



POWER 4 AY

Pathways to Wellbeing, Empowerment and Resilience for Adolescents and Youth

MIDLINE EVALUATION

A synthesis report of Albania, Bolivia, Nepal and Uganda

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Definición de estilo: Section: Mayúsculas, Justificado, Sangría: Izquierda: 0 cm, Alineación de fuente: Línea de base

Comentado [MM1]: I would suggest revising the title as: Midline Evaluation: a synthesis report of the POWER4AY programme in Albania, Nepal, Bolivia and Uganda (keeping an alphabetical order)

Comentado [CK2R1]: Ok, this will be edited in the V2

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Comentado [MM3]: Need to use fonts as per global template

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Acronyms

AYs	Adolescents and Youths
COVID-19	Corona Virus Disease, 2019
FGD	Focus Group Discussion
GBV	Gender-based Violence
INGO	International Non-governmental Organization
KII	Key Informant Interview
NEET	Neither in education nor in employment or training
NGO	Non-governmental Organization
OPD	Organizations of persons with disabilities
PWDs	Persons with disabilities
RQ	Research Questions
SCI	Save the Children International
SDG	Sustainable Development Goal
SPSS	Statistical Package for Social Science
SRH	Sexual and Reproductive Health
SRHR	Sexual and Reproductive Health and Rights
VYA	Very Young Adolescents
WASH	Water Sanitation and Hygiene
WGQ	Washington Group of Questions

Comentado [BL4]: NEET is missing

EXECUTIVE SUMMARY

Introduction and Project Background

The Pathways to Wellbeing, Empowerment, and Resilience for Adolescents and Youth (POWER4AY) is a five-year programme funded by Bulgari and led by Save the Children Italy. Implemented in Albania, Bolivia, Nepal, and Uganda, the programme aims to improve the wellbeing of adolescents and youths aged 12 to 24 who are most impacted by inequality and discrimination. The programme's Theory of Change adopts a holistic approach to empower adolescents and youths, addressing challenges in education, sexual reproductive health, economic empowerment, youth advocacy, disability inclusion and environmental awareness.

Purpose and Objective of the Midline Evaluation

The main purpose of the midline evaluation is to assess the mid-term effects of POWER4AY Programme upon its beneficiaries with the use of research questions and indicators (refer to [POWER Midline Evaluation Common ToR final.docx](#)). Specifically, it will assess 1) the comparative results between baseline and mid-line in terms of its indicators 2) the effectiveness and impacts of the program upon program participants 3) the effectiveness and improvement opportunities of POWER4AY methodologies implemented in the different context and 4) based on findings, will provide recommendations to help strengthen future strategies of POWER4AY.

Methodology

The baseline study conducted in 2022 was a cross-sectional study aimed at understanding the situation of adolescents and youth (AYs) and their parents, who were potential future participants of the program. The midline evaluation selected the actual program participants as respondents. Both baseline and mid-line studies used similar quantitative and qualitative methods, however, the midline evaluation featured an improved questionnaire with standardized tools of data collection. Additionally, the midline incorporated an enhanced version of the International Labor Organization's (ILO) seven security-based dimensions of decent work measurement framework, allowing for a robust analysis of decent work conditions for AYs. The midline evaluation was designed as a comparative study using the same outcome indicators to assess progress over time and answer evaluation questions related to the different aspects of the programme.

The targeted respondents of the midline evaluation were AYs aged 12 to 24 years, parents/caregivers, persons with disabilities, female participants, and government and non-government stakeholders of the programme. Data were collected from programme participants in all countries, with a sample size of 3060 AYs (against 3451 in baseline), and 509 parents and caregivers (against 497 in baseline).

As the major limitations of the evaluation, the consultants at the country level modified few questions and their response options, posing challenge to data compilation and further analysis. In additions, some of the research questions were partially answered across all countries, affecting the quality of synthesis.

Key Findings by Outcomes and Research Topics

Comentado [MM5]: In general, given that the executive summary will be read by those who will not read the full report, I think we can expand it a bit and provide more information, both on the objectives and scope of the midline evaluation as well as on the findings. We should ensure info under methodology including on limitations is sufficient to interpret findings. You may skip this section for now. We can aim to get some aid from AI once the content of the full report is finalised.

Comentado [DU6R5]: Except methodological part which is now updated, what else need further?

Comentado [MM7]: Just to use the same language adopted in the strategy documents

Comentado [DU8R7]: ok

Comentado [BL9]: I would add disaggregation here by gender at least (Ays, xx girls and xx boys)

The **goal** of the programme is to improve the overall wellbeing of adolescents and youths (AYs). One of the key indicators for this goal is the proportion of youth aged 15-24 years who are not in education, employment, or training (NEET). The findings indicate a substantial decrease in the NEET rate by 16% from the baseline, suggesting that more AYs are now engaged in productive activities. However, the NEET rate remains higher among AYs aged 20-24 compared to their counterparts, except in Uganda, indicating a need for targeted interventions for this age group.

Another critical indicator is the proportion of women aged 20-24 years who were married or in union before age 15. The data shows a slight reduction in early marriage practices compared to the baseline (from 3% to 2.8%), with notable progress in Albania (from 4% to 0% in midline). However, early marriage remains prevalent in remote areas and among specific ethnic groups, highlighting the need for continued efforts to address cultural norms and practices associated with early marriage.

Educational attainment is another significant measure of AY wellbeing. The programme has achieved high completion rates at the intended age, particularly in Albania (90%) and Bolivia (88%) followed by Nepal (71%). The re-enrolment rates have also increased, especially among younger adolescents. However, the completion rates for persons with disabilities remain low in Uganda and Nepal, indicating a need for more inclusive educational policies and support systems.

Outcome 1 - Improve AY choices towards teenage pregnancy and early marriage and reducing incidents of violence among AYs. The programme has made substantial progress in empowering women aged 15-24 to make informed decisions about their health care, sexual relations, and contraceptive use. The proportion of women making informed decisions has increased significantly, with the highest improvements observed among persons with disabilities in Uganda. Despite these gains, the minimum age AYs indicate as appropriate for marriage remains unchanged at 23, suggesting that cultural norms around marriage age are deeply entrenched.

The programme has also successfully contributed to **reduce** the incidence of violence among AYs, particularly in Bolivia and Albania working together with other government and non-government actors. However, 22% of persons with disabilities still face violence, indicating a need for targeted interventions to protect this vulnerable group. The support from parents and caregivers for delaying marriage and pregnancy has decreased slightly, highlighting the importance of continued community engagement and education.

Outcome 2 - Promote gender-transformative and inclusive educational pathways for AYs. This outcome is included in Nepal and Uganda scope of work. The re-enrolment rates for AYs who had dropped out have improved, particularly in Nepal. However, the re-enrolment rates in Uganda remain lower than the baseline. The programme has provided financial support to AYs' families, with 31% of families taking loans and 72% receiving grants to support their children's education. This financial support has been crucial in enabling AYs to continue their education.

Outcome 3 - Increase decent employment opportunities and protection from harmful work. The programme has increased employment rates among AYs by 16%, with the highest rates observed in Uganda. However, ensuring decent working conditions remains a challenge, with only 34% of AYs working under decent conditions. The proportion of AYs earning income equal to or higher than the national minimum wage has decreased by 20%, reflecting broader economic challenges. The use of financial services has increased, promoting economic independence among AYs.

Outcome 4 - Improve policies, frameworks, strategies, systems, services, and networks with and for AYs. The programme has contributed to enhanced AYs' participation in social networks, with a 14%

Comentado [MM10]: Higher than the remaining groups or than baseline?

Comentado [CK11R10]: against their counterpart aged 15 to 19. Added

Comentado [CJ12]: Could Bolivia working until 19 years old have an effect here?

Comentado [CK13R12]: This data contains 20 to 24 age group only and only women

Comentado [MM14]: Could you please add the prevalence in %?

Comentado [CK15R14]: done

Comentado [MM16]: Please include value of the indicator

Comentado [CK17R16]: Added

Comentado [MM18]: I think we need to be mindful of attribution statements as there is expectation that this can be proved only through experimental or quasi experimental designs. What language could we use to more safely represent the changes brought about by the program? We should revise this throughout the report

Comentado [CK19R18]: I have added "contributed to reduce" working together with ...

Con formato: Sin Resaltar

Con formato: Sin Resaltar

Con formato: Sin Resaltar

Comentado [CJ20]: Similarly to Manu's statement above, I would be mindful to attribute to the program. Also, just as an internal question, could COVID close to baseline also have had an effect here?

Comentado [CK21R20]: Yes, it had. Currently studying portion is now deleted and focused on Uganda and Nepal only

Comentado [MM22]: Can you confirm whether this was explicitly reported in all country evaluations?

Comentado [CK23R22]: Especially in two Bolivia and Nepal

increase from the baseline. The highest participation rates are in Uganda and Albania. The programme has also fostered leadership skills among AYs, with 36.6% of AYs feeling they have the will and means to lead change in their communities. However, satisfaction with access to community and public services remains low among persons with disabilities, indicating a need for more inclusive and accessible services.

Disability and Inclusion

The overall disability prevalence among participants is 4%, a decrease from the baseline. The highest prevalence is in Albania (12%) and among AYs aged 20 to 24. Among the types of disabilities, a comparatively higher proportion of AYs face difficulty in remembering and concentrating. Persons with disabilities have similar or higher participation rates in programme activities compared to those without disabilities. For example, in Bolivia, persons with disabilities had higher participation rates in business model training (92% vs. 84%) and technical job training (47% vs. 43%), while in Uganda and Nepal, they have less participation in vocational training and business start-up. However, challenges remain in accessing public services and employment opportunities. The programme has increased confidence and opportunities for persons with disabilities through skill-based training, financial assistance, and advocacy for inclusive policies. Across all countries, participants reported improvements in self-esteem and financial independence.

Gender

The programme has been contributing to reduced early marriages and pregnancies through awareness programmes, community engagement, and Sexual Reproductive Health (SRH) and life skills training. For instance, in Nepal, child clubs organize street plays to raise awareness about early marriage and in Uganda, the programme is tackling the issue of child pregnancy through SRH and awareness raising. However, early marriage practices still exist in some areas. The programme promotes gender equality through SRH training, positive parenting, community sensitization, agency/advocacy and vocational training. Participants report increased knowledge and confidence in making decisions about their sexual and reproductive health. In Albania, for example, the average age of girls for marriage has increased due to greater involvement in decision-making processes.

Water, Sanitation, and Hygiene (WASH)

AYs are actively participating in improving hygiene, menstrual hygiene, and SRH services in their communities. Overall, 48% of AYs use SRH services and in Uganda (the highest), 75% of AYs are using SRH services, and school attendance has increased due to improved menstrual hygiene management.

Overall satisfaction with public services has increased across all countries, but challenges remain for persons with disabilities and older AYs. In Albania (the highest), 77% of AYs reported being satisfied with public services.

Agency and Leadership

AYs are actively participating in social networks, addressing issues such as SRH, environmental conservation, and gender equality but the level of their participation varies from country to country. In Uganda, 70% of AYs participate in networks, while in Nepal, it is only 10%.

The programme has fostered leadership skills and community involvement. In Nepal and Bolivia, AY networks have successfully developed and advocated for youth policies to increase youth participation in decision-making and are spearheading environmental activities at the community level.

Con formato: Fuente: Negrita

Comentado [MM24]: It would be great if we could find a way not to repeat findings that are placed both under an outcome and a challenge (e.g. gender transformative and outcome 1, and agency and outcome 4)
Right now there seems to be some redundancy

Comentado [CK25R24]: Yes, there is and I am not sure how to tackle this because the research questions on gender transformative are all related to Outcome 1 if you go to the detail of reports below.

Comentado [MM26]: We labelled this challenge "gender" removing transformative as it was incomplete

Con formato: Fuente: Negrita

Con formato: Fuente: Negrita

Con formato: Fuente: Negrita

Comentado [CJ27]: also through community sensitization, AY agency and advocacy

Comentado [CK28R27]: Added

Con formato: Fuente: Negrita

Age-Specific Interventions

The programme has significantly increased re-enrolment rates and employment opportunities, particularly in Uganda and Nepal among very young adults. For example, the re-enrolment rate of Very Young Adolescents in Uganda rose from 57% to 80%, and employment rates among the 20-24 age group in Nepal increased from 6.1% to 47.6%.

Across all countries, the programme has been effective in enhancing personal, relational, and collective well-being through life skills training, vocational courses, and career counselling. This has led to increased self-confidence and community participation among adolescents and youth.

Despite successes, challenges remain in economic empowerment and employment security for the age group of 20 to 24. Fewer AYs with wage employment have written contracts, and there is a notable gender disparity in income.

Environment and Climate Change

AYs and their communities are increasingly aware of climate change and environmental degradation issues. In Bolivia and Nepal, youth-led projects on community awareness reforestation and recycling have raised awareness and motivated community action.

AY networks have spearheaded several climate initiatives, such as the "Doko Aviyaan" campaign in Nepal to promote environmental conservation by creating locally made alternatives to plastic bags.

Socio-Ecological Model

The programme has effectively involved various actors, including government bodies, municipalities, community groups, health offices and NGOs, in the socio-ecological model to enhance AY wellbeing across all countries.

The programme supports AYs and their families in reducing reliance on negative coping strategies by providing skills and opportunities for economic stability. AYs involvement in saving and credit groups have been contributing to increase financial independence among them.

Sustainability

The POWER4AY Programme has shown significant potential for replication and localization across different regions by effectively engaging local stakeholders, leveraging community resources, and tailoring activities to meet specific local needs. Successful examples include multi-level engagement in Bolivia, integration with community structures in Uganda, grassroots partnerships in Nepal, and alignment with government policies in Albania.

The programme's holistic approach, which includes training, economic empowerment, and community engagement, has led to lasting improvements in the lives of participants. This includes increased economic resilience, strengthened community support structures, and enhanced life skills, ensuring that the benefits of the programme extend beyond its duration and continue to positively impact adolescents and youth.

Recommendations

Key recommendations are provided below (for details, refer to the recommendation section of the report)

- Continue and expand SRH education programmes to ensure that all AYs, especially those with disabilities, have access to comprehensive information about health care, sexual relations, and contraceptive use.
- Provide additional support for re-enrolment and retention of AYs in education with focus on female and age-group 15 to 19, and particularly in Uganda where reenrolment enrolment rates are lower through bursary and other supports.

Comentado [MM29]: In our learning agenda, the question we included is:

Is the programme able to respond to age-specific needs and aspirations of AYs? And what strategies and interventions are the COs putting in place to address these specific needs?

How to answer it: Mapping of programme intervention strategies through the COP + FGDs / KII with AY / AY groups

In my understanding this section should be more focused on how we have acquainted for age specific needs in our intervention. For example by adapting training curricula, delivery modalities taking into account 12 yo need different approaches than 24 yo. I don't know

Comentado [CJ30R29]: Also different pathways, for example focus on education for VYA which is seen in the high re-enrollment for this age group, and economic empowerment for older AY, and even the work with parents of VYA to support education pathways. These approaches are tailored.

Comentado [CK31R29]: If you see the detail report below, the focus is on VYAs in education, and 15 to 24 in employment and also in education for 15 to 19. In the midline report, no country talk about any specific strategies or did not explain in details the specific strategies used by age group, except LSA as a common approach.

Con formato: Fuente: Negrita

Con formato: Sin Resaltar

Con formato: Fuente: Negrita

Con formato: Fuente: Negrita

Comentado [CJ32]: would mention also peers, parents (to include second level of SEM) and maybe services such as health?

Comentado [CJ33]: SEM could be addressed as promoting an enabling environment. For example, increased parent support, more availability of AY friendly services and their access to financial services, increased budget and/or improved policies in favour of AY.

Comentado [CK34R33]: Yes, true, but we do not have sufficient information regarding these on the midline reports. This section is the poorest of all in all reports.

Con formato: Fuente: Negrita

Con formato: Fuente: Negrita

- Develop partnerships with local businesses to create more employment opportunities for AYs, particularly in rural areas.
- Provide targeted vocational training and job placement services for AYs aged 20-24 to address higher NEET rates in this age group.
- Advocate for policies that ensure decent work conditions, including written contracts, social security, and safe working environments.
- Continue to promote community and parental support with focus on further inclusion of persons with disabilities in the social networks and platforms
- Focus on further improving the quality of networks and their activities, rather than quantity.
- Assess the impact of WASH interventions on school attendance and health outcomes among AYs through internal monitoring.
- Identify best practices for integrating menstrual hygiene management into school and community programmes.

INTRODUCTION

2 Project Background

Pathways to Wellbeing, Empowerment, and Resilience for Adolescents and Youth (POWER4AY) is a five-year programme funded by Bulgari and led by Save the Children Italy. It is being implemented by SCI country offices in Albania, Bolivia, Nepal, and Uganda from July 2021 to September 2026.¹ By 2024, the programme is in its third year, aiming to improve the wellbeing of around 20,000 adolescents and youths aged 12 to 24 who are most impacted by inequality and discrimination.

Con formato: Fuente: Lato

POWER4AY is guided by five principles from the [Adolescent Wellbeing Framework](#):

- Human rights fulfilment is central to all adolescent-focused support.
- Adolescents' participation rights inform programming and policy.
- Programmes and policies are tailored to the unique needs of adolescents based on gender, age, and abilities/disabilities.
- Gender transformation and social justice improvement through adolescents.
- Change for adolescents is catalyzed at all levels of the socio-ecological model, starting from themselves, their families, communities, services, systems, and policies.

The programme's Theory of Change adopts a holistic approach to empower adolescents and youths, generating a systemic response from each level of the socio-ecological model that affects their wellbeing. This approach is informed by evidence and learning from the five-year Youth Empowerment Programme (2016-2021) in the four countries. The current Theory of Change places the "wellbeing of adolescents" as the central goal, addressing new challenges in the aftermath of the COVID-19 pandemic across education, health, economic empowerment, and environmental awareness. A summary form of the Theory of Change is presented below.

POWER4AY Programme-Summary Theory of Change

GOAL: Improve all AYs wellbeing

Outcome 1: Improve AY choices towards teenage pregnancy and early marriage/prevent violence against AYs

Outcome 2: Promote gender transformative and inclusive educational pathways for AYs

Outcome 3: Increase decent employment opportunities and protection from harmful works

Outcome 4: Improve policies, systems, services and networks with and for AYs.

The midline evaluation compares results between baseline and midline using the same indicators and provides answers to the research questions designed in the Midline ToR, building on the cumulative progress made by the four programme implementing countries.

¹ With the Albania programme starting on October 1st 2021.

3 Purpose and objective of the midline evaluation

The specific objectives of the midline evaluation are stated as below:

1. Describe and assess the comparative results between baseline and mid-line in terms of Programme indicators related to outcome and identify progress achieved and the areas of improvements.
2. Assess the effectiveness and impacts of the programme upon its participants, identifying programme components and mechanisms (catalysers) that are contributing (or not) to bring the desired change in line with the Theory of Change.
3. Assess the effectiveness and improvement opportunities of POWER4AY Programme's methodologies implemented in the different contexts vis a vis the challenges identified in learning agenda (e.g., gender and disability inclusion).
4. Based on findings, provide recommendations that help strengthen future strategies to improve and guide the Programme for the rest of its period.

4 Methodology of the midline evaluation

1.14.1 Evaluation design

The baseline study conducted in 2022 was a cross-sectional study aimed at understanding the situation of adolescents and youth (AYs) and their parents, who were potential future participants of the programme. Using a mixed-method approach, the baseline study generated information across various research dimensions and established benchmark values for outcome indicators.

The midline assessment, designed as a comparative study between the baseline and midline, used similar quantitative and qualitative methods. However, it featured an improved questionnaire with clearer definitions, calculation methods, and standard questions for each outcome indicator. Additionally, the midline incorporated an enhanced version of the *International Labor Organization's (ILO) seven security-based dimensions of decent work measurement framework*², allowing for a robust analysis of decent work conditions for AYs.

The midline evaluation involved programme participants from all countries and compared results between baseline and midline. Midline evaluation selected programme participants as respondents but it is found that many of the midline respondents had also participated in the baseline (up to 47% in case of Uganda).

1.14.2 Evaluation questions and indicators

The evaluation questions aimed at assessing programme effectiveness on outcomes and on selected "research questions" as outlined in detail in the [Midline Evaluation Common ToR](#).

² Standing G. 2002. 'From People's Security Surveys to Decent Work Index'. *International Labour Review*, Vol 141 (2002).

Comentado [MM35]: Can we include a link in a footnote?

Comentado [CK36R35]: This will be added in V2. The sharepoint does not allow it right now

Comentado [DU37R35]: Added now

Following the common ToR, implementing countries developed specific ToRs in consideration of their context, programme activities and priorities of evaluation. While research questions applied to all COs, outcome indicators varied according to their outcomes and corresponding interventions. The research questions and the outcome level indicators guided the development of quantitative and qualitative tools for the midline evaluation.

1.34.3 Data collection instruments used

The quantitative questionnaire for the midline evaluation included instruments for adolescents and youth (AYs) and their parents/caregivers across all countries. These tools were designed to capture information on outcome indicators and various programmatic aspects related to the knowledge, use, and behaviours of AYs and parents/caregivers concerning the programme interventions. The AY questionnaire targeted participants aged 12 to 24 years, while the parent/caregiver questionnaire was administered to parents and caregivers

The qualitative tools were tailored to the context of each country. Respondents included AYs, parents, health workers, municipal officials, schoolteachers, youth networks, people with disabilities, and their organizations. In some cases, groups were further divided by gender or age. Detailed descriptions of the quantitative and qualitative tools used are available in the respective midline reports of each country.

1.44.4 Sample size and the types of tools used in the study

A comparative table of baseline and midline sample sizes is presented below. The sample sizes of midline were expected to be in line with the sample sizes of baseline particularly in AY and parent/caregiver questionnaire, but they vary in some cases depending on the outreach of country programme in terms of its programme participants. The sampling universe/population in case of midline was the programme participants while the baseline was a cross-sectional study, where eligible programme participants were randomly selected from the target areas as respondents according to the criteria established by each country. The sample sizes (data given below are the actual samples collected from the field) between baseline and midline are comparable or even slightly more in the midline in Nepal, Uganda and Bolivia, while the actual sample data collected from the field decreased in case of Albania. The reason cited for this by Albania was the difficulty to find the program participants from the sample list due to dispersed locations of the participants as well as insufficient beneficiary reach of the Programme to select comparable samples for the midline. While this sample size was overall comparable with baseline for country level aggregated analysis, it partially showed insufficiency of sample sizes in some country level disaggregated analysis for Albania such as lack of sample sizes for person with disabilities.

