

EVALUATION OF THE REGIONAL PROGRAMME:

“STRENGTHENING THE PROTECTION AND EXERCISE OF SEXUAL AND REPRODUCTIVE RIGHTS”

MAP OF CENTRAL AMERICA



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GLOSSARY OF ACRONYMS

AFM: Articulaci3n Feminista Marcosur (Marcosur Feminist Articulation)

AP: Adolescent Pregnancy

CAI: Comprehensive Assistance Center

CEDAW: Committee on the Elimination of Discrimination against Women

CEMERA: Center for Adolescent Reproductive Medicine

CLACAI: Latin American Consortium Against Unsafe Abortion

CMEU: Child Marriage and Early Unions

CNJ: National Council of the Judiciary

CO's: Country Offices

CONNA: National Council for Children and Adolescents.

CP: Country Programme

CSE: Comprehensive Sexuality Education

DAC: Development Assistance Committee

DFAID: Department of Foreign Affairs, Trade and Development Canada

DIGESTYC: General Directorate of Statistics and Census of El Salvador.

ECLAC: Economic Commission for Latin America and the Caribbean

ENDESA: Nicaraguan Demographic and Health Survey

ENIPENA: National Strategy for the Prevention of Pregnancy among Girls and female adolescents

ESCO: El Salvador Agency for International Cooperation

EVA: School of Values for Adolescents

FLACSO: Latin American Faculty of Social Sciences

FP: Family Planning

GBV: Gender-Based Violence

HBCR: Bertha Calder3n Roque Hospital

HQ: Headquarters

HR: Human Rights

ICPD: International Conference on Population and Development

INJUVE: National Youth Institute

IPs: Implementing Partners

ISDEMU: El Salvador Coordinating Mechanism

LACRO: UNFPA Regional Office

LGBTQI: Lesbian, gay, bisexual, transgender, queer, intersex

M&E: Monitoring and Evaluation

MAECD: Ministry of Foreign Affairs, Trade and Development

MIFAN: Ministry of Family, Adolescence and Childhood

MINED: Ministry of Education

MINEDCYT: Ministry of Education, Science and Technology (El Salvador)

MINREX: Ministry of Foreign Affairs

MINSAs: Ministry of Health (Nicaragua)

MINSALs: Ministry of Health (El Salvador)

OAS-CIM: Organization of American States -
Inter-American Commission of Women

OECD: Organization for Economic Co-
operation and Development

OIG: Gender Equality Observatory

ORMUSA: Organization of Salvadoran
Women for Peace

PNC: National Civil Police of El Salvador

QCPR: Quadrennial Comprehensive Policy
Review

RAAN: North Atlantic Autonomous Region

RAAS: South Atlantic Autonomous Region

RACCN: Autonomous Region of the Northern
Caribbean Coast

RACCS: Autonomous Region of the Southern
Caribbean Coast

REDFEM: Feminist Network Against Violence

REPODER: Rights at Risk Repository

SAR: Regional Alert System on Sexual and
Reproductive Rights

SATPREVI: Early Warning System for
Violence Prevention

SDGs: Sustainable Development Goals

SILAIS: Local Integrated Health Care Systems

SRH: Sexual and Reproductive Health

SRHR: Sexual and Reproductive Rights

ToC: Theory of Change

UNEG: United Nations Evaluation Group

UNESCO: United Nations Educational,
Scientific and Cultural Organization

UNFPA: United Nations Population Fund

UNICEF: United Nations Children's Fund

VIP: Voluntary Interruption of Pregnancy

WHO: World Health Organization

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EXECUTIVE SUMMARY

Justification

This document is the final evaluation report of the “Strengthening the protection and exercise of Sexual and Reproductive Rights” Programme. The purpose of the Regional Programme has been to strengthen the promotion, protection and exercising of sexual and reproductive rights by improving access to information and comprehensive services on sexual and reproductive rights (SRH) and gender-based violence (GBV) for women and adolescents in El Salvador and Nicaragua and facilitating the exchange of experiences in the region.

GBV and adolescent pregnancy (AP) remain a major public health problem in Central America, as well as a serious violation of human rights and fundamental freedoms that affect the development and health of women and girls, at all stages of the life cycle.

The Programme responds to the need to support the implementation of the National Intersectoral Strategy for the Prevention of Pregnancy in Girls and female adolescents 2017-2027 in El Salvador and contribute to the updating, formalization and implementation of the National Strategy for the Prevention of Pregnancy in Girls and female adolescents in Nicaragua. Both strategies use a comprehensive approach and include important components for addressing GBV.

Objectives of the evaluation

The purpose of the evaluation was to assess the Regional Programme and obtain an independent and useful analysis to: determine to what extent the Regional Programme has been relevant; assess its degree of efficiency and sustainability; establish to what extent the expected results were achieved; identify lessons learned; and produce evidence for

decision-making. The opportunities and challenges of this type of programmatic approach in which a single programme seeks to generate regional and direct impact in two specific countries (El Salvador and Nicaragua) are analyzed, with the purpose of identifying lessons learned and recommendations for the future.

At the geographical level, the evaluation covers the implementation of the Programme in its regional component, as well as in El Salvador and Nicaragua at national and sub-national levels, analyzing the role and contribution of UNFPA LACRO. The evaluation highlights the achievements obtained by the different national partners that have been working on the programme, as well as the collaboration with the Government of Canada as a donor.

The evaluation covers the period 1 March 2018 to 30 June 2021. It provides an analysis of UNFPA’s response to the COVID-19 emergency through the Regional Programme, assesses whether the pandemic affected the expected results and provides recommendations for UNFPA and the donor to respond to the challenges of post-COVID-19 recovery in the area of sexual and reproductive health and rights.

Methodology

The methodological framework for conducting this evaluation was based on the United Nations Evaluation Group (UNEG) Norms and Standards for Evaluation and the Organization for Economic Co-operation and Development (OECD) Development Assistance Committee (DAC) Glossary of Key Terms in Evaluation and Results-based Management (2002), as well as UNFPA’s Evaluation Policy (2019). The research design was based on the evaluation criteria and includes questions regarding the formulation of indicators, information sources and methods for data collection and

analysis. The identification of evidence and the application of triangulation techniques permitted the formulation of conclusions and recommendations. In addition to the evaluation criteria, this evaluation uses the Theory of Change (ToC) as its main approach.

It should be noted that the evaluation plan was affected by the global COVID-19 pandemic, which meant that the evaluation was conducted remotely. A contingency plan was implemented, which has allowed work to continue and be completed without affecting the quality and collection of evidence that informs the evaluation findings.

Main findings and conclusions

Relevance

- The Regional Programme was aligned with UNFPA's Strategic Plan 2018-2021 and Canada's feminist cooperation policy, contributes to the advancement of the 2030 Agenda and the Sustainable Development Goals (SDGs) and supports the advocacy and implementation of the Montevideo Consensus on Population and Development. In accordance with the development needs and challenges in the countries of the region, priority was given to the need to improve access to SRR for the most vulnerable population, especially women, adolescents and girls, in a regional context in which groups opposed to the issues of gender equality and sexuality are increasing their political power and the emergence of COVID-19. The programme demonstrated capacity and flexibility to position SRHR and comprehensive sexuality education (CSE) in a framework that is respectful of national specificities and policies. The multisectoral programmatic strategy has been relevant for coordinating interventions in different areas and implementing simultaneous actions with governments and civil society in sensitive political contexts.
- The design, expected results and interventions of the Regional Programme are framed in an approach that favors the development of capacities of human rights guarantors and rights holders. The incorporation of human rights and gender equality approaches in the programming and implementation of interventions contributes to coherence between the expected results. However, the absence of disaggregated analyses that take into account the specific disadvantages that occur in the intersection between factors such as gender, ethnicity, sexual orientation, disability, forced displacement and migrant status in the design and selection of target groups has been a limitation in the design of interventions that aim to reach population groups with high levels of inequalities.
- The Regional Programme made contributions to central themes in the sustainable development agenda by promoting the positioning of SRHR, generating evidence, developing capacities and improving public services and instruments. Maintaining the SRHR of the adolescent population as a priority area for countries is threatened by groups that oppose these agendas, as well as by political crises that are occurring in the region. The regional component is considered relevant and strategic for the generation of enabling environments through the dissemination of evidence, policy dialogue and advocacy.

Effectiveness

- The programme has been effective, showing a high level of execution of the interventions that were initially planned or that were reprogrammed. This has ensured the definitive insertion of the public problem related to adolescent pregnancy and GBV in political-institutional agendas in the implementing countries, reaching multiple levels and generating significant potential and expectations in the medium term. This can be seen both in the regulatory changes that were observed during the period, as well as the inclusion of different services and activities in the portfolios of national institutions. This represents a significant advance in the Theory of Change that underpins public policy. In this regard, the role of the donor is of particular relevance, with Canada considered a benchmark for cooperation in public policy cooperation in the region and, particularly in the implementing countries.
- LACRO's performance is considered effective in terms of: (i) the regional actions implemented; (ii) the strengthening of regional networks in which social organizations are integrated, considered first level actors in the defense of SRR and for contributing to progress in relation to the Montevideo Consensus; and (iii) in the role of technical assistance at the national level, especially in relation to CSE and quality standards with adolescents. In this regard, LACRO's role in relation to the creation and extension of early warning systems and public policy data management should be highlighted. These actions create the possibility of having official and reliable information available to multiple actors, making progress with the inclusion of this policy in national and regional agendas.
- In El Salvador, the level of compliance

with the Programme's main indicators has been high. In El Salvador, the Programme has permeated the political-institutional agenda, which has led to the improvement of public policy through the assumption of certain activities proposed by the Programme in the national government's priorities. This was evident with the training course on "Sexual and Reproductive Rights, Citizenship for Youth Leadership", which has been integrated into INJUVE's educational programme, for example.

- In this scenario, initiatives have emerged including scholarships to avoid female students dropping out of school, training of judicial and legal staff, teacher training, improvement of school facilities, and in relation to the current crisis, the distribution of hygiene kits and computer equipment.. These actions are considered to be both effective and have a high impact in the medium term as they are intermediate measures that contribute to the strengthening of public policy in El Salvador as a final objective.
- In Nicaragua, the Programme has had a positive effect on the inclusion and prioritization of the problem of adolescent pregnancy and GBV in the national political-institutional agenda. This is evident in the updating of regulations and the creation of action protocols. This translates into concrete effects for citizens, especially for women, adolescents and girls from the most vulnerable population groups, as a result of staff training and the introduction of quality and continuous improvement tools in public institutions. The progress made with improving the services at the Adolescent Clinic of the Berta Calderón Hospital as a leading SRHR center is notable, although the element that is considered essential in this area has been the territorial improvement of services in the SILAIS and

the Health Units. One of the indicators that make it possible to measure the effects of the Programme is the increase in the use of modern contraceptive methods by adolescents in the prioritized SILAIS, rising from 68,000 in 2017 to 97,529 in 2020.

- Despite the impact of unforeseen external factors that posed a challenge to the achievement of intermediate results (the (Premise 2), UNFPA adequately manages risks (Premise 3), adapting the programme in a flexible and timely manner in response to the COVID-19 emergency (Premise 4), maintaining the original philosophy of the human rights-based approach and the gender mainstreaming strategy in its interventions (Premise 5) and achieving the expected results (Premise 1).

- Key actors agree on the Programme's good practices:

- Inclusive and pluralistic dialogue with civil society at the regional level has made it possible to constantly analyze these issues and generate a joint strategy through a very constructive relationship between the parties.

- Support for the Programme from women leaders has made it possible to design a work methodology with girls and female adolescents that enhances articulation with other projects, for example, initiatives that support educational permanence.

- The interventions implemented in the two countries with teachers on CSE and progress in terms of advocacy and capacity with the Ministry of Education was an important turning point for achieving the Programme's results.

- There is evidence of girls' empowerment

in the area of SRHR, with UNFPA making a decisive contribution to positioning the issue as a national priority and generating, among other elements, the prohibition of child marriage in El Salvador¹.

- The installation of Quality Standards for Adolescent Health Services with an emphasis on SRH in complex political contexts is considered a good practice with the possibility of replication. These standards also translate adolescents' SRHR into a basic package of interventions as comprehensive health services.

- The protocol for accompanying pregnant girls and female adolescents that makes it possible for them to continue their studies has had a significant impact on the target population. This good practice is based on education as an area of pregnancy protection.

Efficiency

- Despite the baseline context and UNFPA's estimates of the negative impact of COVID-19 on public policy, the Programme has made progress with the initially planned results, despite UNFPA's estimates of the negative impact of COVID-19 on public policy. These results have been achieved through suitable management of programme funds in accordance with the established planning, and through the reprogramming and mobilization of new funds for urgent activities in response to the needs caused by health emergencies. The results of the Programme highlight the importance of collaboration with local and regional actors, other initiatives and public institutions in order to increase the scope of initially planned actions, improving their effectiveness and guaranteeing their

1. See UNFPA press release <https://elsalvador.unfpa.org/es/news/asamblea-legislativa-de-el-salvador-proh%C3%ADbe-el-matrimonio-infantil>

continuity over time. It is also necessary to mention the flexibility of the Programme and its main actors when it comes to increasing its execution period by 6 months, as well as with financing activities related to the health emergency.

- Examples of this include: (I) the continuity of public policy in Nicaragua through the new initiative "Adolescent Pregnancy Prevention" CABO4 (PAP), in collaboration with UNFPA and financed by Canadian funds. This initiative aims to contribute to the sustainability of results in order to benefit adolescents and young people; (II) the adoption of measures to be implemented from the Programme by national authorities; (III) legislative modification that will involve the integration of the approaches advocated by the Programme into the national political-institutional agenda.
- The budgetary analysis carried out evidences a high execution of the programme's funds. Taking into account the reprogramming and modifications already mentioned, this execution has been adequate over time and has followed an upward curve. This means that the budgetary execution and the implementation of actions, despite the heterogeneity between the components of the Programme, have been implemented within the approved time limits.
- Although at the reporting level the indicators were met, the weak regional coordination in the initial stages of the programme's implementation limited the exchange of experiences and good practices generated by the Programme, among other aspects. However, it should be noted that regional coordination was strengthened in the final year of implementation. This facilitated the exchange of lessons learned and highlighted that the model designed by the regional programme could be useful in other countries in the region.
- The investment made through the implementation of the Programme has been efficient, as it has installed capacities in national institutions, ensuring the continuation of training processes that will have an impact over time, contributing to the achievement of results. This was achieved despite the particularities in each country and the different budgets. Regarding the cost-benefit analysis for the target population (girls and female adolescents), a more detailed evaluation is required, as it is beyond the scope of this evaluation to determine the empowerment achieved and the improvement to the quality of life of participating girls and female adolescents in economic terms.

Sustainability

- The Programme has contributed to establishing and prioritizing public policy in the targeted countries, always taking into account their local realities. This context generates a favorable scenario for the long-term impact of the Programme's effects and the continuity of public policy through other channels, including the incorporation of the Programme's services by national governments or new cooperation projects. At the regional level, one of the main contributions from the Programme is the promotion of dialogue on SRR, specifically strategies to reach beneficiaries.
- Of special interest is the monitoring of training on CSE and GBV for health, educational, legal and judiciary staff. Although the results of the Programme's actions are considered effective, its effects should be observed over a longer period of time, as these actions make substantial medium and long term contributions to the Theory of Change on which public policy is based.

- Another element promoted by the Programme that contributes to the medium and long term continuity of the policy is related to obtaining reliable official data on target population groups at regional and national levels. Ensuring the existence, reliability and regular statistical collection of this data will contribute to the establishment, monitoring, improvement and ultimately sustainability of public policy.
- It is important to consider that, in the case of El Salvador, the issue of insecurity was a factor that affected the Programme's territorial work. This situation was one of the criteria that forced the Country Office, in coordination with government institutions, to modify five of the ten municipalities that were originally selected for the Programme. In addition, this situation created the need to work with partners to bring the actions of the project closer to girls and female adolescents in communities with less risk.
- Although the Programme has contributed substantial aspects to ensure the sustainability of the interventions, primarily in the areas of capacity building, development of guidelines and quality standards for adolescent health services, future projects should have an increased impact by achieving updated information systems that contain information disaggregated by age and sex. This will facilitate comprehension of the reality faced by each country, which is a criteria from the standards themselves.
- One of the sustainability challenges is financial, in which beneficiary institutions should allocate a permanent budget for the continuity of the interventions once the Programme has ended.
- From the perspective of partners and donors, the very presence of UNFPA and the strategic and technical capacity of its

team is a key element for the sustainability of the Programme's results. In addition, the commitment shown by the Government of Canada in the region through supporting the agenda and objectives of the Programme is a key element to provide sustainability and continuity for the results achieved.

Main suggested recommendations

R#1: Ensure the adoption of differential approaches to operationalize the programmatic principle of leaving no one behind. To achieve this, Country Offices need to strengthen national capacities in the areas of human rights, SRR, gender equality, interculturality and intersectionality approaches at the different levels of the project's implementation. This will ensure their mainstreaming and operationalization.

R#2: Continue to support the generation of evidence and the strengthening of civil society networks for the defense of SRHR in a context of reactive politicization of this issue and the gender agenda in Latin America and the Caribbean. There is a need to expand the participation of adolescents and youth so that they can position themselves as subjects of rights, develop life skills, and increase their self-esteem and negotiation capacities. This will help them contribute to public debate in the countries and the region.

R#3: Promote the direct participation of beneficiaries in the processes, generating consultations for the design of processes, participation mechanisms and accountability actions with beneficiaries. Specifically, it is important to promote the leadership of adolescents in all of these change processes so that the services provided respond to their needs and they are involved in formulation, implementation and M&E stages.

R#4: Once the Programme is established and information is available, it is recommended that an intercultural approach is adopted. For example, what types of interventions can be tailored so that they are specifically designed for indigenous and afro-descendant girls and female adolescents. This implies an increased presence in the territory, an approach to the rural realities in these countries and requires a review/analysis of costs.

R#5: It is recommended to incorporate the inclusion approach, specifically the disability perspective, in discussions about the continuity of interventions. There is a need to focus on issues faced by girls and female adolescents with disabilities who experience adolescent pregnancy and/or sexual violence. This will have an important impact in economic terms, as guaranteeing the participation and inclusion of people with disabilities has an impact in terms of cost. It is recommended that prior to their programmatic inclusion, an estimate of the cost of including the specific needs of girls and adolescent females with disabilities should be prepared and the best strategy for their inclusion and the implementation of targeted actions should be evaluated.

R#6: In the prioritization and selection of the participating municipalities, it is recommended to take into account the impact of the Programme in terms of coordination and territorial articulation and achieve a balance between the level of coverage and geographical dispersion. Geographic dispersion hinders the coordination of the Programme's actions and disperses the synergistic and catalytic effect of the results achieved.

R#7: Continue to take advantage of the legitimizing framework of the Montevideo Consensus as a tool that helps build consensus and foster dialogue.

R#8: It is recommended to take lessons learned from the experience of institutional coordination for the implementation of a Regional Programme in the following areas: (I) the definition of responsibilities of the actors involved in the Programme; (II) coordination and planning/rescheduling; (III) the traceability of the use of the logical framework in the reports; (IV) interaction with the donor.

R#9: Continue work to generate information and raise awareness with new political and technical actors to position the topics of adolescent pregnancy, early unions and sexual violence against girls and female adolescents among the government's priorities.

R#10: At the local level, it is necessary to strengthen partnerships with civil society for direct actions, identifying local entities and organizations that are working with these issues. It is important to cross-reference information between the municipalities that continue to have high rates of sexual violence, early unions and pregnancies of girls and female adolescents. This will facilitate the implementation of awareness campaigns in coordination with the local social outreach work carried out by local actors.

INTRODUCTION



THIS IS THE FINAL EVALUATION OF THE “STRENGTHENING THE PROTECTION AND EXERCISING OF SEXUAL AND REPRODUCTIVE RIGHTS” REGIONAL PROGRAMME. THE PURPOSE OF THIS DOCUMENT IS TO COMPILE THE MAIN FINDINGS AND CONCLUSIONS IDENTIFIED THROUGH THE EVALUATION, IN ADDITION TO DESCRIBING THE EVALUATION APPROACH, THE METHODOLOGY USED AND MAKING RECOMMENDATIONS.

This formative and summative² evaluation applied quantitative and qualitative techniques, but not experimental ones. It should be noted that the evaluation plan was affected by the global COVID-19 pandemic. A contingency plan was implemented, which has allowed the work to continue without affecting the evidence that informs the evaluation findings. A methodology was designed and implemented that complied with UNFPA guidelines and directives for evaluations and meeting the requirements established in the Terms of Reference that were agreed upon between the donor and UNFPA. The evaluation also took into account the characteristics and situations in the countries and the availability of information.

The structure of the document, in accordance with UNFPA’s evaluation policy guidelines, is as follows. This section outlines the purpose and scope of the evaluation, identifying the project’s objectives, as well as the purpose and scope of the evaluation and the methodology used. Chapter 2 explores the context of the evaluation with a review of the regional and country contexts. Chapter 3 presents the findings organized by the four evaluation criteria. Chapter 4 details the conclusions and the proposed recommendations. The annexes include the evaluation matrix, as well as details of the tools used.

1.1 PURPOSE OF THE EVALUATION

The UNFPA Regional Office for Latin America and the Caribbean and the Caribbean (UNFPA LACRO) requested the services of an external team to:

Obtain an independent and useful analysis to determine to what extent the "Strengthening the protection and exercise of Sexual and Reproductive Rights by promoting the reduction of teenage pregnancy and gender-based violence in Central America" Regional Programme (P002859) has been relevant; assess its degree of efficiency and sustainability; establish to what extent the expected results were achieved; identify lessons learned and produce evidence for decision-making.

Based on its findings, the Evaluation Team has included recommendations in this document for improving UNFPA's regional and country-level performance in the area of sexual and reproductive rights (SRR). These recommendations include: promoting the reduction of adolescent pregnancy (AP) and gender-based violence (GBV); enabling accountability and achieving the objectives of the UNFPA Evaluation Policy, including results-based programming, systematically using evaluation results for decision-making, increasing programme effectiveness and contributing to organizational learning.

The specific objectives of the evaluation are as follows:

- Conduct an independent evaluation of the Regional Programme's contribution to reducing gaps in sexual and reproductive health and rights in El Salvador, Nicaragua and Honduras³ that is consistent with the Plan of Action of the

International Conference on Population and Development (ICPD), the Nairobi Commitments, the Montevideo Consensus and the Sustainable Development Goals in order to "leave no one behind".

- Provide an independent analysis of UNFPA's performance (both at the regional level and in the two implementing countries), assessing the relevance, effectiveness, efficiency and sustainability of the results achieved by the programme, as well as the added value of the Programme's regional component of the.
- Document lessons learned and good practices developed by the Programme, as well as identifying recommendations and opportunities for improvement for strengthening SRHR, through the promotion of AP and GBV reduction, and share these with the UNFPA Regional Office for Latin America and the Caribbean, the countries involved and the donor.

The evaluation questions were formulated based on the OECD-DAC evaluation criteria: relevance, effectiveness, efficiency and sustainability. The additional criteria of coordination and gender and human rights approaches were integrated into the design of the evaluation. The Theory of Change approach was applied to analyze the contribution being made by the Regional Programme towards the expected results.

The users of the Evaluation will include: the Government of Canada; UNFPA units; governments and partners in Central America and implementing countries; women's, adolescent and youth organizations; and the general public.

2. It can be summarized that formative evaluation seeks to evaluate the entire teaching-learning process while summative evaluation seeks to evaluate a final result.

3. The latter is only in relation to the Programme's regional component and its intermediate Result 1

1.2 SCOPE OF THE EVALUATION

The object of the evaluation is the “Strengthening the protection and exercising of Sexual and Reproductive Rights by promoting the reduction of adolescent pregnancy and gender-based violence in Central America” Regional Programme. It analyses the opportunities and challenges of this type of programmatic approach, in which a single programme seeks to generate a regional and direct impact in two specific countries (El Salvador and Nicaragua), drawing lessons learned and recommendations for the future.

At the geographical level, the evaluation covers the implementation of the Programme in its regional component, as well as in El Salvador and Nicaragua⁴ at the national and sub-national levels, analyzing the role and contribution of UNFPA LACRO. The evaluation covers the achievements obtained with the Programme’s different national partners, as well as collaboration with the Government of Canada as a donor. The evaluation covers the period from 1 March 2018 to 30 June 2021. It provides a detailed analysis the success factors and obstacles that have helped or hindered UNFPA’s performance, as well as the achievement of expected results. The evaluation analyses UNFPA’s response to the COVID-19 emergency through the Regional Programme, whether the pandemic affected the expected results, and provides recommendations so that UNFPA and the donor can respond to the challenges of post-COVID-19 recovery in the area of sexual and reproductive health and rights (SRHR). Finally, included as part of the scope of the evaluation is an assessment of risk management that spans the Regional Programme cycle, considering both internal risk management (e.g. office staff turnover) and external risks (the impact of hurricanes Eta and Iota and the socio-political situation in the region and targeted countries).

Because this evaluation involves a number of UNFPA offices and the Government of Canada, the learning function of this exercise has an increased emphasis compared to the accountability of a specific programme or organizational unit. The data collection and analysis explicitly incorporate human rights and gender equality approaches, taking into account the needs of people with disabilities and cultural diversity.

1.3 METHODOLOGY AND PROCESS

The purpose of this chapter is to describe the methodology used in the evaluation, as well as the process that was followed by the Evaluation Team. The hypothesis was that the interventions contributed to the protection and exercising of SRR, especially for adolescents, youth and women from the most vulnerable population groups. This formative and summative evaluation applied quantitative and qualitative, but not experimental, techniques. In order to provide the most realistic picture possible, the evaluation used on-site observation, thanks to its team of national consultants, as well as interviews with people who participated in the interventions. The evaluation conducted surveys of participants in training and awareness-raising actions.

Taking into consideration the constraints identified in the inception report, a unique methodology was designed and implemented that was specifically designed to meet UNFPA’s requirements and take into account country’s characteristics and the availability of information. The methodological framework for conducting this evaluation was based on the United Nations Evaluation Group (UNEG) Norms and Standards for Evaluation as well as the UNFPA Evaluation Policy (2019). Specifically, the methodological guidance contained in the UNFPA Country Evaluation

4. In the case of Intermediate Result 1, the evaluation will cover El Salvador, Nicaragua and Honduras (in relation to the regional component), while for Intermediate Results 2 and 3 the evaluation will cover El Salvador and Nicaragua.

Handbook, which was revised in 2019, was followed. The research design was based on the evaluation criteria and questions in alignment with the Programme's indicators, information sources and data collection and analysis methods. The Evaluation Matrix (Annex 1) was developed using these elements, which contributed to the design of the technical instruments. Broad indicators were constructed that could cover cross-cutting aspects and could be applied to all of the evaluation criteria. The evaluation achieved the systematic integration of gender and human rights approaches, as well as the disability approach, in the five evaluation criteria. In addition, the participation of girls, adolescents and young women as stakeholders in the evaluation was considered only when it was possible to ensure an enabling environment and gender-sensitive processes.

The Results Matrix of the Regional Programme, included as an Annex of the Project Document, incorporates outcome and output indicators that are primarily based on the criterion of effectiveness.

This evaluation used the Theory of Change (ToC) as its main approach, a choice that was based on the analysis of the Programme Results Framework and the defined results chain. The ToC explains how activities produce a series of results that contribute to achieving desired final impacts. Diverse literature⁵ explains why problem-oriented processes are important when addressing complex realities, such as AP or GBV.

