of young people, including health and well-being, into accountability initiatives of PMNCH?

6.2 [ACCOUNTABILITY FOR A&Y ISSUES IN OTHER INITIATIVES] To what extent has the AYC developed or collaborated on global, regional or national accountability initiatives?

Probes:
- Give an example of how the AYC contributed to accountability initiatives (e.g. SDGs, IAP, work on social accountability, financial accountability, bilateral funding flows, Countdown 2030, FP2020; harmonized global accountability framework)
- Were the actions focused on adolescent and youth issues specifically?
- How could the efforts be improved/strengthened/expanded?
- Strengths, weaknesses // challenges, opportunities

7 Governance and structure

The PMNCH governance structure includes a Board, which is the Partnership’s governing body. It is headed by one Chair and two vice-Chairs and consists of 30 members selected from amongst the Partnership’s membership. Board Members represent the ten constituencies and one individual seat for UNSG-EWEC.

Board Members speak for their constituencies and meet twice a year and virtually when needed. Decisions are made by consensus and the Secretariat Executive Director and Deputy Executive Director oversees all Board and partner engagement. The Partnership Secretariat is hosted and administered within the World Health Organization in Geneva.

The AYC has a focal point within the Secretariat to support the constituency work. There is no cost to becoming a member of the AYC but it requires a commitment to advance SRMNCAH (or WOMEN’S, CHILDREN’S AND ADOLESCENT’S HEALTH), in accordance with the Partnership’s guiding principles, vision, and mission. The systematic representation of young people is ensured across all constituencies and work streams.

7.1 [INTEGRATED IN GOVERNANCE STRUCTURE] How effectively has the AYC been integrated into the broader governance structure of PMNCH?

7.2 [SUPPORT RECEIVED FROM PMNCH SECRETARIAT] How effectively have they been supported by the PMNCH Secretariat?

7.3 [AYC USE OF PARTNER’S FORUM] To what extent has the AYC used the Partner’s Forum as a platform to advocate for or expand knowledge, evidence and skills of members?

7.4 [DIVERSITY AND REPRESENTATIVITY] Does the governance structure of the AYC facilitate diversity, representativeness and expansiveness?

Probes:
- Explore the extent of inclusiveness to reflect a broad-based, diverse, and equitable representation within the Partnership as a whole (e.g. equal opportunity - gender, age, cultural, social barriers, key populations, marginalized and vulnerable, young adolescents).
- Explore how the AYC has engaged with other constituencies, work streams and PMNCH’s governance structure to ensure effective, transparent and mutually accountable coordination mechanisms.
- Explore level of support received by the Secretariat and functionality of the management and communication of the AYC level (e.g. rotation, leadership, sustainability, bottom-up vs. top-down).
- Investigate how existing governance structures at PMNCH enable or hinder the AYC to achieve their expected outcome.
- How could the Partners Forum activities by the AYC be improved/strengthened/expanded to achieve AYC objectives?
- How could the structures be improved/strengthened/expanded?
- Strengths, weaknesses // challenges, opportunities
7.4. Information and Consent for Interviews

Introduction and Purpose

1. Introduce interviewers; let the interviewee introduce him/herself.

2. Present the PMNCH, its Adolescent and Youth Constituency and mission:

**PMNCH (internal)**
The PMNCH brings together more than 1000 member organisations at global, regional and national level across ten different Constituencies, aiming to advance sexual, reproductive, maternal, newborn, child and adolescents health (SRMNCAH). It is led by a Board, the Executive Committee and served by the Secretariat with focal points from every Constituency, whereas the AYC is representing the needs of young people within PMNCH.

Adolescent health and well-being is one of the six Every Woman Every Child (EWEC) focus areas through which progress must be made if the 2030 Sustainable Development Goals (SDGs) and Global Strategy 1 goals are to be achieved. The Partnership for Maternal, Newborn and Child Health (PMNCH; The Partnership) together with its Adolescent and Youth Constituency (AYC) – composed of ambitious and inclusive youth-led organizations working at country, regional and global levels – continues to be a key driver for change and progress within this EWEC portfolio and an important contributor to not only the adolescent health and wellbeing portfolio but the five other interrelated EWEC focus areas, as well as the Global Strategy and the SDGs at large.

**PMNCH (external)**
The PMNCH brings together more than 1000 member organisations at global, regional and national level across ten different Constituencies, aiming to advance sexual, reproductive, maternal, newborn, child and adolescents health (SRMNCAH). It is led by a Board, the Executive Committee and served by the Secretariat with focal points from every Constituency, whereas the AYC is representing the needs of young people within PMNCH.