In case of Albania, parent questionnaire was not administered.

Table 1: Sample size by country

Comentado [MM38]: Maybe you mean quantitative here?

Comentado [CK39R38]: Yes, done

Comentado [MM40]: Can you remind me whom?

Comentado [CK41R40]: That meant again parent and caregivers but they included independent parents also whose AYs may or may not have recieved support. I deleted the "other" part so to make it clear

Comentado [MM42]: It would be good to add links to the reports - using the links to the resource centre, once all countries will have saved them.

Comentado [CK43R42]: Ok. In V2 they will be added

Comentado [MM44]: Is it more appropriate to talk about population here?

Comentado [CK45R44]: Its same thing but I just added

Comentado [BL46]: I believe we should add more details about the sample of participants with disabilities. It is not clear to me whether this group was included as sample in all the indicators/calculations or it counted as a separate sample across all the report.

Comentado [MM47]: Can we say that at baseline the sample was the group of eligible programme participants according to selection criteria established by each country? could we provide details by country in terms of coherence and comparability of the samples? This is a crucial aspect in repeated cross-sectional studies.

Comentado [CK48R47]: Ok , this is added. The details of baseline and end line samples are in the table already.

Comentado [DU49R47]: Further clarification is added

Comentado [BL50]: Is it possible to add gender/age disaggregation? Even in another table

Con formato: Fuente: Lato Black

	Sample sizes (Quantitative)				Sample sizes (Qualitative)				Study Population	
Countries	AY		Parents / Caregivers		FGD		KII		AY	Parent
	B	M	B	M	B	M	B	M	MR	MR
Nepal	904	998	293	392	23	12	26	23	7152	2172
Uganda	804	870	90	117	15	11	14	36	2439	1347
Bolivia	754	786	114	113	13	6		36	N/A	N/A
Albania	989	406	-	-	18	13	10	19	607	-
Total	3451	3060	497	509	69	36	50	78	9591	3519

B=Baseline, M= MR= Midline Beneficiary reached by Dec 2023 out of which sample was taken

Sample sizes were calculated using universally recognised sampling formula at 95% confidence level with 5% margin of errors. Systematic random sampling method was used to select participants out of those who participated in the programme. In terms of qualitative studies, purposive sampling with the application of criteria to select groups or geographical locations were used.

Comentado [MM51]: What does R stand for?

Comentado [CK52R51]: This is not R but MR= total reach of participants by the country at the time of this survey

1.54.5 Data collection and analysis

Data from the field were collected between May and July 2024 as each country office had their different timeline. All countries used mobile data collection technologies such as ODK/KOBO/Google software which enabled live data entry into the system for the quantitative tools. For data analysis, SPSS and STATA were used. Data were collected and analyzed by independent consulting companies in all countries. SPSS data related to indicators were compiled and re-calculated for this report.

1.64.6 Construction of midline synthesis report

The synthesis report compiles information from the midline reports of various programme countries, with additional data analysis to bring further insights from the available information. It summarizes key findings, while detailed information is available in the respective midline evaluation reports. The consultant re-analyzed and verified several outcome indicators to maintain uniformity and accuracy of calculation of quantitative data across countries. The report compares baseline and midline findings, with data organized by research topics and a synthesis provided for each. A list of indicators with their baseline and midline values is included in the Annex. It also includes highlights from qualitative findings.

1.74.7 Limitations

- In some countries, the country consultants modified few questions that needed to be answered as single response to multiple response set or vice versa, and order of response sets were also changed, which proved challenging to compile and further analyse data.
- Some of the research questions on evaluation topics were partially answered across all countries, which affected the ability to provide a comprehensive synthesis of the findings.

PRESENTATION OF FINDINGS

5 Demographic characteristics of the respondents

Table No.1 below summarizes the demographic characteristics of the AY population who participated in the AY surveys in the four countries. In all countries except Uganda, there is higher participation from the age group 15 to 19 years, followed by AYs aged 20 to 24 years. This indicates that AYs in these age groups are the major recipients of the programme. Gender balance is maintained in all countries in the selection of participants for the survey, except in Nepal, where the male participation rate is comparatively lower. More than 70% of AYs participating in the programmes are found to be single.

Table 2. Demographic characteristics of the AY population

		Nepal	Uganda	Bolivia	Albania	Total
Age group	12-14 years old	10.2%	30%	3.1%	16.2%	14.8%
	15-19 years old	57.2%	26%	72.1%	70.7%	53.8%
	20-24 years old	32.6%	44%	24.8%	13.1%	31.4%
Gender	Male	29%	44%	48.5%	53.8%	43.5%
	Female	70.9%	56%	51.5%	46.2%	56.3%
Persons with disability		2.4%	2.6	5	11.6%	4.4%
Type of households	Private	94.9%		88%		
	Collective /other	0.7%		3.4%		
	Rental/relative house	4.5%		7.6%		
Marital status	Married/Cohabiting	23.8%	25%	-	4.4%	
	Single	75.4%	70%	98.6%	94.8%	

Comentario [MM53]: Could we also include an analysis of samples in each country, so to be mindful of comparability between baseline and endline?

Comentario [CK54R53]: I am not clear what kind of further analysis is required here because the sample table no.1 above provides both baseline and end line samples and shows clearly which one has comparable samples with baseline. You can see that it's only Albania that could not meet the comparable samples with baseline, while others are fine. In the end line, with further increase in the number of participants, we can hope that Albania will improve this situation.

Comentario [DU55R53]: Clarification or analysis regarding Albanian's part is added above now.

Comentario [MM56]: We should fix the hierarchy of formatting

Comentario [BL57]: It is the sample, correct?

Comentario [MM58]: Shall we add a column with Total (avg of the four countries)?

Comentario [CK59R58]: Gender, age group can be added, not others.

Comentario [MM60R58]: Perhaps we can remove the type of household as only two countries have data on it. On another note, do we know how many of them are parents? We didn't plan to report on this, but it seems more and more a very relevant aspect also in view of their attitude towards parenthood.

	Other (divorced/ widow)	0.8%	5%	1.4%	0.7%	
Total (N)		973	870	786	406	

Parents were part of the midline evaluation in three countries: Nepal, Uganda, and Bolivia. However, occupational and educational data were available for only two countries. Female parents' participation in the surveys is remarkably high in Nepal and Bolivia, but lower in Uganda. Parents and caregivers are predominantly employed in the agriculture sector in both Nepal and Uganda. The proportion of daily wage labourers is comparatively high in Nepal, while about 25% of parents are engaged in the non-agriculture sector in Uganda.

A significant proportion of parents and caregivers are still illiterate or just literate (able to read and write but never joined school systems) in Nepal and Uganda. Almost two-thirds of parents have completed primary school in Uganda, while the proportion of parents who completed secondary education is the same in Nepal and Uganda. No parents have a university degree in Uganda, while 9.4% of parents in Nepal have completed university education.

Table 3: Demographic characteristics of parents and caregivers

Categories		Nepal	Uganda ³	Bolivia
Gender	Male	37.2%	72%	18.6%
	Female	62.8%	28%	81.4%
Occupation	Not in Job	5.7%		-
	Daily Wage labourer	26.7%	5%*	
	Paid wage labourer (long-term contract)	4.6%	8%*	-
	Self-employed in	52.8%	97%*	
Education	Self-employed in non-	10.2%	25%	-
	Illiterate	39.1%	24%	-
	Literate	20.2%		
	Primary level	18.1%	63%	-
	Secondary level	13.2%	13%	-
	Bachelor or above	9.4%	-	-
Total (N)		371	117	113

³ Multiple response sets in case of Uganda

Comentado [MM61]: I would suggest moving this paragraph under the goal level, as it provides the level of education achieved to which the completion rates provides useful complementary insights. The education information otherwise seems fragmented.

Comentado [CK62R61]: Just moving this paragraph only does not make sense. I moved including the table just above the education indicator at goal level

Comentado [MM63]: If we want to include this element, could we add the %?

Comentado [MM64]: Does this apply only to the job data or also other? Could you add the "*" to the ones for which multiple choice was adopted?

Comentado [CK65R64]: Only job data

Tabla con formato

6 Attainment of POWER4AY Programme Objectives

RQ.1 To what extent are the interventions attaining their relevant outcomes? What are its intended and unintended outcomes?

1.86.1 Goal: Improve AY well being

At the goal level, the POWER4AY Programme contains seven indicators, three of which are monitored by the country programme and included under this heading. Other goal-level indicators, such as the national employment rate and adolescent birth rate (collected from secondary sources), are reported by only a single country and can be found in their respective midline reports. These goal-level indicators are considered higher-level indicators, and the achievements made by the programme's outcomes are expected to contribute to these indicators, along with efforts from other actors working in these fields. The goal level indicators included in this report are as follows:

- Proportion of youth aged 15-24 years Not in Education, Employment or Training
- Proportion of women aged 20-24 years who were married or in union before age 15
- Proportion of AYs who completed their education at the official intended age

Figure 2 below presents findings on the NEET rate in the POWER4AY area. Adolescents who are neither in employment nor in education or training are the most vulnerable groups specifically targeted by the programme. A decreased NEET rate indicates that employment or education opportunities are increasing in the country or programme area. The findings suggest that overall, the NEET rate has decreased by 16% at midline compared to baseline, implying that more adolescents supported by the programme are engaged in either education or employment. The decrease is noticeable in all countries, with the highest reduction in Uganda, and across all groups, including males, females, and persons with disabilities.

At country level⁴, AYs of the age group 20 to 24 in the midline⁵ were found with high NEET rate in all countries, except Uganda, implying that more employment related support needed for this group in the future. Persons with disabilities have the lowest NEET rate in Nepal and Uganda (4% and 6%) and highest in Bolivia (13.2%) compared to their respective overall NEET rate shown below.

Figure6-1: Proportion of youth aged 15-24 years Not in Education, Employment or Training

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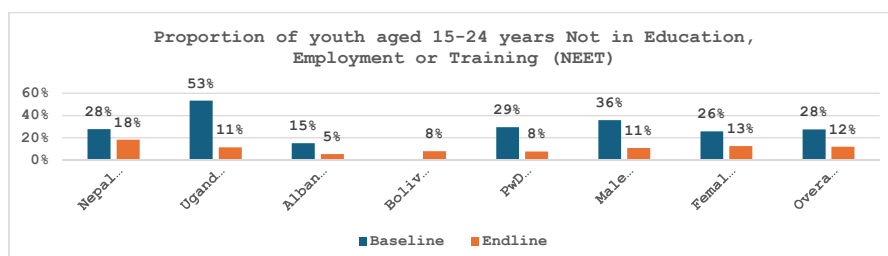
Comentado [MM66]: I would like to have a discussion on this indicator. Considering that these are measured on programme participants, while it makes sense that early marriage and education completion rate are dimensions that the programme can contribute to but not directly change, the NEET rate measured on our target group would immediately reflect employment and vocational / technical training opportunities offered by the programme - hence it seems to be under the programme accountability (i.e. outcome level). On the other hand, also the youth employment rate matches the one we measure at outcome level on our target population. One possibility could be that decent work becomes a dimension that we include at goal level, while employment rate remains at outcome level. This in light of the external factors that affect this dimension, which the Programme can only partially address. Something to discuss together perhaps also with the COP? [@Cons_Vinodhok_Jain](#) [@Demonte_Matteo](#)

Comentado [MM67R66]: This would also be in line with the choice made at the Global Indicators level, where at outcome level we measure both [Adolescent and youth in employment or decent work](#) | [Save the Children](#) and [Adolescent and youth in further education and training](#) | [Save the Children](#) which constitute the opposite dimensions of NEET.

Comentado [CK68R66]: Agree that the program has direct influence in the NEET. A discussion is needed to determine which indicator needs to be put at which hierarchy of logical framework, considering the direct and indirect impact the programme can have on these indicators.

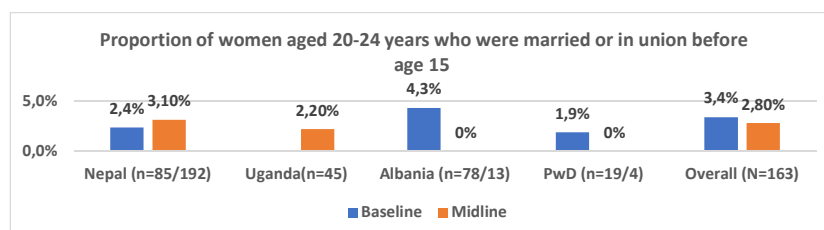
⁴ Country level disaggregation are not shown in the given graph.

⁵ The graph does not presents age group data due to unavailability of age group data in the baseline.



The indicator in the figure below detects early marriage practices among AYs of the age group of 20 to 24. No baseline data is available for Uganda as it was not monitored during the baseline. Although the early marriage rate before age 15 is low in all countries and overall, a slight reduction is seen compared to baseline according to the data below, indicating that the practice is still prevalent in the programme communities, except in Albania. According to the qualitative findings, early marriage practices still exist in remote locations of the programme areas and among some specific ethnic groups due to social and cultural barriers. These barriers will take time for the new generation of adolescents to fully overcome.

Figure 6-2: Proportion of women aged 20-24 years who were married or in union before age 15



Education status of the AYs is presented below in Table No. 3 as a supplementary information to the goal level education indicator in the Table No. 4. The school level education systems differ from country to country. For example, in Nepal the primary education starts from Grade 1 and goes up to Grade 8, while in Uganda, it goes from Grade 1 to 4. Therefore, countries are categorised into their applicable education systems (including university level), encompassing all types of education systems being practiced in four countries. Only Uganda has an upper primary system (from P5 to P7), as shown in the table below.

The table below presents the completed education level of AYs. The majority of AYs have completed either lower secondary or secondary education in all countries. In countries like Bolivia and Albania, there is a separate group called technical secondary education, which is shown together with the secondary education category in the table. AYs participating in the programme and enrolled in universities are very few in all countries, except in Bolivia, where it stands at 11%. The education level indicates that most of the programme participants of the POWER 4AY Programme come from backgrounds where they left education at some point and could not enrol in the universities due to economic or other reasons.

Comentado [MM69]: Could we please mention which countries have data available and the reasons of non comparability between baseline and endline for some?

Comentado [DU70R69]: As shown in the figure below, the data are available for Nepal, Uganda and Albania. The comparison is between overall value.

Comentado [MM71]: I don't think we can draw this conclusion, given that the only country for which we have a comparison between baseline and midline is Nepal which shows an increase. This is also confirmed by the indicator on minimum appropriate age to get married which did not change..

Comentado [CK72R71]: No, it is Albania too where significant reduction is seen. The practice in Uganda, although there is no baseline, is very low. But these practices are still prevalent although at low level

Table 4: Education level achieved by AYs

Level of schools	Nepal	Uganda	Bolivia	Albania
Illiterate		0.4%		
Primary school	15.3%	31.9%	24.3%	4.3%
Upper Primary		55.5%		
Lower Secondary	61.2%	9.2%		20.1
Secondary /Technician	19.3%	0.4%	65.2%	13.7%
Secondary /professional (10-13)		1.4%		57.6%
University	2.1%	1.2%	11.4%	4.3%

The indicator below measures the educational attainment of adolescents at their intended age. For example, in Bolivia and Nepal, children are expected to start grade 1 at the age of 6 and complete grade 8 by age 14. This indicator reflects overall poverty, access to education, and other social factors that hinder children from attending the education system at the intended age.

According to the findings below, the highest proportion of children completing education at the intended age is in Albania, followed by Bolivia, Nepal, and Uganda. Except for Bolivia, the rate of adolescents completing the first primary level at the intended age is low in all countries. There is up to a 5% variation between males and females completing education at the intended age, with higher completion rates for females than males everywhere except in Albania. Persons with disabilities have the lowest rates of completing education at the intended age in Uganda and Nepal.

Table 5: Proportion of AYs who completed their education at the official intended age

	Nepal	Uganda	Albania	Bolivia
N	591	638	350	597
Overall	70.7%	11.9%	90.0%	87.6%
Primary	23.1%	13.3%	46.7%	85.6%
Upper Primary		7.8%	79.7%	
Lower	73.7%	30.7%		
Secondary	69.4%	33.3%	95.4%	73.7%
Male	69.5%	10.4%	93.5%	85.0%
Female	71.3%	14.0%	88.1%	90.1%
12 to 14		22.7%	89.4%	100.0%
15 to 19		15.2%	94.5%	93.5%
20 to 24		6.5%	0.0%	60.0%
AYs with disability	35.7%	11.1%	84.6%	55.2%

Comentado [CK74R73]: Just moving this paragraph only does not make sense. I moved including the table just above the education indicator at goal level

1.96.2 Outcome 1: Improve AY choices towards teenage pregnancy and early marriage / Reduce incidents of violence among AYs

Outcome 1 focuses on improving choices related to sexual and reproductive health (SRH) and protection from violence. Specifically, Nepal, Uganda, and Bolivia are implementing the SRH part of this outcome, while Bolivia and Albania also focus on violence prevention interventions. The interventions related to outcome 1 include SRH training to AYs through a specified training module, information sessions on health topics, parental awareness activities about SRH, early marriages and pregnancy, referral and awareness for violence, support to schools on girls' hygiene, and health facilities to develop and maintain AY friendly health spaces including training, and hygienic toilet facilities among others.

A total of eight outcome indicators are measured and presented under this outcome as follows.

- Proportion of women aged 15 to 24 who make their own informed decision on health care
- Proportion of women aged 15 to 24 who make their own informed decision on sexual relation
- Proportion of women aged 15 to 24 who make their own informed decision on contraceptive use
- Minimum age AYs indicates as appropriate to get married
- % of female and male adolescents aged 13-17 years who experienced sexual/emotional/physical violence in the past 12 months
- Proportion of Parents'/caregivers' who showed positive attitude towards their children's intention to delay marriage
- Proportion of Parents' /caregivers' who showed positive attitude towards their children's intention to delay pregnancy
- Proportion of AYs who used SRH services (15-24)

Findings on the related research questions to this outcome are presented after the presentation of findings on indicators.

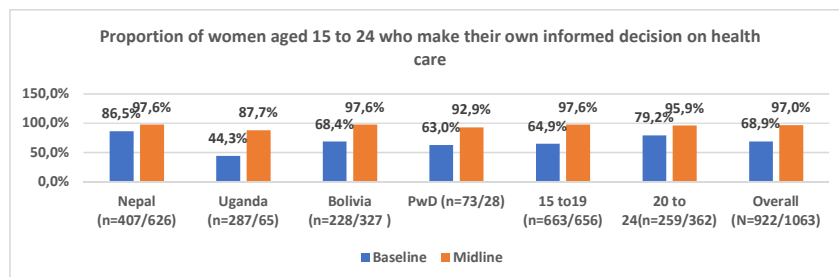
The first three indicators above measure the ability of women to make informed decisions about their health care, contraceptive use, and sexual relationships. Progress on these indicators demonstrates the increasing independence and decision-making capacities of women regarding health issues in their lives. In addition to data presented in the graph, country level disaggregated findings are presented in the analysis section below. The country level data can be found in the Annex.

According to the findings in the figure below, overall, 97% of women aged 15 to 24 were able to make informed decisions about health care at midline, an increase of 27% from baseline. All countries and disaggregated groups have shown improvement in this indicator compared to baseline.

At the country level, compared to persons without disabilities, more persons with disabilities have made informed decisions about health care in Uganda (100% vs. 88%), and slightly fewer in Nepal and Bolivia (by 5% to 7% vs. overall), but it is still remarkable. No significant difference

exists between age groups in Nepal and Bolivia, except in Uganda, where the age group 15 to 19 scored the lowest of all (80%).

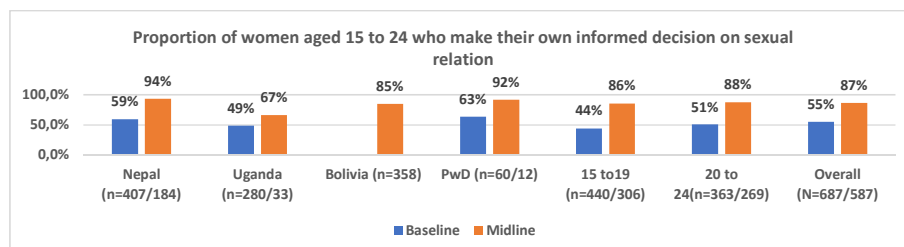
Figure 6-3: Proportion of women who make their own informed decision on health care



The Figure below presents findings on informed decision of women aged 15 to 25 on sexual relation. According to the findings, overall, 31% more women make informed decision on sexual relation compared to baseline. Bolivia included this indicator only in the midline. All countries and groups have progressed in this indicator. Persons with disabilities achieve this indicator with the highest proportion compared to other groups, while no significant difference exists between the age groups at midline.

At country level, female AYs of the age group 20 to 24 are at the lowest proportion in Uganda (62% vs 67%) in this indicator compared to overall achievement, while they are at the same level in Nepal and Bolivia (93% and 85% vs overall). Persons with disabilities are in better positions in all countries in this indicator compared to other groups (100% and 90% in NPL and BLV)

Figure 6-4: Proportion of women aged 15 to 24 who make their own informed decision on sexual relation



The figure below presents findings on women aged 15 to 24 who made informed decisions about contraceptive use. Nepal missed to monitor this indicator during baseline but now it is included in the midline. Overall, 15% more women have made informed decisions about contraceptive use compared to the baseline. All countries and groups have shown progress in this indicator. Persons with disabilities have made remarkable progress compared to the baseline, while female adolescents and young women (AYs) aged 20 to 24 have maintained the same level of achievement (note the low sample size).

Comentado [MM75]: At the beginning of section 7 it would be good to state what the analysis presents (Country AVG e aggregated results by gender, age group and PWD). Given that the report presents graphs only on the aggregated disaggregations, while the text also refers to country specific data, would it make sense to include country-specific tables in annex?

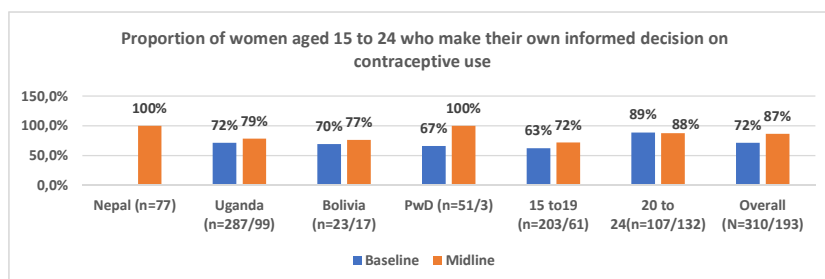
Comentado [CK76R75]: Annex will be added. A short description is given in the first paragraph.