For this reason, an exhaustive analysis was conducted involving reviewing and tracing the results of the Programme's indicators at the level of outputs, immediate, intermediate and final results. The ToC summarizes how final results are expected to be achieved through each of the Regional Programme's

intermediate results. It should be noted that this is an evaluation of a Programme with a short implementation period in relation to the desired social changes. This required the adaptation of the approach, given that the essence of a ToC is to focus on results and social changes achieved. This meant that the evaluation focused on the likelihood or direction of change occurring.

The evaluation of this Regional Programme, in accordance with results-based management tools, will be measured through a set of indicators that track changes in AP prevention, the exercising of SRHR and GBV reduction. To achieve this impact, the Project Summary document identifies three outcomes that guided the work in 2018-2020. Based on the defined outcomes, it was possible to identify implementation strategies and intervention mechanisms that together explain how the Programme achieved each of the outputs of the results framework.

The purpose of the Programme was to strengthen the promotion, protection and exercising of the SRHR of women and adolescents, promoting the reduction of AP and GBV. The Programme is framed by the need to address AP, expand comprehensive services and information on SRH for adolescents and youth, and respond to GBV, taking into account the specific needs of adolescents and girls as well as the local dynamics of violence and forced migration.

The Programme brings these priorities together through three intermediate outcomes that will contribute to achieving this goal and leverage integrated efforts and synergies at regional, national and local levels. These three outcomes are:

1. Strengthened strategic alliances and national and regional advocacy platforms

for the promotion and exercising of sexual and reproductive rights of adolescents (10-19 years) and young people (15-24 years), as well as promoting exchanges of experiences in the region.

2. Improved national policies and universal access and coverage to quality public services for the prevention and reduction of adolescent pregnancy.
3. Improved measures and mechanisms for the prevention, protection, care and mitigation of gender-based violence.

The final beneficiary population of the Programme were the women, girls and female adolescents in the selected territories. The analysis focused on each of these three results of the Programme and their contribution to the desired change.

EVALUATION CRITERIA AND QUESTIONS

As a result of the ToR and the UNFPA Country Evaluation Manual, the evaluation criteria were established based on definitions by the Development Assistance Committee (DAC) of the Organization for Economic Co-operation and Development (OECD) (relevance, effectiveness, efficiency and sustainability). The specific coordination criterion for UNFPA was added. The evaluation matrix defines the evaluation questions, the premises to be analyzed, the performance indicators, information sources and methods for data collection. This document can be found in the Annex of this report. In order to operationalize the matrix, the evaluation sub-questions were converted into premises. The evaluation criteria, questions and assumptions that were analyzed are listed below.

1. Relevance

Evaluation question	Premises to be analyzed
<p>To what extent do the Regional Programme's design and objectives respond to the SRHR and GBV priorities and needs of girls and female adolescents, especially the most vulnerable groups, and are they aligned with international human rights and gender equality instruments?</p>	<p>The Regional Programme is aligned with international commitments, specifically with the ICPD Programme of Action, CEDAW, the Montevideo Consensus and Agenda 2030, UNFPA Strategic Plans and the priorities and policies of the Canadian Department of Foreign Affairs, Trade and Development (DFATD).</p> <p>The Regional Programme took into account priorities and needs in terms of Sexual and Reproductive Rights and GBV for girls and female adolescents in the implementing countries, especially the most vulnerable population groups that are at risk of being left behind, including women, adolescents and youth, LGTBI, people in contexts of extreme insecurity, forced migration and/or people with disabilities.</p>

Evaluation question	Premises to be analyzed
<p>To what extent do the Regional Programme’s design and objectives respond to the SRHR and GBV priorities and needs of girls and female adolescents, especially the most vulnerable groups, and are they aligned with international human rights and gender equality instruments?</p>	<p>The objectives and expected results of the Regional Programme are consistent with the SRH and GBV national strategies implemented by the Governments of El Salvador and Nicaragua, and with the policies and strategies of the international agencies involved.</p> <p>The regional component of the Programme was an added value for the exchange of experiences between countries, knowledge management, leveraging of resources and strategic positioning of the sexual and reproductive rights agenda in the region.</p> <p>The Regional Programme incorporated a human rights and gender equality approach in its design, both in the definition of expected results and in its intervention strategies.</p>

2. Effectiveness

Key question	Premises to be analyzed
<p>To what extent have the intermediate results of the Regional Programme been achieved and has it contributed to the strengthening of the promotion, protection and exercising of the Sexual and Reproductive Rights of women and adolescents in the implementing countries?</p>	<p>The expected results have been achieved in the Regional Programme’s results framework in the area of sexual and reproductive rights, both at the level of the implementing countries and in the regional component, especially for the most vulnerable groups.</p> <p>Emergence of unanticipated internal and external factors that contributed to or hindered UNFPA’s performance through the regional programme.</p> <p>UNFPA conducted both internal and external risk management throughout the implementation of the Regional Programme.</p> <p>The Regional Programme was adapted in a flexible and timely manner to respond to the COVID-19 emergency in the implementing countries, with a focus on human rights, equity and gender equality.</p> <p>UNFPA incorporated a human rights-based approach and a gender mainstreaming strategy in interventions that helped achieve the Programme’s results.</p>

3. Efficiency

Key question	Premises to be analyzed
To what extent has the Regional Programme achieved results, or is likely to do so, in a cost-effective and timely manner?	UNFPA has made good use of its human, financial and administrative resources, including the technical support offered by HQ/LACRO and between COs, allocating sufficient resources for the integration of human rights and gender equality in the Programme's interventions.

4. Sustainability

Key question	Premises to be analyzed
To what extent do the benefits of the Regional Programme continue, or are they likely to continue, after the end of the Regional Programme?	<p>The Regional Programme interventions contributed to the development of national SRHR capacities.</p> <p>Existence of factors contributing to the sustainability of the Regional Programme and its results.</p> <p>National authorities adopted policy frameworks, services and initiatives that have their continuity assured beyond the Regional Programme's implementation period.</p>

5. Coordination

Key question	Premises to be analyzed
To what extent has coordination between Country Offices, the UNFPA Regional Office, the donor and other organizations working on SRHR been adequate and conducive to the achievement of results?	UNFPA has made good use of its human, financial Coordination among country offices, the UNFPA Regional Office, the donor and other organizations working on SRR has been adequate and has contributed to the achievement of expected results.

In order to answer the questions posed, a mixed methods strategy (quantitative and qualitative) was designed, in accordance with the United Nations standards for evaluations based on human rights and gender equality approaches (UNEG 2012). Different data collection instruments will be used to facilitate the triangulation evidence that will increase the validity and reliability of the findings of this evaluation.

DATA COLLECTION METHODS AND INSTRUMENTS

The Evaluation Team applied a methodological strategy that integrates the collection and analysis of data from different independent evidence sources favor triangulation and increase the validity of the findings. The collection instruments included: (i) document review and analysis; (ii) analysis of budget execution and Programme activities databases; (iii) semi-structured interviews; (iv) focus groups; and (v) surveys. Due to the pandemic, no travel or field visits were planned, although it was possible to carry out some on-site observation in the countries where national consultants were available (El Salvador and Nicaragua). In addition to the systematic triangulation of sources and collection instruments, there were ongoing discussions of emerging results among the members of the Evaluation Team, as well as regular exchanges with UNFPA and Canadian cooperation personnel. The Evaluation Matrix details the sources selected and the techniques used for each question.

Documentary analysis. A large body of documentation was reviewed, including: plans, government programmes and relevant regulations; and programmatic documents from UNFPA, Country Offices and partners⁶.

The following are the most relevant documents:

- Project Summary Document
- Regional Programme Results Framework.
- Government strategies, programmes and policies, specifically those that cover SRH and GBV.
- Secondary epidemiological information from the health system.
- Secondary information from the education system
- Annual Programme and monitoring reports.
- UNDAF documents from El Salvador and Nicaragua.
- UNFPA Country Programme (CP) documents from El Salvador and Nicaragua.
- UNFPA strategic documents.
- SDG baseline or progress report.
- Sectoral regulations, guidelines.
- Budgetary and financial information from the Regional Programme.

Analysis of data on the Programme's budget execution and activities.

The Programme's total income and expenditure structures, disaggregated by different chapters, were studied. The Evaluation Team consolidated the annual budget execution reports in a single exercise for the period covered by the evaluation, which was in turn compared with the planned budget. Through interviews with UNFPA staff, the reasons for the observed behavior were identified.

Semi-structured interviews. A significant part of the data production for the evaluation came from conducting semi-structured interviews with four categories of key informants:

1. LACRO and Canadian cooperation staff (virtual modality).
2. UNFPA representatives and specialists in

6. An initial folder consisting of central documents provided by UNFPA LACRO was made available, in addition to the documents provided directly by the Country Offices.

- implementing countries (virtual modality).
- 3. Regional partners (virtual modality).
- 4. Implementing partners and national and local stakeholders (mixed modality - virtual and face-to-face).

A total of 7 regional partners were interviewed (5 women and 2 men) as well as 10 UNFPA professionals at the regional level (8 women and 2 men), 28 key actors in El Salvador (23 women and 5 men) and 17 key actors in Nicaragua (14 women and 3 men).

The interview guides (Annex III) were designed by taking into account the premises to be corroborated for each evaluation question. The guides were disaggregated according to the category of each person that was interviewed, so there were questions asked of each respondent and other specific ones depending on the person's role. The interviews were administered in person or virtually (Skype, Teams or Zoom) by the teams responsible for the regional analysis, as well as staff in the implementing countries. The interviews lasted an average of one hour and were recorded as audio files (with the express consent of the informants) for transcription. To ensure the quality of the evidence emerging from the interviews, the Evaluation Team carried out the following actions:

- Systematic yet flexible application of the questions in the interview guides.
- Group review of the first interviews to adjust the shared criteria.
- Triangulation of informants, based on a diverse sample that guarantees the inclusion of actors from different areas.
- Triangulation of sources to analyze the convergence or divergence between the responses and increase the validity of the findings.

The Evaluation Team designed a specific matrix to systematize the findings derived from each interview. This favored the triangulation of the data provided by the informants.

Questionnaire/survey. This instrument was applied to health, education and community staff participating in training and education activities. The surveys were conducted in El Salvador. In the case of Nicaragua, given the Programme's focus and operations in the country, the survey was not considered relevant. The questionnaire had a limited number of open-ended questions to maximize the possibility of obtaining a high number of answers. In the case of the surveys, the questions were more closed, except for a final evaluation of what was learned during the training process. The following table shows the number of surveys and questionnaires sent to the recipient population.

Table. 1 Surveys and questionnaires sent out.

Contacts	Respuestas recibidas (Sept 2021)	Beneficiary population	Tool ⁷
95	39	Trained teachers	Survey
185	6	Trained teachers	Survey
30	6	Local health workers	Questionnaire
101	50	Adolescent beneficiaries of scholarship, mentoring and self-help programme	Questionnaire
32	1	Trained justice sector workers	Survey

7. The survey was administered to people who participated in training courses and training sessions. The questionnaire consisted of questions from the focus groups that could not be conducted with girls and female adolescents who have received services, as well as for local health personnel.

It is important to note that the questionnaires and surveys were distributed to the Programme's beneficiaries by sending links for the instruments to contacts obtained from the lists of people who attended the capacity-building courses for teachers, health and judicial personnel, as well as from the telephone lists of the girls and female adolescents who were beneficiaries of the Programme. In all cases, the anonymity of those selected from the contact lists was ensured.

The instruments were sent to beneficiaries via email or WhatsApp. Contact details were provided by the implementing partners through coordination meetings to socialize the criteria for the selection and distribution of the questionnaires. It is important to note that there were limitations with achieving that some groups of beneficiaries complete the survey or questionnaire, as evidenced in the summary table. Following an assessment of this situation by the UNFPA team in El Salvador, it was evident that there is a cultural practice of not responding to this type of instrument that was observed in similar consultation processes during the interventions.

Focus groups. This technique was used to explore imaginaries, knowledge and practical experiences of the target population in relation to the prevention of AP, GBV and sexual violence at the individual level. The focus groups were conducted with adolescent beneficiaries of the mentoring/self-help

activity and people who received training on comprehensive sexuality education (CSE) in Nicaragua.

All material and information produced through the application of these techniques was treated confidentially and handled exclusively by the Evaluation Team for the purpose of extracting evidence, identifying findings and drawing conclusions for the ongoing evaluation. Databases from interviews, surveys and focus groups were not shared with anyone outside the Evaluation Team.

Stakeholder mapping

The UNFPA Regional Office and the Country Offices in El Salvador and Nicaragua selected key actors for the evaluation (Annex II). The following are the main categories and posts that were selected:

REGIONAL LEVEL

- UNFPA LACRO and Cooperation Canada: Regional Director, Deputy Regional Director, former Deputy Regional Director, Regional ICPD Advisor, Regional SRH Advisor, former Regional Gender and Youth Advisor (current Country Representative in El Salvador), Regional Resource Mobilization Advisor, Regional M&E Advisor, Regional Programme Advisor, Programme Associate.

Regional stakeholders:

Stakeholder	Role
Cotidiano Mujer / AFM PROMSEX / CLACAI	Promotion of SRHR, GBV and implementation of the Montevideo Consensus
Professor - University de Santiago	Supports as consultant for El Salvador and Nicaragua regarding the quality standards initiative for adolescent health services
Consultant	Consultant, CSE specialist
FLACSO - Teacher	Implementing partner for out-of-school CSE initiatives in the region

EL SALVADOR

In addition to the Country Office, national stakeholders from government agencies, civil society organizations and beneficiaries were selected in the areas of (i) SRH services, (ii) CSE, (iii) GBV/rights and (iv) citizenship.

NICARAGUA

In addition to the Country Office, national government stakeholders and beneficiaries were selected in the areas of (i) SRH services, (ii) CSE, (iii) GBV/rights, (iv) AP and (v) communication.

Human rights approach and gender equality

The protection and promotion of human rights and gender equality are essential pillars of the United Nations mandate⁸. According to the ICPD and its Programme of Action, the SRHR are inseparable from other fundamental rights such as the right to health and to a life free from all forms of violence and discrimination. The Human Rights-Based Approach, as a programming principle, calls for taking into account the underlying causes of human rights violations - including discrimination and violence against women and girls - and promoting actions for their eradication (UNEG 2012, pp. 11 and 13).

Equality between women and men of all ages and status is both a human rights issue, as well as a prerequisite and indicator of sustainable development, as established at the global level in the 2030 Agenda and the SDGs. In this area, SDG 5 ("Gender Equality") sets the targets to "eliminate all forms of violence against all women and girls in the public and private spheres, including trafficking and sexual and other types of exploitation" (Target 5.2); "eliminate all harmful practices, such as child, early and forced marriage and female genital mutilation" (Target 5.3); and "ensure universal

access to sexual and reproductive health and reproductive rights as agreed in accordance with the ICPD Programme of Action, the Beijing Platform for Action and the outcome documents of the review conferences" (Target 5.6), among others. GBV - whether physical, psychological or sexual, among different types and modalities - severely limits the autonomy of women and girls, and constitutes what is currently the most widespread human rights violation.

Gender equality implies that people's opportunities, enjoyment and exercising of fundamental rights do not depend on sex assigned at birth or self-perceived gender identity. Working for gender equality implies a systematic effort to consider the interests, needs and priorities of women and men in their diversity, as well as the structural inequalities and asymmetrical power relations that place women at a disadvantage with a focus on their transformation.

This evaluation integrates the human rights and gender equality approaches in a cross-cutting manner in the Evaluation Matrix. The Evaluation Team developed specific premises and analytical axes to assess, based on the evidence collected, the effective incorporation of these approaches in all stages and result areas for the Regional Programme. This was carried out in the framework of the standards agreed on by the international community.

RISKS / MITIGATION MEASURES

Based on experiences with similar assessments and the initial desk review, some risks were identified and taken into account. These are detailed in the table below, as well as the mitigation measures that were carried out.

- Due to the COVID-19 pandemic, the evaluation methodology was adapted to a

8. According to the international normative framework, human rights encompass the set of civil, cultural, economic, political and social rights inherent to all persons without distinction of nationality, place of residence, sex, gender identity or expression, sexual orientation, ethnic origin, religion, etc. Normative frameworks and laws establish the obligations of states as "duty bearers" vis-à-vis "rights holders".

primarily virtual modality. Given the need to obtain results in a timely manner, it was decided to maintain the planned schedule while guaranteeing the quality of the work and the validity of the findings and conclusions.

- The lead evaluator and the sectoral expert, who live in Spain and Argentina respectively, were unable to travel to the countries in the weeks scheduled for the fieldwork. As a result, the strategic interviews were conducted online with the selected key actors.
- The evaluation team included two national consultants who carried out the rest of the planned field activities. These activities included conducting interviews, preferably

online, with key national staff, collecting information on the competencies acquired by service providers, primarily in the areas of education and health, and collecting quantitative information from national sources. Focus groups and online surveys were conducted to obtain the perspectives of beneficiaries.

There were other constraints that made it difficult to achieve the evaluation's agenda and activities. A number of measures were proposed to mitigate some of these risks and constraints. Below is a table with the challenges faced and solutions developed to avoid an impact on the expected results of the evaluation process.

Table 2. Identified Risks and Mitigation Measures

Risks	Mitigation measures
<p>01 Disaggregated data at the local level is not available, or the quality of the available data is not good.</p>	<p>Apply triangulation of information. Triangulation reduces the error of making causal interpretations based on the available data, identifying possible negative results or, on the contrary, possible positive results that were not identified in the project.</p> <p>The information triangulation system made it possible to reduce the bias of the interviewed participants and focus groups, making it possible to compare data and information from different sources. This strengthened the reliability of the conclusions and recommendations.</p>
<p>02 Difficulties with interviewing some stakeholders.</p>	<p>Develop a proposal for alternative spaces and times for the interviews.</p> <p>Conduct interviews primarily by videoconference or telephone.</p> <p>Strengthen methodological tools by using micro-surveys with stakeholders.</p> <p>Extend the planned time period for field work.</p>
<p>03 The context of the intervention is complex.</p>	<p>Allocate sufficient time and resources to understand the context.</p> <p>Incorporate two national consultants in the two countries where the Regional Programme is being implemented to draw on their local knowledge of the contexts.</p>

ETHICS, NORMS AND STANDARDS

This evaluation was conducted in accordance with UNEG evaluation principles (openness, transparency, participation, etc.) and using the identified evaluation criteria (relevance, efficiency, effectiveness, sustainability and coordination).

The lead evaluator worked closely with UNFPA LACRO staff at key stages of the evaluation process and the ethical requirements were fully reflected in the final Evaluation Report.

The design and implementation of the evaluation considered ethical safeguards where appropriate, including protection of confidentiality, dignity, rights and wellbeing, especially for children and adolescents, as well as respect for local community values. This was particularly relevant in the application of evaluation techniques with these groups, as well as with practitioners. Data collection and analysis was undertaken in accordance with ethical standards for research and evaluations.

The Evaluation Team explained the purpose and use of the evaluation to stakeholders that participated in the different methodological instruments. The team also made it explicitly clear that their participation was voluntary and that they could withdraw at any time. Throughout the process, the evaluators tried to be sensitive to national beliefs, manners and customs, acting with integrity and honesty in their dealings with all key stakeholders. Surveys, interviews and all data collected were anonymous and confidential and results were analyzed at an aggregate level.

REGIONAL AND COUNTRY CONTEXT



The Latin American demographic scenario presents opportunities for sustainable development. A quarter of the regional population is aged between 10 and 24 years old, representing the largest cohort of adolescents and young people in history (UNFPA, 2017). However, to take advantage of the demographic dividend, challenges associated with the reduction of AP, the eradication of GBV, access to quality SRH services and CSE programmes need to be addressed.

Latin America and the Caribbean is the most unequal region in the world and there are large social and territorial gaps. Different groups are in a situation of vulnerability, aggravated in contexts of violence, natural disasters, forced displacement and migration. Despite the increase in women's participation in the labor force, the percentage of women aged 15 and over who have no income of their own and are not in education remains high in countries like Honduras (51%) and El Salvador (40.9%) (Gender Equality Observatory OIG/ECLAC online)⁹. In most countries, modern contraceptive use is lower among poorer, rural and less educated women (UNFPA, 2017). According to data published by UNFPA¹⁰, one in four adolescents marries or enters into a civil union before the age of 18. GBV represents a serious violation of human rights and a public health and social justice problem. Among the most invisible manifestations are child marriage and early unions (MIUT). These cause irreversible damage to the lives, SRH and education of girls and female adolescents with harmful effects on families and communities.

Young women and adolescents face limitations in the exercising of their SRHR. In Central America, adolescent fertility was 69.1 per 1,000 in 2010-2015, with Nicaragua having the highest rate (92.8) (UNFPA, 2019). Births for girls under 15 increased and this figure is expected to slightly increase by 2030.

Underlying causes of adolescent pregnancy include child marriage and early unions (MIUT), gender inequality, barriers that limit access to family planning (FP) and age-appropriate sexuality education (UNICEF, 2014).

Abortion is illegal in most countries. Voluntary interruption of pregnancy (VIP) is only legal in Cuba, Uruguay, Argentina and Mexico City, while in Colombia and Chile, regulations allow it under very specific circumstances. It is estimated that 15% of unsafe abortions are carried out on adolescents¹¹. Compared to adult women, adolescents are more likely to have complications during pregnancy such as hemorrhage, sepsis, internal organ damage, tetanus, sterility and even death (International Coalition for Sexual and Reproductive Rights 2002, cited in UNFPA, 2013).

Central America has high rates of femicide. The highest rate is observed in Honduras (6.2), followed by El Salvador (3.3) and Guatemala (1.8) (IGO/ECLAC, online 2021). Domestic violence and GBV are rooted in power inequalities and the promotion of aggressive masculinities, which results in low reporting rates. These conditions are evidenced in weak prevention and care, high impunity and weak investigation of prosecuted cases.

After decades of struggle by women's organizations and defenders of the human rights of women, adolescents and girls, States have been adopting international commitments that translate into laws, plans and programs focused on guaranteeing SRH and a life free of GBV

(Table 3). However, the response capacity of public services is still limited. All of this makes it necessary to strengthen coordination to generate a comprehensive response in health, social, judicial and police services, as well as the allocation of increased budgetary resources.

9. This information is not available for Nicaragua.

10. <http://lac.unfpa.org/es/temas/violencia-basada-en-genero>

11. http://www.paho.org/uru/index.php?option=com_content&view=article&id=589:el-18percent-nacimientos-son-madres-adolescentes-america-latina-caribe&Itemid=340

Table 3. Number of laws and instruments on GBV and SRH, Central America (2019).
Source: Own elaboration with data from OIG/ECLAC (online).

Laws, regulations, plans and programmes	Country in the region, 2019					
	Guatemala	Honduras	El Salvador	Nicaragua	Costa Rica	Panama
GBV	14	10	17	10	16	11
SRH	6	3	5	2	3	3

CSE is widespread in Latin America and the Caribbean, but its implementation and quality is uneven (UNFPA-LACRO 2017). In some countries there are legal and socio-cultural barriers that have not been reversed by scientific evidence and advocacy (Arango, Corona and Camacho 2015, cited in Caminotti et al. 2019). This situation is aggravated by the activism of conservative groups that object to the gender approach and mobilize to prevent or stop the implementation of comprehensive sexuality education programs (UNFPA-LACRO, 2017). The postponement of the implementation of CSE - a commitment made by the countries that are signatories to the Montevideo Consensus - puts the prevention of AP at risk.

The COVID-19 pandemic has had differentiated effects on women, girls and female adolescents, generating conditions such as coexistence with aggressors, confinement, complications with attending school, difficulties with reporting cases of GBV, human trafficking and sexual harassment (OAS/CIM, 2021). In this context, adolescents face major limitations with accessing contraceptive methods and there is a high probability of an increase in the number of early pregnancies (UNFPA, 2020b). It is estimated that the pandemic could create a five-year setback in the reduction of the specific adolescent fertility rate in Latin America and the Caribbean, increasing the live birth rate per 1,000 adolescents aged 15-19 from 61 to 65 (PAHO and UNFPA, 2020).

There are many challenges in the context of COVID-19, despite the creation of tools for the adaptation of essential care services (including the provision of kits and promoting safe spaces for women, especially for women with high levels of risk and vulnerability such as migrants). In many places, health facilities have closed or limited their services. Clinical staff are busy responding to COVID-19 cases and may have less time to provide other services or lack the necessary protective equipment to do so safely. Supply chain crises are limiting the availability of contraceptives and other FP commodities. Adolescents may be unable to attend health facilities because of mobility restrictions or they may refrain from doing so for fear of contracting COVID-19 (PAHO and UNFPA, 2020).

In this framework, and in view of the gaps between enshrined rights and the possibilities of effectively exercising them (Rodríguez Vignoli, 2014), capacity building and the sustained promotion of public advocacy processes are required for States to fully assume their role as guarantors of human rights.

NICARAGUA¹²

Nicaragua has 6,460,411 inhabitants and 20% of the country's population are adolescents and young people. Of the total number of adolescents in the country, 51% are male and 49% are female. In terms of age ranges, the adolescent population is evenly split between

¹² In countries where the Regional Programme was implemented, official statistics are not up to date. The information in this section reflects the latest available data.

those aged 10-14 years (51%) and 15-19 years (49%) (INIDE, 2019). The specific fertility rate in adolescents aged 15-19 years at the national level went from 158 births per 1,000 adolescents in 1992/1993, to 92 births per 1,000 adolescents in 2011/2012, a reduction of 43%. Despite this trend, the fertility rate in the group of women aged 15-19 remains one of the highest in Latin America and the Caribbean, ranking second in Central America after Guatemala (PAHO, UNFPA and UNIFEF, 2018).

According to the Demographic and Health Survey (ENDESA, 2011-2012) there are differences among adolescents who become pregnant based on their area of origin and level of education. 46.6% of rural adolescents and 34.8% of urban adolescents have been pregnant, representing a difference of 11.2%. A lower level of education results in a higher percentage of pregnancies. The percentage of adolescents with no education who become pregnant is 76.7% compared to 23.2% among those who have had access to higher education. The same source notes that there are inequalities in the percentage of adolescents who have become pregnant according to their area of origin, organized into three groups (Local Integrated Health Systems, known as SILAIS, with a figure above 50%, SILAIS with a figure between 40-46% and SILAIS with a figure between 31-38%). Of all the SILAIS, the Northern Caribbean Coast (RAAN) is the only one with a percentage above 50% (50.9%). Among the SILAIS that reach 40-46% are: Jinotega (46.2%), Costa Caribe Sur (RAAS) with 44.9%, Rio San Juan (42.0%), Rivas (41.8%), Nueva Segovia (41.6%), Matagalpa (40.9%), Masaya (40.4%), Chinandega (40.3%). The SILAIS with a percentage of adolescents who become pregnant between 31-38% were: Managua (38.2%), Granada (38.0%), Madriz and León with the same percentage (36.2%), followed by Chontales and Carazo (35.0%), Boaco (31.4%) and Estelí (31.1%).

60% of female adolescents aged 15 to 17 have received sex education only in school while 21.8% have not received any CSE within or outside the school system. The departments with the highest percentage of female adolescents without sex education are Jinotega (40.9%), RAAS (35.6) and RAAN (33.7). Among female adolescents, 74.6% were under 15 years of age at the time they received their first sex education course/talk. The departments where girls under 15 years of age received early sex education are Managua (68%), Jinotega (67.8%) and Carazo (67.6%) (INIDE, 2014).