Adolescent health and well-being is one of the six Every Woman Every Child (EWEC) focus areas through which progress must be made if the 2030 Sustainable Development Goals (SDGs) and Global Strategy 1 goals are to be achieved. The Partnership for Maternal, Newborn and Child Health (PMNCH; The Partnership) together with its Adolescent and Youth Constituency (AYC) – composed of ambitious and inclusive youth-led organizations working at country, regional and global levels – continues to be a key driver for change and progress within this EWEC portfolio and an important contributor to not only the adolescent health and well-being portfolio but the five other interrelated EWEC focus areas, as well as the Global Strategy and the SDGs at large.
3. **Explain the purpose of the interview:**

The Swiss TPH was mandated to conduct an assessment to evaluate the effectiveness of the PMNCH AYC as a mechanism for meaningful youth engagement in global health. The purpose is to identify key gaps and opportunities to strengthen the AYC, in terms of its structure, ways of working, engagement within and across PMNCH constituencies, external partners within the development arena in addition to informing future engagement strategies. As part of this mandate and to inform the recommendations of the final report, Swiss TPH carries out in-depth interviews. We would therefore like to interview you and ask you some questions in the frame of this assessment.

4. **Explain confidentiality aspects as well as how the responses of the interviewee will be treated and processed (triangulation; responses will be fully anonymized; participants’ list will be attached to the report).**

5. **Request consent to go ahead with the interview.**

6. **Collect participant details (name, age, gender, organisation, contact details) for participant list.**
### 7.5. List of Interviewees

<table>
<thead>
<tr>
<th>Name</th>
<th>Organization</th>
<th>Gender</th>
</tr>
</thead>
<tbody>
<tr>
<td>Michael Asudi</td>
<td>Organisation of African Youth - Kenya Chapter</td>
<td>Male</td>
</tr>
<tr>
<td>Katri Tuulia Kemppainen-Bertram</td>
<td>Global Financing Facility at the World Bank</td>
<td>Female</td>
</tr>
<tr>
<td>Joannie Bewa</td>
<td>Young Beninese Leaders Association</td>
<td>Female</td>
</tr>
<tr>
<td>Sharafdzhon Boborakhimov</td>
<td>Youth Peer Education Network</td>
<td>Male</td>
</tr>
<tr>
<td>Meheret Melles-Brewer</td>
<td>WHO</td>
<td>Female</td>
</tr>
<tr>
<td>Danielle Engel</td>
<td>UNPFA</td>
<td>Female</td>
</tr>
<tr>
<td>Helga Fogstad</td>
<td>WHO</td>
<td>Female</td>
</tr>
<tr>
<td>Tikhala Itaye</td>
<td>Her Liberty Malawi</td>
<td>Female</td>
</tr>
<tr>
<td>Kosi Izundu</td>
<td>Pathfinder International</td>
<td>Female</td>
</tr>
<tr>
<td>Zanele Mabaso</td>
<td>Girls Globe</td>
<td>Female</td>
</tr>
<tr>
<td>Anshu Mohan</td>
<td>WHO</td>
<td>Female</td>
</tr>
<tr>
<td>Patrick Mwesigye</td>
<td>Uganda Youth and Adolescent Health Forum</td>
<td>Male</td>
</tr>
<tr>
<td>Desmond Nji</td>
<td>Deserve Cameroon</td>
<td>Male</td>
</tr>
<tr>
<td>Jan Peloza</td>
<td>No Excuses Slovenia/Alcohol Policy Youth Network</td>
<td>Male</td>
</tr>
<tr>
<td>Gogontlejiang Phaladi</td>
<td>Pillar of Hope Project</td>
<td>Female</td>
</tr>
<tr>
<td>Name</td>
<td>Organization</td>
<td>Gender</td>
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<td>--------------------</td>
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<tr>
<td>Joy Phumaphi</td>
<td>African Leaders Malaria Alliance/UN Secretary-General's Independent Accountability Panel for Every Woman, Every Child, Every Adolescent</td>
<td>Female</td>
</tr>
<tr>
<td>Emily Sullivan</td>
<td>United Nations Foundation</td>
<td>Female</td>
</tr>
<tr>
<td>Linda Weisert</td>
<td>Children's Investment Fund Foundation</td>
<td>Female</td>
</tr>
</tbody>
</table>
## 7.6. Document Review List