Comentado [MM77]: Made or make? It depends on how the question is asked

Comentado [CK78R77]: Either way.. its possible

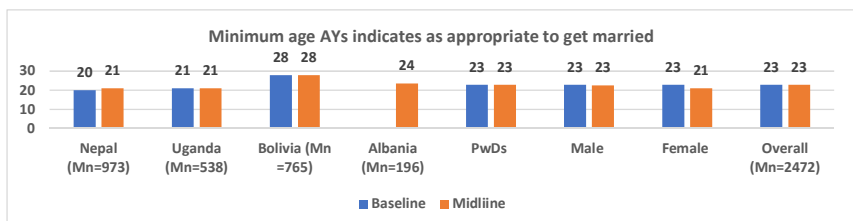
At the country level, while all groups are at the same level in Nepal (all 100%), AYs aged 20 to 24 and persons with disabilities are in higher proportions in making informed decisions about contraceptive use in Uganda and Bolivia (100% each—note the low sample size).

Figure 6-5: Proportion of women aged 15 to 24 who make their own informed decision on contraceptive use



The figure below presents the minimum age indicator, reflecting the current trends in adolescents and young adults' thinking regarding marriage practices. Early marriage is not only a sign of prevalent cultural norms but also indicates a lack of access to education or future career paths for adolescents. According to the findings, the overall minimum mean age AYs intend to marry is 23, the same as the baseline. AYs in Bolivia indicate the highest minimum mean age to marry compared to other countries, followed by Albania. Overall, the minimum mean age indicated by female AYs has slightly decreased compared to the baseline.

Figure 6-6: Minimum age AYs indicates as appropriate to get married



The indicator presented in the graph below measures the prevalence rate of any form of violence at home, work, and schools among adolescents aged 13 to 17. Overall, in Bolivia and Albania, the rate of adolescents experiencing violence has reduced by 13% compared to the baseline. Despite this overall reduction, however, 22% of persons with disabilities are still facing violence in their families, at schools, or in the workplace.

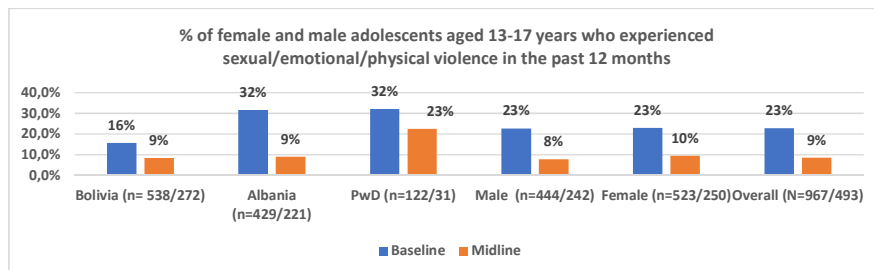
At the country level, 20% to 23% of persons with disabilities are facing either sexual, emotional, or physical violence. In Bolivia, more females are experiencing violence (11%) compared to their male counterparts (6%).

Comentado [MM79]: Do country reports offer a possible explanation for this phenomenon? Was this tackled through qualitative methods?

Comentado [CK80R79]: No explanations available. This can be sampling issue as well but statistical verification is not possible. With control group in the endline, more insights can possibly be found.

⁶. N values are not given here due to some technical issues related to how questions were asked in each country.

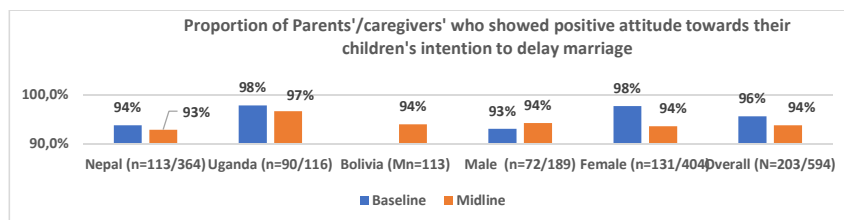
Figure 6-7: % of female and male adolescents aged 13-17 years who experienced sexual/emotional/physical violence in the past 12 months



The figure below presents findings on parents or caregivers who showed a positive attitude towards their children's intention to delay marriage. Bolivia baseline did not include this indicator but now it is included in the midline. Overall, in all countries, there is a 2% decrease in parents and caregivers supporting their children's intention to delay marriage compared to the baseline. No difference is found between male and female parents supporting adolescents and young adults (AYs) to delay marriage at midline, but a reduction is apparent in the case of female parents supporting the delay of marriage compared to the baseline.

At the country level, a comparatively lower proportion of female parents are supporting AYs to delay marriage in Uganda (93% vs. 100%) and Bolivia (92% vs. 100%) than male parents, while it is almost the same in Nepal.

Figure 6-8: Proportion of Parents'/caregivers' who showed positive attitude towards their children's intention to delay marriage



Similarly, the figure below shows parents and caregivers who displayed a positive attitude towards delaying pregnancy. The findings suggest that all countries have shown a reduction in this indicator, resulting in an overall decrease of 13% compared to the baseline. Both male and female parents are showing the same level of support for their adolescents and young adults (AYs) in delaying pregnancy at midline, although their level of support has decreased compared to the baseline.

At the country level, the level of support by gender varies by country. A smaller proportion of female parents in Uganda (96% vs. 100%) and Bolivia (80% vs. 100%) show support for delaying pregnancy compared to their male counterparts, while it is the same in Nepal (80%).

Comentado [MM81]: In general we can say that the mid-term shows no progress on AY and their family attitude towards procrastinating AY marriage. I don't recall whether the F2F discussion offered any insights in terms of possible interpretations to this phenomenon. It would be good to see if the country evaluation reports, or the F2F gave any input on this. [@Cons Villalobos, Jaime](#) [@Delmonte, Matteo](#)

Comentado [CJ82R81]: This is briefly mentioned in the F2F report as: The programme's strategies are making significant contributions towards empowering girls and young women to make informed decisions and access ASRH services. However, changing entrenched social norms, such as gaining parental support to delay early pregnancy and marriage, remains a more complex challenge. For instance, despite efforts, there has been little to no change in the average age participants consider appropriate for marriage and in some cases, indicators have even declined. This calls for reflection on our approaches and potential adjustments to address these challenges.

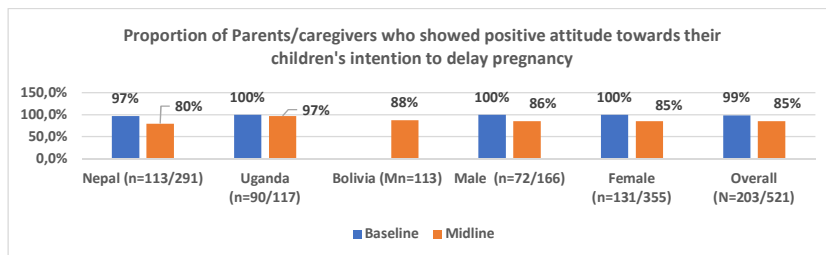
At mid-term stage, it is crucial to assess progress against targets by reviewing each country's report. Key questions to consider include: i) Is progress meeting expectations?; ii) Are there any unexpected trends or outcomes?; iii) What achievements are particularly notable?; iv) What challenges persist?

In Nepal, for example, the team reflects that there is a need to focus on increasing the intention to delay marriage and pregnancy. Additionally, more targeted efforts to empower women are necessary. While these topics are discussed in sessions and youth meetings, a more concentrated approach is required to achieve greater impact. Furthermore, in their context the team reflects concerns regarding the influence of social media on adolescents' decisions to marry and start families before age 18, highlighting the need for targeted education efforts.

Comentado [MM83]: It would also be good to understand whether baseline 100% support is reliable...

Comentado [CK84R83]: yes, reliable outputs.

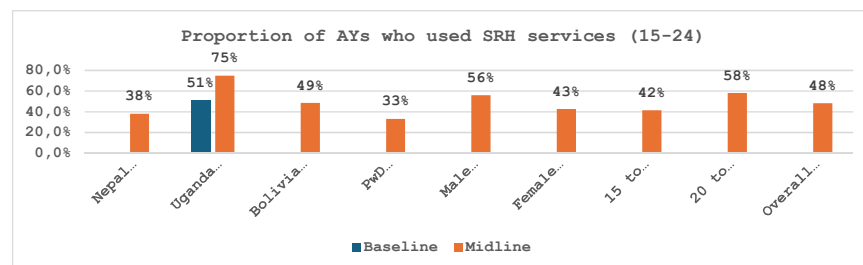
Figure 6-9: Proportion of Parents /caregivers who showed positive attitude towards their children's intention to delay pregnancy



The use of SRH services by the adolescents is also a proxy indication of access to health services, awareness about the services, and the quality of AY friendly health services being offered in the programme communities. According to the graph below, overall, 48% of AYs used SRH services at midline⁷. More male AYs used SRH services compared to female AYs, and likewise, more AYs aged 20 to 24 used the services compared to their younger counterparts.

At the country level, persons with disabilities are the lowest in using the SRH services in Nepal (29% vs country overall 38%) and Bolivia (18% vs country overall 47%), while the age groups 20 to 24 have the highest usage in all countries (50% to 77%). More female AYs used SRH services than males in Uganda (79% vs 73%), but fewer in Nepal (36% vs 43%) and Bolivia (41% vs 56%) suggests that the AYs now enjoy AY friendly health centers, dedicated space and time for consultation with AYs, including increased awareness on health topics among AYs through training and information sessions further contributed to the use of health services.

Figure 6-10: Proportion of AYs who used SRH services (15-24)



⁷ The midline used universally accepted standard questions for this indicator which were not comparable with baseline. Thus, baseline data are not compared with midline in the graph, except Uganda which had used the same questions.

Comentado [MM85]: Please add a sentence mentioning that baseline data is only available for Uganda and why

Comentado [CK86R85]: This is given in the footnote already.

Comentado [CJ87]: 38,3%? Would be easier to read if number included.

Comentado [CJ88]: 48,6%?

Comentado [CK89R88]: Changed to rounded figure

1.9.16.2.1 Effectiveness of the approaches and strategies for reducing early marriages and pregnancies.

1.106.3 (RQ) How effective are the approaches and strategies advocated and implemented by POWER4AY Programme for reducing early marriage and early pregnancy at household and community level? Are they likely to reduce early marriages and early pregnancy?)

Participants in Nepal highlighted various community strategies that have helped reduce cases of early marriage and early pregnancy. One widely mentioned mechanism was the awareness programmes conducted by various community stakeholders. At the school level, child clubs organize street plays to raise awareness about this issue, while a youth network in Banke conducts home visits and street plays where early marriages are about to take place to educate families about the laws and consequences of early marriage. In Dailekh, schoolteachers are also making efforts to reduce early marriage, which they noted has increased recently. Although the school management does not take legal action, it tracks at-risk children, provides awareness programmes, and counsels parents and students about early marriage. Legal actions are taken by police when they are informed in time. Participants shared that these societal changes had already begun, but the implementation of the POWER4AY has accelerated this process.

"Now if you marry [SIC: early] immediately on the spot a case will be filed and then it will be cancelled." (Male, FGD 18 above, Dailekh)

Organizations (partner NGOs) are also playing a key role in identifying and managing early marriage and early pregnancy through drama, pamphlets, films, posters, and wall messages. AY participants in Dailekh shared that awareness about and reduction in early marriage were only seen after these organizations started working in the district. They mentioned Aawaj, an organization actively working to reduce early marriage in the community through these methods.

At the family level, parents are now aware of the laws against early marriage, are considerate of the wishes of AYs, understand the health risks, and do not force their children to marry early.

According to the project staff in Dailekh, the project has brought about a change in the attitudes of youths concerning SRH, early marriage, and pregnancy. They shared that earlier, AYs in the programme were hesitant to talk about contraceptives, but after life skills training, they understood the importance of discussing SRH. While early marriage has not been eradicated, AYs are attempting to delay pregnancy after participating in the project. They understand the risks of early pregnancy and discuss contraceptives with their partners.

"Early marriage has reduced due to the project. But the impact is seen more in terms of delaying childbirth among those who had married before 20 years...The adolescent girls have understood that it is a risky period and not the time to bear children even though they married early." (Male, FGD project staff, Dailekh)

Comentado [MM90]: I suggest merging this paragraph with outcome 1 findings, adding a paragraph that mentions that findings on this challenge is merged into outcome 1, as learning agenda focus is mainly on contrasting early pregnancy and marriage.

Comentado [CK91R90]: Do you mean the whole section of gender or any specific paragraph? if paragraph, which one to merge?

Con formato: Énfasis sutil, Fuente: 12 pto

Comentado [MM92]: This quote also shows some possible linkages of the programme with national laws. What does the POWER do in relation to early marriages? Does the team take legal action or not? Would be interested to explain why if not

Comentado [CK93R92]: This is explained above in the paragraph. The partner schools promote awareness about child marriage. Legal action is taken by the law enforcing agencies, meaning somebody has to inform them if child marriage is taking place. There are many instances where local police intervenes and take legal actions when informed in time.

In **Albania**, the Programme promotes gender equality through SRH training, information sessions, positive parenting and gender responsive employment programmes. The midline findings suggest that the average age of girls for marriage has increased, including in the rural areas and among girls belonging to the Roma communities. This change has resulted from greater involvement of girls in decision-making processes and increased awareness within their families through the efforts of the Programme in the communities.

"The family is influenced by society because they are increasingly aware that girls should now attend school, gain a profession, and then get married' (FGD, Girls, Shkodër)

In the focus group discussion were also the parents who were married at the young age, but they expressed that they are now conscious and insist strongly that their children, especially girls, pursue education and gain a profession. According to the key informants who had attended training and informal sessions on early marriage and pregnancy, increasing number of girls and women who participated in those training have become more aware of their roles in society and consequences of early marriages and pregnancies.

"The informational sessions on pregnancies and early marriages, as well as sexually transmitted diseases, conducted at the youth centres provide detailed information and make us feel more informed and have clearer opinions." (FGD, Girls, Shkoder)

Parents were also asked if they talk about hygiene, sexual health, early marriage and pregnancy topics with their children. Most of them expressed that their communication on these topics with their children was minimal because they believed that this information was provided by the schools. But their views on parenting are changing by participating in "positive discipline training"
"Parents are increasingly open to positive discipline practices. We are seeing a shift from traditional punitive measures to more supportive approaches that encourage better communication and understanding between parents and children." (KII-Parent, Diber)

In **Bolivia**, midline findings illustrate the national population data of birth rate of adolescent of age 15 to 19 in the programme intervention areas which is reduced to 19 birthrates per 1000 inhabitants, a drop from 71 from the last census. This reduction is contributed by the programme too along with other actors in the intervention area. The programme's comprehensive training strategy covers personal empowerment, sexual and reproductive health rights, and economic empowerment. Participants reported increased knowledge and confidence in making decisions about their sexual and reproductive health.

"I have been able to make my decisions, it helped me define my vocation, and we can transmit this knowledge to avoid early and unwanted pregnancies" (A participant from Cochabamba).

The programme actively involves parents and the community in its initiatives. The "Family School" module educates parents on supporting their children's life choices, including delaying marriage and pregnancy. This involvement has led to a shift in community norms and greater support for

Comentado [MM94]: If this refers to SC Common Approach, the correct title is "Safe Families"

Comentado [CK95R94]: In my opinion, this related to only positive discipline training" probably coming from the boarder safe family common approach. But I am not sure.

Comentado [CJ96]: From the paragraph I understand that the drop from 71 to 19 births per 1000 inhabitants is national data, updated with the latest census that came out earlier this year. As it is national data, (or even if it is municipal) I don't think it can be attributed to the program, but the program contributes to this, particularly in implementing municipalities.

Comentado [CK97R96]: Changed to "Contributed"

adolescents' education and career aspirations. Adolescents are engaged in social projects that address issues like teenage pregnancy and sexual health. These projects not only empower the participants but also raise awareness within their communities. Peer education has proven effective in disseminating knowledge and changing attitudes towards early marriage and pregnancy. The impact has extended beyond individual participants to the broader community.

"In Sucre, the implementation of municipal laws for the prevention of adolescent pregnancy and the establishment of differentiated care centres (AIDA) have contributed to the reduction in early pregnancies" (A participant from Municipality).

In Uganda the POWER4AY has employed a multifaceted approach to reduce early marriage and early pregnancy at both household and community levels. The effectiveness of these approaches, however, still face significant challenges as 14% of AYs aged 20 to 24 are found married by age 15 and pregnancy of adolescents below 18 is reported to be an increasing issue as reported by the district offices during field visit of F2F learning event⁸. Despite these challenges, the Programme is working to create awareness and improve the situation through trainings to AYs, parent groups, community leaders and district health offices. Use of SRH services among AYs has increased by 9% compared to baseline and parents show tremendous support for delaying pregnancies and early marriages. The programme has created platforms for girls at risk of and affected by child marriage to make informed decisions regarding marriage, education and sexual health and education, which are being achieved through life skills, comprehensive sexual and health education programmes. Through provision of menstrual hygiene pads, girls are re-enrolling and returning to the schools. Parents are supported by the Programme in the community referral mechanism to health services, to re-enrol their children to schools and are actively engaged in programme activities.

"Save the Children has made us move with our heads high as girls. We have very many child mothers in the community who had no idea that they would ever go back to school" (A mother of parent group, Uganda)

Overall, the Programme's strategies on gender norms, early pregnancy, and early marriages are effectively creating opportunities for young girls and female AY participants. By aligning with national policies, providing life skills and vocational training, and establishing support networks, the programme is challenging traditional gender norms and empowering girls to pursue their education and career aspirations. Nonetheless, several challenges remain to tackle the early marriages and pregnancy issues due to societal, educational and attitudinal barriers long persisted in the communities.

Effectiveness of approaches of strategies on gender norms, early pregnancies and marriages to trigger changes

(RQ) Are the approaches and strategies of POWER4AY Programme on gender norms, early pregnancy and early marriages effectively triggering a change in opportunities for young girls or female AY participants?)

The perception study conducted in Nepal at midline provides solid findings on how the younger generation is increasingly rejecting traditional gender norms and roles, with the majority agreeing

⁸ F to F (Face to Face) even was organized in Uganda from Oct 28 to Nov 3, 2024 to review the mid-term findings of the four countries, including field visit of Uganda Program.

Comentado [BL98]: Still referring to Bolivia?

Comentado [MM99]: As we merge this section with outcome 1, it will be easier to link these to the data that there is presented.

Comentado [CK100R99]: Ok, now I am clear

Comentado [MM101]: Given that you mention the F2F, I would recommend providing some short background in the intro section, so readers can know what we are referring to.

Comentado [CK102R101]: Ok. In the footnote. In V2 as I found that I cannot insert footnote in the SharePoint.

Comentado [CJ103]: Also engagement in community referral mechanisms to health services was mentioned as positive during the field visit.

Comentado [CK104R103]: Added

Comentado [MM105]: This research question actually goes beyond outcome 1. It is an interesting wrap up of the programme efforts through the gender lens. However, it seems to make more sense to move all challenges after the outcomes.

Comentado [CK106R105]: Ok. Will be moved under outcome 1.

Con formato: Énfasis sutil

Comentado [BL107]: Which study is this? Part of the qualitative data collection in Nepal?

on roles based on equality. The findings suggest that 61% of youth disagree that a woman's most important role is taking care of her home and family, and 79% disagree that a man should have the final word in all home decisions. Likewise, 89% disagree that a woman should tolerate violence for the sake of her family, and 94% disagree that it is acceptable for boys to receive more education than girls. There is strong support (76%) for a girl's right to refuse sex, and 80% agree that both boys and girls are responsible for preventing pregnancy. Mechanisms and approaches such as bursary support, vocational and life skills training, parental and community engagement, improvements in AY-friendly health services, and employment opportunities for girls have started to trigger changes in their lives, according to the participants. But the findings suggest that there is still a lot to do to change the mindset of the younger generation towards gender equality.

"Before I had to ask at home for money for transport. If they didn't give, had to come walking. Now that I have, it is easy. If I am late, I can take an auto anytime" (Female, FGD AY 18 above, Surkhet). In both **Uganda and Bolivia**, according to the midline findings, the programme employs a gender transformative approach that promotes gender equality and equity. The programme provides life skills and leadership training which has empowered young girls to take on leadership roles and participate actively in community decision-making processes. This empowerment is evident in the increased participation of girls in youth councils and committees, where they advocate for their rights and contribute to policymaking. Likewise, economic empowerment training, which includes financial education, Village Savings Loan Associations (VSLAs), business plan development, and technical skills in various trades with focus on entrepreneurship, has enabled girls to start their own businesses. This has improved their economic independence and reduced the likelihood of early marriage.

"The youth groups and support network (such as VSLA) have provided us with opportunities to socialize and meet with others of our own age. This is especially important for us in rural areas where young people are often isolated" (A participant from Uganda)

Albania also adopts education and vocational training, awareness and information sessions, community engagement and support, and collaboration and policy advocacy as key mechanisms and approaches to trigger changes in the lives of young girls and AYs in general. Information sessions are particularly geared towards providing knowledge and information on gender norms, early marriages and pregnancies. According to the participants, these sessions have raised awareness among girls, their families, and communities about the negative consequences of early marriages and pregnancies and the importance of education and career development.

"The informational sessions on pregnancies and early marriages, as well as sexually transmitted diseases, conducted at the youth centres provide detailed information and make us feel more informed and have clearer opinions" (A girl participant- Shkoder).

In addition, the programme provides vocational skill development and entrepreneurship building trainings to AYs. Midline findings suggest that the skill development trainings are the big enabler to delay marriages and pregnancies as AYs start to prioritise their carrier and future path.

"Thanks to the training and the grant received from SC, I managed to open a centre for courses for children up to 10 years old. The training was a great help, assisting me step by step to feel prepared for starting this business" (A female participant from startup program - Albania).

Comentado [CJ108]: This is true but I would add that there is still a lot of work to be done on mindsets for gender equality because even 39% not "disagreeing that a woman's most important role is taking care of her home and family", etc. can be concerning.

Comentado [CK109R108]: Added

Comentado [MM110]: Does this come from the gender equality marker? What's the source? [Bolivia - Villagesaving loans](#) could you please remind me whether BOL and UGA are gender transformative according to GEM?