Among adolescents under 15 years of age who used a contraceptive method during their first sexual intercourse, 35.8% used the male condom, 32.3% used the pill, 15.5% used the injection and 6.1% used the withdrawal method. As to why they did not use contraceptive methods during their first sexual intercourse, 25% of girls under 15 years of age said they did not know of any method, 18.6% said they were careless, 10.5% said they wanted to have a child and 3.8% thought they could not become pregnant. As for the reasons why adolescent girls under 15 thought they could not get pregnant, 37.4% said "because it was the first time", 21.2% indicated that they "had sex before and had not gotten pregnant", 10.5% mentioned that they "thought I wasn't old enough", 10.3% "because they used contraceptives" and 6.2% "because my partner told me I would not get pregnant" (INIDE, 2014).

According to records from the Ministry of Health of Nicaragua, in 2015, 26% of all registered births were to adolescents (PAHO, 2015) and 56% of these mothers were from rural areas. The same source shows in the 2005-2013 period there was an increase from 32,403 to 35,045 adolescent births, representing a difference of 2,642 adolescent births from one year to the next. In addition, 34% of deliveries were by caesarean section. The most frequent

reason for these caesarean deliveries were anomalies in the position and placement of the fetus (48%) and suspected intrauterine asphyxia with imminent danger to the life of the fetus (32%). Uterine growth retardation was diagnosed in 8% of deliveries. It was identified that the SILAIS and municipalities with a high risk of adolescent pregnancy were located in Río San Juan, Chontales, Nueva Segovia and the RAAS (PAHO, 2015).

In terms of mothers aged 10-14 years, there were 1,460 births for this age group in the 2005-2013 period. The SILAIS with the highest percentage of births to adolescents from this age range were: Managua (15%), RAAN (13%), Matagalpa (12%) and Jinotega (11%). When stratifying the municipalities based on risk quintiles, it was found that 18% of the total number of municipalities have a risk of 5 times more pregnancies in girls than the average rate for the country, making them very high risk areas (PAHO, 2015). According to the compendium of vital statistics, between 2000 and 2018 births in children under 15 years of age increased by 49.5% , rising from 1,066 (2000) to 1,598 (2018)(INIDE, 2018).

Violence against girls and female adolescents continues to be a reality and many of the acts of violence occur at home or at school. 29.1% of female adolescents aged 15-19 years have experienced verbal or psychological violence from their partner; 15.3% have experienced physical violence and 7.1% have experienced sexual violence (ENDESA, 2011/2012). The National Police Statistical Yearbook (2020) reveals that rape complaints increased from 975 cases in 2019 to 1,170 in 2020. However, among the crimes with the biggest social impact, sexual crimes accounted for 31.8% of the most frequently reported crimes in 2019, which was reduced to 23.7% in 2020, reflecting a decrease in police reports for this crime.

Among the sexual crimes registered in 2020, rape (1,170), sexual abuse (1,098), statutory rape (248), sexual harassment (79), and sexual exploitation and pornography (7) are notable. Among the female victims of rape, 32.4% were under the age of 20. Reported complaints for sexual crimes were 28 per 100,000 inhabitants in 2019 and 40 per 100,000 inhabitants in 2020. The following departments had the highest number of sex crimes: RACCN, Carazo, Managua, León, Masaya and Rivas. In terms of crimes against sexual freedom and integrity, there was an increase in the number of rapes of minors under 14 years of age (395 in 2019 and 487 in 2020). Cases of sexual abuse also increased (897 in 2019 and 1,098 in 2020). The same source cites 22 cases of femicide at the national level in the following departments: Managua (4), Matagalpa, Chontales (3), Chinandega, Mining Triangle, Boaco and Granada (2), Rivas, Jinotega, Autonomous Region of the Southern Caribbean Coast (RAACS), Carazo (1) (National Police, 2020).

There are discrepancies in the data provided by the Observatories of Violence in the country between those operated by women's organizations and those operated by National Police. For example, in 2019 the Voices Observatory reported 63 femicides, while the National Police reported 12 femicides. The website titled "Violentadas en cuarentena" (Violence against women in lockdowns)¹³ reported that 17 women were victims of femicides in the country between March and June 2020. The "Entangled by art and technology"¹⁴ Observatory reported that from January to May 2021 there were 29 femicides and 46 attempted femicides reported by the mass media. Among the women murdered in May was a 17-year-old girl who was killed by her father. The areas with the highest number of femicides are Managua (5 cases in 5 months), Costa Rica (5) and Nueva Segovia

13. <https://violentadasencuarentena.distintaslatitudes.net/portfolio/nicaragua/>
14. <https://enredadas.org/2021/06/01/observatorio-mayo2021/>

(4). In relation to the aggressors, half of the femicides were committed by men unknown to the victims (14) followed by current partners (8 cases). For the 46 cases attempted femicides, areas with the highest number of reports of this crime were Managua (12 cases), Chinandega (8) and León (6). The perpetrators of these attempted femicides included partners (18) and strangers (18).

The risk factors for femicide include: other violent behavior committed by the aggressor against the victim (threats, psychological manipulation), history of acts of violence, previous complaints filed by the victim, previous complaints where the outcome was mediation, economic dependence of the victim on the husband and others (PATH, 2010). Another aspect of relevance include child marriages and early and forced unions. In the region, Nicaragua has a very high level of this phenomenon, with the percentage of women aged 20 to 24 who married or were in a civil union before the age of 18 reaching 35%, which is similar to other countries in the Central American and Caribbean including Dominican Republic (36%), Honduras (34%) and Belize (33%) (UNICEF, 2019).

Adolescents who enter into civil unions are more likely to become pregnant at an early age, limiting their potential development, postponing their life projects and resulting in a lower probability of access to higher paying jobs. This makes them more dependent on their partners and more vulnerable to experiencing situations of violence, including femicide.

EL SALVADOR

At the national level, pregnancy rates for girls and female adolescents aged 10-19 years registered a considerable decrease, dropping from 37.5 in 2015 to 25.17 in 2019 (UNFPA, 2015 and 2020a). Regarding data related to the number of births in the population aged

10-19 years, a decrease of 1,681 was observed between 2017 (when a total of 18,586 births were recorded) and 2018 (16,905 births) (National Council for Childhood and Adolescence, 2019). Between January and March 2021, there were 138 pregnancies among adolescents aged 10-14 years and 3,554 among adolescents aged 15-19 years. These births were registered in the MINSAL health network (SIMMOW, 2021).

GBV is a social problem that is very complex. According to the latest Violence against Women Survey (DIGESTYC, 2017)¹⁵, 7 out of 10 women have been assaulted at some time during their lives in urban areas in the country. According to the National Survey on Sexual Violence against Women (DIGESTYC, 2019), the average age of the first courtship corresponds to 17 years, first sexual intercourse occurs at 18 years, first pregnancy at 21 years and first marriage, at 24 years. The same source recorded that 7 out of 10 women who study have experienced violence. Women with a higher level of education are more likely to report having experienced sexual violence. In terms of prevalence, 8 out of 10 women who dropped out of school because of pregnancy and motherhood have experienced sexual violence during their lifetime. Of these, 3 out of 10 have experienced it in the last 12 months.

There is a significant difference in the number of femicides reported by the Attorney General's Office (113 femicides in 2019) and data published by social organizations. The "Observatory of Violence against Women", operated by the Organization of Salvadoran Women for Peace (ORMUSA), reports 230 femicides in 2019 and 131 in 2020, of whom 11 victims were adolescents aged between 13 and 17 years of age. In 2020, this same source reports that public institutions received 1,428 complaints of domestic violence, with women between 18 and 40 years old representing 58.3% of victims. This Observatory also

reports 1,231 cases of sexual violence between January and May 2021, of which 54.8% of the victims were young women aged 13 to 17. This represents an average of 63 cases per day for this age group.

According to the Institute of Legal Medicine, in 2019 the homicide rate was 36.4 per 100,000 inhabitants. 7 out of 10 victims of homicides were killed by firearms and approximately 50% of the victims were between 15 and 29 years old (the vast majority being men)¹⁶. According to the National Civil Police (PNC), in 2020 there were 3.67 violent deaths per day (on average), which was a lower figure compared to 2019. In 2020 there were 1,076 fewer reported homicides than the previous year¹⁷. According to the INFOSEGURA platform, in 2020 a homicide rate of 19.5 per 100,000 inhabitants was recorded, reflecting a decrease of 16.9% compared to the figure for 2019. This reduction may be a result of the lockdowns ordered as part of the COVID-19 health crisis.

Official figures from DIGESTYC's Gender Statistics Observatory show that between January and March 2020 there were 1,258 women and girl migrants who returned to

the country. The main reasons recorded for migration are economic factors, both for women over 18 years of age (55.9%) and for girls and female adolescents (48.8%). 19.6% of adult women stated that insecurity was the reason for their migration, while for girls and female adolescents this figure was 14.0%.

The situation caused by the COVID-19 pandemic had a specific impact on women and girls, reflecting their existing high level of vulnerability. Considering that El Salvador experienced a mandatory quarantine (from March to June 2020) in which mobility was restricted, this imposed a greater challenge for accessing medical health services unrelated to the health crisis. Lockdowns also increased the risk of domestic violence. One of the consequences of the health crisis was the availability of FP and SRH supplies, including menstrual hygiene items, which are critical for women's health and empowerment (UNFPA, 2020b). According to data reported by MINSAL, the number of adolescents aged 15-19 years who are active users of contraceptive methods dropped from 14,162 between January and June 2019 to 8,666 in the same period in 2020 (ORMUSA Observatory).

16. <http://homicide.igarape.org.br/>

17. <http://www.presidencia.gob.sv/el-salvador-cierra-el-2020-con-1076-homicidios-menos-que-el-ano-pasado/>

FINDINGS: ANSWERING THE EVALUATION QUESTIONS



3.1 RELEVANCE

This section analyses the relevance of the “Strengthening the protection and exercise of sexual and reproductive rights by promoting the reduction of adolescent pregnancy and gender-based violence in Central America” Regional Programme. The relevance analysis involves assessing the extent to which the Programme is consistent with the needs for access to SRR, care and prevention of GBV in adolescents and girls in vulnerable situations. This analysis is aligned with the primary international human rights and gender equality instruments that establish the guiding principles to ensure that no one is left behind.

The analysis is based on the SRHR situation for adolescents and youth in Central America, specifically in the implementing countries, their national public policy frameworks and strategies, as well as the SRHR and GBV commitments made by the States. Another area of analysis is the coherence between the evaluated programme and the ICPD Programme of Action, the Montevideo Consensus, the 2030 Agenda and the UNFPA Strategic Plan, as well as guidelines for Canada’s international cooperation.

The key question for the relevance criterion is the following:

To what extent do the Regional Programme’s design and objectives respond to the SRHR and GBV priorities and needs of girls and female adolescents, especially the most vulnerable groups, and are they aligned with international human rights and gender equality instruments?

To answer this key question, the following assumptions are examined:

- **Premise 1:** The Regional Programme takes into account the SRHR and GBV priorities and needs of girls and female adolescents

in implementing countries, especially the most vulnerable population groups that are at risk of being left behind, including women, adolescents and youth, LGBTI, people in contexts of extreme insecurity, forced migration and/or with disabilities.

- **Premise 2:** The Regional Programme was aligned with international commitments, specifically the ICPD Programme of Action, CEDAW, the Montevideo Consensus, the 2030 Agenda, UNFPA Strategic Plans and the priorities and policies of the Department of Foreign Affairs, Trade and Development Canada (DFATD).
- **Premise 3:** The objectives and expected results of the Regional Programme are consistent with the SRH and GBV strategies implemented by the Governments of El Salvador and Nicaragua, as well as with the cooperation programmes and strategies developed by the cooperation agencies involved.
- **Premise 4:** The Regional Programme incorporated an approach based on human rights and gender equality, both in the definition of expected results and the planned intervention strategies.
- **Premise 5:** The regional component for the programme represents added value for the exchange of experiences between countries, knowledge management, leveraging of resources and strategic positioning of the SRR agenda.

The evidence analyzed comes from the documentary review of the Regional Programme Document, specifically its annual and progress reports, secondary information and interviews conducted by the Evaluation Team with UNFPA staff, partners and beneficiaries (women and men). While the documentation provides elements to characterize the design

and approaches that support the evaluated programme, the interviews provide abundant qualitative information to evaluate – through the triangulation of data – the translation of these documents into interventions.

This part of the evaluation is organized into two sections. The first section examines the Programme's consistency with the needs of the most vulnerable population and the incorporation of human rights and gender approaches. The second section assesses the programme's alignment with the main international human rights and gender equality instruments and analyses the added value provided by the regional component.

Consistency with the needs of vulnerable groups and approaches used

The Regional Programme addresses issues that are central to the 2030 Agenda and the ICPD Programme of Action. These emphasize the right of all people to make informed decisions about whether, how and when to have children. Both the strategic focus of the evaluated Programme and its intermediate outcomes were based on an analysis of SRHR protection and promotion needs identified with governments and partners and provided timely responses in regional, national and local contexts.

In order to strengthen the protection and exercising of the SRR of adolescents and girls living in the prioritized areas (in accordance with SRH and GBV indicators), the Programme aimed to collaborate with governments for the multisectoral approach to AP and GBV, which significantly affect gender equality and sustainable development. This was based on the strategic guidelines contained in the 2014-2018 Regional Strategic Plan for the Prevention of Adolescent Pregnancy in Central America and

the Dominican Republic¹⁸. In Nicaragua and El Salvador, the prioritized adolescent population is vulnerable to violence, discrimination and inequality and faces barriers with accessing integrated and quality SRH services. All of this makes it difficult for this population to learn about and exercise their SRHR in a full and informed manner. Consequently, the Programme responded to an unmet need that has negative consequences on adolescents' health, integrity, well-being and economic and social development.¹⁹

The strategies adopted contribute to UNFPA's effort to achieve "three zeros" by 2030: zero unmet need for family planning; zero preventable maternal deaths; and zero GBV and harmful practices (UNFPA, 2018). This is in accordance with the Nairobi Declaration on ICPD 25. UNFPA was mandated to support national actors in the following areas: i) build capacity to provide quality and accessible integrated SRH services that enable informed decision-making; ii) improve medical and psychological care services for GBV survivors and coordination between the health and justice sectors; and iii) transform social norms and practices that naturalize inequality and subordination of women, adolescents and girls. By focusing on the reduction of AP and GBV as fundamental issues within gender equality and sustainable development, the Regional Programme prioritized the empowerment of female adolescents and girls as a condition to expand their life options, contributing to the United Nations Secretary-General's Global Strategy for Women's, Children's and Adolescents' Health (2016-2030).

In addition to AP and GBV prevention, opportunities were generated to maintain and strengthen technical cooperation for CSE. This is one of the fundamental strategies to address barriers that limit the exercising of

18. Plan approved by Resolution COMISCA 20-2018. Placencia, Belize, December 7, 2018.

19. It is noteworthy that in El Salvador, the prioritization of the ten municipalities where interventions were carried out was largely based on the Map of pregnancies in girls and female adolescents in El Salvador 2017 (UNFPA, 2019) and the ENIPENA 2017-2027 target population.

SRHR and is considered a good practice in the context of programmatic interventions. These interventions positioned CSE as an enabling right for other rights, in accordance with the International Technical Guidance on Sexuality Education updated in 2018 with support from UNFPA (UNESCO, 2018).

The interventions of the evaluated Programme recognize beneficiaries as human rights holders and seek to promote institutional, social and cultural changes that can produce positive transformations in the communities. For example, the assistance provided to national staff in El Salvador and Nicaragua for the implementation of quality standards in health services with an emphasis on SRH highlighted the needs of adolescents as subjects of SRR and generated better conditions for access to youth-friendly services that address GBV and improve learning for self-care. The Programme maintained its relevance in the face of the challenges posed by the impact of hurricanes Eta and Iota in Nicaragua, as well as the outbreak of COVID-19. This work ensured that emergency situations did not affect the continuity of the actions and took into account their differential impact on women, adolescents and girls.

The assessments that underpinned the design of the Regional Programme recognize that gender inequality and the limitations imposed by prevailing social patterns are a crucial factor that need to be transformed in order to achieve the expected results. Gender equality is a pillar in the definition of objectives, strategies and actions and there are numerous interventions that by expressly incorporating this approach, contribute to the transformation of asymmetrical power relations. In El Salvador, and in order to ensure the incorporation of a gender perspective in the Programme's

interventions, UNFPA requested the involvement of the Association of Salvadoran Women for Peace as an implementing partner based on the Association's national track record and its organizational capacity in the territory. These actions include the "Women Leaders for Life" initiative implemented in El Salvador and the "School of Values for Adolescents" in Nicaragua.

When tackling particularly sensitive issues, efforts were made to frame them in ways that reduce conflict. This was done during CSE training for teachers in teacher training colleges in Nicaragua with the support of the Latin American Faculty of Social Sciences (FLACSO) from Argentina²⁰. Taking into account the resistance raised by the issue of sexual diversity, the training adopted a broad view of the treatment of cultural and social diversity, generating other possibilities to address this issue within the framework of the training. It should be noted that this initiative was designed and implemented with the participation of the country's public officials and technical staff, who adopted teaching and mentoring roles, facilitating their ownership and confidence-building in this process. These strategies are considered good practices because they make it possible to introduce discussions that are necessary for the transformation of the prevailing gender status quo in the country within a framework that respects and understands the particularities and idiosyncrasies of the country. Technical support for the implementation of quality standards in SRH services facilitated work on new care models that guarantee human rights without any kind of discrimination or exclusion.

According to a stakeholder, "it is important to identify the entry points for work on certain issues. We talk about gender, equal

20. Faced with the challenges for the scaling up of CSE in this country, an influencing opportunity was created. This was based on previous work by UNFPA with the MINED curriculum (2009-2012) and the CSE guides for early, primary and secondary education (2015-2017). This was implemented with the technical assistance of LACRO that positioned CSE as part of International Technical Guidelines and led to a new series of training programs for teacher training schools and people studying to be community educational counselors.

opportunities, equality. We have to build with the country, while being sensitive to the local culture and within the framework of rights as an umbrella" (interview).

The Regional Programme's interventions are framed within a human rights-based approach that involves capacity building for duty bearers (health, education, justice, parliamentarians) and rights holders (users of adolescent SRH services; women, adolescents and girls who are survivors of GBV and sexual violence). Some initiatives, such as the Group of Young Parliamentarians in El Salvador (supported by UNFPA), generated consultation processes with women's and feminist organizations. However, there was no evidence of participatory actions that involve beneficiaries in the design of the programme and its interventions in the countries. The plural and inclusive dialogue with organizations, representatives of feminist movements and human rights activists in the regional political dialogue entities that included the participation of indigenous women, Afro-descendants, peasants and other groups in vulnerable situations was highlighted by the partners and stakeholders who were interviewed. They emphasized LACRO's facilitating role and the need to continue supporting processes that involve alliance building and provide opportunities to listen to broad and plural voices from these populations.

The design of the programme and its interventions did not use intersectional approaches, nor were specific actions planned for female adolescents and girls with disabilities or those from afro-descendant, indigenous, LGBTI and forced migration communities. Different actors acknowledged that there was no direct focus on the disaggregated analysis of populations in vulnerable situations beyond girls and female adolescents in disadvantaged and/or rural areas. The Evaluation Team considers that this omission does not invalidate

the Programme's relevance, but it does indicate an aspect that should be considered in future interventions to ensure the mandate of leaving no one behind. This requires specific efforts to generate data and prioritize budgets so that they respond to the needs of these population groups.

Alignment with international instruments, strategic policies and plans and added value

The Regional Programme was aligned with the main international commitments on SRR, gender equality and human rights. Its expected results are closely related to the policies and priorities of the cooperation agencies involved, as well as the public policy frameworks and instruments in the implementing countries. The programme's work was consistent with the ICPD Programme of Action, the 2030 Sustainable Development Agenda and the SDGs established at the global level.

Specifically, the programme's contributions to SDG 3 and its Target 3.7 ("ensure universal access to sexual and reproductive health services, including family planning, information and education"); SDG 4 and its Target 4.7 ("ensure that all learners acquire the knowledge and skills necessary to promote sustainable development, including through education for sustainable development and sustainable lifestyles, human rights, gender equality, promotion of a culture of peace and non-violence, global citizenship, appreciation of cultural diversity and the contribution of culture to sustainable development"); to SDG 5 and its Targets 5.2 ("eliminate all forms of violence against all women and girls in the public and private spheres, including trafficking and sexual and other forms of exploitation"), 5.3 ("eliminate all harmful practices, such as child, early and forced marriage and female genital mutilation") and 5.6 ("ensure universal access to sexual and reproductive health and reproductive rights as agreed in accordance

with the ICPD Programme of Action, the Beijing Platform for Action and the outcome documents of its review conferences").

The Regional Programme's strategic framework, expected results and the Theory of Change that underpinned the interventions are consistent with Canada's Feminist International Assistance Policy. This prioritizes gender equality and the rights and empowerment of women and girls for development and peace. The Programme was closely aligned with the four development outcomes from the UNFPA Strategic Plan 2018-2021, which aim to achieve that:

1. All women, adolescents and young people, especially those furthest behind, use integrated sexual health services and exercise their reproductive rights free from coercion, discrimination and violence.
2. All adolescents and young people, especially female adolescents, are empowered to access SRH and exercise their reproductive rights in all settings.
3. Gender equality, women's and girls' empowerment and reproductive rights are promoted in humanitarian and development contexts.
4. In the pursuit of sustainable development, all people are counted and represented.

In the regional scenario, the strategies and actions implemented by the Programme contribute to the commitments of the Montevideo Consensus on Population and Development - a groundbreaking agreement that establishes a framework for the full integration of the population and its dynamics in the region dynamics in sustainable development - especially in relation to priority

actions B ("Rights, needs, responsibilities and demands of children, adolescents and youth"), D ("Universal access to sexual and reproductive health services") and E ("Gender equality"). In support of the Montevideo Consensus, LACRO focused on the creation of the online Regional Alert System on Sexual and Reproductive Rights (SAR) platform that is supported by civil society. This is a unique instrument in Latin America and is led by the Marcosur Feminist Articulation, which produces information, analysis and alerts on setbacks in SRHR (during the pandemic a specific category of "COVID alerts" was generated). The SAR also monitors emblematic cases that are taken as reference points because of the impact they achieve or the organization they promote. The SAR records the different demonstrations, mobilizations and campaigns that favor the recognition and guarantee of SRHR with initiatives such as the "Causa Justa" (Just Cause) programme that was presented at the Regional Conference on Population and Development in Lima in 2018²¹.

Faced with the activism of groups opposed to the SRHR agenda that question the gender approach and the actions by the United Nations in this area, LACRO also supported the initiative of the Repository of Rights at Risk (REPODER) led by CLACAI, which generates information for the defense of the ICPD agenda and the gender approach that underpins the international norms subscribed by the States, including the Convention on the Elimination of All Forms of Discrimination against Women (CEDAW) and the Belém do Para Convention²². This approach meant that the regional component was committed to carrying out assertive political work on SRR in a context where these rights are questioned. The generation of evidence, its dissemination and its use in oversight and the enforcement of rights are fundamental for the defense of

21. See: regionalalertsystem.org.

22. According to information provided in interviews, the repository reaches about 300 users through a closed system.

regional progress. This work, co-implemented with civil society in a democratic manner, is part of a strategy for generating dialogues and alliances that LACRO has been developing in the last few years and that the evaluation of the Regional Programme has strengthened, generating synergies between different sources of funding.

The Regional Programme, its objectives and expected results are consistent with the SRH and GBV strategies of the national governments and, specifically with the priorities of the Country Programmes that have been signed between these countries and UNFPA. In El Salvador, the Programme contributed to capacity development for Ministry of Health staff so that they can incorporate human rights and gender approaches into integrated SRH services (outcome 1), develop the capacities of young people to advocate for SRH laws, policies and regulations (outcome 2) and national capacity development to incorporate GBV care and prevention in policies and programmes (outcome 3). This was foreseen in the 2016-2020 Country Programme. In addition, the evaluated programme has had direct articulation with the purpose and goals of the 2017-2027 ENIPENA. The design and installation of this plan was supported by UNFPA through sustained its cooperation efforts with the country²³.

The ENIPENA is based on an exhaustive assessment of national problems, the situations faced by vulnerable groups and different human rights and gender equality instruments. The ENIPENA facilitated the alignment of the Regional Programme with national priorities, as even with the change of government on 1 June 2019, the strategy is still being implemented and is used as a

reference point by government institutions. Together with the close links and dialogue that the UNFPA Country Office maintains with government institutions, CSOs and inter-institutional mechanisms, this facilitated the participation of political and technical actors in the process of formulating and identifying priorities. This process involved the National Council for Children and Adolescents (CONNA) as the governing body for children and adolescents, the Salvadoran Institute for the Development of Women (ISDEMU) as the governing body for gender equality policies, as well as authorities and professionals from the health and education sectors.

In Nicaragua, UNFPA's programmatic framework allowed the Regional Programme's initiatives to be articulated in a coherent manner with the expected results at the country level, contributing to the prioritization of the adolescent population as part of cooperation with the Ministry of Health (MINSAs) for the introduction of quality standards with an emphasis on SRH. This work also achieved progress with the related regulatory framework (MINSAs's Manual of Procedures for the Comprehensive Care of Adolescents). In this framework, the Regional Programme supported the initiatives of the 2019-2023 Country Programme, articulating actions with public strategies such as the School of Values for Adolescents, a strategy implemented by the Ministry of the Family (MIFAM) - which for the first time began working with adolescents on GBV prevention - and providing technical assistance for the updating of norms, manuals and guidelines for GBV prevention. The Programme provided technical assistance for the updating of standards, manuals and policy booklets in the health, education (based on capacity building for teachers) and protection

23. ENIPENA is a strategy which includes actions that are closely related to the Programme's interventions, including: (i) promoting gender equality through new cultural patterns; (ii) guaranteeing a life free of sexual violence and without discrimination; (iii) ensuring the maintenance of the educational trajectory of girls and female adolescents; and (iv) guaranteeing access to youth-friendly SRH services and CSE, among others. See: <https://elsalvador.unfpa.org/es/publications/estrategia-nacional-intersectorial-de-prevenci%C3%B3n-del-embarazo-en-ni%C3%Blas-y-en> (Accessed: 1 September 2021)

sectors. In addition, LACRO collaborated with positioning CSE in a complex context that favored the incorporation of human rights in documents, technical tools and training activities. According to the evidence analyzed, this was another element of added value for the evaluated programme.

UNFPA’s programmatic framework facilitated the alignment and harmonization of its regional and country programmes with the UNFPA Strategic Plan, the 2030 Agenda and the SDGs, resulting in interventions aligned with international human rights standards that were attentive to gender equality as a pillar of sustainable development and respectful of national priorities. LACRO’s support for the implementation of quality standards in adolescent health services with an emphasis on SRH was a strategic pillar of the Programme’s regional component, fostering the development of health services that respond to the SRH needs of adolescents without distinction or discrimination. The provision of quality services for this population is a substantial contribution to the reduction of AP as established in recommendations from the Pan American Health Organization (PAHO), the World Health Organization (WHO), UNFPA and UNICEF. These include access to modern contraceptives and the strengthening of staff competencies for their implementation. LACRO’s support for policy dialogue and technical assistance in the implementation process is a crucial element for the officialization of this work in the countries and its adherence and adaptation to the contexts. This work favors diagnostic processes, planning and goal setting in accordance with the aforementioned approaches, as will be discussed in more detail in the following section (Effectiveness).