<table>
<thead>
<tr>
<th>Document number</th>
<th>Original Title</th>
<th>Author</th>
<th>Year</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>The Partnership for Maternal, Newborn and Child Health Adolescents &amp; Youth Constituency, Operating Guidelines</td>
<td>PMNCH</td>
<td>2016</td>
</tr>
<tr>
<td>2</td>
<td>AAHA Side event flyer</td>
<td>WHO, UNICEF, UNFPA, UNESCO, World Bank, PMNCH</td>
<td>N.d</td>
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<td>4</td>
<td>Ted talk IAAH symposium</td>
<td>PMNCH</td>
<td>2017</td>
</tr>
<tr>
<td>5</td>
<td>Concept Note: Advocating for change for adolescents!</td>
<td>PMNCH, WD</td>
<td>2017</td>
</tr>
<tr>
<td>6</td>
<td>Ensure healthy lives and promote well-being for all</td>
<td>PMNCH</td>
<td>2017</td>
</tr>
<tr>
<td>7</td>
<td>High level Public Event on Adolescents: A panel discussion on multisectoral approaches</td>
<td>Hosted by the Government of Malawi in collaboration with PMNCH</td>
<td>N.d</td>
</tr>
<tr>
<td>8</td>
<td>International Conference on Family Planning 2018 Abstract Submission (Internal Draft)</td>
<td>PMNCH</td>
<td>2018</td>
</tr>
<tr>
<td>9</td>
<td>Interactive moderated panel discussion: Legislation on Food and Nutrition</td>
<td>IPU, WHO, PMNCH, FAO and the SUN Movement</td>
<td>2018</td>
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<tr>
<td>10</td>
<td>Legislating on food and nutrition: lessons learned, challenges and opportunities for parliamentary action</td>
<td>PMNCH</td>
<td>2018</td>
</tr>
<tr>
<td>12</td>
<td>PMNCH Partners Forum</td>
<td>PMNCH, CIFF</td>
<td>2018</td>
</tr>
<tr>
<td>13</td>
<td>Realizing the potential of the SDG generation Presidential Dialogue on Adolescent Health and Well-Being</td>
<td>Hosted by the Government of Malawi in collaboration with PMNCH</td>
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</tr>
<tr>
<td>14</td>
<td>Speech: Gogontlejang Phaladi</td>
<td>Gogontlejang Phaladi</td>
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<td>Citizen-led accountability in implementing Agenda 2030</td>
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<td>Thechange.org, Advocacy Accelerator, PMNCH</td>
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<td>HPV Vaccination and adolescent health to improve integration and impact November 13th, Hotel Royal, Geneva Report Note – Michalina Drejza.</td>
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<td>The Partnership for Maternal, Newborn &amp; Child Health in support of Every Woman Every Child, 2016, Annual Report</td>
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<td>Indicator and monitoring framework for the Global Strategy for Women’s, children’s and adolescent’s health(2016-2030).</td>
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<td>Country data, universal accountability, monitoring priorities for the Global Strategy for Women’s, Children’s and Adolescents’ Health (2016-2030).</td>
<td>EWEC, WHO, PMNCH, Countdown to 2030, Health Data Collaborative, UNICEF, UNFPA, UN WOMEN, UN</td>
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<td>David Devlin-Foltz and Lisa Molinaro (Continuous Progress Strategic Services), 2010</td>
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<td>Youth Participation in Development A Guide for Development Agencies and Policy Makers</td>
<td>DFID, UKaid, Youth working group, 2010</td>
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<td>Seema Shah, N.d</td>
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<td>International Planned Parenthood Foundation, 2004</td>
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<td>Julia Reticker-Flynn (Advocates for Youth), 2013</td>
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<td>Jannemiek Evelo (Choice)</td>
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<td>Claudia Ahumada, Karolien Dekkers, Annelies Mesman, Lynda Saleh, Jostein van Vliet (Youth Coalition and Choice)</td>
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<td>Peter Sheehan, Kim Sweeny, Bruce Rasmussen, Annababette Wils, Howard Friedman, Jacqueline Mahon, Geogre Patton, Susan Sawyer, Eric Howard, John Symons, Karin Stenberg, Satvika Chalasani, Neelam Maharaj, Nicola Reavley, Hui Shi, Masha Fridman, Alison Welsh, Emeka Nsofor, Laura Laski.</td>
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<td>Advocating for change in Cameroon : A Practical Toolkit for Young People to Advocate for Improved Adolescent Health and Well-being</td>
<td>MINJEC, MINESEC, MINIPROFF, MINISANTE, Réseau Jeunesse du Cameroun, Deserve, PMNCH, Women Deliver, CASD</td>
<td>2018</td>
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<td>Advocating for change in India : A Practical Toolkit for Young People to Advocate for Improved Adolescent Health and Well-being</td>
<td>Government of India, Ministry of Health and Family Welfare, The YP Foundation, National Health Mission</td>
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<td>Advocating for change in Kenya : A Practical Toolkit for Young People to Advocate for Improved Adolescent Health and Well-being</td>
<td>PMNCH, Women Deliver, Ministry of Health (Kenya)</td>
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<td>Nigeria Global Financing Facility Youth Engagement Summary</td>
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<td>Advocating for Change for Adolescents! Grantee Orientation Guide</td>
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<td>Women Deliver and The Partnership for Maternal, Newborn, and Child Health- Adolescent Health and Wellbeing Advocacy Toolkit Country Roll-out</td>
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<td>PMNCH Adolescent and Youth Constituency Members List</td>
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<td>Survive, Thrive, Transform Global Strategy for Women's, Children's and Adolescents' Health (2016–2030) 2018 monitoring report: current status and strategic priorities</td>
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<td>Strengthening National Advocacy Coalitions for Improved Women's and Children's Health- Part 2</td>
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<td>Strengthening National Advocacy Coalitions for Improved Women's and Children's Health- Part 1</td>
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<td>211</td>
<td>Mentorship Programme Mid-term Review</td>
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212 | PMNCH announces partnership with parliamentarians to drive accountability for adolescent health | PMNCH |
213 | Twitter Status  
https://twitter.com/HFogstad/status/1052172018374901760 | Helga Fogstad |
214 | Apply to be a youth moderator for the upcoming workshop at the 140th IPU (Facebook Post  
https://www.facebook.com/proveyourworth/posts/apply-to-be-a-youth-moderator-for-the-upcoming-workshop-at-the-140th-ipu-assembl/2164100617031458/) | Prove your Worth |
215 | Endorse the Global Consensus on Meaningful Adolescent and Youth Engagement  
216 | 23rd Board Meeting Agenda  
https://www.who.int/pmnch/about/governance/board/23rd_board_meeting_agenda_2019.pdf | David Imbago 2019 |
218 | AYC Retreat – Notes | Christelle Favre, Natalie Messerli 2019 |
219 | PMNCH Publications:  
220 | IPU Assembly David Imbago Jacome  