Comentado [111R110]: Bolivia is not yet Gender Transformative, it has finalized its plan and working towards this. I will reach out to Bonny about Uganda.

The approaches and strategies advocated and implemented by the POWER4AY have shown effectiveness in reducing early marriages and early pregnancies at the household and community levels. Through educational and vocational training, awareness and informational sessions, community engagement, and policy advocacy, the Programme has triggered significant changes in opportunities for young girls and female AY participants. These efforts have empowered girls to make better decisions for themselves, resist pressures for early marriage and pregnancy, and pursue education and career opportunities, ultimately contributing to a shift in gender norms and increased support for girls' aspirations.

Outcome 2: Improve gender transformative and inclusive educational pathways for AYs

This outcome focuses on providing access and opportunities for education to the most vulnerable groups of adolescents and young adults (AYs) who have dropped out or are at risk of dropping out and is implemented in Nepal and Uganda. Intervention activities include enrolment campaigns, numeracy and literacy classes, bursary support, raising parents' awareness of children's educational needs, and promoting and advocating for inclusive education policies at schools and with government bodies. The following three indicators are monitored under this outcome.

- 1. Proportion of AYs who re-enrolled in the education system**
- 2. AYs' families who accessed financial support to allow their AY children to participate in formal education**
- 3. Proportion of AYs' families who showed positive attitude to support their children in education**

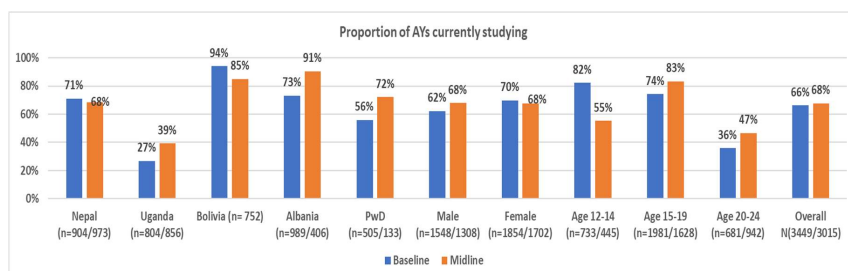
The figure below presents findings on the percentages of AYs (participating in the program) who are currently studying. This figure is presented under this outcome as a supplementary information only to understand the education context of the countries and is not an indicator itself, where programmes can be attributed to. Overall, in all countries, 68% of AYs are currently studying in schools or colleges, with the highest percentages in Albania, followed by Bolivia. The age group 20 to 24 has the lowest studying population, while the 15 to 19 age group has the highest.

At the country level, Uganda has the lowest studying population of AYs aged 12 to 14 (23%), while the rest have more than 95%. Persons with disabilities are almost at the same level as persons without disabilities in each country, except in Albania, where they are down by 6%.

Figure 6-11: Proportion of AYs currently studying

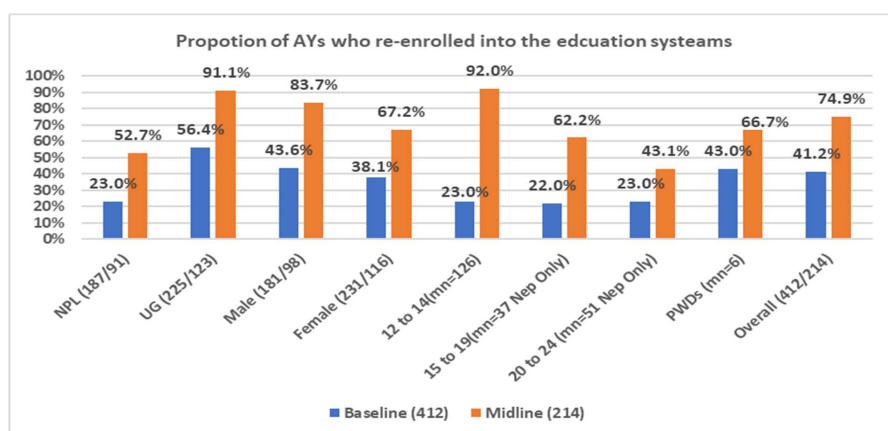
Comentado [MM112]: I no longer recall why we have data also for Albania and Bolivia here. Since this outcome is pursued only by Nepal and Uganda, it seems misleading to include also their statistics. Also average results get affected by countries that are not working towards this objective. We might mention what the situation is in Albania and Bolivia in the narrative, but I would remove their stats from the chart and analysis

Comentado [CK113R112]: This is more a background data of AYs who are currently studying, and the figure is presented without any intention of showing contribution from the program. AYs are studying in the schools whether program supports or not- so this is to know how many AYs enrolled in the program are currently studying - also this is a part of NEET indicator and should be monitored for all countries, whether they support education part or not. I will further explain this in the narrative so that it is clear to the readers.



In the figure below, findings on the enrolment rate of the dropped out AYs are presented. Overall, in all countries, 74.9% of AYs who had dropped out re-enrolled in the education systems, an increase of 33.7% from the baseline. Uganda's re-enrolment rate is lower than the baseline. Particularly in Uganda, the baseline finding showed that a larger number of students (45%) could not re-enrol in the schools after COVID 19. The programme supported the dropped out and at this risk of drop out children of age 12 to 14 with bursary and re enrolment support and was able to increase the re-enrolment rate. e Re-enrolment of the age group 12 to 14 is significantly higher compared to other age groups as Uganda particularly targeted this age group. The male re-enrolment rate overall in two countries is higher compared to females,

Figure 6-12:Proportion of AYs who re-enrolled in the education system



The figure below presents findings on the parents who were able to secure loans and bursary support to allow their children participate in the formal education. Overall, in Nepal and Uganda, 31% of families have taken loans to support the education of their children, an increase of 23% compared to the baseline. More than 72% of families have received education grants for their children in Uganda and Nepal, implying that education grants supported by the Programme was

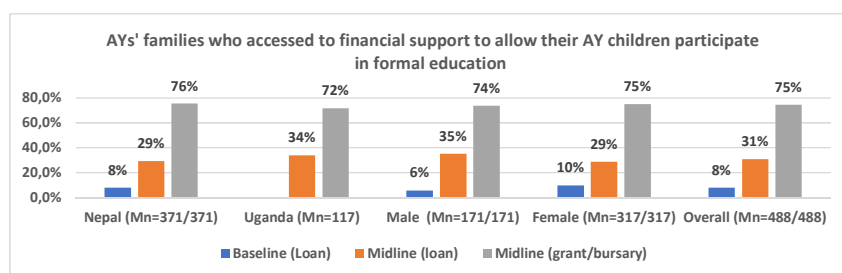
Comentado [MM114]: This does not explain the decrease. You also mentioned that the baseline and midline have a different calculation in Uganda. Could you please provide more details, as it is not clear.

Comentado [CK115R114]: Details added.

Comentado [CK116R114]: The reenrollment rate is revised, and a new graph is inserted here. The text is revised based on new findings.

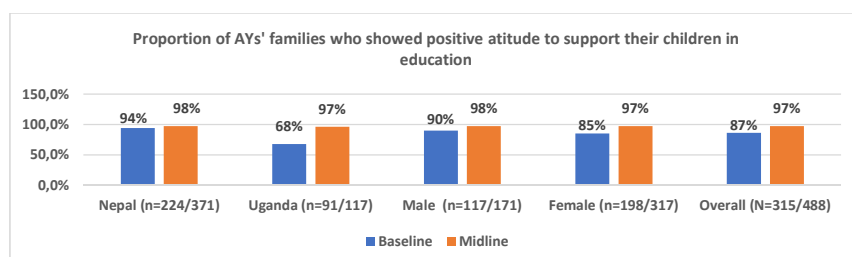
available to most of the parents who needed them. Higher proportion of male parents have taken loans for their children compared to female parents.

Figure 6-13: AYs' families who accessed to financial support to allow their AY children participate in formal education



The indicator below measures the awareness level of parents and caregivers about the need of education for their children. According to the findings below, overall, in Nepal and Uganda, 97% of families of AYs showed positive attitude to support in their children's education which is an increase of 10% compared to the baseline. There is no difference between male and female parents supporting their children's participation in education.

Figure 6-14: Proportion of AYs' families who showed positive attitude to support their children in education



1.116.4 Outcome 3: Increase decent employment and protection from harmful work

Outcome 3 aims to promote and create decent employment for vulnerable youths, focusing on those who are neither in education nor in employment. This outcome is implemented by all programme countries through interventions such as vocational skill development, business literacy, business start-up support, internships for youths, and job placement assistance. The inclusion of "decent employment concept" is another important aspect of this outcome, ensuring that AYs are aware of and work under favourable conditions according to various decent work criteria. Under this outcome, the following indicators are measured and presented.

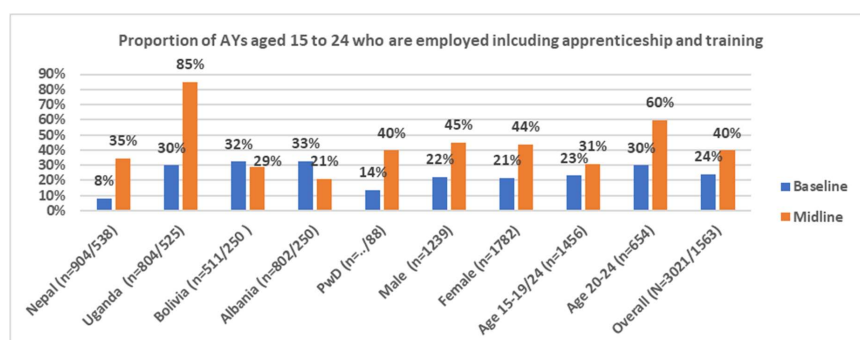
1. Proportion of AYs aged 15 to 24 who are employed including apprenticeship and training

2. Proportions of employed AYs who are in decent work
3. Proportion of AYs whose income is equal to or higher than the national minimum wage
4. Proportion of A&Y (m/f) making use of informal (e.g. VSLAs) or formal financial services
5. Decent work analysis and composite decent work index

The figure below presents findings on those AYs aged 15 to 24 (supported by the programme) who are employed or in internship or apprenticeship programmes. Overall, in all countries, 40% AYs are employed – an increase of 16% from the baseline - with the highest achievement in Uganda, and the lowest in Albania. The employment rate differs by age group, as higher rates are expected among older adolescents, while no difference is found by gender, and persons with disabilities are on par with the overall employment rate at midline.

At the country level, more female AYs are employed than male AYs in Nepal (38%/25%), and Bolivia (32%/24), while the rates are equal in Uganda. In Albania, more males are employed than females (32%/25%). The situation for persons with disabilities is better in case of Nepal (71%), and Uganda (92%), almost the same in Albania (19%) and lower in Bolivia (24%) compared to persons without disabilities (compared to the country overall value given in the midline bars of each country in the figure).

Figure 6-15: Proportion of AYs aged 15 to 24 who are employed including apprenticeship and internships



The figure below presents findings on employed AYs who are in decent work in line with decent work criteria developed and included in the “seven work based security dimension” questionnaire developed by the POWER4AY and tested for the first time during this mid-term evaluation⁹. Overall, in all countries, 34% AYs are found to be working under decent conditions¹⁰, with the highest percentage in Nepal and the lowest in Uganda.

At the country level, more self-employed in Nepal (67%), Uganda (20%), and Albania (47%), are working under decent conditions compared to wage-employed AYs, except in Bolivia (8%). More

⁹ Decent work findings are presented separately in a separate section below.

¹⁰ There is no baseline to compare with because midline adapted an improved and tested version of ILO questionnaire, not used during baseline.

Comentado [MM117]: Albania and Bolivia have experienced a drop in employment rate, what was the explanation provided in the respective country reports?

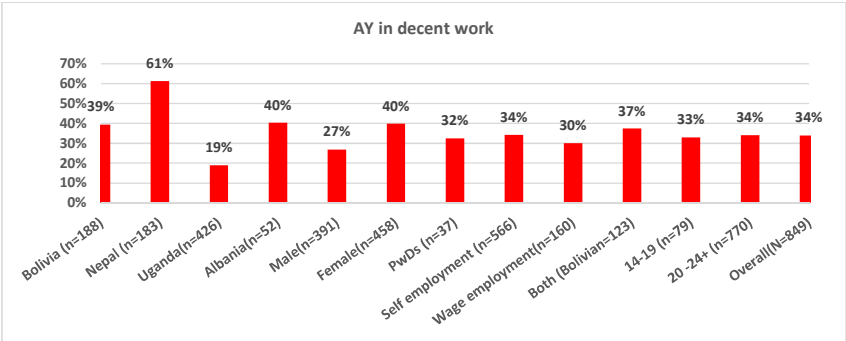
Comentado [CK118R117]: Employment rates of both Albania and Bolivia were re-calculated by me. In case of Albania, there was an increase than what the consultant calculated and in case of Bolivia, a drastic decrease from the consultant's calculation. No explanations were provided, however, the obvious explanation is that the program could not reach enough AYs under employment outcome to be able to impact on this indicator.

Comentado [MM119]: Could we show sample sizes for all categories? Some are not displayed

Comentado [CK120R119]: Done

female AYs work under decent conditions in Bolivia (27%/21%), and Albania (52%/31%) than their male counterparts. By age group, more AYs aged 20 to 24 work under decent conditions in Nepal (63%/11%), and Bolivia (43%/36%) than their younger counterparts.

Figure 6-16: Proportions of employed Adolescents and Youth who are in decent work



In the figure below, findings of the employed AYs who earned equal to or higher than the national minimum wage are presented. The calculation was based on the minimum wage currently enacted in each country: Nepal 17,500, Uganda 130,000, Bolivia 2,500 and Albania 40,000 (In Bolivian currency). Overall, the proportion of AYs earning equal to or higher than the national minimum wage across all countries stood at 24%, a decrease of 20% compared to the baseline. This indicator was influenced by both country-specific and worldwide economic recessions, as well as changes in the minimum wage rates since the baseline. For example, the minimum wage in Nepal increased to NPR 17,500 in 2024 from NPR 15,000 in 2022, without corresponding increases in salaries or wages. As shown in the figure below, Albania and Uganda are in a better position regarding this indicator.

Country level disaggregated data shows that 80% of female in Albania have income equal to or above the minimum wage.

Figure 6-17: Proportion of AYs whose income is equal to or higher than the national minimum wage

Comentado [MM121]: In the chart below we are using the 14-19 and 20-24 age groups. Would it make sense to use the same also in the country-specific analysis?

Comentado [CK122R121]: These are in fact 20 to 24. Checked and Corrected

Comentado [MM123]: Is the question asked at the present or past tense in the survey?

Comentado [BL124]: All minimum wages are expressed in bolivian currency?

Comentado [CJ125]: Maybe note that in Uganda there is no official minimum wage, this was defined by the project.

Comentado [CK126R125]: No, this is official now

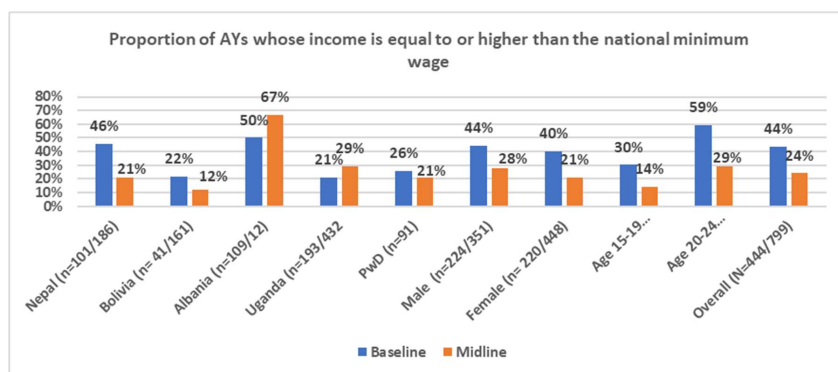
Comentado [MM127R125]: I was about to say the same! Interesting!

Comentado [MM128]: Are these expressed in local currency? Could you please specify it in case?

Comentado [CK129R128]: specified

Comentado [MM130]: Could we include a bar with the prior value for Nepal?

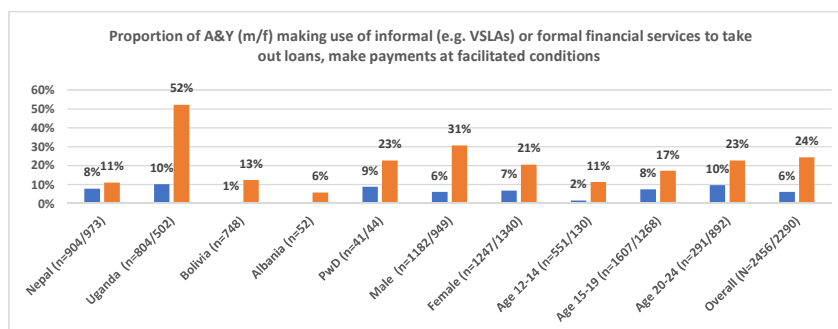
Comentado [CK131R130]: The bar cannot be shown in the figure below. Both values are stated in the text.



The indicator in the figure below measures the extent to which AYs used financial services such as banks and local financial services such as VSLA to facilitate their businesses or for personal purposes. The programme promotes and links AYs with the financial services as a part of its interventions under this outcome. In case of Albania, it included this indicator in its LFA only during midline. Overall, 24% of AYs used financial services in the midline – an increase of 18% compared to the baseline. Their use is increased across all countries although the magnitude varies- Uganda being the highest user and Albania the lowest. More male AYs and AYs aged 20 to 24 have made use of financial services than their counterparts.

At the country level, the highest segment of AYs making use of financial services are AYs of the age group 20 to 24 in Bolivia (29%), and persons with disabilities in Uganda (57%).

Figure 6-18: Proportion of A&Y (m/f) making use of informal (e.g. VSLAs) or formal financial services



Findings on Decent Work¹¹

To measure decent work at the individual level, the study used a tool widely applied by ILO and academic researchers called the “Seven Work-Based Security Dimensions questionnaire”. The tool

Comentado [BL132]: I would mention that the sample is different from that of quantitative tools of the MTE

¹¹ A summary of key findings is provided in this report. For details, please refer to individual report at [Midline country specific decent work reports](#)

was adjusted and contextualized in case of POWER4AY Programme. Additionally, to identify and refer cases of child labour, it incorporated questions related to workplace hazards recommended by the ILO. It measures decent work for both self and wage employees, assigning different scores applicable to each. Main findings for each dimension are presented below.

Labor market security: Labor market security denotes adequate employment and work opportunities in the market, ensured by macroeconomic policies. It measures potential under-employment (as a proxy). Key findings and take-aways are as follows:

- On average, AYs work 49 hours in Nepal, 50 hours in Albania, 39 hours in Uganda and 32 hours in Bolivia per week.
- AYs working within decent working hours are found to be 38% in Bolivia, 23% in Albania, 48% in Nepal and 79% in Uganda.
- All countries have issues with AYs working excessive hours. In all countries, significant percentages of AYs exceeded standard hours of work, with Albania (77%) having the highest and Bolivia the lowest (23%)
- Under-employment is a common concern across all countries.
- The labour market security index is moderate in all countries (54% to 63%), except Albania (26%)¹².

Employment security: is about having a secure job and sustaining job post-employment, protection against arbitrary dismissal and employment stability compatible with economic dynamism. Main takeaways from the findings are as follows.

- Low percentages of AYs with written contracts (4% to 31%), social security and pensions (9% to 35%) and insurance coverage (0% to 15%) are common concerns across all countries.
- Employed AYs holding work permits /licenses is a common issue in all countries (2% to 43%).
- Higher proportion of male AYs fear to lose jobs than female AYs, except for Bolivia
- Overall, the employment security index is low in all countries (17% to 26%).

Job security: considers how appropriate and meaningful the job is for the worker. Main findings.

- A higher percentage of AYs are satisfied with their present job/work in general (65% to 84%), except in Bolivia (35%).
- The job/work they are doing is meaningful to the majority of AYs (64% to 75%)
- More female employees find their jobs meaningful in Bolivia and Uganda while in Nepal and Albania more male AYs believe so.
- The perceived helpfulness of job experience for future growth is high but varies among countries, with Bolivia reporting the highest (82%) and Albania the lowest (62%).
- The job security index is quite good in all countries from 64% to 81%, except Albania (48%)

Work Security assesses protection against accidents and illness at work through safety and health regulations, access to basic amenities, harassment faced in the work, willingness to stay in the present job etc. Key findings are as follows:

- Out of 849 AY surveyed, 31 AYs below age 18 were found working under hazardous conditions.

¹² Please refer to PP of Decent work for detail index findings at [Presentation on Decent WorkFinal.pptx](#)

- Hazardous job condition is a matter of concern in all countries, Albania being the most affected (ALB -71%, UGD -18%, BLV -51%, NPL -32%)
- Majority of AYs feel safe at their workplace in Bolivia (85%) and Uganda (92%), while comparatively lower proportion of AYs report so in case of Nepal (64%) and Albania (56%).
- Abuses/threats at workplace are low in all countries, with Albania reporting comparatively higher incidences of abuse (21%).
- Sanitation at workplace is an issue for 41% of AY employees in Uganda, while the facilities are available to the majority in other countries (72% to 88%)
- AYs without written contracts and accidental insurance is a matter of concern in all countries and the most affected are Nepal and Uganda.
- Work security index is highest in Nepal (79%) and lowest in Uganda (44%).