3.2 EFFECTIVENESS

This section analyses the degree to which the expected results of the “Strengthening

the protection and exercise of Sexual and Reproductive Rights through the promotion of gender-based reduction of teenage pregnancy in Central America” Programme were achieved, as well as the extent to which the products generated throughout its implementation contribute to the achievement of the final result, intermediate results and immediate results established in the logical framework.

The analysis of the effectiveness of the project will address the ToC that supports the initial design of the intervention and considers the activities implemented as part of the Programme in the framework of the general strategy to strengthen the promotion, protection and exercising of SRR for women, adolescents and girls, which in turn contributes to the reduction of AP and GBV.

The level of achievement of the different results, identified through the analysis of the implementation of activities and products distributed by the Programme, contributes to the generation of required knowledge for the verification of the ToC on which the intervention is based. It is important to remember that the aforementioned ToC is focused on the social changes generated in medium and long term processes. Focusing this effectiveness analysis on a limited period of time will provide information about the Programme’s contribution to the likelihood and direction of social change.

The key question in relation to the effectiveness criterion is:

To what extent have the intermediate results of the Regional Programme been achieved or are expected to be achieved, and has it contributed to strengthening the promotion, protection and exercising of the sexual and reproductive rights of women and adolescents in the Region?

To answer this key question, the following assumptions are explored:

- **Premise 1:** The expected results have been achieved within the framework of the Regional Programme's outcomes on sexual and reproductive rights, both at the level of the implementing countries and in the regional component.
- **Premise 2:** The emergence of unanticipated internal and external factors that have contributed to or hindered UNFPA performance under the regional programme.
- **Premise 3:** UNFPA manages risk, both internal and external, throughout the implementation of the Regional Programme.
- **Premise 4:** The Regional Programme was adapted in a flexible and timely manner to respond to the COVID-19 emergency in the implementing countries with a focus on human rights, equity and gender equality.
- **Premise 5:** UNFPA incorporates a human rights-based approach and a gender mainstreaming strategy in interventions that support the achievement of the programme's results.

The analysis of effectiveness is carried out through the study of the official documentation generated by the Programme, paying special attention to indicators and reports. The Evaluation Team also considered the perspectives of the people interviewed and their responses to questions about the implementation of activities and adaptation/reformulation needs. This process took into account the changing contexts caused by the COVID-19 health emergency and the difficulties created by hurricanes Eta and Iota.

The structure of this section includes an analysis of Intermediate Results 1, 2 and 3 of the Programme, focusing on the regional component and the role of LACRO in Intermediate Result 1, as well as the role of the implementing countries and the UNFPA Country Offices in these countries in Intermediate Results 2 and 3. Once the Intermediate Results have been studied, a complete effectiveness analysis is carried out that focuses on the Programme's contributions based on its Theory of Change.

Analysis of the effectiveness of the Project based on the Theory of Change.

For the analysis of the effectiveness of the Programme, and in accordance with Subirats et al. (2008: 219-225)²⁴, and the level of execution of its different intermediate results, products and activities, the following conclusions can be drawn regarding the contribution made to the desired change.

The Programme was effective, beginning with the implementation of its activities in the first phase of the programme that resulted in the definitive insertion of the public problem related to teenage pregnancy and GBV in the political-institutional agendas of the implementing countries at multiple levels. This generated important potentialities and expectations in the medium term in accordance with the rhythms and circumstances of each country. This element was verified through the regulatory modifications observed and the inclusion of different services and activities in work carried out by national institutions. This represented significant progress in the ToC that underpins public policy. The role of the donor was particularly relevant in this area, with Canada positioned as a leader of international cooperation in the area public policy.

LACRO's performance is considered effective based on: (i) the regional actions implemented; (ii) the strengthening of regional networks that include social organizations, which are considered strategic actors in the defense of SRHR and the Montevideo Consensus; and (iii) the role of technical assistance provided to the countries, especially in relation to CSE and standards of CSE. strategic actors in the defense of SRHR and the Montevideo Consensus; and (iii) the role of technical assistance provided to countries, especially in relation to CSE and quality standards for adolescent health services. In this area, LACRO's role in the creation and extension of warning and data management systems that respond to threats of setbacks to SRHR and gender equality in the region should be highlighted. These actions created the possibility of having reliable information available for multiple actors and supported the positioning of policies in the national and regional agenda. An example of LACRO's key support was the mobilization of feminist organizations, women's organizations and experts in the "Regional Hearing: Violations of women's health and SRR". Adaptations due to the context imposed by COVID-19 and the use of virtual tools broadened the scope of this event and facilitated increased participation of organizations and activists who would have had difficulty participating in person. This expansion implies progress with the involvement of those who bring the voices of SRHR holders to regional policy dialogue scenarios such as the Population and Development Conferences and other regional and international fora.

UNFPA has identified that the impact of COVID-19 and its control measures will have a negative effect by reversing the progress made in SRHR in recent years. The analysis of the Programme's effectiveness is carried out in this context, with the latter result highlighting the need to strengthen public

policy and mitigate possible setbacks caused by the pandemic. Despite this situation, both the scope and the level of achievement of the objectives for the actions carried out was high, which is evidenced in this analysis.

It is important to mention that the Programme adapted its work to the contexts of each of the countries where it is implemented in order to, as far as possible, make progress with the inclusion of public policy in political-institutional agendas in its different forms and rhythms. This occurred with the officialization of the Multisectoral Plan for the Prevention of Adolescent Pregnancy in Nicaragua. Even though it is an objective of the Programme that was not achieved – because the different institutions are currently using a sectoral perspective – there is a need to ratify the general progress of public policy at multiple levels (regulations, training of public servants, quality, improvement of services...) along with the level of joint work between the national government and the UNFPA team, the trust generated and the creation of opportunities for future actions.

Throughout the implementation of the Programme there were a significant number of actions, such as: the inclusion of CSE in the education of children and adolescents, specifically through the School of Values for Adolescents implemented by the Ministry of the Family; strengthening of the quality and development of improvement plans for adolescent care in health units with an emphasis on SRH; training of public servants; the increase and improvement of public services; and community actions to prevent AP and GBV (including improving access to contraceptives).. These activities are considered effective and fundamental elements for the Theory of Change as they represent progress from multiple perspectives with modifying the current behavior of the different actors and groups affected by public policy and introduce gender and human rights approaches.

The effectiveness of these interventions was enhanced by the broad network of social actors in the territory that supported the implementation of the Programme. For example, this work included training and awareness-raising actions carried out with the legal profession and the judiciary in El Salvador. With the purpose of reinforcing/guaranteeing the effectiveness of these actions, daily actions by staff who received training should be monitored in order to verify the effective inclusion of the content and approaches covered in the training in rulings and/or prosecution/defense arguments, which reinforces the change and effectiveness of the public policy.

In the case of Nicaragua, the Programme's actions used a different approach, in which they focused on work with government institutions in coordination with the community network. The justification for this intervention logic is because MIFAM adolescent networks and community health promoters are territorial actors but are convened through public institutions. This is in line with the State's general model and the model for the health and protection sector in particular.

The significant potential of effective medium and long-term actions in the ToC process was identified. These include actions the provision of scholarships to girls and female adolescents who drop out of school because of pregnancy or GBV. This action, implemented in El Salvador, provides economic support to girls and their families, ensuring that academic continuity is effective from a sustainability point of view. The Protocol for Accompanying Pregnant Adolescent Students, which was approved in Nicaragua, is also notable. The effectiveness of these activities can be reinforced through direct support for youth employment, which contributes to generating social references of success that can be emulated and enhance these effects at the collective level.

Despite the fact that the structure of the effectiveness analysis is the same for both of the Programme's implementation countries, the specific context in each of them must be taken into account. The Programme had a substantial budgetary difference between El Salvador and Nicaragua, which led to differences both in the approach for the strategies implemented in each country, as well as their scope.

The programme's capacity for adaptation and flexibility to the circumstances arising from COVID-19 was verified. In El Salvador, Programme funds for the amount of USD 154,535 were redirected based on strategic prioritization criteria within the framework of lockdown measures due to the pandemic and investment needs in other activities and inputs. In Nicaragua, the Country Office mobilized other funds, both through LACRO and GAC, to address the impact of COVID and hurricanes Eta and IOTA. This contributed to achieving the expected results. This adaptation was carried out without affecting the purpose of the activities or their philosophy, although new challenges related to the use of virtual tools were generated and have to be addressed. The use of new technologies and problems with internet connectivity can generate new exclusions that must be avoided through the complementary use of different techniques (online and face-to-face when possible). This must also include increased monitoring of the activities that are implemented online, the provision of adequate and economically sustainable equipment for users and analyzing the risks of inappropriate use of technology. Finally, and as a result of the analysis carried out, the limitations with official information and traceability between initial plans and final implementation was verified. Even though it was hampered by rescheduling and adaptations to COVID-19, data management should not be interrupted as this hinders the Programme's monitoring and affects the continuity of its

measures, resulting in a detrimental impact on effectiveness in the medium term.

Despite the verified impact of unanticipated external factors that hinder the achievement of the intermediate results (Premise 2), UNFPA is adequately managing risks (Premise 3), adapting the programme in a flexible and timely manner to respond to the needs of the pandemic (Premise 4), maintaining the original philosophy of the human rights-based approach and incorporating the gender equality approach in its interventions (Premise 5) to achieve the expected results.

Intervention strategies

Intervention strategies can be identified in Programme documentation, although they are not explicitly listed in the ToC. The three results described above are at the heart of the ToC and the Programme's potential to achieve these results is realized through how it implements the planned activities. According to its Strategic Plan, the overarching strategy for UNFPA's programmatic approach is national capacity development. The quadrennial comprehensive policy review (QCPR) states that United Nations' funds, programmes and specialized agencies should provide increased support to build and strengthen national capacity, support development results and promote national ownership and leadership. UNFPA supports different implementation strategies to achieve its goals in the countries. While the following strategies are not contained in the ToC, they can be identified:

- 1. Awareness raising and policy dialogue for the prevention of AP and GBV**, which focuses on the formulation, improvement and reform of legislation, policies and strategies;
- 2. The development of capacity building** is aimed at strengthening the skills of professional staff, primarily adolescent health service providers and other sectors

such as education and justice;

- 3. Knowledge management** is aimed at improving programs through data analysis and the timely provision of knowledge products. It also includes the production of periodic monitoring reports that contain specific information on the situation and recommendations for SRHR and GBV. This has facilitated the generation and use of relevant information for the improvement of care and increased the motivation of health professionals.
- 4. Alliances and coordination** have strengthened regional networks in which social organizations are integrated, and considered first level actors in the defense of SRR and progress with the Montevideo Consensus. There is room for improvement in the area of coordination for mutual learning within the scope of the Programme, as explained below.

Specific context of El Salvador

The level of compliance with the Programme's main indicators was high, taking into account the comments related to the traceability of the indicators during the Project cycle and the changes and rescheduling that occurred as a result of the pandemic.

In El Salvador, the Programme has permeated the political-institutional agenda, which has led to the improvement of public policy through the inclusion of the topics addressed by the Programme in the national government's priorities. This was evident with the course on "Sexual and Reproductive Rights, Citizenship for Youth Leadership", which was integrated into the educational programs offered by INJUVE, for example.

As recognized by several key actors, the crisis caused by COVID-19 has generated a setback of several years in the main public policy indicators. This meant that the realistic

scenario facing the Programme was both the improvement of the aforementioned public policy as well as decreasing the impact of COVID-19. There are areas where further progress is needed, despite the work carried out by the Programme, such as the availability of emergency contraceptive methods. In the case of Nicaragua, this has been significantly reduced as demonstrated by a study carried out by UNFPA Nicaragua with support from LACRO (Godoy, L, Narváez, E. Tobar, F. 2020).

In this scenario initiatives emerge such as those related to scholarships for girls to prevent them from dropping out of school, the training of judicial and legal staff, teacher training, the improvement of facilities and in relation to the current crisis, the distribution of hygiene kits and computer equipment. These actions are considered to be both effective and have a high impact in the medium term as they are intermediate measures that contribute to the strengthening of public policy in El Salvador as a final objective.

Finally, the Evaluation Team observed that El Salvador is effectively implementing the main activities of the Programme with the active participation of government stakeholders, implementing partners and the UNFPA team.

Specific context of Nicaragua

The implementation of the Programme in Nicaragua has been complex, both as a result of the COVID-19 pandemic and the occurrence of hurricanes Eta and Iota. These circumstances made the initial implementation and management of the activities difficult and required the rescheduling or rethinking of many of them. The Programme had to redirect its efforts towards the coverage of urgent needs. This challenge was met effectively by the programme's partners and involved UNFPA developing its capacity to adapt,

mobilize additional funds and maintain the overall philosophy of the programme.

The Programme has had a positive impact on the inclusion and prioritization of the problem of teenage pregnancy and GBV on the national political-institutional agenda, as can be seen in the updating of regulations and the creation of action protocols. This has contributed to the creation of protocols for action, which strengthen institutionalization and the sustainability of public policy.

This has translated into concrete effects for citizens, especially for women, adolescents and girls from the most disadvantaged groups, both as a result of the training of public health staff and protection and education service providers, as well as the introduction of quality tools and continuous improvement in public institutions. Progress has been made with improving the services provided by the Adolescent Clinic at the Berta Calderón Hospital Roque (HBCR) Hospital as a reference center. The element considered essential in this area is the territorial scope for the improvement of services in the Local Integrated Health Care System (SILAIS) and Health Units. One way to measure the positive effects of the Programme has been the increase in the use of modern contraceptive methods by adolescents in the prioritized SILAIS, rising from 68,000 in 2017 to 97,529 in 2020.

In the area of staff training, it is important to mention the large number of public servants who have received training from the programme. More than 1,000 public servants in the health, family and education sectors updated their knowledge thanks to the programme.

It is clear that this training, as well as the dissemination campaigns focused on the target groups, have significant social reach, territorial scope and future potential.

At the social level, the Programme also responded to the problems prioritized through various awareness-raising campaigns, studies and reports, as well as services such as the 133 hotline that provides psycho-social assistance to girls and female adolescents survivors of sexual violence, the introduction of CSE in training and the strengthening of the Adolescent Circles as a community tool with high medium term potential.

The Programme has been efficient and effective in this task of defining the public problem and integrating it into the agenda. LACRO's political advocacy, support and technical assistance played a fundamental role in this area. The effectiveness of the actions and trust between the donor and UNFPA in the country can be verified by observing the continuity of the work through the "Adolescent Pregnancy Prevention" Project CAB04 (PAP). This project is financed with Canadian funds and will be implemented directly by UNFPA in the country. It involves the generation of synergies and the effective incorporation of the problem in the national agenda as well as evidencing the donor's trust in the role and performance of UNFPA in the country.

Although the presence of reprogramming or adaptations to the Programme generated limitations and difficulties in internal management, it should not cause ruptures or result in a lack of data. Missing data is a barrier that impedes the continuous improvement of the project cycle, as well as affecting the planning of subsequent interventions to be undertaken both by the national government and in collaboration with other projects. In addition, one of the elements that required significant effort from the Evaluation Team was related to the indicators for the activities implemented in Nicaragua.

After the Programme had started, it was considered that the original indicators could

not be supported with relevant information (particularly due to the absence of the ENDESA), or that they were not aligned with the budget or expected results in the country. These indicators were adjusted and modified in 2020 in a consensual manner to provide a better understanding of the impact of the activities in the national context. This was reinforced through interviews with the country technical team and the I donor.

Although there are still pending objectives to be achieved in terms of multisectoriality in the prevention of adolescent pregnancy and GBV, it was verified that important steps have been made in this area. These include the SATPREVI (Early Warning System for the Prevention of Violence), which is the system of alerts that facilitate the recognition of difficult situations in the lives of children, adolescents, young people and their families. The Ministry of the Family, the Ministry of Education and the Ministry of Health operate this system in a coordinated manner. Subsequent actions should build on the trust generated between the national government and the UNFPA team to make progress in this area. These important steps increases quality for the provision of SRH services to adolescents, improved the Adolescent Clinic, supported HBRC in its process of becoming a center of excellence and positioned GBV on the public agenda.

Finally, taking into account the context and the threshold of financial resources, it is considered that the Programme has provided a first-rate boost to public policy. Increased efforts must be made with the adolescent health services that are being provided as they need to be strengthened in terms of quality and consistency. This implies increased resources in the future. The results are a definite step forward in strengthening the promotion, protection and exercising of the SRR of women and female adolescents in Nicaragua.

ANALYSIS OF THE DEGREE OF COMPLIANCE WITH THE RESULTS DEFINED IN THE LOGICAL FRAMEWORK OF THE PROGRAMME.

The Programme's logical framework is structured through links between the Final Result, the three Intermediate Results and the seven Immediate Results (two Immediate Results corresponding to Intermediate Result 1; three Immediate Results corresponding to Intermediate Result 2; and two Immediate Results corresponding to Intermediate Result 3). This structure, in turn, relies on a series of outputs and activities, the achievement of which implies progress towards the achievement of the above-mentioned results. In this structure, the analysis of effectiveness is understood as the degree of fulfilment of the defined results. This involves both the aggregate analysis of the general indicators relating to the different types of results and the individual study of the progress and level of execution of the outputs and activities framed in the results.

In addition, an analysis of the degree of compliance is carried out based on the regional component (Intermediate Result 1) and the implementation carried out in El Salvador and Nicaragua in the case of Intermediate Results 2 and 3. This involves introducing an element of heterogeneity into the Programme's design that should be taken into account when drawing conclusions.

ANALYSIS OF THE DEGREE OF COMPLIANCE IN INTERMEDIATE RESULT 1 - 1100.

Intermediate Result 1: Strengthened strategic alliances and national and regional advocacy platforms for the promotion and exercising of sexual and reproductive rights of adolescents (10-19 years) and young people (15-24 years) and promoted the exchange of experiences in the region.

As mentioned above, Intermediate Result 1 corresponds to the Programme's regional component, focusing on strengthening strategic alliances at national and regional levels to influence the policy of promotion and exercising of the SRR of adolescents and promoting the exchange of experiences in the region.

This Intermediate Result consists of Immediate Result 1 (1110), related to the strengthening of regional alliances and platforms, and Immediate Result 2 (1120) focused on the strengthening of regional mechanisms for mapping and monitoring progress in the promotion and exercising of SRR in the region and the systematization of experiences and lessons learned. The entity responsible for the execution of the products and activities framed in these Immediate and Intermediate Outcomes is UNFPA - LACRO, in coordination with the UNFPA Country Offices in El Salvador and Nicaragua, as well as the respective national governments.

The interventions carried out by LACRO focus on the provision of technical assistance in the following areas:

- Implementation of quality standards in adolescent health services with a focus on SRH and SRHR. Within this strategy (Immediate Result 1120), LACRO:
- Strengthens the capacities of national teams through the design of activities and training of national directors, local managers and care providers in Nicaragua and El Salvador for the validation of quality measurement instruments and the design and implementation of quality plans for adolescent SRH units.
- Designs and delivers a virtual workshop to statistical personnel and teams from the prioritized health centers to improve

the data collection and processing process.

- Designs and delivers a virtual (was initially face-to-face and after the pandemic was adjusted to a virtual modality) workshop on methodology and results of the improvement plans for quality standards in adolescent health services, analyzing the results of the programme implemented in pilot centers in El Salvador and Nicaragua to validate the measurement instruments based on eight quality standards and an evaluation of the quality of the adolescent health centers.
- Provides technical assistance to strengthen the Adolescent Clinic at the Bertha Calderón Roque Hospital (HBCR) in Managua to promote it as a National Center of Excellence for adolescent care, improving the knowledge of legal and normative bases of reference, processes, procedures, information systems and data related to the clinic's services. This technical assistance is systematized in a report with recommendations for strengthening the clinic's model of care, organization of services, standards of care, human resource management, research, provision of services and training.
- Promotion of South-South cooperation and exchange activities with the CEMERA Center of Excellence at the University of Chile that is a specialist in adolescent health services, training and research and facilitate actions in areas where Nicaragua has identified needs (Immediate Result 1120).
- Technical assistance to Nicaragua for the revision, updating and adaptation of family planning regulations for MINSa (Immediate Result 1120) and the Procedures Manual for Comprehensive Adolescent Care

(Regulation No. 095, which formalizes quality standards).

Among the activities related to Immediate Result 1120 carried out by LACRO, but as part of establishing and strengthening regional alliances and platforms (Immediate Result 1110), is the mapping and systematic provision of information related to the status of SRHR recommendations (Output 2121). LACRO supports the "Regional Alert System on Sexual and Reproductive Rights (SAR)" initiative to monitor the status of compliance with the Montevideo Consensus in the region.

Progress related to the SAR include (I) the generation of 14 alerts that led to the monitoring of cases to identify patterns of violations of women's SRR and the preparation of the report "Violations of sexual and reproductive rights in times of pandemic. A look at the alerts generated by the SAR. The effects of a triple cascade"²⁵; (II) the RAS communication plan through social networks and the "Boca a Boca" newsletter, which reaches 4,600 contacts in the region; and (III) the generation of collaborative networks with the RAS to improve public advocacy, resulting in initiatives such as the "Regional Listening Centre" event. This consisted of 90 civil society organizations sharing the situations in their countries with the participation of more than 200 women from feminist and academic organizations, representatives of UN agencies, experts from the CEDAW, the IACHR and other entities. The event had an audience of more than 2,100 views. As a result of the Listening Session, the "Pandemic and Violation of Sexual and Reproductive Rights of Latin American Women: Equality is the cure" statement was drafted, which focuses on the violations of women's rights that were aggravated in the context of COVID-19 and the need to ensure that the gender approach is prioritized in the responses of governments to the crisis.

This series of activities contributed to progress in the fulfilment of Immediate Result 1120, verifying the existence of activities and services implemented for Output 1121 and 1123 and, in turn, making progress in Output 1122.

Immediate Result 1120 was achieved in accordance with the underlying philosophy of Immediate Result 1110, which is related to the strengthening of partnerships and regional platforms. This aspect was verified in the aforementioned activities, with related progress made for Outputs 1111 and 1112 that involved implementing the advocacy and communication strategy and strengthening regional coordination capacity for the promotion of SRR, respectively.

It should be noted that the pandemic context means that LACRO, in coordination with the UNFPA Country Offices in El Salvador and Nicaragua and with the respective national governments, focused its efforts on providing technical support for the activities initiated throughout 2019 and minimized the risk of starting activities in 2020 that could have been paralyzed by COVID-19. The use of virtual resources emerged as an alternative to face-to-face activities while LACRO's technical assistance focused on Immediate Result 1120 and its different products and activities. This technical assistance has been highly effective.

The rescheduling of activities due to the aforementioned external factors poses a challenge for the monitoring and control of activities. This challenge, as well as limitations observed in relation to the traceability of the initial indicators throughout the Programme, should lead to the consideration of improving central efforts in the management of the Programme cycle.

ANALYSIS OF THE DEGREE OF COMPLIANCE WITH INTERMEDIATE RESULT 2 - 1200 AND INTERMEDIATE RESULT 3 - 1300 IN EL SALVADOR AND NICARAGUA.

Intermediate Result 2: Improved national policies and universal access and coverage to quality public services for the prevention and reduction of adolescent pregnancy

Intermediate Result 3: Improved measures and mechanisms for prevention, protection, care and mitigation of Gender Based Violence.

Given that the regional component of the Programme has now been evaluated, both Intermediate Result 2 and Intermediate Result 3 are of a national nature. This required the implementation of activities for these results in El Salvador and Nicaragua in coordination with the collaborating entities defined in the project summary document, the UNFPA Country Offices and LACRO.

Intermediate Result 2 - 1200 involves improving national policies and universal access and coverage of quality public services for the prevention and reduction of adolescent pregnancy. This is achieved through: Immediate Result 1 - 1210, related to promoting the implementation of CSE and comprehensive SRH care in educational establishments (in accordance with the national comprehensive care model for adolescents); Immediate Result 2 - 1220, related to the promotion of universal access to quality comprehensive SRH care, with an emphasis on adolescents and young people using a rights, gender and cultural relevance approach; and Immediate Result 3 - 1230, related to the improvement of skills for the exercising of citizenship and the empowerment of children and adolescents as subjects of rights for the prevention of child marriage and sexual violence using a rights, gender and cultural relevance approach. In accordance with the logical framework, each

Immediate Result is translated into different products and activities that support the achievement of the aforementioned results.

It should be noted that the implementation of activities for Intermediate Result 2 in both countries was affected by unforeseen external factors, both related to the COVID-19 pandemic and the impact of hurricanes Eta and Iota in Nicaragua. These factors required rescheduling the activities that were initially planned with the Government of Canada, as well as the adaptation of face-to-face activities to maximize their impact, in addition to establishing new activities to address the needs created by these emergencies.

The effectiveness analysis for Intermediate Outcomes 2 and 3 in the countries of El Salvador and Nicaragua is detailed below.

ANALYSIS OF THE DEGREE OF COMPLIANCE WITH INTERMEDIATE RESULT 2 - 1200 IN EL SALVADOR.

Taking into account the modifications made to different indicators contained in the Programme Document in coordination with the Government of Canada, as well as the final consolidation of certain data and information structures that is pending, the results from the indicators for Immediate Outcome 1 - 1210 and its Outputs for which official data was available as of the writing of this report include:

Indicators	Indicator code	Goal	Result achieved
At the end of the project, the percentage of staff in schools in the coverage area that apply the norms and protocols in CSE in a timely manner will have increased by 75% of the initial value.	Immediate Result 1210 - 1	75% of 300 teachers	121% (274 teachers trained and applying the standards)
At the end of the project, the number of schools with adolescent-friendly services will have increased by x%.	Immediate Result 1210 - 3	10 schools	Rescheduled
Number of teachers/facilitators trained in comprehensive sexuality education (CSE) through GAC funded projects.	Immediate Result 1210 - Output 1211 - 1	275 teachers ²⁶	275 teachers have received training (100%)
No. of girls who continue their studies with the support of student scholarships in schools in prioritized municipalities.	Immediate Result 1210 - Output 1212 - 1	150 girls with scholarships	200 girls with 133% scholarship
No. of schools that implement programmes to strengthen CSE competencies in prioritized municipalities.	Immediate Result 1210 - Output 1213 - 1	300 schools	243 schools 81%

Source: Prepared by the authors based on the Programme's Annual Report - draft consolidated version April 2021, Annex 1 Indicators 2020 El Salvador, Annex 3 Report Canada 2020 (February 2021) El Salvador and Consolidated Accountability.

26. The initial target was 300 teachers, but a figure of 275 was agreed and achieved.

One of the most noteworthy elements for Intermediate Result 1210 is the implementation of activities with teachers that include CSE training and incorporation into the curriculum (Output 1211). Following an initial review and modification of the territories prioritized for the action, it should be mentioned that by December 2020 a total of 275 teachers had received training on CSE, which represents 96.72% of the total target of 300 teachers. This new target was agreed with the donor and implies that 6,480 third cycle students receive some content of CSE.

As part of reinforcing this content, each teacher who is a beneficiary of the programme's activities has received training materials consisting of 12 books with curricular updates for all educational levels and materials for the design of lesson plans. A total of 210 schools received these materials²⁷.

The implementation of adolescent-friendly health services in schools (Immediate Result 1210-3), which was planned for 10 schools, was rescheduled in agreement with the donor following the government's decision to implement its own model.