7.7. Survey Questions

Introduction:

The Partnership for Maternal, Newborn & Child Health (PMNCH) brings together more than 1000 member organizations at the global, regional and national level aiming to advance Women’s, Children’s and Adolescents’ Health (WOMEN’S, CHILDREN’S AND ADOLESCENT’S HEALTH).

PMNCH has ten constituencies, of which one is the Adolescents and Youth Constituency (AYC), which represents the needs of young people within the Partnership. It provides an opportunity for young people to advance the Sustainable Development Goals (SDGs) through
their active participation and involvement in the implementation of the Global Strategy for Women’s, Children’s and Adolescents’ Health.

The Swiss Tropical and Public Health Institute (Swiss TPH) has been hired to assess the effectiveness of the AYC as a mechanism for meaningful youth engagement in global health. The purpose of this assessment is to identify strengths and best practices but also key gaps and opportunities to strengthen the AYC. The assessment will review: the AYC structure, ways of working, engagement within and across PMNCH constituencies, and collaboration with external partners to inform future AYC engagement strategies.

The evaluation includes key informant interviews, a document review, and a survey. The survey seeks opinions of AYC members on the recent focus and activities of the AYC, your experiences as a member and the future you envision for the AYC.

We would greatly appreciate it if you could take the time to complete this voluntary survey, which should take less than 20 minutes. Please fill in the survey before 28 June 2019. If you have any questions about the assessment and the survey, please do not hesitate to contact us at: ayc.assessment@swisstph.ch

Your responses will be treated in the strictest confidence and anonymized in the survey report.

Thank you very much for your valuable contribution!