Skill reproduction security assesses skill development opportunities to gain and how well a worker can maintain the skill. Key findings:

- Low coverage of formal training for AYs is found across all countries (23% to 42%) except in Uganda (63%)
- The wage employees of Nepal and Albania have comparatively fewer opportunities for formal training. In all countries, more self-employed AYs have received training than their wage- employed counterparts.
- In all countries, AYs have received on the job training but the level of coverage varies- AYs reporting the highest in Nepal (62%) and the lowest in Albania (10%).
- Uganda has the highest skill reproduction security index (71%) and Bolivia the lowest (39%)

Income security is about getting adequate remuneration from a job to sustain a decent living. Key findings:

- A higher proportion of AYs report adequacy of earning to meet their livelihoods in Bolivia, Nepal and Albania, with a comparatively lower proportion in Uganda. (BLV -90%, NPL -72%, ALB -63%, UGD -40%)
- The conditions of paid leaves are generally poor (0% to 22%) and a common concern for all countries.
- Income is irregular for the majority of AYs in Nepal, Uganda and Albania and for some (25%) in Bolivia- a matter of concern for all countries.
- Income inadequacy is a concern in all countries, particularly in Uganda.
- Nepal has the highest income security index (52%) and Uganda the lowest (35%)

Representation security: addresses the ability of workers to voice and their representation in social dialogue through independent trade unions and employers' associations and other bodies able to represent the interest of workers and working communities. Key findings:

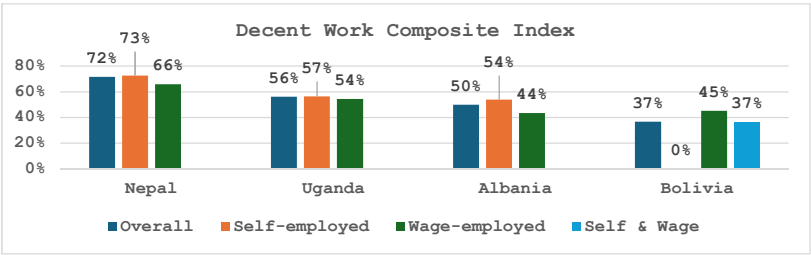
- Nepal and Bolivia report a higher percentage of AYs with access to agencies and bodies for defence in case their rights are not respected but is lowest in Uganda and Albania. (BLV -47%, NPL -82%, UGD -28%, ALB -23%)
- The representation security index is highest in Nepal (79%) and the lowest in Uganda (16%)

Composite decent work security index:

The overall decent work security index is the combined index of all seven security dimensions. According to the findings below, Overall, decent work index is high in Nepal, medium in Uganda and Albania and low in Bolivia. Self-employed AYs have scored higher on the decent work index than

wage employees, except in Bolivia. The country level disaggregation shows that groups with significantly lower indices are: Nepal- age group 15 to 17, Bolivia - self-employed, and Albania - age group 16 to 17. Additionally, persons with disabilities have lower indices than those without disabilities in Nepal (by 3%), and Bolivia (by 10%), but higher indices in Uganda (by 3%), and Albania (by 7%)¹³

Figure 6-19: Composite decent work index



1.126.5 Outcome 4: Improve policies, frameworks, strategies, systems, services, networks with and for AYs

Outcome 4 aims to improve the policies, frameworks and systems and services for AYs working with community networks, local governments, schools and community people through creating support systems and advocating for AY friendly policies. Social network creation and the strengthening of existing networks with the participation of AYs is one of the Programme’s interventions to build leadership skills among AYs for addressing community issues. The following indicators are measured and presented under this outcome:

1. Participation level of AYs in social networks and groups (supplementary indicator)
2. Proportion of AYs who report their network is active
3. Proportion of AYs who feel they have the will and means to lead change
4. Proportion of A&Y who are satisfied with access or quality of community / private / public services

Findings on the related research questions are presented after the presentation of findings on indicators.

The figure below presents findings on the participation level of AYs in the social networks. The baseline data for disaggregated groups are not available and thus only midline data are presented. According to the findings, overall, 30% of AYs are participating in social networks, an increase of 13% compared to the baseline. AYs of Uganda show the highest level of participation in networks (91%), followed by Albania (45%).

At the country level, the participation level of persons with disabilities is lower in all countries (3% to 11%) compared to those without. Female participation in networks is lower in Albania (41% vs

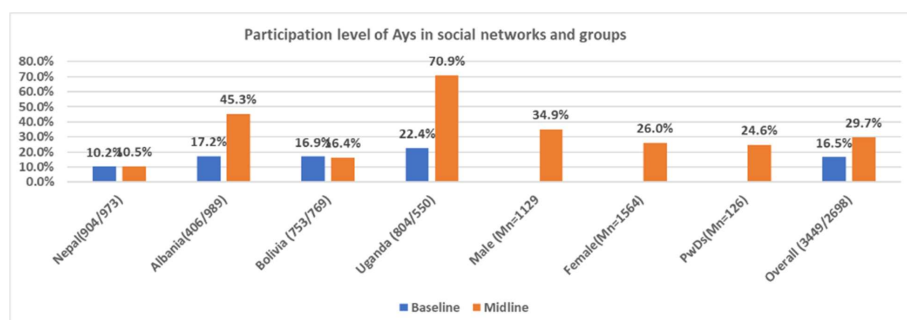
Comentado [MM133]: Why is this together with outcome 4?

Comentado [CK134R133]: Because the two indicators 1. Mean and Wills and 2. Satisfaction- are in outcome 4 in the country level logframe, while they are shown in Foundational in the main M&e Matrix.

¹³ Refer to the country level reports for country-wise disaggregated data by gender, age group and disability.

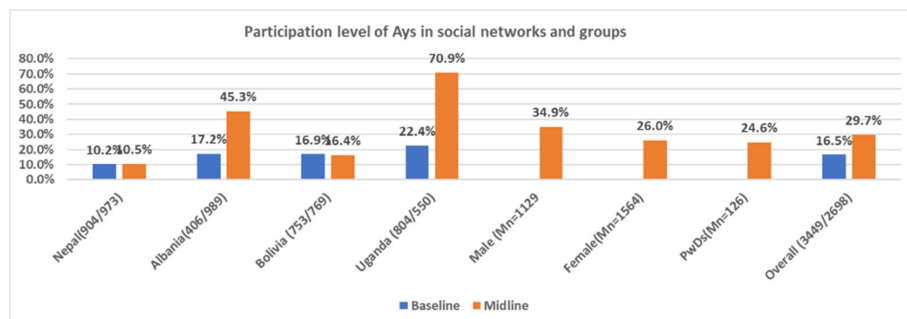
50%) and in Uganda (69% vs 72%) compared to their male counterparts, while it is almost the same in the other countries. By age group, the highest participation level in social networks is shown by the AYs aged 20 to 25 in Uganda (75%), and by AYs aged 15 to 19 in Albania (48%)

Figure 6-20: Participation level of AYs in social networks and groups



The figure below presents findings on the activeness of networks, where the AYs are associated, based on the perception of AYs. Overall, 70% of AYs report that their network is active, with the highest in Nepal and the lowest in Uganda. Combining active and somewhat active networks, only 5% AYs report that their networks are inactive.

Figure 6-21: Proportion of AYs who report their network is active

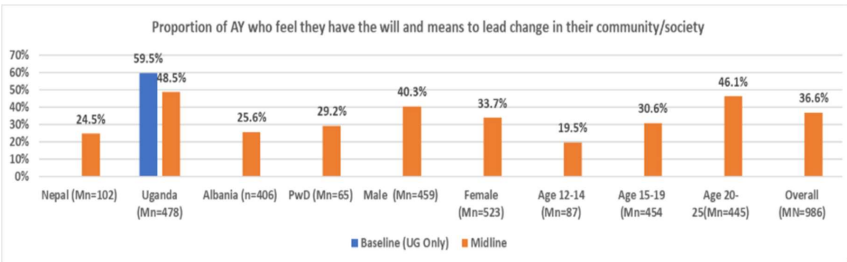


The findings on indicator on AYs “will and means” to lead changes in their communities in the future is presented in the graph below. The finding is the combined result of both will and means of AYs. According to the findings below, overall, 37% of AYs showed the will and means to lead changes in their society in the midline, highest in Uganda and the lowest in Nepal¹⁴. Higher proportion of AYs in the age group 20 to 24 show both will and means to lead changes than their counterparts and female AYs score lower than their male peers.

¹⁴ Baseline data were comparable with midline only in case of Uganda and therefore, baseline data are not available in case of other countries.

At the country level, a higher proportion of male AYs show will and means to lead changes in Nepal (44% vs 20%) and Albania (27% vs 24%) compared to females, while it is same in case of Uganda (48%) in the midline. Persons with disabilities fall behind in this indicator in Nepal (0% vs 24%) and Albania (21% vs 26%) compared to those without disabilities, while they are higher in proportion in Uganda (60% vs 48%) in the midline.

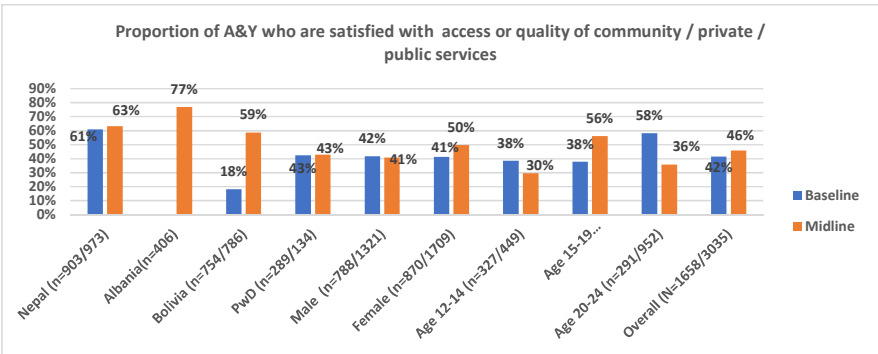
Figure 6-22: Proportion of AYs who feel they have the will and means to lead change



AYs were asked as to what extent they were satisfied with access and quality of services in their communities provided by public offices. The findings below suggest that, overall, 46% of AYs are satisfied with the municipal level services- an increase of 4% compared to the baseline. All countries have improved in this indicator at midline, with Albania the highest, followed by Nepal and Bolivia. By gender, overall, more female AYs have reported satisfaction compared to males, and fewer in the age group of 20 to 24.

At the country level, across all countries, persons with disabilities are less satisfied with the access and quality of public services compared to persons without disabilities (11% vs 25%). A higher proportion of female AYs are satisfied in Bolivia compared to male AYs (61% vs 56%), while more male AYs are satisfied in case of Nepal (66% vs 62%) and almost the same in Albania (78% vs 77%).

Figure 6-23: Proportion of A&Y who are satisfied with access or quality of community / private / public services



Comentado [BL135]: Does this refer only to public services?
This should refer to a 11 to 25% less then the average country %.

8.1 Foundational to all outcomes: Findings on life skill training and assessment

Con formato: Fuente: Negrita

In the POWER4AY Theory of Change, life skills represent the foundational pillar training is a core module training program of the Program that is proposed to all AYs in which they will first go through it first before taking up other trainings and career paths. Although the country specific midline reports did not contain a dedicated section on life skills, perception of AYs on the benefits of this training are well documented. The key points or benefits from the AYs descriptions and testimonies are summarised below

Personal growth: AYs experienced significant personal growth, including improved self-esteem and leadership skills. “I feel very good coming here and attending training sessions at the center. I have started to express myself more and feel equal to the other girls in the group. This has helped me gain more self-confidence and push myself further.” (FGD Girl, Person with Disability- Shkoder)

Improved communication and social skills: The training has enhanced the communication skills of AYs, enabling them to articulate their ideas more effectively. “By participating in training, we have greatly improved our communication skills, teamwork, and have shown a willingness to engage in activities or training.” (FGD, Community Leader, Shkoder)

Increased self-confidence and self-esteem: The LS sessions have significantly boosted the self-confidence and self-esteem of AYs. Participants reported feeling more capable of expressing their thoughts and opinions, which has positively impacted on their social interactions and personal growth. “It has strengthened us as leaders, and the leader is the one who helps, the one who understands his peers.” (Bolivia)

Empowerment and agency: The LS training has empowered AYs by providing them with the skills and confidence to take control of their lives. They feel more capable of influencing their future and making positive changes in their communities. “Personally, there was a boost as I did not think I could make anyone understand or teach anyone. After completing the life skills training, I was very happy because I learnt how to speak and how to explain to others.” (Male, FGD AY network, Banke, Nepal)

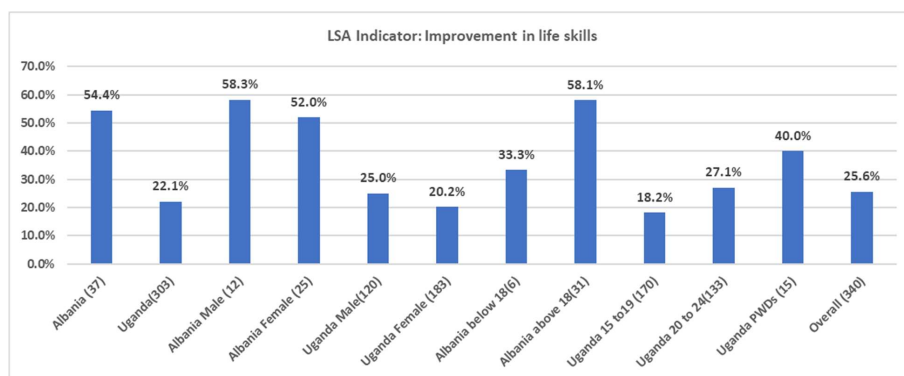
Improved emotional regulation and decision-making: AYs reported better anger management, stress handling, and decision-making skills. They learned to analyse the pros and cons before making decision.

The only indicator monitored under this foundational outcome is “Proportion of AYs who improved their life skills. The figure below presents data of the AYs who improved their LSA scores in the post-test compared to their pre-test results. The data only show proportions of AYs who demonstrate improvement over their pre-tests and therefore pre and post test results are not shown separately. Overall, 26% of AYs have been able to improve their life-skills between pre and post-tests. By country, 54.4% of AYs in Albania and 22% in Uganda improved their life skills in the post tests. More male AYs improved their life skills compared to their counterparts in Albania and Uganda while a higher proportion of persons with disabilities improved life skills in Uganda compared to those without.

Figure 6-24: Proportion of AYs who improved their life skills

Comentado [BL136]: I would point out that there is no data for PWD in albania

Comentado [BL137]: I think this graph should be clarified since there are too many columns, maybe aggregating by country and having on the same side the same country (albania, albania male and female, albania below 18; etc.)



8.2 (RQ) Are AYs participating to improving hygiene / menstrual hygiene / sexual and reproductive health/SRH services and practices in their community (at schools/LC, health facilities, youth clubs etc.)

AYs are actively participating in improving hygiene, menstrual hygiene, and SRH services in their communities through various platforms such as schools, learning centres (LCs), health facilities, and youth clubs. The POWER4AY project has been instrumental in facilitating this participation by providing necessary support and resources.

Over 88.9% of AYs in **Nepal** are aware of SRH services available in their areas, with government hospitals being the most recognized providers (96.7%), followed by public health centres (61.2%) and private health care centres (57.1%) (Refer to Nepal Midline Report). More than half (53.6%) of AYs above 15 years reported using SRH services in the last year, with contraceptives being the most commonly used service (26.9%), followed by SRH information, education, and counselling (17.4%). AYs are also involved in various community activities to promote hygiene and SRH. For instance, youth networks in Dailekh and Surkhet have organized awareness campaigns and cleanliness drives to improve community hygiene and reduce period taboos. Peer-to-Peer mentoring is found to be another effective way of creating awareness and encouraging to use SRH services in Nepal. Approximately 30% of AYs are providing peer-to-peer mentoring services, with a significant portion (50.2%) of these mentors being in the 20-24 years age group. This mentoring includes sharing knowledge about menstrual hygiene and SRH practices.

"AYs believe that the creation of a club is the best way to increase participation from AYs. When such a club exists, AYs can bring forth their concerns about developmental changes, periods, hygiene, relationship issues, etc." (Testimony- Youth Group)

In **Uganda**, 59% of AYs are using SRH services which indicates a growing engagement in SRH services among AYs. According to midline findings, the school attendance rate is increased in the working area of the Programme due to improved menstrual hygiene management. The Programme has provided access to menstrual hygiene products to the schools, which has reduced absenteeism due to menstruation.

"Girls now days also don't miss school because of menstruation; they have access to pads and also know how to use them". (A school teacher in Uganda)

Comentado [MM138]: ?

Comentado [CK139R138]: Nepal Midline report

Village Health Teams (VHTs) and community-based health facilitators in Uganda play a crucial role in supporting AYs by providing information and services related to hygiene, menstrual hygiene, and SRH. They are often the first point of contact for AYs seeking assistance. Youth clubs and peer education programmes have been established to provide a platform for AYs to learn from each other and share experiences.

In **Albania**, a significant number of AYs have participated in informative sessions on hygiene and SRH. For instance, in Shkodër, 75% of AYs reported participating in such sessions. The focus groups discussions indicate that girls and women reported benefiting from informative sessions on menstrual hygiene, early pregnancies, and sexual education. These sessions have enabled them to make better decisions, facilitated easier discussions on these topics, and provided practical knowledge and support for their personal and professional development. AYs have also been actively involved in community-level initiatives, such as organizing awareness campaigns and participating in clean-up activities. These initiatives have not only improved hygiene practices but also fostered a sense of community and responsibility among the youth.

In **Bolivia** too, peer to peer mentoring is an effective platform to educate AYs on hygiene, menstrual hygiene, and SRH issues. In addition, AYs are involved in community projects that focus on improving hygiene and sanitation facilities. For example, they have participated in initiatives to improve sanitary environments in institutions that work with adolescents and young people with disabilities. These projects include upgrading bathrooms and showers to provide better quality hygiene and sanitation services. AYs are receiving comprehensive training on SRH, which includes information on contraceptive methods, sexually transmitted infections (STIs), and menstrual health. This has resulted in empowering youth to make informed decisions about their sexual and reproductive health. According to the mid-term evaluation, more than 70% of young women aged 13-19 reported making their own informed decisions regarding sexual relations, contraceptive use, and reproductive health care. Almost half of the AYs have reported to have used SRH services available in the communities in the last year which includes services like access to contraceptives, STI testing, and counselling. Health facilities play a crucial role in providing SRH services to AYs. The report highlights the establishment of Comprehensive Care Centres for Adolescents (AIDA) that meet criteria for access, choice, confidentiality, and receptivity of health personnel. These centres are supported by local health departments and Save the Children. The POWER4AY project, supported by Save the Children and local NGOs, has been pivotal in providing training, resources, and financial support to AYs. In addition, health service providers and schools have also played a crucial role by conducting awareness programmes, providing free sanitary pads, and offering AY-friendly health services and spaces

8.3 (RQ) Are AYs satisfied with the services received, considering age, gender and disability sensitivity)?

In **Albania**, 87.2% of AYs reported being satisfied or very satisfied with health care services; 80.0% of AYs expressed satisfaction with education support services; 78.3% of AYs were satisfied with youth employment support programs. AYs expressed positive feedback about the services received, highlighting the impact on their personal and professional development. They appreciated

Comentado [MM140]: In line with the suggestion above, this section would seem to make sense under outcome 1 - as it seems mostly about SRH services. Do you see any issue with this?

Comentado [CK141R140]: Outcome 4? This does not seem related to outcome 1 to me although it talks about SHR. It is about the general satisfaction level with the public services

the support provided in areas such as health care, education, and employment. Key informants emphasized the importance of inclusive services that cater to the needs of all AYs, including those with disabilities. They highlighted the efforts made to ensure that services are accessible and sensitive to the diverse needs of AYs. But they also pointed some challenges of lack of infrastructure for persons with disabilities in schools and health centers.

"After classes, I come and discuss the assignments I have difficulty with the teachers at the centre. These courses have helped me achieve better results and continue my education, thinking also about a future profession." (A youth from Shkedor).

In all countries, the satisfaction rate of AYs with public service facilities has increased to 46% including health services, a 4% rise from the baseline. Overall, more female AYs have reported satisfaction compared to male, and the age group of 20 to 24, but this age group satisfaction level has decreased than baseline. Persons with disabilities and the age group of 20 to 24 are less satisfied with the access and quality of public services in all countries. In **Bolivia**, AYs have reported that the training has helped them improve their self-esteem, leadership skills, and decision-making abilities. They also appreciate the focus on practical skills that can be applied in their daily lives. The programme's methodology is inclusive, promoting gender equality and the inclusion of people with disabilities

"We were taught mutual respect, we are all equal, no matter their gender, where they come from or if they have any disability." - Cochabamba Adolescent Focus Group.

In **Nepal**, AYs have expressed varying levels of satisfaction with the services received, considering age, gender, and disability sensitivity. The midline evaluation indicates an overall increase in satisfaction levels from the baseline. Significant increases were observed in satisfaction with 'care in shelters/healthcare for adolescents in street situations' (by 19.2%) and 'rehabilitation care for adolescents' services' (by 14.8%). Ethnic diversity, however, affects service satisfaction, with Madhesi having the highest satisfaction (77%) and Janajatis having the lowest (66%). The district of Surkhet had significantly less AYs than other programme districts in terms of satisfaction with government and local services. On the other hand, AYs have reported increased visits to health centers and better access to AY-friendly health services. Health service providers have been trained to handle AY-specific issues, contributing to higher satisfaction levels. According to a health official in Nepal, health centres offer free medications and provide counselling to AYs and their families with the help of a trained counsellor.

AYs in **Uganda** have expressed satisfaction with the quality of healthcare services provided, particularly in terms of SRH services. The availability of VHTs and community-based facilitators has been instrumental in ensuring AYs receive timely and appropriate care. According to youths in FGD, they were taught that in case of any illness we should just rush to the health centre and get treatment. As long as you mention that you are a beneficiary from Save the Children, they work on you quickly.

However, challenges still remain for persons with disabilities, vulnerable female and others to access these services in all countries. There are cultural, social and physical barriers including remoteness of facilities and cost associated with the access of services.

Comentado [MM142]: This sentence seems incomplete.

Comentado [CK143R142]: clarified

9. (RQ) Significant changes and outcomes brought about by the Programme in the lives of programme participants and communities

RQ. What are the most significant changes that the programme participants/AYs are noticing or expected to notice in their lives and communities as a result of the programme outcomes and interventions of POWER4AY Program?

Based on analysis of qualitative and quantitative data, a synthesis of the most significant changes and outcomes brought by the programme in the lives of participants and communities is presented below, including challenges that the Programme is facing to bring desired changes.

Decision making empowerment among women: More women have enhanced their decision-making abilities regarding their health care, sexual relation and contraceptive use including their lives and future.

Violence reduction: All countries involved (Albania and Bolivia) experience reduction in violence among AYs in their families, at workplace or school, resulting from the awareness training, and opportunities for engagement in productive works.

Awareness on early marriages and pregnancies: Although the practice of early marriage still exists, and the quantitative results do not show progress towards changing AY choices on this, informative sessions on early marriage and pregnancy and reproductive health issues have increased positive change and attitude among AYs about the benefits of delaying marriage and pregnancy.

Improved behavioural change and self-confidence: Due to training programmes such as life skills, SRH and others, AYs reported improved emotional regulation, decision making skills and stress management, particularly in those with disabilities.

Improved use of SRH services: Ys including persons with disabilities have started to use SRH services available in their communities, resulting from improved conditions in health centres, AY and disability friendly spaces and structures and awareness programmes.