Actions with teachers are increasing as a result of the synergies between the Programme and other UNFPA Country Programme activities, specifically the Spotlight Initiative. This has involved the design and delivery of training on CSE for public school teachers and civil society teaching and technical staff, reaching 1,347 people. As a result of these synergies, the design and implementation of a virtual course on GBV for technical staff of institutions and civil society is occurring during 2021.

Output 1212 is based on the design and implementation of a scholarship programme for girls and female adolescents living in extreme poverty so that they can continue with their studies. Not only has the initial target (150 girls with scholarships) been achieved, but 50 more beneficiaries have been reached, bringing the total number of beneficiaries to 200 (20 per municipality). This was a result of the reallocation of funds due to the pandemic and flexibility in the management of the programme.

The scholarships are complemented by the delivery of food baskets, basic hygiene kits and additional items for the educational kits, as well as the design of a life plan with each beneficiary²⁸.

The status of the indicators related to Immediate Result 2 - 1220 are contained in the following table, always taking into account the aforementioned rescheduling and the review of the initial plans in consensus with Programme's partners and donor.

Indicators	Indicator code	Goal	Result achieved
Number of women and girls provided with access to sexual and reproductive health services, including modern contraception methods through GAC-funded projects.	Immediate Result 1220 - 1	24.000	31,809 adolescents received preventive care 132%
Percentage of services that meet the standards of care for adolescents in accordance with the country's health norms and standards.	Immediate Result 1220 - 2	100%	100%
At the end of the project the percentage of health workers in the health units of selected sites that apply the norms and protocols for comprehensive care of adolescents will have increased by 75%.	Immediate Result 1220-3	75%	118%
At the end of the project, the percentage of health units in selected sites that generate information on adolescent care by sex and age (10-14 and 15-19 years) will have increased by 100% of the initial value.	Immediate Result 1220 - 4	100%	100%
No. of health service providers trained in sexual and reproductive health through GAC-funded projects.	Immediate Result 1220 - Output 1222-1	600	1,330 service providers received training (221%)
Percentage of health units in prioritized sites that meet standards of care based on evaluation/self-evaluation.	Immediate Result 1220 - Output 1222-2	70%	142% - 30 health units
Percentage of health units in prioritized sites with basic equipment for the provision of care to adolescents in accordance with norms and standards.	Immediate Result 1220 - Output 1222-3	70%	142% - 30 health units
Percentage of primary health care facilities that distribute at least 3 modern contraceptive methods available on the date of the evaluation.	Immediate Result 1220 - Output 1222-4	60%	139% - 25 health units
A behavioral change communication strategy is designed and implemented that is focused on the prevention of first and subsequent pregnancies and delaying the onset of sexual relations, targeting children, adolescents and their families.	Immediate Result 1220 - Output 1224-1	1	1 Communication Campaign "Tell me more".

Immediate Result 2 - 1220 focuses on strengthening SRH services for adolescents through different channels such as improving the quality of care for the target audience, generating valid data, training health personnel, improving the basic equipment in the centers and improving the distribution of modern contraceptives. The Programme's actions for Output 1222 involved the improvement of SRH services through staff training and improvement of facilities and equipment, which obtained a high level of performance as can be seen in the indicators shown.

The communication campaign for behavioral changes focused on pregnancy prevention. The "Tell me more" campaign was implemented in collaboration with the Spotlight Initiative and positioned the issues of pregnancy prevention and GBV in girls and female adolescents. This campaign responds to Output 1224, expanding its scope and achieving a territorial and population coverage that is much larger than what was originally planned. The implementation of SRH counselling in schools (Output 1223) will be taken over by the Ministry of Education and these funds will be reallocated to COVID-19 emergency assistance.

A total of 275 teachers and 1,330 health professionals were trained in CSE, achieving a result of 221% for Indicator 1222-1 and significantly surpassing the original target of 600 professionals. Parents and caregivers of children and adolescents also received mentoring, scholarships and psychological assistance. Finally, it is estimated that the communication campaigns will reach a general public of 30,000 people through educational television²⁹.

In the analysis of the activities carried out, it is important to focus on quality in the health centers. The main indicators for this area show progress in this area, specifically

with the objectives related to standards (Immediate Result 1220-2), those related to the application of regulations and protocols for the care of adolescents (Immediate Result 1220-3) and those related to the generation of data (Immediate Result 1220-4). For the latter indicator, the role played by LACRO in coordination with the University of Chile and the Technology and Information Directorate of the Ministry of Health was notable. LACRO staff coordinated the design of the information system, data collection, interpretation of data and staff training, verifying the possibilities of generating partnerships that support the effectiveness of the Programme.

For the health centers, the provision of adequate equipment for the provision of adolescent-friendly services for adolescents (women and men) by the Ministry of Health was a significant achievement. As of the date of the evaluation, the target for the provision of equipment to centers had been exceeded (70%, equivalent to 21 health centers), with a planned total of 30 centers (Immediate Result 1220 - Output 1222-3). This data is reinforced by the indicator related to the number of facilities that offer at least 3 modern contraceptive methods (Immediate Result 1220 - Output 1222-4), which is 139%, corresponding to 25 health facilities. This exceeds the target of 60% (18 facilities) in the prioritized municipalities.

It is important to highlight the results with the 30 health units in prioritized sites that meet the standards of care based on evaluation/self-evaluation (Output 1222-2). This represents 142% of the established target, despite the fact that initial progress had been slowed due to the reallocation of health workers because of the pandemic and the limited attendance of adolescents in health facilities. In addition, a quality standards document adapted to the national model of care is currently being reviewed by MINSAL's Directorate of Regulation.

For health centers, the installation of adequate equipment for the provision of adolescent-friendly services for adolescents (females and males) was an important achievement. On the date of the evaluation, the target for equipped centers had been exceeded (70%) with a total of 30 centers initially programmed, representing 142% of the target (Immediate Result 1220 - Output 1222-3) for the indicator. This is strengthened by the indicator for the number of centers that provide at least three modern contraceptive methods (Immediate Result 1220 - Output 1222-4), which is 139% (25 facilities), significantly above the initial target of 60% (18 facilities).

It should be mentioned that the provision of equipment to health centers, staff training, compliance with quality standards, the collection of valid data, and other elements such as dissemination and awareness campaigns, contribute to the number of women and girls provided with access to SRH services (Immediate Outcome 1220-1). Surpassing the initial target for this indicator represents clear progress with Immediate Outcome 1220 and Intermediate Outcome 2 - 1200 and contributes to achieving the Ultimate Outcome 1000. This has been despite the difficulties that the pandemic caused in terms of access to health services for the target group, as well as the need to develop alternative flexible responses in order to maximize their effectiveness. Due to the context of the pandemic and the infrastructure needs for vaccination programs, some of the facilities used for child and adolescent-friendly have been commandeered for vaccination campaigns. Once these needs have been met, their original use will be resumed.

Finally, it is important to mention the reallocation of a significant number of the outputs for Immediate Outcome 1220, specifically Output 1224 related to the

communication strategy promoting cultural practices that favor equality. This Output 1224 is articulated through the "Tell me more" campaign, implemented in coordination with the Spotlight Initiative, which generated an increase in its scope and improved its initial effectiveness.

The activities for Immediate Result 3 - 1230 focused on improving skills for the exercising of citizenship by children and adolescents as subjects of rights. This was achieved through actions such as the design and implementation of a social oversight model to improve adolescent-friendly services (Output 1231), the design of a mentoring programme to support children and adolescents to define their life projects (Output 1232) and the development of community empowerment processes to prevent adolescent pregnancy (Output 1233). These are examples of how activities were rescheduled and adapted in the wake of the pandemic caused by COVID-19.

Below is the final status of the indicators following the rescheduling of activities.

Indicators	Indicator code	Goal	Result achieved
Model of social control applied to adolescent-friendly health services operating in the targeted territories.	Immediate Result 1230 - Output 1231	Rescheduled due to COVID-19	See comments. Youth perception study on youth-friendly health services - participation of 319 young people
Design and implementation of a mentoring programme that supports children and adolescents to define their life projects in partnership with community organizations.	Immediate Result 1230 - Output 1232	1	100% - "Women Leaders for Life" mentoring programme for 300 girls and female adolescents
Designed and implemented community empowerment processes for the prevention of adolescent pregnancy, including new masculinities, aimed at children, adolescents, social communicators and institutions in the selected territories.	Immediate Result 1230 - Output 1233	Rescheduled due to COVID-19	130% - View comment

Source: Own elaboration based on Annual Report - draft consolidated version April 2021, Annex I indicators 2020 El Salvador, Annex 3 Canada 2020 Report (February 2021) El Salvador and Consolidated Final Accountability.

The actions of Immediate Result 1230-1 focused on the definition of a social control model applied to adolescent-friendly health services operating in the territories of the project. In 2019 there was participation from 82 adolescents. In 2020 these activities were discontinued due to the pandemic and a replacement strategy was implemented. This was the design of a course on "Sexual and Reproductive Rights, Citizenship for Youth Leadership", consisting of 4 modules and lasting for 40 hours. This achieved the participation of 146 adolescents participated in 2020. The curriculum was adopted by INJUVE and will now form part

of its educational programs. Through its adoption by the national Government, the programme hopes to provide training to 1,500 young people (females and males) by the end of 2021.

In relation to the design and development of a mentoring programme (Output 1232), this is also subject to revision, moving from the face-to-face and community-based modality in 2019 to the virtual modality in 2020 and 2021. The "Women Leaders for Life" online platform was created and provided training through different modules to 300 girls and

female adolescents from the 10-14 and 15-19 age groups who are provided with a tablet and are accompanied by 27 trained mentors. Access to this platform has been provided to 4 institutions, 3 government (ISDEMU, ISNA and INJUVE) and 1 non-government (S.O.S Children's Villages).

As part of the design and implementation of community empowerment processes (Output 1233), a psychosocial assistance programme was created. This provided assistance to a total of 108 girls and female adolescents through self-help groups, while 103 received individual care. As part of the activities for this output, MINSAL staff received training on the rights approach and comprehensive protection of girls and female adolescents. Staff from the institutions that are members of the ENIPENA Technical Committee received training on sexual violence prevention and care for victims. The Psychosocial Assistance Programme was handed over to MINSAL and other institutions participating in the implementation of ENIPENA.

The methodologies were generally face-to-face and community-based in the planning for the activities for Immediate Result 1230. These have been reviewed and adapted to the circumstances of the pandemic, a process facilitated by the flexibility of the Programme. This has generated new opportunities and made it possible to test intervention methodologies with target populations and see that they are successful. These are then adopted by national government bodies, guaranteeing their sustainability over time and an increased influence on public policy.

ANALYSIS OF THE DEGREE OF COMPLIANCE WITH INTERMEDIATE RESULT 3 - 1300 IN EL SALVADOR.

Immediate Result 1 - 1310 focuses its efforts on strengthening the articulation and capacities of State institutions in the prevention, care and comprehensive support to victims of GBV, especially sexual violence against girls and female adolescents using human rights and gender equality approaches. The status of the indicators related to this Outcome is shown below.

Products / Indicators	Indicator code	Goal	Result achieved
Guidance document for the care of victims of sexual violence under the age of 18.	Immediate Result 1310 - Output 1311 - 1	1	100%
Designed and implemented a warning and monitoring mechanism to prevent violence against children and adolescents and support prevention, reporting, pregnancy and early unions among children and adolescents.	Immediate Result 1310 - Output 1312	90 people	290 people have downloaded the APPFEM
Improved comprehensive care for pregnant girls and female adolescents who become pregnant as a result of sexual violence in communities, families and protection centers.	Immediate Result 1310 - Output 1313	2 Integrated Reception Centers	2 Integrated Reception Centers were adapted at ISNA

Products / Indicators	Indicator code	Goal	Result achieved
Training curriculum on children's rights and gender for accredited Schools of Justice.	Immediate Result 1310 - Output 1314 - 1	1	100%
Improved comprehensive care for pregnant girls and female adolescents who become pregnant as a result of sexual violence in communities, families and protection centers.	Immediate Result 1310 - Output 1313	1	View comment

Source: Own elaboration based on Annual Report - draft consolidated version April 2021, Annex: I Indicators 2020 El Salvador, Annex 3, Canada 2020 Report (February 2021) El Salvador and Consolidated Final Accountability.

As can be seen, there is a high level of compliance with the commitments initially planned for the Programme.

For Output 1311 a psychosocial care programme for adolescent child victims of sexual violence was designed and a guide was drawn up to define the different forms of face-to-face care. As a response to the pandemic conditions, a Psychosocial Care Plan was created for girls and female adolescents and their families, which included online and telephone assistance. This provided support to 110 girls. The programme includes training for staff from the Ministry of Health's Mental Health Programme, who incorporate this content into their care model, and has also been adopted by INJUVE.

Output 1312, which involves the creation of an early warning system for the prevention of GBV, is focused on the APPFEM tool³⁰, an electronic application that provides information on services for the prevention of violence against women. APPFEM acts as an early warning and monitoring mechanism and had more than 290 downloads at the time of writing the Programme's reports, and was developed in collaboration with the Feminist Network against Violence against Women

(RED FEM). Because of the pandemic and following an agreement with participants, staff training for at least 90 people in six public institutions that respond to victims of GBV has been rescheduled (Output 1312 - Indicator 2).

Another consequence of the pandemic was that the Programme reallocated funds to support the Ministry of Health with the creation of the 131 hotline, a telecentre that provides specialist services and care to children and pregnant women in collaboration with UNFPA. The 131 hotline attended to 21,291 people during the period. According to a survey of 550 users, 96% of the people who received assistance from the hotline were satisfied and consider the guidance they received to be useful. In addition, the initial planning for the campaign titled "If violence happens, the support you are looking for can be found here" that provided information about APPFEM and other services was modified. Even though the campaign was carried out in 2020, a portion of the funds were redirected to support REDFEM with the provision of direct help to 200 women who had not previously received assistance in the prioritized territories. Some 42% of the beneficiaries were adolescent females. A total of 33 pregnant adolescents received accompaniment and were provided with humanitarian baskets and biosecurity

30. A digital publication produced by Red FEM (Feminist Network against Violence against Women in El Salvador) in El Salvador, which consists of the following organisations: ORMUSA, Las Dignas and Las Mélidas.

items in different communities.

The programme is responsible for improving assistance in protection centers for pregnant girls and female adolescents who become pregnant as a result of sexual violence. This was achieved by contributing to the facilities of two Comprehensive Care Centers - CAI (Output 1313). The centers were the Erlinda and Ernestina Serrano Cruz CAI, where 150 to 200 children are cared for, with renovations made to the health area, kitchen, laundry, toilets, bedrooms and living/dining rooms. The second center is the Hogar Niño San Vicente de Paul, where the Cambia tu Vida programme is being implemented by the Salvadoran Institute for the Development of Children and Adolescents. The Programme supported renovations to the roof, toilets, the electrical system, the educational area, the psychosocial care area and the kitchen area.

Output 1314 focuses on improving the capacities of justice personnel by providing updated training. To achieve this, the "Specialization course on victimology and international law for the protection of women's human rights" has been designed and implemented. This training was initially delivered through a face-to-face methodology, but was later adapted to an online modality following the start of the pandemic. A total of 32 male and female judges completed the four modules of the training. In addition to the diploma course,

awareness-raising activities were carried out in coordination with the National Council of the Judiciary (CNJ) with the participation of 280 people from the judiciary, the public prosecutor's office, the bar, public and private lawyers' offices and law students. These activities consisted of three specific webinars on women's rights. It is also important to consider the importance of providing training on GBV with social workers who form part of the interdisciplinary teams in the Supreme Court of Justice for the specialized judiciaries on violence against women, children and adolescents and the family.

Finally, it is important to mention the reallocation of a significant part of the outputs of Immediate Result 2 - 1320, which meant that the activities for the communication strategy promoting cultural practices in favor of equality were included in Output 1323. This Output involves the "Tell me more" campaign, implemented in coordination with the Spotlight Initiative, which generates an increase in the Output's scope and improves its initial effectiveness.

The degree of compliance with the Programme's initial commitments for Intermediate Result 3 -1300, and those that have been reviewed as a result of the pandemic, did not prevent a significant decrease in the number of sexual violence services provided by the Ministry of Health, as can be seen in the attached table.

Table 4. Evolution of the number of services related to sexual violence provided by the Ministry of Health, El Salvador. 2018-2020.

Age	2018	2019	2020
10 - 14 years old	90	90	77
15 - 19 years old	106	115	75
Total	196	205	152

Source: Prepared by the authors based on Annex I Indicators 2020 (1) El Salvador.

Despite the results of the internal indicators of the outputs that are included in Intermediate Result 3 - 1300, the official data indicates a 22% decrease in the number of cases attended to by the Ministry of Health between 2018 and 2020. This generated a negative result for Indicator 1 of the Intermediate Result, which included an increase in the number of registered cases of sexual violence. These figures are consistent with the projections made by UNFPA on the impact of COVID-19 lockdown measures on the access of women, girls and female adolescents to sexual health and sexual and gender-based violence services. It should be mentioned that the efforts made by the Programme are aimed at both improving public policy and its effects on the population, as well as at mitigating the negative effects caused by the pandemic.

EFFECTIVENESS ANALYSIS IN EL SALVADOR. FINAL CONSIDERATIONS

The analysis of compliance with the Programme's main indicators in El Salvador is positive, although it is necessary to point out the high level of reprogramming due to the health emergency caused by COVID-19, as well as the lack of available data in some cases. This has made it difficult to ensure that the evaluation covers the entire implementation cycle, from the initial planning to the final results. The pandemic posed a challenge for the management of the Programme and also affected the evaluation of its effectiveness.

Intermediate Result 2-1200

Intermediate Result 2 - 1200 focuses on improving national policies and universal access and coverage to quality public services for the prevention and reduction of adolescent pregnancy.

The analysis shows a positive result for the interventions in terms of staff in schools applying CSE standards and protocols, as well as in the number of girls who continue their

studies with the support of a scholarship. This exceeded the established target and reduced the long-term effects of dropping out of school.

The teachers who participated in the consultation process through surveys and questionnaires stated that the CSE training provided by the UNFPA and Government of Canada programme was relevant (4.87 on a scale of 1 - not at all relevant to 5 - very relevant) because they learned about new concepts such as gender, sexuality, sexual and reproductive rights, as well as being able to socialize these concepts with students in the classroom.

Pregnancy prevention was one of the main areas that the Programme focused on. The participation of girls and female adolescents in CSE training and mentoring of leaders generated excellent results, as evidenced by the responses to the "Beneficiaries of the mentoring/self-help programme" survey and questionnaire, in which 87.18% of respondents stated that they had improved their knowledge on pregnancy prevention. In addition, several of the adolescents who participated in the mentoring programme and who responded to the instruments stated that obtaining information from specialists provided them with more confidence to talk about this topic and generated increased family engagement so that they could talk about teen pregnancy prevention.

Finally, actions to support schools with the delivery of adolescent-friendly services were reprogrammed. This action will be adopted by the Ministry of Education using its own model. This element is present in other facets of the Programme represents a significant impact of the Programme on public policy, going beyond its implementation period and achieving the incorporation of the Programme's approach in the services provided by national institutions.

The need to reprogram actions due to the COVID-19 emergency has been a major challenge for the implementation of the Programme. This has been solved by reinforcing the Programme's central philosophy and elements through the use of innovative online resources and modifying different intervention methodologies to reach the target populations. This support was necessary for the delivery of the Psychosocial Care Programme for Adolescent Boys and Girls Victims of Sexual Violence and the social oversight models, for example. It is necessary to analyze these elements in order to overcome the presence of new gaps in the future that are related to issues with access to new technologies.

The reprogramming of these actions generated tensions with the internal management of the Programme, making it difficult to measure the initial indicators and requiring the design of new goals, which increased the complexity with their monitoring.

Finally, it is important to mention the work carried out by the Country Office with the Teenage Pregnancy Map, which has been partially financed by this Programme. This map has been used as a relevant source of evidence for advocacy actions. According to the analysis of adolescent pregnancy monitoring by the El Salvador Country Office, there has been a downward trend in adolescent pregnancy rates in the municipalities where the Programme was implemented. The whole country demonstrates a downward trend, but this trend is more pronounced in the targeted municipalities.

Intermediate Result 3 - 1300

Intermediate Result 3 - 1300 focuses on improving measures and mechanisms for the prevention, protection, care and mitigation of GBV through different activities included in Immediate Result 1310 (related to strengthening

intra and inter-sectoral articulation and State capacities) and Immediate Result 1320 (related to the promotion of cultural attitudes and practices that foster gender equality at community and family levels).

Among the indicators analyzed (Immediate Outcome and Output Indicators) that show traceability between the initial and final phases of the Programme, or that include official data after having been reprogrammed due to the pandemic, a positive result was obtained for Immediate Outcome 1310. This result includes the creation of a guide for the care of victims of sexual violence, there is a warning and monitoring mechanism for the prevention of violence, improvements to the infrastructure for the care of pregnant girls and female adolescents in two protection centers and training has been designed and provided for judiciary staff and lawyers and social workers from the justice body's interdisciplinary teams.

In relation to Immediate Result 1320, the implementation was considered completed through a focus on Output 1323 and its "Tell me more" awareness raising campaign, which was supported by the Spotlight Initiative. Complementary actions between the work of the Programme and other initiatives has emerged as an element that should be taken into account for the insertion of the Programme's guidelines into public policy at the national level and the sustainability of its actions and effects over time.

Although the level of implementation and results of activities such as those related to increasing the training and awareness of judicial and legal personnel is high (even in the face of difficulties and the change to the virtual modality), it is important to mention that the effects of these actions should be measured in the medium term. In order to adequately assess the effect of this training, it is recommended that specific monitoring of

the work of participants who received training should be carried out in order to verify whether the awareness-raising contributes to changes in their regulation actions, which would be the ultimate validation of the effectiveness of this training.

ANALYSIS OF THE DEGREE OF COMPLIANCE WITH INTERMEDIATE RESULT 2 - 1200 IN NICARAGUA

Intermediate Result 2 - 1200 implemented in Nicaragua is based on the improvement of national policies and universal access and coverage to quality public services for

the prevention and reduction of adolescent pregnancy. It consists of Immediate Result 1 - 1210 (promotion of the implementation of CSE and comprehensive health care in schools), Immediate Result 2 - 1220 (promotion of universal access to quality comprehensive SRH care), and Immediate Result 3 - 1230 (improvement of skills for the exercising of citizenship and empowerment of children and adolescents).

Indicators with traceable data between initial programming, reprogramming, and final reports, both for Intermediate Outcome 2 - 1200 and the other Immediate Outcomes are discussed below.

Products / Indicators	Indicator code	Goal	Result achieved
Percentage of adolescents (male and female) who are satisfied with the services received based on their sex and age group in 14 pilot health units in the SILAIS Matagalpa and Adolescent Clinic at the HBC based on the implementation of quality standards with an emphasis on SRH.	Intermediate Result 2 - 1200.1	60%	76% in Matagalpa and 81% in HBCR
Nº. of adolescents aged 15-19 using modern contraceptive methods in the prioritized SILAISs.	Intermediate Result 2 - 1200.2	68.000	97,529 users - 143%
Nº. of pilot health units in Matagalpa and the HBCR Clinic that have an improvement plan for the implementation of quality standards for work with adolescents.	Intermediate Result 2 - 1200.3	14 Health Units in Matagalpa and HBCR Clinic	View comment
Nº. of updated health regulations related to the reduction of teenage pregnancy.	Intermediate Result 2 - 1200.4	2 updated regulations	100%

Source: Annual Report-draft consolidated version April 2021; Annex 4 Interim Report Project CAA68NIC Nicaragua January 2020-December; Annex I Indicators Project CAA68 NIC 24032021 Nicaragua.

Based on the analysis of the indicators with complete information (4 out of an initial total of 8), we can conclude that the objectives for the satisfaction of the adolescent population with the services received at the pilot health units and the HBRC adolescent clinic were achieved, along with the updating of health regulations. It is important to note the substantial improvement in the objective related to the perception of the quality of services. In terms of the normative update, work in 2019 focused on the comprehensive adolescent care norm that incorporates quality standards for adolescent care services with emphasis on SRH, while in 2020 the family planning norm that includes adolescent care was updated.

For the use of modern contraceptive methods, it should be noted that in 2019, 99.5% of the target was reached. Despite initial estimates that the target would be affected due to the situation created by COVID-19, MINSA estimates that the figures achieved will continue. In 2020, 97,529 adolescents aged 15-19 years will have access to modern contraceptive methods, surpassing the Programme's target.

For the pilot health units and the HBC Adolescent Clinic, which have improvement plans for the implementation of quality standards, actions related to staff training and the collection of data for the baseline were implemented in 2020, which represented a continuation of the work started in 2019 to develop quality standards. As of the date of writing the Programme reports, improvement plans are being developed and progress has been made towards the achievement of the objective. In 2021, work began to collect information from the 13 SILAIS health units. This experience will be valuable for subsequent projects in which the collection of baseline information in 20 pilot municipal health units is planned.

Analyzing the data reported for Immediate Result 1 - 1210, difficulties were detected with obtaining data related to SRH. This implies limitations for the monitoring of the indicators, products and activities that were initially established in the project's logical framework. However, high institutional awareness was detected in terms of the availability of information about access to SRH methods. Even though MINSA does not disaggregate this type of information, it was specifically provided for the Programme, which generated a delay with accessing this data. This data covers the implementation of different work areas. Even though it does not precisely correspond to the Programme's guidelines, the data does respond to its philosophy, highlighting staff's adaptability and capacity to take advantage of opportunities that emerge to position topics/strategies that substantially contribute to the reduction of AP and GBV, such as formal CSE. This work is focused on achieving the 1000 Ultimate Result, which demonstrates the Programme's adaptability with positioning public policy for the reduction of AP and GBV and CSE.

As a result of this situation: (I) priority was given to the design and publication of pedagogical brochures on CSE for use in early childhood, primary and secondary education, which was prepared by the Ministry of Education in coordination with UNFPA and based on the International CSE Guidelines that are currently in use; (II) a process of training on how to use the brochures was established for 1,200 teachers, which will reach 73,000 adolescents and 78,000 parents; and (III) the Ministry of Education, in coordination with UNFPA, approved the Protocol for Accompanying Pregnant Adolescent Students, with specific training for 768 public servants. It is estimated that this protocol will ensure that nearly 2,500 adolescents who abandon their studies each year because of pregnancy will be able to remain in school. This figure rises to more than

5,700 if adolescents and girls who drop out of school to care for their children or because they get married or enter into a civil union are added.

The areas of work for Immediate Result 1 - 1210 contain actions that have a significant scope. Although they modify the Programme's initial planning, they are framed within the CPD and the strategy to reduce AP and GBV. These reformulations may be considered limited or

nuanced, as is the case with Output 1211 (related to teacher training in CSE) and Output 1213 (related to strengthening CSE competencies for families). Progress has focused on the design and approval of the aforementioned protocol.

The indicators corresponding to Immediate Result 2 - 1220 of the project implemented in Nicaragua are shown below.