Dr. Adriane Martin Hilber & Team

1. What is the focus of your organization's/institution's work?
   Please select all that apply
   - Sexual and Reproductive Health and Rights (SRHR)
   - The health and wellbeing of women
   - The health and wellbeing of children (aged under 18)
   - The health and wellbeing of adolescents (aged 10-19)
   - The health and wellbeing of young people (aged 15-24)
   - Gender equality and women’s rights
   - Human rights
   - Accountability
   - Advocacy
   - Humanitarian/fragile settings
   - Digital health/artificial intelligence
   - Policy
   - LGBTI rights
   - Service provision/delivery
   - Training/capacity building
   - No specific focus
   - Other, please specify

2. What is your (individual) role within the Adolescent and Youth Constituency (AYC) at PMNCH?
   Please select all that apply
   - Focal point of my organization/institution within the AYC
   - Member through my organization/institution of the AYC
   - Board member/alternate
I do not know
Other, please specify__________________

3. Did you or your organization/institution participate in any of the following activities or events led by the AYC in 2018 - 2019?
*Please select all that apply*

<table>
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<tr>
<th>No.</th>
<th>Activity Description</th>
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<tr>
<td>1</td>
<td>2030 Countdown Steering Group, Washington, DC</td>
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<td>Branch Consortium, Washington, DC</td>
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<td>3</td>
<td>144th Session of the WHO Executive Board, Geneva, Switzerland</td>
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<td>4</td>
<td>Humanitarian Networks and Partnerships Week, Geneva, Switzerland</td>
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<td>5</td>
<td>1st World Summit on Leaving No One Behind, Geneva, Switzerland</td>
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<td>6</td>
<td>Blockchain Hackathon on Women’s, Children’s and Adolescents’ Health and Well-being, London, UK</td>
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<td>7</td>
<td>32nd Ordinary Session of African Union, Addis Ababa, Ethiopia</td>
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<td>8</td>
<td>HRP STAG, Geneva, Switzerland</td>
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<td>9</td>
<td>WHO Stakeholders’ Meeting on Hormonal contraception and HIV: Where should we be with policy, programs, and research, on family planning/Contraception and - HIV prevention and care services RHR</td>
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<td>10</td>
<td>Africa Health Agenda International Conference 2019, Kigali Convention Centre Rwanda.</td>
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<td>12</td>
<td>63rd Commission on the Status of Women New York, US</td>
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<td>13</td>
<td>Does Humanitarian Aid Need a Feminist Facelift? Side event at CSW</td>
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<td>14</td>
<td>Women in Power Summit New York, US (during CSW)</td>
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<td>15</td>
<td>DIHAD: Annual international Aid &amp; Development conference and Exhibition Dubai, UAE</td>
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<td>29th International Pediatric Association Congress Panama City, Panama</td>
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<td>WHO Barcelona course on health financing for UHC</td>
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<td>HRP Policy and Coordinating Committee Meeting Geneva, Switzerland Meeting of co-sponsors and members</td>
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<td>The second Africa Health Forum - Achieving Universal Health Coverage and Health Security in Africa Praia, Cabo Verde</td>
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<td>52nd Session of the Commission on Population and Development New York, US</td>
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<td>140th IPU Assembly and related meetings Doha, Qatar</td>
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<td>Act now for women’s, children’s and adolescents’ health: lessons on health financing. Legislation and partnerships.</td>
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<td>ECOSOC Youth Forum New York, US</td>
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<td>9WHO European High-level Conference on noncommunicable diseases Ashgabat, Turkmenistan</td>
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<td>25</td>
<td>ECOSOC Partnership Forum New York, US</td>
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<td>2019 Spring meetings of the World Bank Group and IMF Washington, DC</td>
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<td>GFF Investors Group Meeting Washington, DC</td>
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<td>Financing for Development (FfD) Forum 2019 New York, US</td>
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<td>FP 2020 Reference Group meeting Washington, DC</td>
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<td>30</td>
<td>Global Festival of Action for Sustainable Development 2019 Bonn, Nordrhein-Westfalen, Germany</td>
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<td>Face-to-face consultation on Women’s, Children’s and Adolescents’ Health in HFS, hosted by DfID London, UK</td>
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<td>21st Congress on the Nordic Federation of Midwives and ICM regional meeting Reykjavik, Iceland</td>
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<td>Mission Briefing on women’s, children’s and adolescents’ health in UHC Geneva, Switzerland</td>
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<td>Digital Health World Congress 2019 London</td>
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<td>Global Fund Board Meeting Geneva, Switzerland</td>
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<td>IFMSA Pre-world Health Assembly Geneva, Switzerland PMNCH/IFMSA</td>
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<td>Walk the Talk: The Health for All Challenge 2019 Geneva, Switzerland</td>
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<td>38</td>
<td>72nd World Health Assembly Geneva, Switzerland</td>
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<td>Women Deliver 2019 Conference Vancouver, Canada</td>
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- More or other, please specify ____________

4. Are you a member of other youth networks/platforms? If so, please select all networks/platforms you are engaged with and indicate the level of your engagement (at country, regional or global level).