Improved community and family dynamics supportive of AYs: Although challenges persist depending on country and context, AYs report their families are becoming more supportive of their decisions related to education, employment and marriages. Community perception of AYs, especially with disabilities, is also gradually changing and becoming more supportive.

Improved education outcomes: The bursary support (Uganda and Nepal) and vocational training (all countries) provided by the programme have significantly contributed to reduce school dropouts and improve academic performance. AYs reported increased motivation to study and better academic outcomes.

Increased financial independence: Vocational training and financial support have enabled AYs to achieve financial independence with the start of their own businesses, boosting their self-esteem and social standing. Participants reported feeling less dependent on their families and more respected in their communities.

Savings and access to financial services: Increased involvement of AYs with savings and financial services, opening bank accounts etc.

Social inclusion: The programme successfully included marginal groups of the society such as persons with disability, female, vulnerable youth neither in education or employment and provided opportunities for future career path.

Increased participation of youth community initiatives: The midline findings shows that there is an increased participation and leadership of AYs in social networks, groups and community works,

Comentario [MM144]: What type of positive changes are we referring to? Quantitative data show no change in attitude from parents and also no change in minimum age, so what evidence is supporting this reported change?

Comentario [CK145R144]: The quantitative indicator data are about the impact level showing the end results, while the qualitative findings here show process, i.e., understanding the benefits of delaying marriages etc. The statement is neither supporting nor refuting the quantitative data.

Comentario [MM146]: Other than in delaying marriage, right? We should specify it

Comentario [CK147R146]: It is added but we can not say other than delaying marriage

Comentario [MM148]: Which countries does this refer to?

Comentario [CK149R148]: specified

addressing issues such as sexual and reproductive health, environmental conservation, waste management, school retention and WASH in all countries.

Challenges

- Gender disparity still exists in the re-enrolment of male and female AYs, with male AYs re-enrolment rate being higher by almost 7% than females.
- Persons with disabilities still face lack of accessible toilets and inclusive classrooms but changes are occurring. Although in some health centres and schools, accessible structures are being built, they are still few in numbers. Therefore, persons with disabilities still face numerous challenges in accessing SRH and other needed services and equal participation on social issues.
- Persistence social and cultural barriers and economic pressure still hinder progress in reducing early marriage practices
- Many AYs are subjected to hazardous working conditions without proper insurance or protections, endangering their health and well-being.
- Migration and early marriage resulting in high dropout rates of AYs from the programme.

Barriers to participation in the social networks and community works still exists particularly for female and person with disabilities due to cultural norms, economic and family pressure and access issues.

7 Disability Inclusion

10.1 (RQ) Prevalence rates and types of disabilities among target population

The disability prevalence rate is calculated using the questions and methods of the Washington Group Questionnaire. Each respondent was asked six questions with four types of response options. Following the same methodology, baseline and endline prevalence rates were calculated. The overall disability prevalence among the participants of the AY Programme is found to be 4%, a decrease of 6% compared to the baseline. The prevalence rate decreased in all countries except Albania, where it remained almost the same. At midline, the highest prevalence rate was found in the age group of 20 to 24.

Since the programme has no role in its ability to decrease or increase the disability prevalence rate, the decrease may be the result of sample selection between baseline and midline.

Figure 7-1: AYs' families who accessed to financial support to allow their AY children participate in formal education

Comentado [MM150]: Do we have an estimate?

Comentado [CK151R150]: No statistical data but felt strongly by the countries like Nepal and Albania in case of migration

Comentado [MM152]: If we follow the TOR structure, it would make sense to start from the outcome level results, and then add challenges that we are not able to integrate into relevant outcomes. I have reviewed the report aiming to remove topic redundancy. Let's see if these proposals make sense.
I wonder why disability is placed at the beginning of the report, contrary to what is done for other challenges. I would move it after outcome 4, unless we want to leave the prevalence part here as part of the demographic info.
We may include a chart somewhere to summarise where the answers to the research questions can be found.

Comentado [CK153R152]: If they look like conclusive of outcomes, then fine. The whole section of the outcomes will be moved at the top, which will be done in the V2 of the report.

Comentado [MM154]: Can we add a footnote with reference to the tool possibly from OneNet or public site?

Comentado [CK155R154]: the reference will be the tool used. Will be added in the V2.

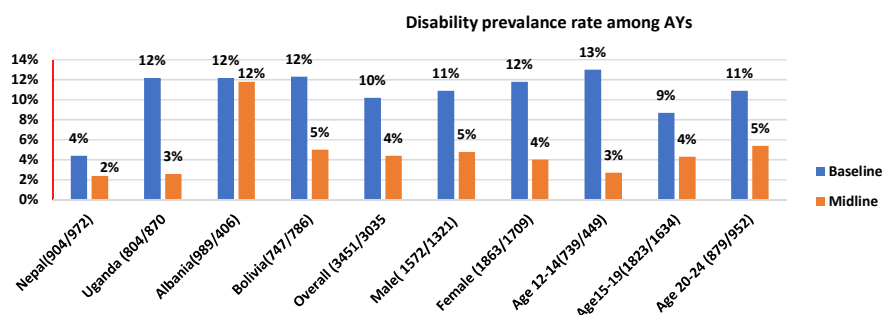
Comentado [MM156]: What could we say here regarding explaining reasons for this? Considering that 10% is the expected prevalence rate on average, have countries found difficulty in recruiting PWD? What was the proportion they included in the target?

Comentado [CK157R156]: There can be many reasons such as targeting issue, or difficulty in finding persons with disabilities. But I can not write here based on assumptions, as I do not have any solid data in this regard. The only thing that can be stated is about the sample selection which I have stated below.

Comentado [CJ158]: The program has no role in its ability to decrease or increase the disability prevalence but, should this also inform us on the proportion of persons with disabilities we are engaging into project activities (although maybe project routine MEAL data collection-database may have a more accurate picture)?

Comentado [CK159R158]: The analysis will take only sampled data as actual data are not integrated into the midline dataset. Even if you got actual data, it would not help the midline analysis by disability because not all of them were part of the dataset as respondents of midline questions. By percentage, the actual disability rate will not much differ any way and will remain within the margin of errors.

Comentado [MM160]: See above comment.



Types of disabilities are identified using the individual difficulty-related questions of the WG Questionnaire. Difficulty levels 3 and 4, i.e., “a lot of difficulty” and “some difficulty,” are grouped together to calculate values for each type. The decrease in the disability prevalence rate has consequently decreased the proportion of AYs having any of the six types of disabilities, as shown in Table No. [6] below. Vision problems among the countries range from 0.3% to 1%, hearing problems from 0.3% to 0.8%, and walking and climbing problems from 0.6% to 1% of the AY population. Among the types of disabilities, the highest proportion of AYs face difficulty with remembering and concentrating (0.5% to 3.3%), particularly in Albania, followed by self-care (0.2% to 1.3%) and communication skills (0.3% to 1.8%). By gender, female AYs face slightly fewer or similar problems in all types of disabilities. By age group, the AY population aged 20 to 25 is in comparatively higher proportions than their counterparts.

Table 6: Type of disabilities

	Seeing	Hearing	Walking and climbing	Remembering and concentrating	Self-care	Communicating	Persons with disabilities (n)	N
Overall	0.6%	0.4%	0.9%	1.4%	0.5%	0.8%	137	2998
Nepal	0.5%	0.4%	0.8%	0.5%	0.5%	0.4%	30	968
Uganda	0.3%	0.3%	1.1%	0.7%	0.2%	0.0%	23	866
Albania	0.8%	0.8%	1.0%	3.3%	1.3%	1.3%	33	391
Bolivia	1.0%	0.3%	0.6%	2.4%	0.4%	1.8%	51	773
Male	0.7%	0.4%	1.0%	1.6%	0.7%	0.7%	67	1308

Female	0.6%	0.4%	0.8%	1.3%	0.4%	0.8%	73	1690
Age 12-14	0.0%	0.2%	0.0%	0.7%	0.0%	0.2%	5	449
Age 15-19	0.6%	0.4%	0.9%	1.2%	0.6%	0.7%	71	1611
Age 20-24	1.1%	0.4%	1.3%	2.1%	0.6%	1.2%	63	938

1.137.1 RQ: To what extent are persons with disabilities accessing basic services and development opportunities in comparison to children without disabilities?

Save the Children promotes inclusive policies to ensure that persons of all races, genders, ethnicities, and persons with disabilities are equally included in the services and benefits offered through its programmes. Across all countries, the programme provides inclusive training sessions tailored to the needs of persons with disabilities, ensuring they receive the same quality of education and skills as their peers. To help remove physical barriers, assistive devices are provided, and in some cases, infrastructures accessible for persons with disabilities are constructed and advocated for in schools. To understand the actual participation level of persons with disabilities in the POWER4AY Programme, an analysis of participation and use of services provided by the programme to persons with and without disabilities has been conducted using available data.

In **Albania**, AYs participated in various activities such as information sessions, financial support programmes, environmental protection, youth and community meetings, and workshops. Persons with disabilities had almost the same level of participation in information sessions (67% vs. 68%), awareness activities (47% vs. 49%), and after-school programmes (27% vs. 25%) as persons without disabilities. However, less participation was recorded in awareness sessions on environmental protection (30% vs. 41%), financial support to AYs (21% vs. 26%), parental meetings (23% vs. 28%), and workshops (13% vs. 28%).

In **Bolivia**, persons with disabilities have equal or competitive access to services in programme activities such as SRH and general health training modules (90% vs. 87%) and green enterprise training (12% vs. 11%). In many programme activities, persons with disabilities had higher participation rates compared to persons without disabilities, such as in business model training (92% vs. 84%), personal empowerment training (97% vs. 94%), technical job training (47% vs. 43%), staff assistant jobs (18% vs. 6%), material support for enterprises (13% vs. 3%), and support for improving infrastructure and services (18% vs. 4%). However, their participation was lower in activities such as support for business start-up (24% vs. 27%), functional literacy (16% vs. 30%), financial education and support to access credit (16% vs. 26%), and interview and job placement support (13% vs. 30%).

In **Uganda**, a higher proportion of persons with disabilities received support from the POWER4AY Programme in activities such as receiving business start-up capital (31% vs. 21%), business linkage development (6% vs. 4%), and career counselling (13% vs. 8%). They received comparatively less support in accounts and bookkeeping training (12% vs. 16%), vocational skill development training

Comentado [MM161]: As only % are included, could we add a column before "N" to report the total number of AY with disability irrespective of their difficulty? D

Comentado [CK162R161]: Yes, but total only

Comentado [MM163]: We could synthesise this - given the research question below: "access to basic services and opportunities"

Comentado [CK164R163]: Shortened.

Comentado [MM165]: According to what is reported here, it seems we are responding more to a question related to access to programme activities rather than basic services and development opportunities. Personally I think this is a very important point, but was not explicit in our learning agenda. I would still leave this analysis here, which we should bring together with the learning emerging from the F2F, to speak about strategies and effectiveness of the programme in meaningfully engaging AY with disability. What else was included in the surveys/country reports regarding access to basic services and opportunities? The paragraph doesn't say much, but I remember the info reported in the baseline report was not too groundbreaking, so we may revisit our objectives in this sense. What do @Cons. Villalobos, Jaime and @Delmonte, Matted think on this regard?

Comentado [CK166R165]: There is very minimal information regarding access to public infrastructures in the reports and they indicate gaps without any further explanations. I think to what extent our own program is accessible to persons with disabilities is equally important. This analysis is drawn from quantitative data

Comentado [CJ167]: Would this be 13% vs 28%?

Comentado [CK168R167]: Yes, corrected

(69% vs. 76%), and support for establishing businesses (0% vs. 8%). In education, none of the persons with disabilities were supported to enrol back in education (0% vs. 12%), and a lower proportion received bursary support (13% vs. 21%) compared to persons without disabilities. However, a higher proportion of persons with disabilities received personal/menstrual hygiene training (48% vs. 30%), early marriage and pregnancy-related training (17% vs. 10%), and life skills training (17% vs. 11%). Participation in SRH activities was very low (6 only) for persons with disabilities, making effective comparison difficult.

"The programme has continued to advocate for public spaces to have sidewalks on buildings that address mobility impairments." (Uganda)

In **Nepal**, persons with disabilities had higher participation in activities such as receiving bursary support (14% vs. 5%), functional literacy and numeracy training (14% vs. 6%), and ME/Business training (31% vs. 20%). However, their participation was lower in other activities such as SRH and general health training (23% vs. 41%), life skills training (36% vs. 66%), vocational training (9% vs. 13%), and catch-up and remedial classes (0% vs. 4%).

Overall, the opportunities to access services offered by the POWER4AY Programme for persons with disabilities vary from activity to activity and country to country. They are equally, or in some cases even more, accessing basic services and opportunities offered by the programme, except in a few activities.

The **qualitative findings** suggest that the POWER4AY PROGRAM is inclusive in providing various supports to persons with disabilities, including skill-based training, financial assistance, and education support to help them overcome daily barriers. At the government level, there are efforts to support persons with disabilities with monthly allowances and other services, but many are still not fully aware of these services. For example, in Nepal, the government issues disability cards to persons with disabilities, providing financial assistance of NPR 2000-4000 per month, including free transportation with the card. School teachers in Dailekh district are spreading awareness among persons with disabilities and cooperating with networks to avail these facilities.

In Bolivia, modified training suited to the hearing, cognitive, and motor skills of persons with disabilities was provided, equipping them with skills in gastronomy, baking, and customer service. They also had opportunities to participate in employment exchange programmes of municipalities or departments.

"My daughter has autism. She participated in the programme and became a technician in baking. I always accompanied her in all the activities, and she loved learning. She was able to integrate and learned to bake with the chef. It was very good to see how this programme is supporting her. The disability she presents requires constant training. It is something that the institution is being asked to repeat again because children tend to forget, and knowledge should always be reinforced." (Mother of a teenager with autism, Santa Cruz)

The evaluation indicates that children and persons with disabilities have varying levels of access to basic services and development opportunities compared to their non-disabled peers. While there are efforts to include persons with disabilities in project activities, significant gaps remain in their access to public facilities, municipal and health services, and employment opportunities.

Comentado [MM169]: Perhaps it would make sense to move this to the next paragraph?

Comentado [CK170R169]: This relates to Uganda. The next paragraph is about Nepal

Comentado [CJ171]: 31% vs 20%?

Comentado [CK172R171]: Correcetd

Comentado [MM173]: It would be worth to acknowledge the explicit efforts each country made to target and engage PWD in the programme activities. It would be great to bring these findings together with insights from the programme teams on strategies and challenges emerged during the F2F

Comentado [MM174]: Given that the acronym OPDs has been utilised before, can we define it earlier?

Comentado [CK175R174]: We have also provided acronym list in the beginning below the content.

Comentado [MM176]: This seems to also make more sense in the following paragraph tackling programme effectiveness.

Comentado [CK177R176]: Under which paragraph ? there are already too many quotes.

Comentado [CJ178]: Terminology Standard document asks us not to abbreviate this: [Save the Children's Disability Rights Terminology Standard](#) | [Save the Children's Resource Centre](#)

Comentado [CK179R178]: Ok , thanks. I had kept that in mind but in some places, it still remained

Comentado [MM180]: As suggested earlier, given that the learning agenda question is reported below, we could remove this title

10.3 (RQ) To what extent are programme activities contributing to increase confidence and opportunities and remove barriers for persons with disabilities compared to those without?

POWER4AY works with persons with disabilities at all possible socio-ecological levels from equal inclusion of persons with disabilities in the programme activities, awareness raising at community level, with schools for infrastructures accessible for persons with disabilities, to partnerships with OPDs and health centers, and including soliciting attention and resources from government bodies. The qualitative data in Nepal underscores the positive impact of the project on the confidence and opportunities for persons with disabilities. Participants reported improvements in self-esteem, financial independence, and social inclusion. The life skills and business training provided by the project has been particularly effective in helping persons with disabilities manage stress and establish healthy habits. Persons with disabilities, although the situation is improving, still face significant barriers in Nepal in accessing public services and development opportunities. The lack of infrastructures accessible for persons with disabilities in schools and health centres, coupled with societal stigma, limits their participation. The POWER 4 AY has provided various supports, including skill-based training and financial assistance, to help persons with disabilities overcome these barriers.

"The existing educational services such as disability-friendly toilets and inclusive classrooms are helpful, but the uptake of these services is low due to a lack of awareness" (Schoolteacher).

"Municipality has given skill-based training to people with disabilities such as making pickles, candles, and paan so that these individuals need not rely on government benefits to sustain their lives" (Youth entrepreneur).

Significant challenges remain for persons with disabilities in the remote hilly areas of Nepal due to difficult terrain for transportation with the use of assistive devices such as wheelchairs, access to education and cost of maintaining assistive devices.

In Albania, in a focus group discussion, persons with disabilities expressed that during programme activities, they do not face differences from their peers. They are equally encouraged to share their opinions and participate according to their physical disabilities. They expressed that participation in the training sessions has influenced them to assert a more positive self-perception, socialize with others, and feel equal.

"I feel very good when participating in training sessions and expressing my thoughts equally with others. I have started to make friends, and I look forward to improving and developing further, thinking about employment opportunities as well." (FGD, person with disability-Shkoder)

"I have received financial support to purchase materials for crochet work (centro), and thanks to the training sessions I have participated in, I feel much more capable of doing it as a job and see it as a business opportunity for the future". (FGD, Girl with disability, Shkodër)

During focus group discussion, participants with disabilities expressed that training sessions have helped them gain self-confidence and feel more integrated into their communities. Local leaders also noted that the project has raised awareness about the capabilities of persons with disabilities and encouraged more inclusive practices.

Comentado [CK181R180]: This is developed to include in the table of content. In this case the research questions will be in the table of content. But note that some research questions are too long.

Comentado [MM182]: Can we also mention other service providers? For example health centres? Any other?

Comentado [CK183R182]: okay

Comentado [MM184]: Could we just say "girl with disability"? Is this in line with SC guidance?

Comentado [CK185R184]: ok

Comentado [MM186]: Remove?

Bolivia focus group discussions indicate that the Programme has become inclusive in its implementation and has modified training methodologies to suite the needs of the persons with disabilities. Although the methodologies are now more inclusive, the findings suggest that it still requires adjustments and adaptations due to different nature and types of disabilities inherent among this population. One of the problems both Bolivia and Nepal face is the lack of sign language experts and effective methodologies to train them within the programmes catering to the needs for different types of disabilities. The involvement of public institutions and strategic allies, such as the Departmental Service of Social Policies (SEDEPOS) in Santa Cruz, Bolivia, has been instrumental in providing support and resources for adolescents with disabilities.

"We are currently working with people with hearing impairments, but there are difficulties with the reduced use of sign language because we do not find the right terminology. We are trying to reduce these problems by using larger graphics and the use of sign language. (Save The Children Santa Cruz representative)

The programme's technical training and job insertion strategies have been crucial in removing some of the barriers for persons with disabilities. For instance, the employment exchange and public-private-academic employment exchanges have facilitated job placements for persons with disabilities. One testimony from a participant highlights the impact:

"We have seen job insertion, children told us that they could now have decent jobs, they mentioned that they were not only given these trainings in gastronomy or customer service, but also how they could manage their money". (A participant from FGD)

The programme's comprehensive strategy includes personal empowerment, sexual and reproductive health (SRH), and economic empowerment modules. These have been adapted to be inclusive of person with disabilities, with specific adjustments to meet their needs. For example, workshops have been tailored in Bolivia to use more visual aids and simpler language to ensure comprehension. However, person with disabilities still face significant barriers. There is still a need for more inclusive infrastructures and better access to services.

In **Uganda**, the POWER 4 AY Programme has been inclusive and has implemented several activities aimed at increasing the confidence and opportunities for persons with disabilities. This is reflected in the employment opportunities and access to financial services provided, with 79% (15) of persons with disabilities employed and 51% (10) utilizing financial services. Persons with disabilities have also been actively participating in community networks and have shown interest and willingness to lead changes if given the opportunity. Despite these efforts, physical, social, and attitudinal barriers still exist. The Power 4 AY Program is working to remove these barriers through community sensitization, training, and advocacy for improved public facilities for persons with disabilities.

Through tailored training, inclusive methodologies, and strategic partnerships, the programme has empowered persons with disabilities and integrated them into the community and economic life. However, there is still work to be done to ensure full inclusion and equal opportunities for persons with disabilities. Continued efforts in advocacy, infrastructure improvement, and financial inclusion are essential to sustain and build on these achievements.

Comentado [MM187]: The quote does not seem from a person with disability. Who was the respondent?

Comentado [CK188R187]: This is not clear who said it. Only information available is a "participant".

Comentado [MM189]: I would reorganize this paragraph by starting with the programme efforts and then mentioning results in employment and access to financial services.

Comentado [MM190]: Can you also include the corresponding numbers?

Comentado [CK191R190]: recalculated with correct data in case of employment.

Comentado [MM192]: As above

10.4 RQ. To what extent are OPDs satisfied with the level of engagement? What can be done more?

POWER4AY works with OPDs to ensure their participation, needs and voices are well incorporated into the programme design and implementation.

In **Bolivia** the mid-term evaluation report indicates that 86.7% of service providers including OPDs report the availability of age, gender, and disability-sensitive services. This high percentage reflects a significant level of satisfaction among OPDs with the programme's efforts to create inclusive environments. The programme has successfully included OPDs in various strategic partnerships and decision-making processes. For example, the establishment of Comprehensive Care Centres for Adolescents (AIDA) has been a collaborative effort involving OPDs. These centres provide tailored services for adolescents with disabilities, ensuring their specific needs are met. OPDs have expressed satisfaction with the level of engagement and the inclusive approach of the POWER4AY Programme. Representatives from OPDs have highlighted the programme's commitment to adapting methodologies and providing tailored support for people with disabilities. For instance, the programme's collaboration with SEDEPOS (Departmental Service of Social Policies) in Santa Cruz has been particularly praised for its effectiveness in strengthening the capacities of adolescents with disabilities.

"The implementation of the programme was a great support to strengthen adolescents and young persons with disabilities who are part of SEDEPOS. Synergy was generated because joint work has been achieved between the two institutions" (A representative from SEDEPOS).

Coordination work with municipalities is contributing to strengthen the capacities and skills of persons with disabilities as well as young adolescents in general. Municipalities are working to provide training and generate employment opportunities for persons with disabilities, for example, in one of the municipalities in Bolivia, 60 graduates with disabilities are being trained and municipalities hope to provide industrial ovens to them to set up their own businesses.