Products / Indicators	Indicator code	Goal	Result achieved
Nº. of health units with AIA services that implement quality standards of care for adolescents in accordance with the country's health norms and standards.	Immediate Result 2 - 1220.1	14 Health Units	100%
Total percentage of health personnel caring for adolescents in the health units at selected sites that apply regulations and protocols for the comprehensive care of adolescents.	Immediate Result 2 - 1220.2	75%	133%
Total percentage of pilot municipal health units that serve adolescents based on quality standards.	Immediate Result 2 - 1220.3	40% of quality standards met	66% at the SILAIS Matagalpa and 69% at the HBCR Adolescent Care Clinic
Nº. of institutional plans in the territorial health sector that include actions to prevent adolescent pregnancy in coordination with other institutions.	Immediate Result 2 - 1220. Output 1221.1	1	100%
Percentage of implementation of the multisectoral plan for the prevention of adolescent pregnancy.	Immediate Result 2 - 1220. Output 1221.2	-	See comment
Nº. of health units in prioritized sites that meet care standards based on evaluation/self-evaluation.	Immediate Result 2 - 1220. Output 1222.1	14	100%
% of health facilities in prioritized sites that have reduced contraceptive stock-outs.	Immediate Result 2 - 1220. Output 1222.2	94%	88.5%
Nº. of health facility staff with timely knowledge of regulations and protocols for comprehensive adolescent care.	Immediate Result 2 - 1220. Output 1222.3	350	112%
% of health units that record information on adolescent care according to sex and age (10-14 years and 15-19 years).	Immediate Result 2 - 1220. Output 1222.4	20%	See comment

Source: Annual Report-draft consolidated version April 2021; Annex 4 Interim Report Project CAA68NIC Nicaragua January 2020-December; Annex 1 Indicators Project CAA68 NIC 24032021 Nicaragua.

The indicators related to the implementation of Immediate Result 2 - 1220 demonstrate an important effort in the related activities, with data collected for 3 of the 4 indicators. As evidenced in the table, these indicators have been achieved. In this regard: (I) the 14 planned health units are implementing quality standards of care for adolescents in addition to the 13 units at the Chinandega SILAIS, for which the baselines are currently being designed with support from LACRO; (II) 100% of the staff at the health units in the 8 prioritized SILAIS have received training (187 professionals, 61% of them women and 39% men. This made it possible to extend training to 19 SILAIS in the country through the design of an online course in which 38 health providers participated (achieving a total of 248 participants, including central and HBCR staff); (III) compliance with quality standards has been verified in 66% of the cases in the Matagalpa SILAIS and 69% of cases in the HBCR Clinic.

As part of the design and updating of multisectoral plans for the prevention of adolescent pregnancy (Output 1221), MINSA has a plan for the entire national territory with guidelines for the prevention activities implemented in each SILAIS in coordination with the Ministries of Family, Education and Youth (Output Indicator 1221.1). However, the implementation of these plans is currently a challenge, as the problem is managed sectorially instead of intersectorially, which has hindered the achievement of Indicator 1221.2. This area will be strengthened through the "Prevention of adolescent pregnancy in Nicaragua" initiative that will be implemented in 2020-2023 with funding from the Government of Canada, which will provide continuity to the Programme's work.

Output 1222 has had a mixed level of implementation. The objective was achieved in relation to compliance with quality standards

based on evaluation/self-evaluation in 14 health units at the SILAIS of Matagalpa and the adolescent clinic at the HBCR, an area of work that will be expanded on in subsequent projects. In terms of the continuity of stock in contraceptive methods, the initially established objective has not been achieved for reasons that were beyond the Programme's control. The effect of the pandemic and hurricanes Eta and Iota created supply issues that were worse than the data included in the baseline, especially in the second half of 2020. Measures taken to mitigate these disruptions to the supply chain include coordination between MINSA and UNFPA to cover one month of national consumption of male condoms, as well as the provision of SRH kits. According to a study conducted by UNFPA Nicaragua (Godoy L, Narváez E, Tobar F. 2020) with support from LACRO, the pandemic produced a reduction in contraceptive use (based on protected partner years - PPP) of 11%, consisting of 11.2% in the public sector and 10.6% in the private sector. Even though no services were closed, there was an overload on services, fear of contagion, delays with deliveries from providers, loss of purchasing power and coverage for users who purchase contraceptives or acquire them through the public health system, among others.

In terms of staff who are familiar with the regulations and protocols for the provision of comprehensive SRH care to adolescents, the result has been adequate. The programme provided training to 392 MINSA workers in the selected sites, which exceeded the target. The indicator related to the registration of information about adolescent care was partially achieved because, although this data is recorded, it was not processed and evidence was not extracted from the information system. This is planned for subsequent projects. In addition, in 2020, training of staff on data collection began following the updating of comprehensive regulations for adolescent

health data carried out in 2019.

The Programme's efforts for Immediate Result 1220 focused on aspects related to the quality of care for adolescents, covering both activities and planned goals as well as the training of relevant staff. In this area, and among the activities implemented in collaboration with UNFPA, it is important to note the improvements made to the equipment in the Adolescent Clinic of the Berta Calderón Hospital. Work was carried out to improve

the hospital's infrastructures a center of excellence. This work involved improving the Clinic's infrastructure, equipment and medical supplies³¹.

The indicators corresponding to Immediate Result 3 - 1230 of the Programme related to the improvement of skills for the exercising of citizenship and the empowerment of children and adolescents as subjects of rights are shown below.

Products / Indicators	Indicator code	Goal	Result achieved
Nº. of adolescents participating in local campaigns and educational processes focused on SRH.	Immediate Result 3 - 1230. Output 1233.1	324 adolescents	7,875 adolescents. View commentary
Nº. of publications on public or private platforms that promote the prevention of teenage pregnancy, early unions and GBV.	Immediate Result 3 - 1230. Output 1233.2	60 publications	113% (68 publications)

Source: Annual Report-draft consolidated version April 2021; Annex 4 Interim report Project CAA68NIC Nicaragua January 2020-December; Annex I Indicators Project CAA68 NIC 24032021 Nicaragua.

The implementation of actions for Immediate Result 1230 focused on community empowerment processes for the prevention of adolescent pregnancy (Output 1233). The objectives established for adolescent participation in dissemination campaigns and learning processes and the design of publications focused on AP prevention were achieved. These processes are articulated through the Adolescent Circles, which were strengthened in 7 of the 8 prioritized SILAIS, achieving the participation of 953 adolescents

(56% female). Participants receive 10 audiovisual materials with information on prevention.

It is important to mention that, although the objective of the learning processes had already been achieved in 2019, in the context of the pandemic the UNFPA Country Office initiated collaborative actions with social organizations in the country to increase the scope of violence prevention campaigns, following the advice of LACRO.

³¹ Source: <https://nicaragua.unfpa.org/es/news/unfpa-cooper%C3%B3-con-la-rehabilitaci%C3%B3n-de-la-cl%C3%ADnica-de-atenci%C3%B3n-integral-para-las-y-los>

In any case, a major reprogramming effort was observed in the wake of the COVID-19 crisis and the measures taken to mitigate it. In this context, UNFPA reached agreements with the Afro-Latin, Afro-descendant and Diaspora Women’s Network to provide specific information about health self-care with a GBV perspective. UNFPA participated in the campaign “Children protected from COVID-19” as a member of the MMI with the objective of providing information, including information related to adolescent pregnancy, to different communities. This campaign aims to reach more than 3 million people with regular funding from UNFPA.

With the purpose of informing people about the needs of adolescents in relation to the prevention of pregnancy, early unions and GBV, 16 graphic materials, 13 audio-visual spots, and 8 radio spots 2 promotional products were

produced, reaching an estimated 7,000 people. These information materials made a special reference to the 133 GBV hotline. Finally, UNFPA staff appeared on national television before an audience of authorities, representatives of social and community organizations, members of youth organizations to present the research study titled “The Situation of Early Age Unions in Nicaragua”, achieving an approximate reach of 500.000 people.

ANALYSIS OF THE DEGREE OF COMPLIANCE WITH INTERMEDIATE RESULT 3 - 1300 IN NICARAGUA.

Intermediate Result 3 - 1300 focuses on improving measures and mechanisms for GBV prevention, protection, care and mitigation. Below are the indicators for the Intermediate Result with official traceable information.

Products / Indicators	Indicator code	Goal	Result achieved
Health standard of care for survivors of gender-based and sexual violence, including care for adolescents, is updated and aligned with international standards.	Intermediate Result 1300.1	Updated health standard	Yes

Source: Annual Report-draft consolidated version April 2021; Annex 4 Interim report Project CAA68NIC Nicaragua January 2020-December; Annex I Indicators Project CAA68 NIC 24032021 Nicaragua.

In Nicaragua, the violence standard for the health sector will be updated in 2021 and MINSa staff will receive training as part of the “Prevention of Adolescent Pregnancy” project CAB04 (PAP). As a result of this process, MINSa will record the details of health care provided to victims of violence, thus meeting the Indicator 1300.2.

For Immediate Result 1310, which is related to the strengthening of intra- and intersectoral coordination mechanisms and the capacities of government institutions in GBV prevention, care and support of victims with a special focus on girls and female adolescents, the indicators are shown below.

In terms of the main indicators for the Immediate Result, it was possible to verify the

Indicators	Indicator code	Goal	Result achieved
Nº. of departmental MIFAN delegations incorporated into the early warning system.	Immediate Result 1310.1	10 delegations	110%
Nº. of community promoters with appropriate knowledge of GBV prevention, disaggregated by sex.	Immediate Result 1310.2	313	106%
Validated document on early warning and monitoring mechanism to prevent violence against children and adolescents and the prevention and reporting of pregnancy and early unions among children and adolescents.	Immediate Result 1310 - Output 1312.1	1 document validated	Yes
Percentage of trained personnel (by level of prioritized municipalities) who have timely knowledge of the early warning and monitoring mechanism to prevent violence against children and adolescents and the prevention and reporting of pregnancy and civil unions among girls and female adolescents.	Immediate Result 1310 - Output 1312.2	100%	116%
No. of MIFAN officials who are familiar with the protocols and standards for comprehensive care for girls and female adolescents whose pregnancies are the result of sexual violence.	Immediate Result 1310 - Output 1313.1	180	100%

Source: Annual Report-draft consolidated version April 2021; Annex 4 Interim report Project CAA68NIC Nicaragua January 2020-December; Annex I Indicators Project CAA68 NIC 24032021 Nicaragua.

high degree of compliance with the established objectives. The national government, through Presidential Decree No. 25-2020 approving the "Protocol for Comprehensive Care for Child and Adolescent Victims of Sexual Violence" that integrates multisectoral actions, has taken over operating the SATPREVI Early Warning System.

The indicator related to the number of community promoters with knowledge of GBV prevention has also been surpassed, with a cumulative total of 332 promoters that received training. In relation to the different outputs that initially formed part of the

Programme's planning, official information was available for Outputs 1312 and 1313. Although the updating of the normative framework (Output 1311) has been verified, this will not be the focus of an inter-agency implementation and the training programme will be implemented with funds from the "Adolescent Pregnancy Prevention" Project CAB04 (PAP). In 2019, work was completed on the validation of the document for the early warning and monitoring mechanism to prevent violence against children and adolescents (Output 1312.1). This resulted in the delivery of training to a total of 415 MIFAN public servants, representing 116% of the established target

(Output 1312.2). In addition, conditions are being created to improve comprehensive care for pregnant girls and female adolescents by improving MIFAN officials' knowledge of care protocols (Output 1313.1). This resulted in the training of 180 professionals, which is 100% of the established target.

For Output 1313 it should also be mentioned that MIFAN, in coordination with MINSAs and MINED, provided psychosocial care to 923 children and adolescents living with GBV through more than 2,300 work sessions. This work had the objective of helping them regain or acquire the skills necessary to improve their quality of life. This experience will be expanded in its territorial scope to 16 of the country's 17 departments. Also in connection with the Early Warning System (SATPREVI), 238 public servants from MIFAN received training on the management of technical and methodological tools to identify violence indicators and improve violence prevention, as well as working on coordination mechanisms with local actors to improve the quality of care provided.

It is important to highlight the efforts made by MIFAN with the design of the methodology

for the School of Values for Adolescents (SVA). This includes training on non-formal CSE and the holding of workshops related to the prevention of GBV in 14 municipalities. In addition to previous actions, training on the SVA was delivered to a total of 61 public servants and 252 trainers of adolescents.

There is no official data regarding other elements of interest such as the number of temporary shelters for the care of pregnant children and adolescents that require special attention (Output 1313.3). This element was considered particularly important for the achievement of Immediate Result 1310 and Intermediate Result 1300. There is also no evidence of activities related to Output 1314, which should be focused on improving the capacities of justice system and national social welfare system operators, considered to have a high impact in the medium term.

In relation to Immediate Result 1320, which covers the promotion of attitudes and cultural practices that foster gender equality and the exercising of new masculinities at community and family levels, the indicators with available information are shown below.

Indicators	Indicator code	Goal	Result achieved
Nº. of families trained in gender equality and prevention through MIFAN's psychosocial accompaniment.	Immediate Result 1320.1	900	924 families - 103%
Nº. of people who graduated from the School of Values	Immediate Result 1320 - Output 1321.1	332	332 people - 100%
Nº. of communities/municipalities that received talks and workshops on violence prevention	Immediate Result 1320 - Output 1321.3	20 municipalities	200% - 40 municipalities with talks and workshops
Nº. of people assisted through family counselling centers by municipality and at a national level	Immediate Result 1320 - Output 1321.3	900	923 - 154%
No. of trainers of trainers in Comprehensive Sexuality Education and masculinities who received training	Immediate Result 1320 - Output 1321.4	252 adolescents - 61 public servants	252 adolescents (100%) - 81 public servants (133%)
No. of adolescents trained in violence prevention issues at municipal and national level	Immediate Result 1320 - Output 1322.1	400	252 adolescents - 63%

Source: Annual Report-draft consolidated version April 2021; Annex 4 Interim report Project CAA68NIC Nicaragua January 2020-December; Annex I Indicators Project CAA68 NIC 24032021 Nicaragua.

As can be seen, the available data for Immediate Result 1320 show a high degree of implementation of these actions. Different indicators have been exceeded both for Immediate Result 1320 and other Products that are not part of this result.

A total of 924 families received training on gender equality and prevention through the provision of psychosocial support by MIFAN staff, while 332 people graduated from the School of Values. It is also important to note that talks and workshops on violence prevention were delivered in 40 municipalities and psychosocial care was provided to 923 children and adolescents who are victims of sexual violence

The activity was completed through the training of trainers on CSE and masculinities. This activity reached 252 adolescents and 81 public servants. A total of 252 adolescents were trained in violence prevention at the municipal and national levels, achieving 63% of the initially planned target.

The set of activities for Immediate Result 1320 represents an important aspect of the

programme, both in terms of the number of people reached and territorial reach, expanding the effectiveness of public policy and covering most of the initially planned objectives.

EFFECTIVENESS ANALYSIS IN NICARAGUA. FINAL CONSIDERATIONS

As in the case of El Salvador, the analysis of compliance with the main Programme indicators is positive, although it should be reiterated that reprogramming occurred due to the pandemic, the country's context and the two hurricanes, as well as limitations with the data presented in the different reports. The situation caused by COVID-19 posed a challenge for the adaptation of the Programme along with the implementation of different activities online. Some activities that were included in the original proposal were replaced by others to meet beneficiaries' basic needs in the context of the pandemic.

This section begins with an analysis of the two indicators of the Ultimate Result that were included in the logical framework of the Programme.

Indicators	Indicator code	Baseline	Goal	Result achieved
Percentage of births to adolescents as a percentage of the total number of births in each targeted SILAIS, disaggregated by age group.	Latest Result - 1000.1	1.6% adolescents 10-14 years old. 26.8% adolescents 15-19 years old	Updated health standard	Yes
Percentage of adolescent mothers who reported being accompanied or married during childbirth, disaggregated by age group (10-14 years and 15-19 years) and by targeted SILAIS.	Result Last 1000.2	86.3% adolescents 10-14 years old. 83.4% adolescents 15-19 years old	1% reduction among adolescents 10-14 years. 1% reduction among adolescents 15-19 years old	Yes - 82.8% adolescents 10-14 years old. No - 83.4% adolescents 15-19 years old.

Source: Annual Report-draft consolidated version April 2021; Annex 4 Interim report Project CAA68NIC Nicaragua January 2020-December; Annex I Indicators Project CAA68 NIC 24032021 Nicaragua.

As can be seen in the table, the indicator related to adolescent births in the targeted SILAIS was partially met. The percentage of births in the group of adolescents aged 10-14 years increased by 12.5% compared to the initial data from 2017. The goal of achieving a 2% reduction in adolescent pregnancies among adolescents aged from 15 a19 years was met and exceeded, with a reduction of 7.8% compared to the initial 2017 data. It is important note that the final data used to calculate this indicator is from 2019, which means that the expected contribution from the Programme to this data is limited. MINSA had not shared more recent data as of the writing of this report.

In relation to the second indicator, which focuses on adolescent mothers who report being in civil unions or married at the time of childbirth, the official data shows that the target was achieved for the 10-14 age group (significantly exceeding the goal), while the initial figure was steady for the 15-19 age group. However, as noted above, caution should be exercised in drawing conclusions regarding the reduction in the number of children under the age of 15 in early unions or marriages based on this data, as it is from 2019. The latest official consolidated data for 2018 shows that 90.5% of adolescents 10-14 years old and 83.4% of adolescents 15-19 years old were in civil unions, which represents a significant increase in the former age group compared to the baseline.

The analysis of the data indicates a partial compliance with the initially established objectives, although this does not take into account the contextual factors caused by the COVID-19 pandemic, the effect of hurricanes Eta and Iota and the socio-political events of 2018 in the country. Key actors interviewed by the Evaluation Team cited these factors as setting back the effects of public policy by several years, despite the overall effectiveness of the activities implemented by the Programme.

The following is a study on effectiveness as an evaluation criterion for the implementation of the Programme in Nicaragua.

INTERMEDIATE RESULT 2 - 1200

In Nicaragua, the implementation of the Regional Programme has contributed to the improvement of national policies and universal access and coverage to quality SRH services (Intermediate Result 2 - 1200). For this result it is important to highlight: (I) updates to health regulations related to reductions in adolescent pregnancy, with the effects of this action occurring once these regulations come into force; (II) the collection of data for baselines and the establishment of quality standards with improvement plans, as well as the perception of adolescents' satisfaction with the services received. These are considered highly relevant as the Adolescent Clinic of the Bertha Calderón Roque Hospital is on its way to becoming a national reference center and its facilities and equipment have been improved by the Programme; (III) improved access to contraceptives for adolescents; (IV) the design of educational materials and corresponding training for teachers, adolescents and families, as well as dissemination and awareness-raising campaigns. Other significant actions have included community activities with Adolescent Circles, the "Children protected from COVID-19" campaign and actions related to the 133 GBV hotline; and (V) the promotion of the use of modern contraceptive methods among adolescents.

There is room for improvement in relation to the achievement of the initially established objectives, although it is important to recognize the adaptations made to the Programme's actions due to COVID-19, which required a change in intervention methodologies and the use of online tools. These events, as well as the response provided by the Programme, represent a focus on flexibility and adaptation

that generated new and different interventions always within the improvement of the public policy.

The above-mentioned adaptation of the Programme made it possible to generate synergies with other projects and implement activities that were not financed by this Programme in the country. These collaborations increased the scope of other activities that were implemented as part of the current Programme.

Although it is expected that the school dropout rate for girls and female adolescents will be substantially reduced as a result of the approval of the Accompaniment Protocol (Protocol, 2020:18)³², the absence of economic actions (scholarships) in Nicaragua, similar to the programme designed and implemented in El Salvador, limits the overall effectiveness of the Protocol due to a lack of complementary resources as this situation does not guarantee the education and economy of female adolescents and their families.

INTERMEDIATE RESULT 3 - 1300

The implementation of the activities as part of Intermediate Result 3 - 1300 were focused on: (I) updating the health standard for the care of survivors of gender-based violence; and (II) the design, validation, training of personnel (public servants and community promoters) and incorporation of delegations into the early warning system. The results achieved with these two major blocks of activity were positive.

In addition, it is important to mention the inter-ministerial activities (MIFAM, MINSAs and MINED) aimed at providing psychosocial assistance for girls and adolescent survivors of GBV. These activities are implemented across almost the entire country and there is a

broad scope for actions that promote cultural attitudes and practices to foster gender equality at community and family levels.

As mentioned above, the normative update is a central element for Intermediate Result 3 - 1300 and for the entire Programme. This measure is accompanied by a series of actions that have already been mentioned in this report. The implementation of these actions has been verified and the indicators are positive, generating possibilities of increasing their scope and generating new measures in the future.

3.3 EFFICIENCY

The efficiency criterion analyses how resources have been used in the Programme's interventions, as well as implementation capacity. Financial information from official Programme data is used for this analysis, as well as other qualitative information obtained within the framework of the participatory process of the evaluation. The key question regarding the efficiency criterion is:

To what extent has the Regional Programme achieved results, or is it likely to do so, in a cost-effective and timely manner?

To answer the key question underpinning the criterion of effectiveness for the evaluation, the following premise is explored:

- UNFPA has made good use of its human, financial and administrative resources, including the technical support offered from HQ/LACRO and among Cos, allocating sufficient resources for the integration of SRR and gender equality in the programme's interventions.

32. Document available online at <https://www.mined.gob.ni/biblioteca/wp-content/uploads/2021/02/Acompa%C3%B1amiento-a-estudiantes-adolescentes-embarazadas.pdf> Accessed August 2021.

In order to answer the key question, this part of the evaluation is divided into three sections. In the first, a budgetary approach to the Programme is covered, analyzing the budget execution level of the different components. The second section studies the indicators proposed in the design of the evaluation (see Evaluation Matrix), based on the Programme's official data. The final considerations provide a synthetic answer to the key question, as well as other elements to be taken into account in the future.

Budget analysis.

The initial budget for the Regional Programme contained in the proposal was adjusted during the implementation period: Table 5. Regional Programme Budget.

The Programme's initial budget shows a homogeneous distribution in terms of the execution of funds during the implementation period, with a slight decrease at the end of the period. The distribution among the three implementing offices shows significant differences, with El Salvador's office executing 69% of the Programme's budget, followed by the UNFPA Nicaragua Office with 14% of the total budget and the Regional Office with 9%. An estimate of indirect costs must be added to these percentages to reach the total budget amount of four million dollars (USD).

The financial execution of the Programme demonstrates a substantial difference in relation to the initial forecast, showing a continuous increase in the execution of funds throughout the implementation period. The execution of funds increased 6-fold from 2018 to 2019 and increased by 28% in 2020 compared to 2019. This represents an intensification of the actions carried out in 2019 and 2020.

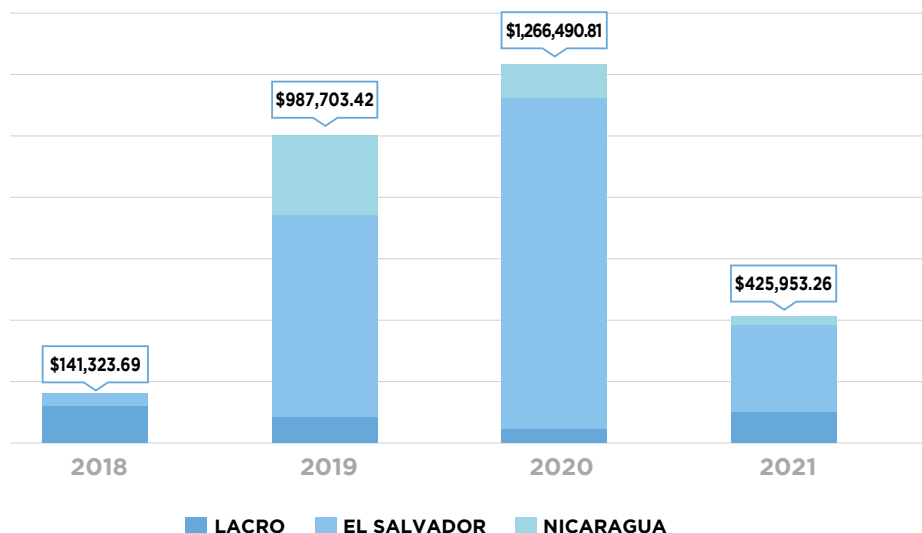
Table 5. Regional Programme Budget.

IMPLEMENTING RO / CO	EXPECTED RESULTS	BUDGET IN CAD			
		2018	2019	2020	TOTAL
LACRO	Coordination of the project, technical support to the three countries, exchange of knowledge between countries	58,456	58,456	58,458	175,370
	Strengthening of strategic partnerships and national and regional platforms for public policy advocacy for the promotion and exercising of SRR	65,000	65,000	65,000	195,000
Sub Total - LACRO		123,456	123,456	123,458	370,370
El Salvador	Support for the implementation of CSE and comprehensive sexual and reproductive health care in schools in accordance with the national comprehensive care model for adolescents.	257,778	257,778	257,778	827,334
	Promotion of universal access to comprehensive health care that is high quality and adolescent-friendly and has an emphasis on SRR for children and adolescents using rights-based, gender and culturally relevant approaches	200,000	200,000	200,000	600,000
	Improvement of skills for the exercising of citizenship and the empowerment of children and adolescents as subjects of rights for the prevention of child marriage, pregnancies and sexual violence using rights-based and gender equality approaches	166,666	166,667	166,667	500,000
	The rights of children and adolescents who have been affected by sexual violence have been protected and restored	133,333	133,333	133,334	400,000
	Monitoring and evaluation	33,333	33,333	100,000	166,666
	Staff and operational costs*	174,592	94,592	14,594	283,778
Sub Total - El Salvador		983,702	903,703	890,373	2,777,778
Nicaragua	Improvement of the coverage and quality of adolescent-friendly comprehensive health care using rights-based and gender equality approaches	90,000	90,000	90,000	270,000
	Improvement of the quality of care as part of prevention and care for victims of violence, including sexual violence	70,000	70,000	60,000	200,000
	Strengthening of strategic partnerships and inter sectorial participation in the prevention of adolescent pregnancies	15,555	15,000	15,000	45,555
	Monitoring and evaluation	10,000	10,000	10,000	40,000
Sub Total - Nicaragua		185,555	185,000	185,000	555,555
Total programme costs		1,292,713	1,212,159	1,198,831	3,703,703
8% indirects costs		103,417	96,973	95,907	296,297
GRAND TOTAL		1,396,130	1,309,132	1,294,738	4,000,000

*Staff costs in El Salvador will be 100% financed by the project in the first year, 50% in the second year and 0% in the final year. UNFPA will absorb the different in Years 2 and 3 as matching funds equivalent to CAD \$ 240,000

Note: Program Document, 2017.

Figure 1: Evolution of the financial execution of the Programme 2018 - 2021



Source: Prepared by the authors based on "Financial report evaluation of Canadian funds B7240".

The budget execution rate is also different between the implementing offices. The Nicaragua Country Office achieved a financial execution ratio of 100% across all of the years in which the Programme was implemented.