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<td>3  Africa Youth Movement</td>
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<td>5  African Youth Safe Abortion Alliance (AYOSA)</td>
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<td>7  Asia Safe Abortion Network</td>
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<td>10 Commonwealth Youth Health Network (CYHN)</td>
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<td>11 Euro Youth Mental Health</td>
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<td>12 European Youth Network on Sexual and Reproductive Rights</td>
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<td>Faith To Action Network</td>
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<td>Federation of African Medical Students Associations</td>
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<td>International Community of Women Living with HIV (ICW)</td>
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</table>

More or other, please specify____________

Assessment questions
Overall mission, vision, and approach

5. The AYC aims to increase awareness and inclusion of adolescent and youth issues within the work of PMNCH. In your opinion, to what extent have they achieved this aim to date?

1. Not at all
2. To a small extent
3. To some extent
4. To a great extent
5. To a very great extent
6. I do not know

AYC strategy and sustainability

6. An important element of the strategy of the AYC is to build the capacity of its members by creating opportunities (e.g., engagement at events and international conferences) and developing and offering resources (e.g., Toolkits) for its members and partners. Which AYC opportunities and resources, if any, did you as an individual or someone else from your organization/institution benefit from in 2018-2019?

Please select all that apply

- Mentorship programme (including online resource hub)
- Resources (e.g., Advocating for Change for Adolescents! Toolkit; Global Consensus Statement: Meaningful Adolescent & Youth Engagement; videos; etc.)
- Engagement and participation at international, regional and national platforms (e.g., international conferences; high-level meetings; etc.)
- Capacity building/training
- Consultancies
- Grants (financial resources)
- Opportunities for visibility (e.g., through recognition in reports; participation in events; an appearance on PMNCH website, etc.)
- Strengthened partnerships
- I do not know
- None
- Other, please specify__________________

7. How useful were the opportunities and resources offered by the AYC in building the capacity of individual members of the constituency?

1. Not useful
2. To a small extent
3. To some extent
4. To a great extent
5. To a very great extent
6. I do not know

8. From which AYC opportunities and resources did your organization/institution benefit in 2018-2019, if any?

Please select all that apply

- Mentorship programme including online resource hub
- Resources (e.g., Advocating for Change for Adolescents! Toolkit; Global Consensus Statement: Meaningful Adolescent & Youth Engagement; videos; etc.)
Engagement and participation at international, regional and national platforms (e.g., international conferences; high-level meetings; etc.)

Capacity building/training

Consultancies

Grants (financial resources)

Created/increased visibility (e.g., through recognition in reports; participation in events; an appearance on PMNCH website, etc.)

Strengthened partnerships

Not applicable – I do not have/work for an institution/organization

I do not know.

None

Other, please specify_____________

9. How useful were the opportunities and resources offered by the AYC in building the capacity of your institution/organization?

1. Not useful
2. To a small extent
3. To some extent
4. To a great extent
5. To a very great extent
6. I do not know

Meaningful youth engagement and capacity building

10. To what extent did AYC membership contribute to increasing your or other individuals’ effectiveness as a youth leader?

1. Not at all
2. To a small extent
3. To some extent
4. To a great extent
5. To a very great extent
6. I do not know

11. To what extent has AYC membership increased your institution’s/organization’s meaningful engagement and participation in advocating for adolescent (ages 10-24) and youth (15-24) health and well-being?

1. Not at all
2. To a small extent
3. To some extent
4. To a great extent
5. To a very great extent
6. I do not know

12. To what extent did AYC membership contribute to …?

Please respond to the following statements below.

…facilitating access to financial or other resources for your institution/organization.

1. Strongly agree
2. Agree
3. Neither agree nor disagree
4. Disagree
5. Strongly disagree
6. I do not know
7. Not applicable

…expanding your institution’s/organization’s outreach efforts.
1. Not at all
2. To a small extent
3. To some extent
4. To a great extent
5. To a very great extent
6. I do not know
7. Not applicable

…deepening partnership engagement for your institution/organization with other organizations.
1. Not at all
2. To a small extent
3. To some extent
4. To a great extent
5. To a very great extent
6. I do not know
7. Not applicable

13. To what extent did AYC membership contribute to the achievement of your institution’s/organization’s aims in your country (national level), regionally and globally?