Despite the efforts, accessibility for persons with disabilities to municipal services in Bolivia still poses significant challenges. OPD representatives note that providing services for severe or very severe disabilities is the major challenge and indicate the need for more resources for assistive devices and training for sign language for health personnel. Continuous advocacy for inclusion of accessible infrastructure in all municipal planning and development projects is highlighted.

In **Nepal**, OPDs have played a vital role in identifying persons with disabilities, providing referrals for treatment and assistive devices and advocating for policies related to disability inclusion. The satisfaction levels among OPDs regarding their engagement in the project activities are high, with most OPDs (85%) expressing contentment with the level of collaboration and support received. OPDs network in Nepal is working in collaboration with different stakeholders in the communities, hold discussions and counsel families to seek disability benefits. They also indicate several gaps in services offered by the public services entities such as health centres, schools and municipalities. As persons with disabilities cannot visit health posts in many cases, in Dailekh, home visits are started by the health service providers while the same still remains as challenge in other areas. OPDs are also involved in conducting need assessments to determine the suitability of assistive devices and their proper use. An OPD representative in Surkhet stated that they now send technicians to set up assistive devices which have built confidence among persons with disabilities for its proper use.

Comentado [MM193]: Given that the acronym OPDs has been utilised before, I have defined it earlier

Comentado [CK194R193]: ok

Comentado [MM195]: Do we have the OPD data only? As if combined with other service providers, we cannot necessarily conclude that OPDs are satisfied

Comentado [CK196R195]: This comes from Bolivia report and states including OPD. There is no separate data collection from OPD in any country

OPDs indicate that social and attitudinal barriers are still prevalent in the communities for education, health care and other needs of persons with disabilities which are largely ignored.

"Society does not think about whether person with disability need healthcare, need to increase their access to health.... It appears that they ignore the services and supports required by person with disability." (Male, KII OPD, Surkhet).

In addition, OPD networks in Nepal are advocating for budget provision for persons with disabilities in Municipalities, job quotas, accessible environment in schools and the need for individuals in municipalities and health centres who know sign language.

In **Uganda**, the report does not provide specific data on the satisfaction or level of engagement with OPD networks, while in **Albania**, OPD network expressed mixed level of satisfaction with their engagement with the Project. Representatives from OPDs highlighted the need for more consistent and meaningful engagement in project planning and implementation and emphasized the importance of involving persons with disabilities in decision-making processes to ensure their needs are adequately addressed.

"The involvement of OPDs in the project has been beneficial, but there is a need for more structured and regular consultations to ensure that the voices of persons with disabilities are heard and their needs are met." (A representative of OPD, Albania)

In Uganda, advocacy work for the well-being of persons with disabilities is highlighted, although there is no evidence or action cited in the report that shows material benefits for persons with disabilities from the current advocacy efforts. However, a field visit during a learning event among POWER4AY implementing countries held in Uganda in November 2024 found that OPD networks are actively working to advocate for policy issues with the local government. One of their focal advocacy issues has been the distribution of national IDs for AYs. They reported success in organizing ID registration camps in some programme areas and will continue to advocate for this.

The Programme has made significant progress in engaging OPDs and creating inclusive environments for persons with disabilities. While there is a high level of satisfaction among OPDs, there are still areas for improvement. By enhancing infrastructure, increasing resources for severe disabilities, and strengthening partnerships with OPDs, the programme can further improve its engagement and support for persons with disabilities.

11. RQ. Differential results of the interventions by gender, disability and age group

(RQ)Are there any differential results of the interventions of POWER4AY Programme among different groups of participants such as person with disabilities, age groups and female impacted by inequality and discrimination in comparison to others?

Knowledge and practices related to early marriage and SRH services

The midline evaluation of the POWER4AY Programme reveals several key findings related to early marriage and the use of sexual and reproductive health (SRH) services among AYs. In Nepal, the

Comentado [BL197]: With disabilities?

Comentado [MM198]: This paragraph is a super interesting synthesis of differential results across the groups that we attention in the POWER. It is also a very useful way to connect the data with our challenges related to disability, gender, age specificity. I have two recommendations:

It seems indicators at outcome but also goal level are presented. Given that we are talking about differential results of the intervention, I would limit the scope of this analysis to the outcome indicators only, so that they can be more closely associated to the programme
It would be great if we could synthetise these narrative sections into a simple chart with some visual representing variations of the studied categories against the avg. I have added a proposed one at the bottom of the paragraph. We dont need to report the figures again, we may just summarise whether female are doing better or worse than males in the analysed countries. I've tried an example, see if it makes sense.

Comentado [MM199R198]: This paragraph provides also a very smooth introduction to the challenges. So my suggestion si to move section 5 and 6 below this one followed by age specificity.
We can then continue with the other challenges.

knowledge of the legal age for marriage among AYs has significantly increased, with over 97% reporting awareness, up from 81% at baseline. This improvement includes AYs with disabilities. However, the minimum age for marriage among AYs has slightly decreased for females compared to males. Despite this, early marriage practices among women have remained relatively stable, with only a 0.6% overall decrease across all four countries. Notably, in Albania and among AYs with disabilities, early marriage rates have reduced to 0%. There are still significant challenges in changing deeply rooted cultural practices and norms that contribute to early marriages. However, the midline findings indicate strong parental support for reducing both early marriages and pregnancies in all countries. Female AYs have made remarkable progress in making informed decisions regarding their healthcare, sexual relations, and contraceptive use.

The use of SRH services has increased in all countries and among women. However, overall, more male AYs are using SRH services compared to females (by 13%). Additionally, fewer AYs with disabilities are using SRH services compared to those without disabilities (33% vs. 48%). Among all disaggregated groups, AYs aged 20 to 24 are more likely to make informed decisions compared to other age groups.

In Bolivia, more females have experienced sexual, physical, or emotional violence (11% vs. 6%) compared to their male counterparts. In other countries, the rates of violence are more or less the same between genders.

Education re-enrolment rates

Re-enrollment rates are low for female AYs overall across all four countries, while the age group 12 to 14 has the highest re-enrolment rate. Gender disparity still exists in re-enrolment, with male AYs having a higher re-enrolment rate by almost 7% compared to females. AYs with disabilities still face challenges such as lack of accessible toilets and inclusive classrooms, but changes are occurring.

Employment and economic participation

Overall, there is no significant difference between male and female employment rates across all countries. However, more females are employed in Nepal and Bolivia compared to their male counterparts (38% vs. 25% and 32% vs. 29%). In Uganda, the employment rates are the same for both genders, while in Albania, the rate is lower for females by 3%. The employment rate for AYs with disabilities is much lower than for those without disabilities (21% vs. 40%). AYs aged 20 to 24 have the highest employment rates among all age groups.

The NEET (Not in Education, Employment, or Training) rate has significantly decreased for male AYs (by 25%) and less so for females (by 13%) overall across all countries compared to baseline. AYs with disabilities have the lowest NEET rates in Nepal and Uganda, almost the same in Albania, and high NEET rates in Bolivia compared to the overall NEET rate.

The proportion of AYs working under decent conditions varies by country. Fewer females work under decent conditions compared to males in Nepal (by 10%), while the rates are the same in Uganda. In Albania, more females work under decent conditions (by 21%), and in Bolivia, the rate is higher for females by 6%. AYs aged 18 to 24 are more likely to work under decent conditions in Nepal (63% vs. 11%) and Bolivia (43% vs. 36%) compared to their counterparts.

There is a noticeable disparity in income between males and females. Fewer females earn income equal to or above the minimum wage in Nepal (by 15%) and Bolivia (by 11%) compared to males. In Albania, more females earn income equal to or above the minimum wage (by 23%), with 80% of

Comentado [MM200]: But in reduction from the baseline, if that measure can be considered reliable.

Comentado [DU201R200]: Even if there is reduction, that is when compared with baseline, the overall support is still very high

Comentado [MM202]: How can the employment rates be similar on average if they differ so much across countries? (Albania lower sample should not compensate Nepal and Bolivia)

Comentado [CK203R202]: That's possible due to variation in N values when you aggregate data.

Comentado [MM204]: See above comment on goal level indicators

Comentado [CK205R204]: Although this is at goal level, the program has very direct impact on this indicator. So please decide what to do

Comentado [DU206R204]: Suggest to keep it

females in Albania earning income equal to or above the minimum wage, the highest among all countries. AYs with disabilities earn less income compared to those without disabilities, with the majority not meeting the minimum wage threshold.

In Albania, more females use financial services (banks, VSLAs) than males (by 5%), but overall, the use of financial services is the lowest among all countries. In other countries, more male AYs have access to financial services. AYs with disabilities have equal access to financial services overall, but the scale of access varies by country.

Social participation and leadership

The participation level of female AYs in social networks and groups is lower in Albania (41% vs. 50%) and Uganda (69% vs. 72%) compared to their male counterparts, while it is almost the same in other countries. Although fewer AYs with disabilities are engaged in networks and groups compared to those without disabilities (25% vs. 30%), this engagement is compatible with their overall population in the programme.

A higher proportion of male AYs show the will and means to lead changes in Nepal (44% vs. 20%) and Albania (27% vs. 24%) compared to females, while it is the same in Uganda (48%). AYs with disabilities fall behind in showing the will and means to lead changes in Nepal (0% vs. 24%) and Albania (21% vs. 26%) compared to those without disabilities, while they are higher in Uganda (60% vs. 48%). AYs aged 20 to 24 are the most likely to lead among all age groups.

The satisfaction levels of AYs with access to and quality of public services vary by country and gender. In Bolivia, a higher proportion of females are satisfied compared to males (61% vs. 56%), while in Nepal, more males are satisfied (66% vs. 62%). In Albania, the satisfaction levels are almost the same (78% vs. 77%). AYs with disabilities are less satisfied with public services (by 11% to 25% less) compared to those without disabilities in all countries.

The midline findings indicate progress in knowledge of the legal marriage age and informed healthcare decisions among AYs, with notable parental support for reducing early marriages and pregnancies. However, challenges remain in changing cultural norms. Education completion rates vary, with Uganda lagging. Employment rates show gender and disability disparities, though NEET rates have decreased. Access to financial services and participation in social networks also vary, with AYs with disabilities often at a disadvantage. While there are improvements, significant disparities and cultural challenges continue to persist. A summary table of the differential results is drawn below.

Table 7: Summary of differential results

Dimension/Indicator	MT/BL results	Gender	Disability	Age Groups
Use of SRH services	48%/-	More male use SRH services than female	Fewer persons with disabilities compared to non-disability	More AYs in the age group 20 to 24 used the SRH services compared to all other groups

Experience of violence	23%/9%	More female experience violence in Bolivia compared to other countries.	More persons with disabilities facing the issue compared to their counterparts.	
Re enrolment rate	47%/41%	Male AYs have higher enrolment rate	Equal with persons without disabilities	12 to 14 age group with highest enrolment rate
Decent work condition	34%	Few female work under decent conditions than male in BLV and ALB, same in UGD and more in ALB and BLV	Slightly less person with disabilities work in decent work than their counterparts	More AYs in the age group 20 to 24 in NEP, BLV than their counterparts
Employment rate	40%/24%	More female in NEP and BLV, same in UGD and more male in ALB employed	More persons with disabilities employed in NEP and BLV, same in ALB, lower in BLV	Highest proportion of AYs in the age group 20 to 24 employed
Minimum wage earning	24%/44%	More males earn equal to or above minimum wage than female and more female in Albania	Person with disabilities earn less than those without disability	Age groups 20 to 24 earn more than the age group 15 to 19
Use of financial services	24%/6%	More male use financial services except in Albania	Persons with disability have almost equal access to financial services	Higher use in the age group 20 to 24
Participation in social network	30%/16%	Female participation is lower in Albania and Uganda, same in other two countries	Less participation level of persons with disabilities	
Will and means to lead changes	37%	More male AYs show the will and means to lead changes in NEP and ALB than female, same in UGD	Persons with disabilities fall behind in NEP and ALB, but higher in UGD compared to those without disabilities	More AYs in the Age group of 20 to 24 with will and means to lead changes
Satisfaction with public services	46%/41%	More female are satisfied in BLV, and more males in NEP, Same in ALB	Persons with disabilities are less satisfied in all countries	Age group 20 to 24 less satisfied than

				their younger counterparts
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1.147.2

8 12. Environment and climate change (1RQ)

RQs-To what extent are the AYs and the communities sensitive to, and aware of the climate change and environmental degradation issues? What are the examples of climate change issues responded by, or likely to be responded by the AYs at individual, community or at institutional level (through AY networks, communities etc.)?

In **Nepal**, AY networks have spearheaded several climate initiatives. For instance, in Dailekh, the youth network launched the "Doko Aviyaan" campaign to promote environmental conservation by creating Doko, a locally made alternative to plastic bags. Despite challenges such as lack of skills and funds, the campaign has raised significant awareness. Additionally, the network has addressed social issues linked to climate change, such as early marriages following the Jajarkot earthquake due to scarcity of basic services. In Surkhet, a cleanliness campaign organized by the AY network involved waste collection, segregation, and drainage cleaning. Although the impact was short-lived, it highlighted the importance of sustained community responsibility. Similarly, in Banke, a rally and cleanliness campaign reduced waste dumping in open spaces, demonstrating the effectiveness of awareness campaigns.

In **Bolivia**, the POWER4AY programme has gradually raised environmental awareness. Representatives noted the challenges in changing habits related to recycling and littering. However, youth-led projects have motivated others and achieved positive results. For example, campaigns in El Alto and Oruro have promoted recycling and environmental care, with funds raised being used for educational purposes.

Albania has seen the promotion of "green employment" over the past decade, influenced by United Nations development organizations. Despite challenges in implementing environmental protection legislation, there is growing awareness and integration of green skills in training programmes. The POWER4AY project has conducted training sessions on green jobs, resulting in employment for several young individuals. Local government units and business organizations collaborate to meet skill requirements in the job market.

Youth involvement in climate actions has significantly improved local environmental systems. Activities such as tree planting, cleanup campaigns, and environmental awareness efforts have been organized across most of the programme countries. These initiatives serve as educational platforms, bridging the awareness gap and encouraging sustainable practices. For instance, in Shkodër, youth-led excursions and city cleanups have raised awareness about environmental protection.

The findings highlight the critical role of AY networks in addressing climate change and environmental degradation. Through various initiatives, these networks have raised awareness, are promoting sustainable practices, and influencing policy changes. 13. AY agency /Shift the power (3RQs)

(RQ)To what extent are AY networks helping develop AYs' leadership, bringing about social change and or responding to AY issues? What AY issues are being addressed through such networks (such

Comentado [MM207]: This is also a very relevant findings for agency.
In that section could we mention "other than the findings reported in the environment section"?

Comentado [DU208R207]: ok

Comentado [MM209]: It is not clear if you are still talking about Albania (the last sentence is about Shkoder), or if you are talking more in general "environmental awareness efforts have been organized across most of the programme countries". Suggest finishing with Albania before drawing concluding remarks.

Comentado [DU210R209]: That's general statement, only the example is from Albania

Comentado [MM211]: Nothing to report on Uganda?

as environmental, climate change issues, health and SRH issues, WASH issues, gender empowerment issues, disability inclusion issues etc.)?

In **Nepal**, other than climate change as mentioned in the previous section, AY networks are actively engaged in tackling early marriage and SRH issues. For example, the AY network in Dailekh promotes local products and organizes cleanliness campaigns to address environmental concerns. They also target schools to raise awareness about early marriage through child clubs. In Surkhet, the AY network successfully developed a youth policy to increase youth participation in district-level decision-making. These networks collaborate with various stakeholders, including parents, NGOs, local businesses, and municipalities. For instance, the Surkhet network conducted a sports tournament with the municipality's support. Due to funding challenges, AY networks often seek financial assistance from local businesses and municipalities. They also leverage social media to conduct meetings and share learnings, as seen in Dailekh. In Banke, Nepal, the network's awareness campaigns on SRH have significantly improved knowledge about menstrual hygiene and adolescent development among youths.

Future plans for these networks include raising awareness on early marriage and safe abortion practices, providing training to youths, and conducting SRH classes. The Surkhet network plans to use plays to address early marriage, environmental cleanliness, and substance abuse. In Banke, the focus is on SRH awareness campaigns and back-to-school initiatives to improve school attendance. The AY network in Dailekh uses social media to conduct team meetings, reaching many youths and sharing their learnings digitally.

In **Albania**, AY networks have significantly impacted youth leadership and social change. According to midline evaluation, 45.3% of youth are part of groups or networks, with 30.4% holding leadership positions. These networks support local policy initiatives and contribute to community well-being. Focus group discussions revealed that these networks help youth develop critical skills in communication, teamwork, and problem-solving. For example, a community leader in Shkoder stated: "By participating in training, we have greatly improved our communication skills, teamwork, and have shown a willingness to engage in activities or training."

Youth-led initiatives in Albania address mental health, educational challenges, and career development. They also promote gender equality, environmental sustainability, and civic engagement. For instance, youth collaborate with employment offices to provide job readiness training and career guidance. Youth-led initiatives have sparked awareness campaigns on gender equality, environmental sustainability, and civic engagement.

"Training such as life skills and start up are like a school, developing you in many aspects, including the professional one where you can work independently and lead yourself." (Community Leader, Shkoder)

In **Uganda**, AY networks have seen a significant increase in engagement, with participation rising from 22% at baseline to 71% at mid-term. These networks include VSLAs, youth groups, and agricultural groups, providing platforms for community engagement and leadership development. AY networks in Uganda are found addressing various issues, including SRH, school retention, and WASH. For example, networks have improved hygiene conditions in schools by providing basic amenities and separate toilets for girls and boys. They also support gender equality by creating safe spaces for girls to discuss and address gender-based violence.

Participation in these networks has fostered social cohesion and mutual support among youth, reducing violence and substance abuse. A participant noted: "This programme has brought people

Comentado [MM212]: Not sure if better to present the research questions as sub-paragraphs or to just report them in blue like you did in other sections

together; The AYs (boys and girls), have been taught life skills, business skills and also working together."

"We can easily approach our leaders when there is an issue, and they can also respond to these issues." (AY Network Member, Uganda)

In **Bolivia**, as mentioned in the previous section 12, AY networks have been active in promoting environmental awareness and climate change mitigation. For example, social projects on reforestation, composting, and recycling have been implemented, raising awareness among peers and the community. In Cochabamba, AY engaged in reforestation projects and composting initiatives. AY networks have also been instrumental in improving SRH knowledge and services. For instance, workshops on SRH, contraceptive methods, and menstrual hygiene have empowered AY to make informed decisions. In El Alto, AY supported the improvement of sanitary environments in disability centres, enhancing the quality of WASH services. The mid-term evaluation showed a significant increase in the proportion of women aged 13-19 making informed SRH decisions, from 39% at baseline to 69.6%.

The midline findings show that there is an increased participation and leadership of AYs in social networks, groups and community works, addressing issues such as SRH, environmental conservation, waste management, school retention and WASH in all countries. AYs networks are also found in promoting gender equality, disability inclusion and policy advocacy¹⁵ | Barriers to participation in the networks still exist especially for female and persons with disabilities such as (particularly more evident in remote and isolated areas), cultural norms and stereotypes, access to education and employment, economic and family pressures, access to needed infrastructures for persons with disabilities etc.

RQ. What would AY need to be more empowered to become agents of change?

A summary of what is further needed for AYs to become agent of changes is presented below.

Access to education and training: Continuous access to quality education and vocational training is essential. This includes technical skills, financial literacy, and entrepreneurship training. For example, the POWER4AY Programme provided technical training in areas such as entrepreneurship building is helping AY secure decent jobs. Bursary support is playing a pivotal role in addressing education gaps for dropped out and risk of dropped out children and youth.

Supportive policies and legal frameworks: Advocacy for policies that support AY rights and participation in decision-making processes is crucial. This includes laws on youth employment, entrepreneurship, and protection against violence. For example, the drafting and approval of several youth-friendly policies, such as the municipal youth laws in Bolivia and Nepal.

Mentorship and role models: Access to mentors and role models who can guide AY in their personal and professional development is important. This helps in building confidence and leadership skills. For example, the peer-to-peer support is implemented across the programme countries and the need to further mentor youths after vocational training voiced by youths in Uganda during F2F event indicates its significance.

Inclusive and safe spaces: Creating safe and inclusive spaces where AY can express themselves, share ideas, and collaborate on projects is vital. This includes both physical spaces and online

Comentado [MM213]: To include number after sections reorganization

Comentado [MM214]: If you are referring to the country specific midline report, we should include the link in footnote - when all will have uploaded it to the resource centre. Here in the meantime you may add a footnote with the page

Comentado [CK215R214]: done

¹⁵ See laws approved in Bolivia in the midline report of Bolivia page 61)

platforms. The examples are the establishment of AIDA centers that provide age, gender, and services accessible for persons with disabilities in Bolivia, AY friendly spaces - health centers in programme countries which need further strengthening and support.

One of the findings in Nepal's midline report is that a significant portion of young people have knowledge and experience in taking initiatives for a specific cause, attempting to become agents of change. However, the resources available to them to help advance in this field are not at the appropriate level.

RQ. Are there any gender barriers for girls and young women in their equal participation and capabilities to lead a change? What are they?

In **Albania**, the study reveals that girls and women demonstrate a greater desire and initiative to lead activities and be agents of change compared to boys. Among the beneficiaries, 53.5% of those who believe they can be leaders are women and girls. This enthusiasm is further supported by the fact that 58.4% of those who have previously led an initiative are also women and girls. Despite potential barriers such as prejudices and a masculine culture, young women and adolescents have received the necessary information and support from the project to actively participate in their communities. This support has enabled them to undertake initiatives to improve their lives. During focus group discussions, participants expressed that the training sessions conducted under the POWER4AY have significantly increased their self-confidence. One participant from Diber shared, "The knowledge and changes that I gained from the training, I have shared with my friends, and some of them have expressed a desire to be part of these training sessions." This sentiment is echoed by key informants who noted that girls and women are bringing other young people to the activities organized, thereby creating a larger network and becoming agents of change. Additionally, the involvement in startup programmes has helped break taboos regarding women's entrepreneurial skills, changing the mindset of many in the community. The increased interest among girls in enrolling in professional training courses represents a significant shift in communities where women have traditionally been deprived of educational and career opportunities.