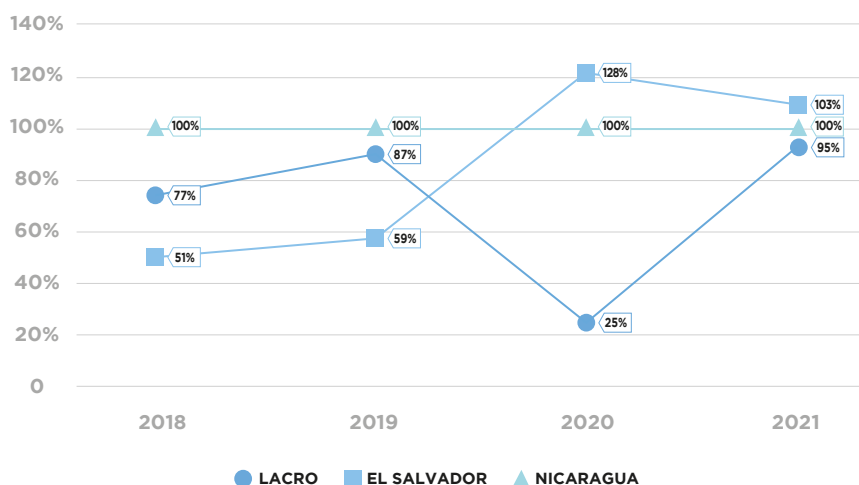
The Country Office in El Salvador had an overall budget execution of 87%. Different annual budget execution rates are observed, with 51% in 2018 and 59% in 2019 respectively. The budget execution of the Programme was 128% in 2020 and 103% in 2021, which covers

the Programme's extension period.

The Regional Office reports a total financial execution of 63% of the planned budget, based on current commitments and payments made with uneven ratios throughout the Programme's implementation period. The years with the highest budget execution were 2019 and 2021 with 87% and 95% of budget executed, while 2018 and 2020 had 77% and 25% budget execution, respectively.

Figure 2: Budget Execution Ratio by Implementing Unit

Source: Own elaboration based on "Financial report evaluation Canadian funds B7240".



The main expenditure of the Programme was allocated to the IPs³³, whose total expenditure was 69% of the financial expenditure for the El Salvador Country Office, 29% for Nicaragua and 24% for the Regional Office.

The expenses for the Nicaragua Office were evenly distributed among the different expenditure categories, with 29% for IPs and 18% in payroll, while the remaining expenditure categories accounted for between 6% and 12% of the executed budget.

The El Salvador Office allocated more than half of its executed budget to implementing partners (69%), followed by payroll and the "IC for UNFPA" category with just over 7% of total expenditure. As for the rest of the Programme's expenditure categories, these ranged from 3% to 0.01% of executed expenditure.

Almost 90% of the expenditure executed by the Regional Office was in the categories of consultants (34%), workshops (30%) and IPs (24%).

Finally, it is important to note that different sources have stated that the management of funds has been adequate and that the implementing partners received the resources within the stipulated amounts and deadlines, which meant that the 6-month extension of the Programme's duration did not require additional expenses.

ANALYSIS OF THE REMAINING EFFICIENCY INDICATORS.

Timeliness of management approaches, resources and models to achieve planned results.

The design of the Programme focused, in

general terms, on a regional component implemented by LACRO and two national components implemented in El Salvador and Nicaragua in a joint effort with agencies from the respective national governments and in coordination with the UNFPA Country Offices and LACRO. At the same time, and internally within each component, a network of implementing actors was generated, which increased the impact of the planned activities.

This management structure was highly adaptable to national and sub-national contexts, using the national institutions' own resources while relying on UNFPA's involvement through the respective Country Offices and final coordination from LACRO.

This initial design was compromised in that LACRO's role was focused on the execution of the regional component and the provision of technical assistance services for the national components in coordination with the UNFPA Country Offices. Taking into account the characteristics of the components in each country, a limitation can be observed in the homogeneity of the Programme's activities and the transfer of knowledge for these activities from a regional perspective, although adaptability to the reality of each territory was valued as a fundamental element of the Programme.

Another element that should be considered is the importance of the implementing partners in each country and at the regional level. The capacity developed by the Programme to build a network of social actors that it collaborates intensively with can be observed, strengthening not just public policy, but also the partnerships that implement it. Both of these factors provide stability for the programme's approaches and the future design of new measures. This can be

33. In 2019 and 2020 the IPs category in Nicaragua included the Ministry of Health and the Ministry of the Family, and in 2021 just the Ministry of the Family. In 2019 in El Salvador the IPs included Doctors of the World, ORMUSA, Plan International and REPROLATINA; in 2020 the IPs were Doctors of the World, ORMUSA and Plan International. For the Regional Office, in 2019 the IP was FLACSO in the area of SRH and in 2020 and 2021 the IP was Cotidiano Mujer in the area of GBV.

seen both at the regional level, with examples such as the collaborations with the University of Chile and FLACSO Argentina, and at the national level through the multiple initiatives referred to in previous sections.

In general terms, and taking into account the reprogramming that occurred in the context of the pandemic and hurricanes Eta and Iota, as well as the differentiated implementation at the national level, the analysis of the results and the work processes implemented as part of the Programme indicate that, with the exceptions indicated, the approaches, resources and management models have been appropriate.

Evidence of synergies in the use of resources.

The different sources analyzed throughout the evaluation refer to and evidence the presence of synergies between the Programme and other public policy-related initiatives that improve, increase the scope and enhance the effectiveness of the overall strategy to strengthen the protection and exercising of the SRR of adolescents and youth.

These synergies generally occurred in the components that were implemented at the national level and achieved the positive impact that has been referred to in this report. This is the case with collaboration between the Programme and the Spotlight Initiative, supported by the UNFPA El Salvador Country Office. This collaboration made it possible to broaden the scope of training actions for teachers and technical staff in public institutions and civil society organizations in the area of GBV. This example was replicated in El Salvador to implement the "Tell me more" awareness-raising campaign, focused on the prevention of AP and GBV in girls and female adolescents as well as training activities for teachers and health professionals.

Synergies can also be detected in collaborations between the Programme and

different public institutions and ministries of national governments. Evidence of this is the adoption of the school counsellors programme by the Nicaraguan MINED following its implementation as part of the programme, as well as the design of guides and booklets on CSE for both teachers and students in different year levels. In El Salvador, INJUVE demonstrated its interest in integrating the programme's training activities for young people into its educational services and also collaborated in the implementation of these activities as part of the Programme.

El Salvador received co-financing from the United Kingdom for the construction of the online CSE course which was designed for technical staff from government and civil society institutions that deliver education on issues related to CSE (El Salvador Annual Progress Report - January to December 2020). In addition to the presence of synergies, these examples contribute to the continuity of the different measures led by the Programme, which will also be supported by the future implementation of the "Prevention of Adolescent Pregnancy" CAB04 (PAP) in Nicaragua that will be financed with funds from Canada, in coordination with UNFPA, and results of the negotiations that are currently being carried out in El Salvador.

Implementation of mechanisms for verification/quality assurance of interventions.

As part of the monitoring of the implementation of the different activities of the Programme, LACRO representatives visited facilities where the programme's actions were being carried. This included visits to teacher training colleges, government authorities and MINED teaching staff in Nicaragua. LACRO supported the methodological design of teacher training, which was facilitated by the UNFPA-LACRO alliance with the Latin American Faculty of Social Sciences (FLACSO) for the

strengthening of CSE teaching capacities through training in accordance with the CSE International Technical Guidelines.

Support provided by UNFPA LACRO ensured that the materials produced (CSE guides and booklets) had a human rights, SRHR, gender, intersectional and intercultural approach. UNFPA LACRO worked with the Regional Autonomous Education System to promote educational inclusion.

The Programme's regional coordination did not implement any integrated mechanism for verification and quality assurance, relying instead on Country Office mechanisms. At the beginning of the Programme's implementation period there was a lack of leadership from the Regional Programme that would have guaranteed the timely and appropriate accompaniment of the implementation of interventions in both Nicaragua and El Salvador (according to interviewees). In coordination with national stakeholders, UNFPA Country Offices monitored the implementation of activities at the national level, especially in terms of technical assistance and institutional capacity building. This ensured that the implementation processes and the Programme's products were carried out in a planned manner and took into account the adjustments that had to be made based on national contexts.

Use of monitoring and evaluation systems for the management of the Regional Programme.

This issue is covered under the criterion of coordination and is analyzed later in the document.

Evidence of prioritization of the most vulnerable population groups in the allocation of resources to stakeholders.

Throughout the implementation of the Programme, especially in the activities implemented in El Salvador and Nicaragua,

there is evidence that the allocation of resources was focused on the most vulnerable population groups, specifically the populations targeted by the Programme. As part of the actions with public servants and health providers, the allocation of resources for quality improvement in health centers was a notable achievement. This included activities such as baseline surveys, the implementation of quality standards, the design of improvement plans and staff training. The allocation of resources for the improvement of equipment and facilities was another achievement and is covered in detail in the section of this report that analyses the effectiveness of the Programme. These actions, as well as the training of education staff, have improved public policy by having a positive impact on the services provided to girls and female adolescents, which are understood as the Programme's primary target population.

Girls and female adolescents also benefited from the Programme's actions in the following areas: the allocation of resources for training, awareness-raising (direct and for families), services (early warning and alert services, improved care for adolescents in health units) and equipment (tablets provided to children and adolescents who participated in the training). Two experiences in these areas were notable achievements by the Programme: the scholarship programme for girls and female adolescents in El Salvador, which also covers students who become pregnant, that contributes to their educational permanence and also provides recipients with hygiene kits and food baskets; the provision of SRH kits by UNFPA and MINSA in Nicaragua to alleviate stock-outs of contraceptive methods caused by the COVID-19 pandemic and hurricanes Eta and Iota. These examples demonstrate the appropriate allocation of resources in accordance with the design and planning of the Programme. The examples also provide evidence of the Programme's focus on the

most vulnerable population groups, as can be seen in the scholarship programme, as well as the reprogrammed and new actions that have been implemented in response to the emergency situations that have occurred. Finally, difficulties with access to remote rural populations and indigenous communities in Nicaragua were evident in the programme's results. This aspect must be improved in terms of the services implemented by the national governments and in relation to future Programmes.

Programme activities were carried out on schedule and appropriate justifications were provided when this did not occur.

During the Programme's implementation period, and as described in the different Execution Reports, actions were reprogrammed in response to different situations that occurred, including the COVID-19 pandemic and hurricanes Eta and Iota in Nicaragua. The needs of the new contexts were met through the application of new methodologies and approaches to the originally planned activities (for example, the substitution of face-to-face training for online training), as well as the reprogramming of activities and funds to meet new needs. As mentioned throughout this report, the Programme's collaboration with other projects to improve the scope of its activities was an important achievement.

One of the elements that required increased efforts in the area of reprogramming was related to the indicators for the activities implemented in Nicaragua. These were adjusted and modified through a consensus to adapt to the current context of the country. In El Salvador, decisions were made regarding the use of resources were through reaching agreements with the partners regarding the implementation of the Programme's activities, as previously mentioned.

In terms of reaching planned deadlines,

although the level of implementation of activities and budget execution was limited in the first year, the pace of implementation increased until the initially established and/or reprogrammed results were achieved. Based on the "Review of activities and budget of the Canada Fund during COVID 19 emergency" document, funds for the amount of USD 154,535 were redirected with the necessary justification based on strategic prioritization criteria as a response to lockdowns due to COVID-19 and funding needs for other activities and inputs.

Evidence that potential administrative bottlenecks were identified and resolved during Programme implementation.

Directly related to the previous point were the bottlenecks generated due to certain activities in the Programme requiring a face-to-face modality that were changed to modalities. Making these changes was a challenge the Programme faced both internally and externally. For external management, the design of online methodologies to achieve the different results from the Programme's initial proposal was a notable achievement. This online modality was effective, although it needs to be complemented with face-to-face training as soon as possible.

In the area of internal management, face-to-face meetings between the different Programme teams have not been held since early 2020, and this affects staff management and building trust by the team. Despite the limitations of the context, difficulties have been overcome and the level of implementation of the Programme's activities, as well as the corresponding coordination at all levels, is verified as adequate.

3.5 SUSTAINABILITY

The analysis of the sustainability criterion aims to study the possible continuity of the effects

and benefits generated by the Programme after its completion. The key question for this criterion is:

To what extent do the benefits of the Regional Programme continue, or are they likely to continue, following the end of the implementation of the Regional Programme?

To answer this question, the following premises are considered:

- **Premise 1:** Regional Programme interventions contributed to the development of national capacities on SRHR.
- **Premise 2:** There are factors that contribute to the sustainability of the Regional Programme and its results.

The analysis of sustainability is carried out using the Programme's official documentation and the responses of stakeholders who were interviewed and participated in the Focus Groups during the evaluation offer who were asked about the Programme's current state and its potential. When the results of the surveys become available they will be incorporated into the analysis.

As observed in the previous sections, the Programme's execution is divided into three components (Intermediate Results), with the first intermediate result corresponding to the regional component, while the remaining two results are the national components in El Salvador and Nicaragua. The sustainability study is carried out at an aggregate level, although elements related to the two national components are highlighted as contributing to the continuity of the Programme's work.

The sustainability of the Programme's effects over time is largely determined by the effective inclusion and prioritization of public policy in national political-institutional agendas. These

factors inform the design of new measures and generate future actions that will lead to new results and effects.

The Programme has been effective with the positioning and prioritization of SRHR, the reduction of AP and the fight against GBV in the public agenda, adapting to the realities in each country. Work to position these issues in the public agenda led to the generation of networks at regional level (collaboration with the University of Chile through LACRO, for example), as well as the updating of regulations and protocols for actions at national and local levels that are supported by LACRO's technical assistance.

One of the most important factors in ensuring the sustainability of the Programme's effects is achieving alignment between national strategies, the Programme's own content and the actions implemented in the territory. The following are examples of actions that will have effects once the Programme's implementation period has been completed: the implementation of quality standards in health units with the corresponding data collection and subsequent monitoring; the training of health providers and educational staff on CSE; actions to reduce the school dropout rate for pregnant adolescents in El Salvador and Nicaragua; and support for the renovations and maintenance of several CAIs in El Salvador and the Adolescent Clinic at the HBC in Nicaragua.

In the area of community work, a number of measures that contribute to the sustainability of the Programme were identified. These include the implementation of youth empowerment activities through training on SRH in El Salvador and the Adolescent Circles and the School of Values for Adolescents in Nicaragua. These empowerment activities were accompanied by the provision of GBV services, including Línea 133, a community

contraceptives delivery strategy of delivery of methods and the 131 telephone hotline in El Salvador, which provides health information with a special focus on adolescents and pregnant women.

As a result of this analysis, the premise of the Programme's contribution to the development of national SRHR capacities through the presence of new regulations and protocols and the design of training strategy with updated documentation in accordance with UNFPA and international standards is considered verified.

The continuity of the Programme's actions at the national level is fundamental evidence of the sustainability of its work in the area of public policy. This is reflected through the adoption of training programs that were designed and implemented by INJUVE as part of the Programme in El Salvador. In Nicaragua, the continuity of actions was achieved through the new "Prevention of Adolescent Pregnancy" CAB04 (PAP) project, which will be implemented by UNFPA, as well as WB initiatives to support the SILAIS that have been prioritized by UNFPA. This will involve the expansion of the scope of public policy and the generation of new effects.

The Programme in El Salvador was aligned with ENIPENA from the start of its implementation period. As a result of the institutional capacities generated through the implementation of the Programme, both state and civil society Salvadoran institutions have a series of tools that allow them to continue the implementation process of this strategy. This is evidenced by the structuring of the different training courses hosted on the platforms of public institutions such as MINSAL, INJUVE, CNJ, MINED, among others. Based on this new knowledge and skills acquired during this period, changes can be generated towards more inclusive, quality practices that meet international standards for care and human rights.

The existence of factors that contributed to the appropriate design of the Programme and the performance of the implementing technical teams to ensure sustainability can be verified. The Programme established networks of entities at regional, national and subnational levels that contribute to the public policy based on the reality of each country.

In the Salvadoran case, it is important to consider the value of the territorial work carried out by the implementing partners to provide sustainability to important actions that were implemented at the local level and will continue following the completion of the Programme. These partners are working on the prevention of GBV and AP and responding to the results of the Regional Programme in their own action areas, and this work will continue once the Programme has been completed. Implementing partners such as ORMUSA, Doctors of the World, PLAN El Salvador and EDUCO have long trajectories and significant recognition in territorial actions in the country in alignment with the objectives of the Regional Programme and UNFPA's work. For this reason, it is considered that the selection of these implementing partners by the UNFPA Country Team in El Salvador was correct and timely.

One aspect that undermined the sustainability of the Programme was its implementation at the local level, which was affected by the COVID19 pandemic, as well as the unavailability of public officials at government institutions. In El Salvador, the local government structure was one of the most affected by the pandemic. This situation limited constant contact at the local level that was included in planning for the Programme. The pandemic led to the generation of more sustainability mechanisms at the central level, increasing contact with staff at national agencies. The selection of participating municipalities from a wide geographic area in El Salvador was

a fact that limited institutional ownership of the Programme. Geographic dispersion makes territorial coordination of unconnected municipalities difficult and leads to limited progress with trying to work with municipal governments. This generates a risk of loss of identity for the project.

In the case of Nicaragua, this limitation at the local level was already evident in its design and was affected by the Programme's scope and availability. It is noteworthy that the new project signed with Canadian funds incorporates strategies that will have an increased direct impact at the local level.

3.6 COORDINATION

The analysis of the coordination criterion aims to study the extent to which the main actors of the Regional Programme have worked in a coordinated manner under the leadership of UNFPA LACRO. The key question for this criterion is:

To what extent has coordination between Country Offices, the UNFPA Regional Office, the donor and other organizations working on SRHR been adequate and conducive to the achievement of results?

To answer this question, the following premise is considered: Coordination between Country Offices, the UNFPA Regional Office, the donor and other organizations working on SRHR has been adequate and has contributed to the achievement of the expected results.

The evaluation confirms the presence of different elements related to the monitoring of the Regional Programme's management, such as Annual Reports on the implementation of activities, Progress Reports and Financial Reports. The existence of comments made by LACRO to these reports is verified, with the corresponding answers and/or verifications

made by national officials. It should be noted that the respondents highlighted a substantive difference between the initial phase of deficient implementation in the Programme's monitoring mechanisms and a second phase in which UNFPA LACRO assumed clear responsibilities for coordinating the Programme, including the improvement of mechanisms for monitoring and accompanying implementation. A number of changes at the technical level in the area of programme coordination were observed by partner institutions.

From the point of view of fund management, there is strong functioning and coordination with Canadian international cooperation. As noted in the chapter on efficiency, the funds have been disbursed correctly. A weakness was identified in that there was no specific coordinator beyond the important role played by the advisors. From the beginning of the implementation period, a person responsible for integrating the Programme's execution was not identified. Nor was a percentage for integrated management specified in the Programme's original budget. A single face-to-face meeting with the participation of national stakeholders, including Honduras, was held at the beginning of the implementation period. The Programme's inertia has been due to the fact that it is a multi-country programme rather than a regional one. The lack of this coordination since the beginning of the implementation period has resulted in less added value in the regional integration of the Programme's components.

It should be noted that the reprogramming of activities observed in the reports responds to the emergencies detected and the Programme's general philosophy, which was coordinated between the parties and was a specific focus of LACRO's work.

Although at the reporting level the indicators were met, the absence of solid regional

coordination from the beginning of the Programme limited its potential regional expansion, including the possibility of being replicated in third countries. As previously mentioned, there was limited regional integration of the work plans and the logical framework. This made it difficult to carry out reporting and monitoring tasks, even though efforts to adjust the logical framework are evident.

The occurrence of the pandemic and the reprogramming of the Programme's activities limited the actions of the monitoring systems, creating difficulties for traceability between the initial planning and the objectives and the actions that were implemented. Despite the efforts made and the progress achieved, there is room for improvement in the following areas: (I) the definition of responsibilities for the Programme's actors; (II) coordination and planning/programming; (III) traceability of the use of the logical framework in the reports; and (IV) interactions with the donor.

Based on the reports from the implementing partners UNFPA Country Offices prepared annual reports through follow-up meetings with national stakeholders and the use of the consolidated indicators matrix of, managed to report annually. These reports detailed the progress of the Programme in terms of goals achieved in relation to the immediate results, as well as the execution of funds by the Implementing Partners, which was reported on a quarterly basis in the DBT (Detail Budget Template). It should also be noted that during the implementation of programme activities, UNFPA provided ongoing support to both national stakeholders and implementing partners. This allowed UNFPA Country Offices to provide timely responses in their form of technical assistance and modifications to the implementation and financing of programme activities. The reprogramming of activities, which was detailed in the reports, responded

to both the emergencies that occurred and the general philosophy of the Programme. These actions were coordinated by the partners and supported by LACRO.

The level of involvement of Canadian international cooperation has been excellent. The actors interviewed stated that they participated in very relevant interventions in follow-up meetings and there was strong evidence that Canadian staff read the reports they received. A notable element was the holding of events by Canadian cooperation staff, which increased the programme's visibility and promoted its objectives. There is evidence of that the donor faced difficulties with achieving fluid communication with the Regional Coordinator during the initial phase of the Programme. This communication was improved in the most recent implementation phase. At the country level, there was a fluid and productive relationship between UNFPA and the Canadian cooperation.

Specific elements of coordination at the national level in the two implementing countries are detailed below.

COORDINATION MECHANISMS IN EL SALVADOR

A governance structure was proposed for the implementation of the Programme in El Salvador, which established the role, responsibility and contribution of each participating institution with representatives of the Salvadoran State and civil society organizations. This structure articulated multisectoral response mechanisms at national, local and community levels.

Coordination with national stakeholders occurred in two essential stages. The first was 2017-2018, during which negotiations with the national government took place through the Social Cabinet, which was the governing body

for all social issues. The second stage was in 2019 with the Programme underway and a new national government. The implementation of the programme was monitored by the ENIPENA Technical Committee. This Committee consisted of the following institutions: CONNA, MINED, MINSAL, ISNA, INJUVE, ISDEMU, SIS and UNFPA. The El Salvador Agency for International Cooperation (ESCO) was responsible for maintaining the bilateral relationship with UNFPA El Salvador.

The implementing partners (ORMUSA, Plan International El Salvador/ Educate, Doctors of the World) and the national stakeholders engaged in close coordination for the

implementation of the activities, which made it possible to achieve the immediate results. It is important to highlight that UNFPA El Salvador coordinated the technical assistance and systematic monitoring of the activities carried out by the implementing partners.

It is important to highlight that the success of the relationship between UNFPA LACRO, UNFPA El Salvador and the Government of Canada as a strategic partner and funder of the programme is evidenced by the appropriation of the achievements of the Programme in El Salvador, as stated by staff from the Canadian Embassy.

Table 6. Coordination and support between implementing partners and national stakeholders in El Salvador

Intermediate Result	Implementing Partner	Institutional stakeholders
1210 Implementation of CSE in schools	Plan International El Salvador/ Educo	MINEDCYT, CONNA, municipal councils
1220 Strengthening Adolescent SRH Services	MDM and REPROLATIN	MINSAL, CONNA, municipal councils
1230 Exercising citizenship and empowering children and adolescents	MDM, Plan and Educo	ISNA, ISDEMU, Ciudad Mujer, INJUVE, CONNA and municipal councils.
1310 Intersectoral articulation for prevention and care of GBV in children and adolescents.	ORMUSA	ISNA, ISDEMU, CIUDAD MUJER, CONNA and municipal councils.

The above information is based on evidence contained in the quarterly reports that each implementing partner submitted to UNFPA El Salvador during the execution of the Programme. It is clear that there was close coordination between Plan/Educo with national stakeholders such as MINEDCYT, especially through the National Directorate of III Cycle and Secondary Education and Curriculum Development Management, the ENIPENA Technical Committee, CONNA and MINSAL, (UNFPA El Salvador, 2019). As a result of this coordination, one of the products was the implementation of the communications plan for the "Tell me more" campaign in order to position the issues of prevention of adolescent pregnancy and gender-based violence against girls and female adolescents.

In this context, MDM, UNFPA, MINSAL and the University of Chile validated and implemented quality standards that strengthened the need to make SRH visible and teach SRH to adolescents. The objective of the quality standards was to make adjustments to the SRH information instruments so that the target population, especially those with a more conservative approach, would validate and accept them.

The ORMUSA reports highlight that, with support from UNFPA, the socialization of the Programme was coordinated in the 10 intervention municipalities. This made it possible to create the necessary conditions for the implementation of the programme in these territories.

Another evidence of the effectiveness of the coordination was the creation of training processes between implementing partners and national stakeholders with support from UNFPA El Salvador and UNFPA LACRO. These have been incorporated into institutional agendas by the Salvadoran stakeholders.

Coordination between implementing partners, national stakeholders, UNFPA El Salvador and

some municipal councils is evident. This has helped overcome challenges that arose in the territories for the implementation of the Programme, specifically related to mentoring, adolescent pregnancy prevention and GBV. As previously mentioned, geographic dispersion made the territorial coordination of unconnected municipalities difficult, hindering work and ownership of the programme at the local level.

Final evaluation

The permanent coordination between implementing partners and UNFPA El Salvador mitigated the absence of a results-based monitoring and follow-up model. This is because agreements were reached through joint actions and fluid communication and adaptations were made to the planning of activities for the achievement of results in a timely and efficient manner.

In terms of the coordination between UNFPA El Salvador and UNFPA LACRO, which was affected by the COVID-19 health crisis, this did not affect the implementation of the programme at the national level, as it responded quickly to the modifications and budgetary changes requested by the UNFPA El Salvador office. It is important to reinforce the identity component for future national interventions that occur in the framework of regional programmes in order to generate an appropriation of the regional vision through which exchanges and experiences of good practices with other countries in the region are promoted.

COORDINATION MECHANISMS IN NICARAGUA

The role of the collaborating entities (MINSAL, MINED and MIFAM) was defined for the implementation of the Programme in Nicaragua as well as the identification of the

target groups. These include public servants in the areas of health, education, community-based organizations and structures and civil society. The beneficiary population includes women, girls and female adolescents in selected municipalities.

Within the framework of the Programme, technical cooperation was provided to the collaborating entities (Ministry of Health, Ministry of Education and Ministry of the Family) in order to contribute to the implementation of their national plans that include adolescent pregnancy prevention. This collaboration involved joint planning and identifying priorities that contribute to national and local efforts to reduce adolescent pregnancy. Annual work plans were signed with these institutions and technical meetings were held to monitor progress with the plans. Annual meetings were also held.

The main contributions by the collaborating entities included infrastructure, human resources and material resources available at central and departmental levels and in the prioritized municipalities.

In relation to work with communities, a network of volunteers, promoters, and health workers was foreseen as part of organized and articulated social actions that promote actions to benefit their communities. These groups are key actors in the implementation process that contributes to the reduction of AP and GBV. These community participation networks were coordinated with the Ministry of Health and the Ministry of the Family and included the active participation of women, adolescents and young people. The coordination mechanism at the national level was coordinated with the Ministry of Foreign Affairs (MINREX).

The collaborating entities and the target groups engaged in close coordination for the implementation of the activities, which made it

possible to achieve the immediate results with the local UNFPA technical team through the provision of technical assistance, monitoring of the performance indicators and adapting the performance matrix to the local reality.

It is important to highlight that coordination was also maintained between the LACRO Regional Office, the UNFPA Country Office and the Government of Canada, which supported the adaptation of the performance matrix for Nicaragua.