…global
1. Not at all
2. To a small extent
3. To some extent
4. To a great extent
5. To a very great extent
6. I do not know

… regional
1. Not at all
2. To a small extent
3. To some extent
4. To a great extent
5. To a very great extent
6. I do not know

… country
1. Not at all
2. To a small extent
3. To some extent
4. To a great extent
5. To a very great extent
6. I do not know

Advocacy

14. To what extent has the AYC advocated effectively for the needs of young people at the global, regional, and country level?
Knowledge, evidence and skills

Please indicate the extent to which you agree or disagree with the following statements:

16. The AYC has been effective and successful in promoting the use of evidence-based resources to advance policies and interventions at the regional and national level (examples include: Global Accelerated Action for the Health of Adolescents (AA-HA!), Akilah and Carlos’s Big Day of Discovery; PMNCH Knowledge Summary 35 - Women’s, Children’s and Adolescents’ Health: Act Now for Adolescents; Advocating for Change for Adolescents! A Practical Toolkit for Young People to Advocate for Improved Adolescent Health and Well-being, etc.).

1. Strongly agree
2. Agree
3. Neutral
4. Disagree
5. Strongly disagree
6. I do not know

17. The AYC has built the capacity of its adolescent (ages 10-24) and youth (15-24) members to use evidence effectively for...:
...advocacy.
1. Strongly agree
2. Agree
3. Neutral
4. Disagree
5. Strongly disagree
6. I do not know

...accountability.
1. Strongly agree
2. Agree
3. Neutral
4. Disagree
5. Strongly disagree
6. I do not know

...knowledge management.
1. Strongly agree
2. Agree
3. Neutral
4. Disagree
5. Strongly disagree
6. I do not know

Accountability

18. To what extent has the AYC strengthened accountability efforts for adolescent and youth (aged 10-24) health and rights at global, regional, and country levels?

... global
1. Not at all
2. To a small extent
3. To some extent
4. To a great extent
5. To a very great extent
6. I do not know

... regional
1. Not at all
2. To a small extent
3. To some extent
4. To a great extent
5. To a very great extent
6. I do not know

... country
1. Not at all
2. To a small extent
3. To some extent
4. To a great extent
5. To a very great extent
6. I do not know

19. Please provide an example:

Governance and structure

20. Does the governance structure of the AYC facilitate…:

…social, cultural, sexual, geographical, economic and political diversity of its membership including adolescents (ages 10-19) and youth (ages 15-24), young people with special needs, thematic interests, etc?

1. Not at all
2. To a small extent
3. To some extent
4. To a great extent
5. To a very great extent
6. I do not know

….a transparent, fair and equitable process for the selection of AYC members to participate and benefit from opportunities PMNCH provides through grants, representation, training or other benefits?

1. Not at all
2. To a small extent
3. To some extent
4. To a great extent
5. To a very great extent
6. I do not know

21. To what extent does the AYC serve as an effective mechanism to bring youth-serving organizations, youth-led organizations, and adolescents and youth together to advance the health and well-being of young people in the 2030 Agenda for Sustainable Development?

1. Not at all
2. To a small extent
3. To some extent
4. To a great extent
5. To a very great extent
6. I do not know

22. To what extent did the PMNCH Partners’ Forum constitute an effective platform to advocate for and/or expand the knowledge, evidence, and skills of its AYC members?

1. Not at all
2. To a small extent
3. To some extent
4. To a great extent
5. To a very great extent
6. I do not know
7. I did not attend

Recommendations

23. Please rate the following statement:
The AYC constitutes an important global platform to advance the health rights of adolescents and youth.

1. Strongly agree
2. Agree
3. Neutral
4. Disagree
5. Strongly disagree
6. I do not know

24. As an AYC member, how do you envision the work of the AYC for the next 5 years?

________________________________________________________________________
________________________________________________________________________
________________________________________________________________________

25. Please name up to five comparative and unique advantages or opportunities the AYC could build upon in the future as compared to other global and regional adolescents and youth movements (particularly those with similar broad objectives).

1. 
2. 
3. 
4. 
5. 

Background information

26. Please enter your country of residence
   - Global country drop-down list
   - Prefer not to say
   - Other, please specify____________

27. Please indicate your age
   - Age 1-100 drop-down list
   - Prefer not to say

28. What is your current gender identity?
   - Female
   - Male
   - Prefer not to say
   - Prefer to self-describe____________

29. Please indicate if your organization/the institution you work for defines itself as:
Please select all that apply
- Youth-led (i.e., serving issues of young people and predominantly governed and staffed by young people)
- Youth-serving (i.e., serving issues of young people but not predominantly governed and staffed by young people)
- Other
- I do not know
- Not applicable: I do not work for an organization or institution

30. What is your position within your organization/institution?
Please select all that apply
- Director or senior manager
- Management and/or coordination
- Technical advisor
- Communication and/or advocacy officer
- Consultant
- Intern
- Volunteer
- Other
- Prefer not to say

Contact Details

Contact information in case of further questions (voluntary)

If you enter the information below, you agree herewith that the Swiss TPH Assessment Team can contact you in case of further questions or the need for clarification. If you would prefer that we do not contact you, please do not enter your information below.