In **Uganda**, structural barriers such as inequalities in access to education and training, concentration in the informal economy, and the gender gap in unpaid care work inhibit women's economic productivity. Although significant progress has been made in closing the gender gap in primary education, disparities persist at the secondary level, which is crucial for workforce preparation. The programme has fostered social changes in the community, with improved relationships among community members and local leaders, enhanced SRH services, and increased school enrolment among youths. These changes have contributed to a more cohesive and supportive community environment.

Nepal faces cultural norms that impose early marriage and traditional gender roles, restricting girls' educational and career opportunities. Economic barriers, such as financial dependence, further limit their ability to start businesses or pursue higher education. The POWER4AY programme has addressed these issues through gender equality workshops, community engagement, scholarships, and vocational training. These initiatives have successfully reduced early marriage rates and improved school attendance by enhancing sanitation facilities. In Surkhet, the collaboration with schools to improve these facilities has led to increased attendance among girls.

In **Bolivia**, traditional gender roles and stereotypes often limit the participation of girls and young women in leadership and decision-making processes. Access to education and employment remains

a significant barrier, with higher unemployment rates for young women compared to young men. Gender-based violence (GBV) is another critical issue, as fear of violence and harassment can prevent girls from fully participating in community and leadership activities. The POWER4AY programme has provided extensive gender sensitivity training, aiming to change attitudes and behaviours towards gender equality. A representative from Save the Children noted, "The methodology is effective because it covers different ages, this has allowed us to respond to their needs." Empowerment workshops focused on personal empowerment, leadership, and SRH have equipped girls with the knowledge and skills to advocate for their rights and lead change. In Cochabamba, these workshops have empowered girls to make informed decisions and take on leadership roles. Establishing safe spaces like AIDA centres has provided girls with access to essential services, including counselling and healthcare. The availability of age-, gender-, and disability-sensitive services has increased satisfaction among adolescents and youth, with 86.5% reporting improved access to quality services. The programme has also actively advocated for policies that promote gender equality and protect the rights of girls and young women, including laws against GBV and policies supporting female education and employment. The Municipal Youth Law in Santa Cruz, for example, includes provisions for gender equality and protection against violence.

Overall, the Power 4 AY programme has made significant strides in addressing gender barriers and empowering girls and young women to become agents of change in their communities. Through a combination of education, training, community engagement, and policy advocacy, the programme has helped to create a more supportive and equitable environment for girls and young women to thrive.

13. Age-specificity (3rd GP) (1RQ)

RQ. How effectively is the programme responding to age specific needs and aspiration of AYs to support their future paths? How effective are the strategies and interventions put in place to address the age specific needs of AY? What more needs to be done?

The POWER4AY Programme by Save the Children (SCI) is designed to address the diverse needs and aspirations of adolescents and youth (AYs) across different age groups: 12-14 years, 15-19 years, and 20-24 years. Below is a summary of findings highlighting its strengths and weaknesses in addressing age-specific needs of AYs in four countries.

The analysis reveals that the strategies and interventions to address the age-specific needs of adolescents and youth in **Bolivia** are generally positive. However, there are some reservations, as shown in the responses to various interviews. For example, one response highlights the need to adjust the strategies and include SRH and economic empowerment issues at younger ages, given problems such as sexual abuse and labour exploitation among adolescents. A representative from Save the Children in La Paz stated: "They are effective because we work focused on their different ages, this has allowed us to respond to their needs, however, we could improve more, if somehow we manage to adapt the contents more for each age." Another representative from Oruro mentioned: "I think that talking about SRH issues and economic empowerment we have to lower the age because at 13 years old there is already sexual abuse or exploitation." The programme has contributed to a significant reduction in adolescent birth rates, from 71 births per 1000 women to 19 births per 1000 inhabitants. Employment rates among 15 to 24 age-group has increased

Comentado [MM216]: This seems a positive feedback - why is it considered a reservation?

Comentado [CK217R216]: deleted

Comentado [MM218]: This is at goal level, not sure we can really claim it, though "contributed" is used..

compared to baseline and more women of the age 13 to 19 have been able to make informed decisions regarding sexual relations, contraceptive use, and reproductive health care

In **Albania** the POWER4AY has empowered young people to use their skills to improve their communities, enhancing personal, relational, and collective well-being. The programme has been particularly effective in rural areas. Adolescents and young people have advanced their empowerment and skills, working with their peers to make positive contributions to their local communities. This has built solid foundations for the belief that their participation in the programme can improve their personal well-being, reduce stigma and violence, and increase self-confidence and the promotion of community well-being. A participant from Shkodër stated, "Participating in these sessions has helped me gain more self-confidence and push myself further." The midline evaluation indicates that 16.2% of the beneficiaries in the 12-14 age group participate in after-school programmes and violence prevention training. The 15-19 age group, representing the largest cohort at 70.7%, engages in life skills training, vocational courses, and career counselling. The data shows significant participation in these activities, with 49.1% expressing confidence in leadership abilities. For the 20-24 age group, comprising 13.1% of the beneficiaries, the focus is on employment and entrepreneurial skills. The midline report highlights that 61.5% of employed AYs are self-employed, with 53.1% attributing their self-employment to the programme's interventions. In **Uganda**, the programme has significantly increased re-enrolment rates and caregiver support for education. However, challenges remain in employment security and income inequality. The programme has increased the re-enrolment rate of Very Young Adolescents (VYA) in the education system from 56.4% at baseline to 79.7% at mid-term. This is attributed to financial support provided to families, peer engagement, and sensitization efforts. A representative from Uganda mentioned, "The life skills training has helped me develop critical thinking and self-control, which are essential for my future career." The proportion of youth aged 15-24 years not in education, employment, or training (NEET) reduced from 53.2% at baseline to 11% at mid-term. Participation in business skills training has helped shape career plans for 63% of AYs in this age group. The use of informal or formal financial services increased from 10.2% at baseline to 52% at mid-term, which is vital for economic independence and entrepreneurship. However, only 3.4% of AYs with wage employment possess written contracts, and 2.4% of self-employed AYs have work permits or licenses, indicating poor employment security and a need for better job protection measures. There is also a notable gender disparity in income, with more males (32%) having incomes equal to or higher than the national minimum wage compared to females (19%).

The programme in **Nepal** has achieved high enrolment rates and strong parental support for education. However, there is a need for more tailored interventions for younger adolescents and better support for higher education and employment opportunities. The programme has achieved a 100% enrolment rate for the 12-14 age group, ensuring that all children are in school. There is strong parental support for education, with 97.6% of parents showing positive attitudes towards their children's education. Schools and health centres conduct regular awareness programs on periods, hygiene, nutrition, and stress management. A schoolteacher from Banke stated: "This partnership has improved the teaching quality of school, maintained discipline and those students who have not been able to study due to lack of money have been supported and their studies have continued." The programme has significantly increased re-enrolment rates, particularly in Banke, where the rate rose from 9.7% to 70%. Life skills training has been effective in improving emotional regulation, decision-making, and problem-solving skills. Vocational training has helped AYs achieve financial

Comentado [MM219]: Participant?

Comentado [CK220R219]: It is stated as representative, so I would leave like that.

independence and boosted their self-esteem. However, dropout rates remain high, particularly among older adolescents, and the financial support provided is often insufficient to sustain businesses or cover higher education costs. There is also a lack of employment opportunities for graduates, which discourages continued education. For the 20-24 age group, the programme has significantly increased employment rates, particularly among females, from 6.1% to 47.6%. Many AYs have achieved financial independence through vocational training and business support, positively impacting community perceptions and reducing stigma.

The POWER4AY Programme has made significant strides in addressing the age-specific needs and aspirations of AYs across different regions. While there are notable successes, such as increased employment rates, education enrolment rate and improved SRH decision-making, challenges remain in areas like economic empowerment, employment security, and tailored interventions for younger adolescents.

9 14. Socio-ecological model (SEM) (2RQs)

RQ. Is the programme able to actively involve all relevant actors in the socio-ecological model to contribute to AY wellbeing? How is economic resilience programme supporting AYs and their families in reducing reliance on negative coping strategies?

The POWER4AY Programme has demonstrated a robust ability to actively involve various relevant actors, including government bodies, municipalities, and NGOs, in the socio-ecological model to enhance AY wellbeing. This involvement is crucial for creating a supportive environment that addresses the multifaceted needs of AYs.

In **Bolivia**, the programme's comprehensive and participatory approach effectively integrates different actors at various levels of the AY environment, such as family, community, schools, organizations, and government levels. For instance, in El Alto, the active involvement of families, schools, community leaders, and local authorities in implementing prevention programmes, training, and strengthening public policies was highlighted. Collaboration with municipal and departmental governments has also been crucial in achieving effective results for the benefit of adolescents and young people. A representative from Save the Children La Paz emphasized: "The programme has a comprehensive and participatory approach that seeks to actively involve all participants in the socio-ecological model." Through youth councils, youths are found engaged in advocating for many youth-friendly policies with the departments and municipalities and some of them are reported to have been approved in the midline report.

In **Uganda**, the programme acknowledges that AY wellbeing involves multiple factors, including physical, mental, and social well-being. The project appreciates that wellbeing is affected by the interaction between the individual, the group/community, and the physical, social, and political environments. The programme works with VHTs, community-based facilitators, and sub-county level facilities to support training and referrals for AY needs. The involvement of caregivers and parents has also been a key strength, with 79% of caregivers reporting participation in training or awareness-raising activities. However, the programme faces challenges in effectively reaching and engaging persons with disabilities. The disability prevalence rate among AYs in the programme is 3%, which is lower than the national average of 15.4%. This indicates a need for more targeted efforts to include persons with disabilities in the programme's interventions.

Comentado [CJ221]: I would go back to the point that the program offers different pathways based on contexts and ages. For example there are the education pathways and the economic empowerment pathways. There are different delivery mechanisms and methodologies for adolescent sexual and reproductive health. In Albania, career guidance helps 15-16 year olds make key decisions for their future and older adolescents are supported to develop professionally.

Con formato: Fuente: Negrita, Italiano (Italia)

In **Albania**, the programme collaborates with government bodies to ensure policies are in place that support AY employment and education. For instance, the programme alignment with labour laws to prevent hazardous work conditions for AYs under 18 is a significant step. The programme has also partnered with local NGOs to provide training and educational opportunities, with 42.3% of AYs receiving formal training.

In **Nepal**, the programme has successfully collaborated with local governments and municipalities, which have provided matching funds and support for various initiatives. There are also instances of advocating and getting youth friendly policies approved by and working in collaboration with the local government. Local NGOs such as Working for Access and Creation in Achham and Everest Club in Dailekh have been instrumental in implementing project activities at the grassroots level. The programme has targeted vulnerable groups, including females, persons with disabilities, and marginalized communities, ensuring that interventions are inclusive and equitable.

Despite these successes, there are challenges. In Bolivia, high staff turnover and economic constraints have posed challenges, such as reduced public budgets and disrupted continuity of programme activities. In Uganda, the programme has faced challenges in effectively reaching and engaging persons with disabilities, with a disability prevalence rate among AYs in the programme lower than the national average. In Albania, there has been a lack of engagement with thematic experts, limiting the programme's ability to address complex issues such as mental health and advanced business skills.

RQ. Impact of Economic Resilience Programme on AYs and Their Families

The economic resilience component of the POWER4AY Programme supports AYs and their families in reducing reliance on negative coping strategies by providing them with the skills and opportunities needed to achieve economic stability.

In **Bolivia**, the programme supports adolescents and youth through training in key skills such as financial management, problem-solving, and technical training focused on the local labour market. These actions reduce reliance on negative coping strategies such as child labour and indebtedness, and promote economic autonomy and entrepreneurship. A representative from Save the Children La Paz noted: "We help them develop skills that enable them to reduce reliance on negative coping strategies, such as child labour and indebtedness."

In **Uganda**, the programme has significantly increased the employment rate among AYs from 30% at baseline to 85% at mid-term. This increase is attributed to the provision of vocational training and business skills development. The proportion of AYs making use of informal or formal financial services increased from 10.2% at baseline to 52% at mid-term. The programme has also promoted economic independence among AYs by providing start-up kits and facilitating access to markets.

In **Nepal**, the percentage of AYs who are able to save money has shown a notable increase from 57.8% in the baseline to 74.2% in the midline assessment. The programme has facilitated the formation of community saving groups, which have provided AYs and their families with access to financial services such as savings and loans. AYs have received vocational training and about 35% of youths aged 15 to 24 are now engaged in different types of entrepreneurship which have supported them and their families.

However, there are challenges. In Bolivia, the broader economic instability has impacted the programme's ability to achieve its goals fully. In Uganda, there is a notable gender disparity in income, with more males having incomes equal to or higher than the national minimum wage

Comentado [CJ222]: maybe mention something about "policy, budgetary and legal" level of the SOM, such as that the projects have contributed to the development and implementation of policy in favour of AY, with their participation.

Comentado [CK223R222]: sentences added

compared to females. In Nepal, ensuring the long-term sustainability of the businesses started with programme support is challenging, especially in a volatile economic environment.

15. Sustainability (2RQs)

RQ. What potential exists for the replication or localization of activities after the end of program? What are they? How sustainable are the results or impacts of the programme interventions in the lives of participants?

The POWER4AY Programme has demonstrated significant potential for replication and localization of its activities across various regions. The programme's success in Bolivia, Uganda, Nepal, and Albania highlights its adaptability to different socio-ecological contexts, making it a viable model for other areas with similar challenges.

In Bolivia, the programme's comprehensive and participatory approach has effectively involved families, schools, community leaders, and local authorities. This multi-level engagement ensures that the programme addresses the diverse needs of adolescents and youth (AYs) by leveraging local resources and stakeholders. For instance, in El Alto, the collaboration with municipal and departmental governments has been crucial in implementing prevention programmes and strengthening public policies. This model can be replicated in other municipalities by fostering similar partnerships and tailoring activities to local needs.

The programme's adaptability is further evidenced in Uganda, where it has successfully engaged VHTs, community-based facilitators, and sub-county level facilities. These collaborations have supported training and referrals for AY needs, demonstrating the programme's ability to integrate into existing community structures. The involvement of caregivers and parents has also been a key strength, creating a supportive environment for AYs. This approach can be localized in other regions by identifying and engaging relevant community actors and adapting training programmes to local contexts.

In Nepal, the programme's collaboration with local governments and NGOs has facilitated the implementation of activities at the grassroots level. For example, partnerships with organizations like Working for Access and Creation and Everest Club have been instrumental in delivering training and support to AYs. The programme's inclusive approach, targeting vulnerable groups such as females and persons with disabilities, ensures that interventions are equitable and address specific local needs. This model can be replicated in other districts by establishing similar partnerships and focusing on inclusivity.

Albania's experience with the POWER4AY highlights the importance of aligning with government policies and leveraging local resources. The programme's collaboration with government bodies to ensure policies support AY employment and education, as well as its partnerships with local NGOs for training and advocacy, demonstrate its potential for localization. By aligning with local policies and engaging community organizations, the programme can be effectively replicated in other regions.

RQ. Sustainability of Results and Impacts of Programme in the Lives of Participants

The sustainability of the POWER4AY Programme's results and impacts is evident in the significant improvements in the lives of participants across various regions. The programme's holistic approach, which includes training, economic empowerment, and community engagement, has led to lasting changes in AY well-being.

In Bolivia, the programme's focus on economic resilience has supported AYs and their families in reducing reliance on negative coping strategies. Training in financial management, problem-solving, and technical skills has increased employment and self-employment opportunities, promoting economic autonomy. For example, workshops on financial literacy and entrepreneurship have enabled young people to start their own businesses, fostering a sense of autonomy and confidence. This approach not only generates sustainable income but also empowers AYs to become agents of change in their communities.

Uganda's implementation of the programme has strengthened AY networks and built capacities within community structures, ensuring sustainable results post-project. Continuous education addressing structural, systemic, and individual barriers has been crucial in achieving long-term impacts. The involvement of caregivers and community groups in promoting school retention, employment, and access to SRH services has created trusted structures that support AY well-being. This comprehensive approach ensures that the benefits of the programme extend beyond its duration, as community members continue to advocate for and support AYs.

In Nepal, the programme's emphasis on vocational training and financial support has significantly improved AY economic resilience. The ability to save money and access loans has increased, enabling AYs to invest in their education and businesses. For instance, the establishment of community savings groups has provided AYs with access to financial services, reducing their reliance on high-interest loans from informal sources. This financial stability is crucial for sustaining the programme's impacts, as it empowers AYs to make informed financial decisions and avoid negative coping strategies.

Albania's experience with the programme underscores the importance of policy support and community involvement in sustaining results. The alignment with labour laws and the provision of start-up grants have enabled AYs to secure safe employment and start their own businesses. The programme's focus on life skills training has also equipped AYs with essential skills for financial management and decision-making. These interventions have led to increased economic independence and reduced reliance on negative coping strategies, ensuring that the benefits of the programme are sustained over time.

In conclusion, the POWER4AY Programme's potential for replication and localization, combined with its sustainable impacts on participants' lives, demonstrates its effectiveness as a model for enhancing AY well-being. By adapting the programme to local contexts and ensuring continuous support and engagement from community stakeholders, the programme can achieve lasting positive outcomes for AYs across different regions.

16. CONCLUSION

The POWER4AY programme has demonstrated significant progress in enhancing the wellbeing of adolescents and youths across Albania, Bolivia, Nepal, and Uganda. The programme's comprehensive approach, which integrates education, economic empowerment, gender transformation, and inclusive policies, has yielded positive outcomes across various indicators.

The reduction in the NEET rate by 16% from the baseline is a notable achievement, reflecting increased engagement of AYs in education and employment. This improvement is particularly evident in Uganda, where the programme's interventions have been most effective. However, the

Comentado [MM224]: Was any challenge on sustainability mentioned in the country reports? All great news on this?

Comentado [CK225R224]: No. This synthesis is what ever we could find out of 4 reports

higher NEET rates among AYs aged 20-24, except in Uganda, indicate a need for targeted support for this age group to ensure their continued engagement in productive activities.

The programme has also made strides in empowering women aged 15-24 to make informed decisions about their health care, sexual relations, and contraceptive use. The proportion of women making informed decisions has increased significantly, with the highest gains observed among persons with disabilities in Uganda. Despite these improvements, the cultural norms around marriage age remain deeply entrenched, as evidenced by the unchanged mean age of 23 for marriage.

The improvement in educational outcomes differs across countries. The re-enrolment rates have increased, especially among younger adolescents. However, the enrolment rates for persons with disabilities and females remain low, highlighting the need for more inclusive educational policies and support systems.

The project has empowered youth, especially marginalized groups, by providing them with skills and opportunities for wage and self-employment. Self-employed youth have started businesses, contributing to the local economy and supporting their families, which have boosted their self-esteem and social stature. Employment rates among AYs have increased by 16%, with the highest rates observed in Uganda. However, ensuring decent working conditions remains a challenge, with only 34% of AYs working under decent conditions. The decrease in the proportion of AYs earning income equal to or higher than the national minimum wage by 20% reflects broader economic challenges. The increased use of financial services among AYs is a positive development, promoting economic independence and reducing reliance on negative coping strategies.

The programme has enhanced AY participation in social networks and their ability to lead community initiatives. The increase in participation rates and the development of leadership skills among AYs are significant achievements. However, satisfaction with access to community and public services remains low among persons with disabilities, indicating a need for more inclusive and accessible services.

In conclusion, the POWER4AY program has made substantial progress in improving the wellbeing of adolescents and youths across multiple dimensions. The programme's holistic and inclusive approach has been effective in addressing the diverse needs of AYs. However, challenges remain in addressing gender disparities, ensuring inclusive education and employment opportunities, and protecting vulnerable groups from violence. Continued efforts are needed to sustain these impacts and address the remaining challenges.

17. RECOMMENDATIONS

Outcome 1: Improve AY Choices Towards Teenage Pregnancy and Early Marriage / Reduce Incidents of Violence Among AYs

- Continue and expand SRH education programmes to ensure that all AYs, especially those with disabilities, have access to comprehensive information about health care, sexual relations, and contraceptive use.
- Engage community leaders and parents in awareness campaigns to support informed decision-making and address deeply rooted cultural norms around early marriage and pregnancy.

- Implement targeted interventions to protect persons with disabilities from violence, including safe spaces and support services.
- Strengthen community-based mechanisms for reporting and addressing violence against AYs.

Outcome 2: Improve Gender Transformative and Inclusive Educational Pathways for AYs

- Provide additional support for re-enrolment and retention of AYs in education with focus on female and age-group 15 to 19, and particularly in Uganda where re-enrolment rates are lower through bursary and other supports.
- Enhance and further advocate for inclusive education policies and practices to support the educational attainment of persons with disabilities.

Outcome 3: Increase Decent Employment and Protection from Harmful Work

- Develop partnerships with local businesses to create more employment opportunities for AYs, particularly in rural areas.
- Provide targeted vocational training and job placement services for AYs aged 20-24 to address higher NEET rates in this age group.
- Advocate for policies that ensure decent work conditions, including written contracts, social security, and safe working environments.
- Strengthen /further establish mentorship and guidance programmes to guide young entrepreneurs with links to markets and help them navigate the challenges of starting a business.
- Strengthen/advocate for the enforcement of work-place safety regulations to reduce the prevalence of hazardous jobs.

Outcome 4: Improve Policies, Frameworks, Strategies, Systems, Services, Networks with and for AYs

- Strengthen AY participation in social networks and leadership roles by providing leadership training and mentorship programmes.
- Facilitate community dialogues to address cultural norms and promote the active involvement of AYs in community decision-making.
- Continue to promote community and parental support with focus on further inclusion of persons with disabilities in the social networks and platforms
- Focus on further improving the quality of networks and their activities, rather than quantity.

Other

- Develop and test inclusive methodologies and training programmes tailored to the needs of persons with disabilities.
1. Assess the impact of WASH interventions on school attendance and health outcomes among AYs through internal monitoring.
 2. Identify best practices for integrating menstrual hygiene management into school and community programmes.

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ANNEXES

- Annex 1: [Annex1 Table of midline indicators and values.xlsx](#)
Annex 2: [POWER Midline Evaluation Common ToR final.docx](#)
Annex 3: [ACER POWER4AY Midline Evaluation \(08.08.2024\) final.pdf](#)
Annex4: [Bolivia Mid term evaluation report Version final 23 OCT2024.docx](#)
Annex5: [Nepal Mid-Term Report V3 Final \(Updated 12 August 2024\).docx](#)
Annex6: [Uganda POWER 4 AY MTR Report V4 Aug 2024 Final Clean Version.docx](#)
Annex7: [IndData disaggregation byCountry.xlsx](#)