As indicated earlier, information received will be used for the Assessment Report, in a fully anonymized format.

31. First name: __________________
32. Last name: __________________
33. Email: __________________
34. Country: __________________

Thank you very much for your participation!

The Swiss TPH Assessment Team
### 7.8. List of Survey Invitees

<table>
<thead>
<tr>
<th>Name</th>
<th>Organization</th>
<th>Gender</th>
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</thead>
<tbody>
<tr>
<td>Laraib Abid</td>
<td>MASHAL (Making A Society Healthier and Lively)</td>
<td>Female</td>
</tr>
<tr>
<td>Ahmed Aboushady</td>
<td>IFMSA Egypt</td>
<td>Male</td>
</tr>
<tr>
<td>Nana Abuelsoud</td>
<td>Ikhtyar for Gender Studies and Research</td>
<td>Female</td>
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<tr>
<td>Gabriel Adeyemo</td>
<td>African Youth Alliance for Demographic Dividend (AfrYADD)</td>
<td>Male</td>
</tr>
<tr>
<td>Numfor Alenwi</td>
<td>Cameroon Agenda for Sustainable Development</td>
<td>Male</td>
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<tr>
<td>Michael Asudi</td>
<td>Organisation of African Youth</td>
<td>Male</td>
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<tr>
<td>Lucia Berro Pizzarossa</td>
<td>MYSU (Mujer &amp; Salud en Uruguay) - University of Groningen</td>
<td>Female</td>
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<tr>
<td>Joannie Bewa</td>
<td>Young Beninese Leaders Association</td>
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<td>Sharafdzhon Boborakhimov</td>
<td>Y-Peer</td>
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<td>Margaret Bolaji</td>
<td>Family Planning 2020</td>
<td>Female</td>
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<td>Onward Chironda</td>
<td>My Age Zimbabwe Trust</td>
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<td>Elsemieke de Jong</td>
<td>Choice for Youth &amp; Sexuality</td>
<td>Female</td>
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<tr>
<td>Blessing Timidi Digha</td>
<td>African Girl Child Development and Support Initiative</td>
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<td>Félicité Djoukouo</td>
<td>Association des Acteurs de Développement (ADEV)</td>
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<td>Ana Catarina Duarte</td>
<td>International Pharmaceutical Students’ Federation (IPSF)</td>
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<td>Enes Efendioglu</td>
<td>Civil Life Association</td>
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<td>PNG Youth Alliance on HIV/AIDS and Coffey International</td>
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<td>Rachel Firth</td>
<td>Wellbeing for Women in Africa</td>
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<td>International Youth Alliance for Family Planning</td>
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<td>Meseret Haileyesus</td>
<td>Maternity Today</td>
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<td>Benin Health Movement</td>
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<td>David Inbago Jacome</td>
<td>Youth Coalition for Sexual and Reproductive Rights- Ecuador</td>
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<td>African Youth and Adolescent Network (AfriYAN) Namibia</td>
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<td>Education as Vaccine (EVA)</td>
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<td>Youth Coalition for Sexual and Reproductive Rights - Bolivia</td>
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<td>Michael Kazibwe</td>
<td>Peer to Peer Uganda</td>
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<td>Collins Kibet</td>
<td>Socially Organized Educative Team</td>
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<td>Prosper Kigumire</td>
<td>Marie Stopes Uganda</td>
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<td>Monique Long</td>
<td>Jamaica Youth Advocacy Network</td>
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<td>Musah Lumumba</td>
<td>ACT2015 Uganda Coalition</td>
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<td>Dianarose Leonce Lyimo</td>
<td>AfriYAN Tanzania</td>
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<td>Zanele Mabaso</td>
<td>Girls’ Globe</td>
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<td>Ahmed Magdy</td>
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<td>Pearson Malisau</td>
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<td>Primrose Manyalo</td>
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<td>Mbencho Andrew Milian</td>
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<td>Uganda Youth and Adolescent Health Forum (UYHAF)</td>
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<td>Shamim Nampijja</td>
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<td>Jean Paul Ndayizeye</td>
<td>Rwanda Youth Voice for Change</td>
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<td>Grace Ngulube</td>
<td>Beyond our hearts foundation</td>
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<td>Global Network of Young People Living with HIV (Y+)</td>
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