Table 7. Coordination and support between implementing partners and national stakeholders in Nicaragua

Table 7. Coordination and support between implementing partners and national stakeholders in Nicaragua

Intermediate Result	Implementing Partner	Institutional stakeholders
1210 Implementation of CSE in schools	Ministry of Education (MINED)	Department of Educational Counseling
1220 Strengthening Adolescent SRH Services	Ministry of Health (MINSa)	Adolescence component at MINSa Central, Adolescent Centre at the Bertha Calderón Roque Hospital
11230 Exercising citizenship and empowering children and adolescents	MINSa, Ministry of Education, MIFAM	Directorate of Educational Counseling Adolescence component at MINSa Central, Adolescent Centre at the Bertha Calderón Roque Hospital. Advisor to educational processes for the training of trainers at the EVA
1310 Intersectoral articulation for prevention and care of GBV in children and adolescents	MIFAM	Love Programme Advisor to educational processes for the training of trainers at the EVA

FINAL EVALUATION

There was close coordination between the different collaborating entities, which made it possible to reach a significant number of final beneficiaries (women, girls and female adolescents in selected municipalities). However, highly coordinated increased the risk of duplicating efforts and reaching the same beneficiary population, given that these key informants are recruited from schools. This represented a challenge with the monitoring and registration of the final beneficiaries by each collaborating entity.

Communication and coordination between the UNFPA country office in Nicaragua and UNFPA LACRO was strengthened during COVID-19, as well as during natural disasters on the Caribbean Coast in the form of hurricanes Eta and Iota. These contingencies were considered an opportunity to deliver support and provide kits with COVID-19 prevention materials and guides and booklets on CSE. Also noteworthy was the close collaboration with the design of the Quality Standards for Adolescent Health Services.

CONCLUSIONS AND RECOMMENDATIONS



CONCLUSIONS

Based on the findings identified in this evaluation, the following main conclusions are drawn, organized by evaluation criteria:

Relevance

1. The "Strengthening the protection and exercising of sexual and reproductive rights by promoting gender-based reduction of adolescent pregnancy in Central America" Regional Programme was aligned with UNFPA's 2018-2021 Strategic Plan and Canada's feminist policy of cooperation, contributed to the advancement of the 2030 Agenda and the Sustainable Development Goals (SDGs) and collaborated with the advocacy and implementation of the Montevideo Consensus on Population and Development. In accordance with the development needs and challenges in the countries in the region, priority was given to facilitating access to SRR for the most vulnerable population, especially women, adolescents and girls. The programme was implemented in a regional context of the rise of groups opposed to the issues of gender equality and sexuality and the emergence of COVID-19. The programme demonstrated capacity and flexibility to position SRHR and CSE in the region. comprehensive sexuality education (CSE) in a framework that is respectful of national contexts and policies. The multisectoral programmatic strategy has been relevant for the coordination of interventions in different areas and to implement simultaneous actions with governments and civil society in sensitive political contexts.
2. The design, expected results and interventions of the Regional Programme are framed within an approach that favors the development of capacities of

human rights guarantors and holders. The incorporation of human rights and gender equality approaches in the programming and implementation of interventions contributed to coherence between the expected results. However, there was an absence of disaggregated analyses that take into account the specific disadvantages that arise from intersections between factors such as gender, ethnicity, sexual orientation, disability, forced displacement and migrant status in the design and selection of target groups. This was a limitation in the design of interventions to guarantee that they reach population groups with higher levels of inequalities.

3. The Regional Programme made contributions to central themes in the sustainable development agenda, promoting the positioning of SRHR, the generation of evidence, the development of capacities and the improvement of public services and instruments. However, adolescent SRHR continuing to be a priority for countries was threatened by reactive activism to these agendas and political crises. The regional component - although limited - is considered relevant and strategic for generating enabling environments through evidence dissemination, policy dialogue and advocacy. Support provided to feminist and women's networks and organizations in different forums has added value to the evaluated programme, favoring knowledge management and strengthening alliances in adverse environments. This work was more difficult to carry out at the country level because in countries experiencing complex political scenarios, civil society organizations are often more exposed and UNFPA Country Offices are more compromised in the event of tension with governments.

Effectiveness

4. The Project has been effective, showing a high level of execution of the initially planned interventions, as well as the reprogrammed actions. This has led to the definitive insertion of the public problem of adolescent pregnancy and GBV in the political-institutional agendas of the implementing countries, reaching multiple levels, which generated significant potential and expectations in the medium term. This can be seen both in the regulatory changes observed, as well as in the inclusion of different services and activities in the portfolios of national institutions. This represents significant progress with the Theory of Change that underpins public policy. The role of the donor is particularly relevant in this area, with Canada representing a benchmark for international cooperation in the area of public policy in the region and especially in the countries where the programme was implemented.
5. LACRO's performance was considered effective in: (i) the regional actions implemented; (ii) in the strengthening of regional networks in which social organizations are integrated. These are considered first level actors in the defense of SRR and progress made with the Montevideo Consensus; and (iii) in the role of technical assistance at the national level, especially in relation to CSE and quality standards for adolescent care. LACRO's role in relation to the creation and extension of warning systems and public policy data management should be highlighted. These actions created the possibility of having official and reliable information available to multiple actors, making progress with the establishment of the policy in the national and regional agenda.
6. The level of compliance with the Programme's main indicators in El Salvador has been high. In El Salvador, the Programme has permeated the political-institutional agenda, which implies improvements to public policy through the adoption of certain Programme activities in the priorities of the national Government, as can be seen with the on "Sexual Rights, Reproductive Rights and Citizenship for Youth Leadership" course which has been integrated into the educational programs delivered by INJUVE. It is in this scenario that the programme's initiatives were highly relevant, including: scholarships for girls to prevent them from dropping out of school; training for judicial and legal staff; teacher training; the improvements to facilities; and as a response to the pandemic, the distribution of hygiene kits and computer equipment. These actions are considered to be both effective and have a high impact in the medium term as they are intermediate measures that contribute to the strengthening of public policy in El Salvador.
7. In Nicaragua, the Programme has had a positive impact on the inclusion and prioritization of the problem of teenage pregnancy and GBV in the national political-institutional agenda, as can be seen through the updating of regulations and the creation of action protocols. This translated into concrete actions for citizens, especially for women, adolescents and girls from the most disadvantaged groups, as a result of staff training and the introduction of quality tools and continuous improvement to public institutions. The progress made with improving the services offered by the Adolescent Clinic at the Berta Calderón Hospital as a leading reference center is notable, although the element considered essential in this area was the territorial

scope of the improvement of services offered by the SILAIS and the Health Units. One of the elements that made it possible to measure these effects of the Programme was the increase in the use of modern contraceptive methods by adolescents in the prioritized SILAIS, rising from 68,000 in 2017 to 97,529 in 2020.

8. Despite the impact of unanticipated external factors that posed a challenge to the achievement of the intermediate results (Premise 2), UNFPA adequately managed risk (Premise 3), adapted the programme in a flexible and timely manner in response to the COVID-19 emergency (Premise 4), maintained the original philosophy of the human rights-based approach and the gender mainstreaming strategy in its interventions (Premise 5) and achieved the expected results (Premise 1).

9. Key actors agreed on the good practices developed by the Programme:

- Inclusive and pluralistic dialogue with civil society at the regional level has made it possible to constantly analyze these issues and generate a very constructive relationship between the parties.
- The proposal of women leaders for life has made it possible to design a methodology for working with girls and female adolescents that enhances the possibility of articulating this work with other projects related to educational permanence, for example.
- The interventions on CSE carried out in the two countries with teachers and the progress made in terms of advocacy and capacity with the Ministry of Education was an important turning point in terms of achieving the Programme's results.
- There is evidence of girls' empowerment in the area of SRHR, with UNFPA making

a decisive contribution to positioning the issue as a national priority and generating the prohibition of child marriages in El Salvador, among other elements.³⁴

- The installation of Quality Standards for Adolescent Health Services with an emphasis on SRH in complex political contexts is considered a good practice that has the possibility of being replicated. Another good practice was translating adolescents' SRHR needs into a basic interventions package as part of comprehensive health services.
- The protocol for accompanying pregnant girls, which makes it possible for them to continue their studies, had a significant impact on the target population. This good practice is based on education as an area of pregnancy protection.

EFFICIENCY AND COORDINATION

10. Despite the baseline context and UNFPA's own estimates of the negative impact of COVID-19 on public policy, the programme made progress with the initially planned results. These results were achieved through the appropriate management of Programme funds in accordance with the established plans and through the reprogramming and mobilization of new funds for urgent activities in response to the needs of health emergencies in the local contexts. In this sense, the results also highlight collaboration with local or regional actors and other initiatives and institutions that increased the scope of the initially planned actions, improving their effectiveness and ensuring their continuity over time. Furthermore, it is important to highlight the flexibility of the Programme and its main actors when the implementation period was extended by 6

³⁴ See UNFPA press release:

<https://elsalvador.unfpa.org/es/news/asamblea-legislativa-de-el-salvador-proh%C3%ADbe-el-matrimonio-infantil>

months, as well as the financing of activities related to the health emergency. Examples of this work include: (I) the continuity of public policy in Nicaragua through the new "Adolescent Pregnancy Prevention" CAB04 (PAP) initiative in collaboration with UNFPA and Canadian funding that seeks to contribute to the sustainability of the programme's results for the benefit of adolescents and young people; (II) the adoption of measures implemented as part of the Programme by national authorities; (III) the legislative modifications that will facilitate the integration of the approaches advocated by the Programme into national political-institutional agendas.

11. The budgetary analyses carried out show a high level of execution of the programme funds. Taking into account the reprogramming and modifications already mentioned, this execution has experienced an upward trend throughout the project's implementation period. This means that despite the differences between the participating UNFPA offices, the budgetary execution and the implementation of actions have been carried out within the approved time limits.
12. Although at the reporting level the programme's indicators were met, the weak regional coordination in the initial stages of the implementation period has limited the exchange of experiences and good practices generated by the Programme, among other aspects. It should be noted that regional coordination was strengthened in the final year of the programme's implementation. This facilitated the exchange of lessons learned so that the model developed by the regional programme can be useful for other countries in the region.
13. The investment made through the implementation of the Programme has been efficient, as it has led to the installation of capacities in national institutions, ensuring the continuation of training processes that will have an impact over time and contributing to the achievement of the Programme's results. This was achieved despite the contextual and budgetary differences between the two participating countries. A cost-benefit analysis for the target population (girls and female adolescents) requires a more detailed evaluation as it is beyond the scope of this evaluation to measure the empowerment achieved and the improvements to the lives of the beneficiary girls and female adolescents in economic terms.

SUSTAINABILITY

14. The Programme has contributed to establishing and prioritizing public policy in the implementing countries, always taking into account local realities. This context generates a favorable scenario for the continuity of Programme's results and the continuity of public policy through other channels, including the adoption of the Programme's services by national governments and the initiation of new cooperation projects. At the regional level, one of the main contributions by the Programme is the promotion of dialogue on SRR, which was specifically focused on strategies to reach different groups of beneficiaries.
15. Of particular interest was the monitoring of training activities for health, education, legal and judicial personnel in the area of CSE and GBV. Although the results of the Programme's actions are considered effective, its effects should be observed over a longer period of time as these actions make medium and long-term contributions to the Theory of Change on which public policy is based.
16. Another element promoted by the Programme that contributes to the continuity of medium and long term public

policy was related to obtaining reliable official data on the target groups at regional and national levels. Ensuring the existence, reliability and regular statistical analysis of this data will contribute to the establishment, monitoring, performance improvement and sustainability of public policy.

17. It is important to consider that, in the case of El Salvador, the issue of insecurity was a factor that affected territorial work. This situation was one of the criteria that forced the Country Office, in coordination with the participating government institutions, to modify five of the ten municipalities that were originally prioritized. It was also necessary to work with partners to bring the programme's actions closer to girls and female adolescents in communities with lower levels of risk.
18. Although the Programme has contributed substantial aspects to ensure the sustainability of its interventions, primarily in the areas of capacity building and the design of guidelines and quality standards

for adolescent health services, future projects should have an increased impact in order to provide updated information systems with information disaggregated by age and sex. This will increase understanding of realities in each country as the standards themselves include information systems.

19. One of the challenges with sustainability is financial, in which beneficiary institutions should ensure the continuity of the interventions following the end of the Programme by allocating specific and permanent budgets.
20. According to the perspective of partners and donors, the presence of UNFPA and its team's strategic and technical capacity is a key element for the sustainability of the Programme's results. In addition, the commitment demonstrated by the Government of Canada in the region, specifically supporting the Programme's agenda and objectives of, is a key element that provides sustainability and ensures continuity with the results achieved.

SUGGESTED RECOMMENDATIONS	Alignment with conclusions
<p>R#1: Ensure the adoption of differential approaches to operationalize the programme's principle of leaving no one behind. To achieve this, it is necessary for the Country Offices to strengthen national capacities in human rights approaches, SRR, gender equality, interculturality and intersectionality at the different project implementation levels to ensure their mainstreaming and operationalization.</p>	<p>C#1, 2, 3</p>
<p>R#2: Continue to support the generation of evidence and the strengthening of civil society networks for the defense of SRR in a context of reactive politicization to the SRR and gender agenda in Latin America and the Caribbean. This should include expanding the participation of adolescents and youth so that they can position themselves as subjects of rights, develop life skills, self-esteem and negotiation and have a voice in debates in their countries and the region.</p>	<p>C#3</p>

SUGGESTED RECOMMENDATIONS	Alignment with conclusions
<p>R#3: Promote the direct participation of beneficiaries in these processes, generating consultations for the design of actions, participation mechanisms and accountability with beneficiaries. Specifically, promote the leadership of adolescents in all of these change processes so that services respond to their needs and they are involved in the formulation, implementation and M&E of the project.</p>	C#4, 12, 14
<p>R#4: Once the Programme is established and relevant information is available, it is recommended that the intercultural approach is adopted; for example, what actions can be specifically developed to support indigenous and Afro-descendant girls and female adolescents. This implies an increased presence in the territory and developing new approaches to the rural realities in countries. It also requires a review/analysis of costs.</p>	C#8
<p>R#5: It is recommended that the inclusion approach, specifically the disability perspective, is incorporated into discussions on the continuity of interventions and issues related to girls with disabilities and adolescent pregnancy and/or sexual violence. This issue has an important impact in economic terms, as guaranteeing participation and the inclusion of girls with disabilities has an impact on costs. It is recommended that, before their programmatic inclusion, the cost of the inclusion of girls and female adolescents should be estimated. It is also important to select the best strategy for their inclusion and the implementation of actions focused on this population group.</p>	C#10-14
<p>R#6: In the prioritization and selection of the participating municipalities, it is recommended that the impact at the level of coordination and territorial articulation is taken into account in order to achieve a balance between the level of coverage and geographical dispersion. Geographic dispersion hinders the coordination of actions and disperses the synergistic and catalytic effect of the results achieved.</p>	C#6
<p>R#7: Continue to build on the legitimizing framework of the Montevideo Consensus as a tool for building consensus and fostering dialogue</p>	C#1,4
<p>R#8: It is recommended to adopt the lessons learned from the experience with the institutional arrangements for the implementation of a Regional Programme in the following areas: (I) the definition of responsibilities of the actors involved in the Programme; (II) coordination of actions and planning/programming; (III) the traceability of the use of the logical framework in reports; and (IV) interactions with the donor.</p>	C#12
<p>R#9: Continue working to generate information and raise awareness with new political and technical actors to position assistance for adolescent pregnancy, early unions and sexual violence against girls and female adolescents in the government agenda.</p>	C#16
<p>R#10: At the local level, it is necessary to strengthen partnerships with civil society for direct actions by identifying local entities and organizations that are sensitive to these issues. It is important to cross-reference information between the municipalities that continue to have high rates of sexual violence, early unions and pregnancies among girls and female adolescents in order to carry out awareness campaigns in coordination with the local social outreach work of local actors.</p>	C#17,18

ANNEXES



ANNEX 1: EVALUATION MATRIX

Evaluation Criteria	Key question	Premises to be analyzed	Indicators	Information sources	Data collection method
R E L E V A N C E	To what extent do the Regional Programme's design and objectives respond to the SRHR and GBV priorities and needs of girls and female adolescents, especially the most vulnerable groups, and are they aligned with international human rights and gender equality instruments?	The Regional Programme was aligned with international commitments, specifically with the ICPD Programme of Action, the CEDAW, the Montevideo Consensus and the 2030 Agenda, UNFPA's Strategic Plans and the priorities and policies of Canada's Department of Foreign Affairs, Trade and Development (DFATD).	Expected results, outputs and strategies are framed in international human rights instruments that contribute to the achievement of the SDGs and the outcomes of the UNDAF, the UNFPA Strategic Plan and Country Programmes, contributing to the advancement of the Cairo agenda. <i>The regional programme was adapted to regional and international frameworks, national plans and strategies; and there was evidence of the use of best practices and theories for SRH and GBV interventions.</i>	Secondary information: <ul style="list-style-type: none"> Project document: UNFPA Proposal for the Department of Foreign Affairs, Trade and Development Canada (2017) Government strategies, programmes and policies. Health Situation Analysis Health Survey ICPD Programme of Action UNDAF and Country Programme (CP) Document for UNFPA El Salvador and Nicaragua UNFPA Strategy Documents SDG baseline or progress report at regional and participating country levels Sectoral regulations, guidelines. 	<ul style="list-style-type: none"> Document review Interviews of key actors Surveys Focus Groups
		The Regional Programme took into account the priorities and needs of girls and female adolescents in the areas of Sexual and Reproductive Rights and GBV in the implementing countries, especially the most vulnerable population groups that are at risk of being left behind, including women, adolescents and youth, members of LGBTIQ+ community, people in contexts of extreme insecurity, victims of forced migration and/or people with disabilities.	Evidence of a comprehensive needs analysis that identifies the different needs and priorities of key stakeholders. <i>The selection of beneficiary groups and priority areas of the Regional Programme is consistent with the identified needs.</i> Expected results, outputs and strategies are consistent with the needs and priorities of women, adolescents and youth, especially those in the poorest and least educated quintiles, living in rural and highly insecure areas and/or with disabilities. <i>Evidence of processes that involve key stakeholders for the definition of objectives and priorities.</i>		
		The objectives and expected results of the Regional Programme are consistent with the health strategies implemented by the governments of El Salvador and Nicaragua and with the policies and strategies of the international agencies involved.	Objectives that are consistent with the priorities of national SRH and GBV strategies and policies, or that seek to advocate against the resurgence of conservative positions on SRHR. <i>Evidence of processes to involve health professionals and national and regional authorities responsible for implementing health and gender-based violence policies in defining objectives and priorities.</i> Evidence of adjustment in the design of the Regional Programme as a response to changing scenarios, faulty assumptions and demands from Programme partners.		
		The regional component of the Programme represented added value due to the exchange of experiences between countries, knowledge management, leveraging of resources and strategic positioning of the sexual and reproductive rights agenda in the region.	The Programme's strategy incorporates the regional component by promoting the exchange of experiences among countries, knowledge management, leveraging of resources and strategic positioning of the sexual and reproductive rights agenda in the region.		
		The Regional Programme incorporated a human rights and gender equality approach in its design, both in the definition of expected results and in the planned intervention strategies.	The design of the Regional Programme incorporates the human rights, gender equality and equity approaches.		

Evaluation Criteria	Key question	Premises to be analyzed	Indicators	Information sources	Data collection method
E F F E C T I V E N E S S	To what extent have the intermediate results of the Regional Programme been achieved or are they expected to be achieved and have they contributed to strengthening the promotion, protection and exercising of the sexual and reproductive rights of women and adolescents in the region?	<p>The expected results of the Regional Programme's sexual and reproductive rights results framework have been achieved, both at the level of the implementing countries and in the regional component.</p>	<p>Degree of compliance with the results defined in the logical framework of the Regional Programme and its successive revisions, both at the level of the implementing countries and in the regional component.</p> <p>Likelihood of change in reducing adolescent pregnancy and GBV in project areas, as well as in reducing inequalities (LNOB) between groups (vulnerable / non-vulnerable).</p> <p>Number and value of regional events for the exchange of experiences and good practices involving human rights holders and guarantors.</p> <p>Evidence of strengthening of strategic alliances and advocacy platforms for the promotion and exercising of SRR by adolescents and youth that involve the participation of human rights holders and guarantors and reflect principles of gender equality and the inclusion of people with disabilities.</p> <p>Number and contribution to reforms (normative, institutional), public policies and/or national interventions that remove legal barriers for the exercising of SRR by adolescents and youth as a result of the Programme.</p> <p>Number and contribution to the outcome of national reforms, public policies and/or interventions that expand and improve the availability of and access to quality public services for the prevention and reduction of adolescent pregnancy as a result of the Programme.</p> <p>Number and contribution to national reforms, public policies and/or interventions that improve measures and mechanisms for the prevention, protection, care and mitigation of GBV as a result of the Programme.</p>	<p>Secondary information:</p> <ul style="list-style-type: none"> • Project document: UNFPA Proposal for the Department of Foreign Affairs, Trade and Development Canada (2017) • Government strategies, programmes and policies. • Health Situation Analysis • Health Survey • ICPD Programme of Action • UNDAF and Country Programme (CP) Document for UNFPA El Salvador and Nicaragua • UNFPA Strategy Documents • SDG baseline or progress report at regional and participating country levels • Sectoral regulations, guidelines. • Regional Programme Annual Reports (2018, 2019, 2020) • Health policy and programme evaluation reports • Secondary epidemiological information from the health system • AWP's • Annual performance reports • Risk management plan • Reports, issue briefs and other documents related to the response to the COVID-19 pandemic 	<ul style="list-style-type: none"> • Document review • Interviews of key actors • Surveys • Focus Groups
		<p>Emergence of unforeseen internal and external factors that have contributed to or hindered UNFPA's performance with implementing the Regional Programme.</p>	<p>Evidence of unintended outcomes (positive and/or negative) in Regional Programme planning.</p>		
		<p>UNFPA conducted risk management, both internal and external, throughout the implementation of the Regional Programme.</p>	<p>Existence of an efficient risk management system in the Regional Office</p> <p>Evidence that the Regional and Country Office have conducted monitoring of identified risks.</p> <p>Percentage of identified risks for which mitigation activities have been implemented by the Regional and Country Office.</p>		
		<p>The Regional Programme was adapted in a flexible and timely manner to respond to the COVID-19 emergency in the implementing countries, with a focus on human rights, equity and gender equality.</p>	<p>Evidence that the Regional Office has responded quickly to the health, political and social changes brought about by the COVID-19 pandemic.</p> <p>Evidence of flexibility in redirecting funds and adapting objectives and interventions in light of changes in the context.</p> <p>Evidence of actions taken for the mitigation of GBV and sexual violence in the context of the health crisis.</p> <p>Evidence of actions taken to mitigate the suspension of SRH services in the context of the health crisis.</p>		
		<p>UNFPA incorporated a human rights-based approach and a gender mainstreaming strategy in the interventions, which favored the achievement of the programme's results.</p>	<p>Evidence of key human rights and gender equality outcomes: participation, non-discrimination, empowerment; and the redistribution of resources, power and workload between women and men.</p>		

Evaluation Criteria	Key question	Premises to be analyzed	Indicators	Information sources	Data collection method
E F F I C I E N C Y	To what extent has the Regional Programme achieved its results, or is it likely to do so, in a cost-effective and timely manner?	UNFPA has made good use of its human, financial and administrative resources, including the technical support provided by HQ/LACRO and between COs, allocating sufficient resources for the integration of human rights and gender equality in the programme's interventions.	<p>Approaches, resources and management models have been timely to achieve planned results.</p> <p>Evidence of synergies in the use of resources.</p> <p>Planned/executed budget ratio.</p> <p>Implementation of mechanisms for verification/ quality assurance of interventions.</p> <p>Use of monitoring and evaluation systems for the management of the Regional Programme.</p> <p>Evidence of prioritization of the most vulnerable population groups in the allocation of resources to stakeholders.</p> <p>Evidence that implementing partners received resources within the stipulated amounts and timeframe.</p> <p>Programme activities were carried out according to schedule and, when this did not occur, appropriate justifications were provided.</p> <p>Evidence that potential administrative bottlenecks were identified and resolved during the implementation of the Programme</p>	<p>Secondary information:</p> <ul style="list-style-type: none"> Project document: UNFPA Proposal to the Department of Foreign Affairs, Trade and Development Canada (2017) Regional Programme Annual Reports Programme budgetary and financial information Human Resource Management Information 	<ul style="list-style-type: none"> Document review Interviews of key actors Surveys Focus Groups

Evaluation Criteria	Key question	Premises to be analyzed	Indicators	Information sources	Data collection method
C O O R D I N A T I O N	To what extent has the coordination between Country Offices, the UNFPA Regional Office, the donor and other organizations working on SRHR been adequate and conducive to the achievement of results?	Coordination between Country Offices, the UNFPA Regional Office, the donor and other organizations working on SRHR has been adequate and has contributed to the achievement of the expected results.	<p>Evidence of coordination and compatibility between the Programme and other interventions in the fields of adolescent pregnancy and GBV prevention.</p> <p>Evidence of UNFPA participation in the Working Groups for the UNDAF coordination mechanisms.</p> <p>Evidence of donor accountability.</p>	<p>Secondary information:</p> <ul style="list-style-type: none"> Project document: UNFPA Proposal to Foreign Affairs, Trade and Development Canada (2017) Regional Programme Annual Reports Programme budgetary and financial information 	<ul style="list-style-type: none"> Document review Interviews of key actors Surveys Focus Groups

Evaluation Criteria	Key question	Premises to be analyzed	Indicators	Information sources	Data collection method
<p style="text-align: center;">S U S T A I N A B I L I T Y</p>	<p>To what extent do the benefits of the Regional Programme continue, or are they likely to continue, following the end of the implementation of the Regional Programme?</p>	<p>Regional Programme interventions contributed to the development of national SRR capacities.</p>	<p>Framework documents and/or guidelines on SRH (incorporating adolescent pregnancy prevention) and GBV are institutionalized at the national level.</p> <p><i>Capacity development strategy is designed and implemented</i></p> <p>Evidence of strengthened national capacities in the field (ex-ante and ex-post evaluations).</p> <p><i>Evidence of capacity development among human rights holders, including people from the prioritized population groups.</i></p> <p>Evidence of capacity development among human rights guarantors.</p> <p><i>Establishment of inclusive accountability systems between human rights holders and human rights guarantors.</i></p> <p>SRH training manuals that include the issue of adolescent pregnancy based on UNFPA's standards are adopted by each implementing country.</p> <p><i>Evidence of socio-political conditions that are conducive to the continuity of project results.</i></p>	<p>Secondary information:</p> <ul style="list-style-type: none"> • Project document: UNFPA Proposal to the Department of Foreign Affairs, Trade and Development Canada (2017) • Government strategies, programmes and policies. • Health Situation Analysis • Health Survey • ICPD Programme of Action • UNDAF and Country Programme (CP) Document for UNFPA El Salvador and Nicaragua • UNFPA Strategy Documents • SDG baseline or progress report at regional and participating country levels • Sectoral regulations, guidelines. • Regional Programme Annual Reports (2018, 2019, 2020) • Health policy and programme evaluation reports • Secondary epidemiological information from the health system • AWP's • Annual performance reports • Risk management plan 	<ul style="list-style-type: none"> • Document review • Interviews of key actors • Surveys • Focus Groups
		<p>Existence of factors contributing to the sustainability of the Regional Programme and its results.</p>	<p>Evidence of successful strategic alliances that contribute to the sustainability of the Regional Programme's outcomes.</p> <p>Existence of formal institutional and financial commitments to provide sustainability for outputs and outcomes.</p>		
		<p>National authorities adopted services or initiatives from the Regional Programme, ensuring their continuity beyond the implementation period.</p>	<p>Evidence of ownership strategies and mechanisms among national stakeholders.</p> <p><i>Identification of tools and methods for the national expansion of geographically targeted interventions that have been developed by the Programme.</i></p>		

ANNEX 2: STAKEHOLDER MAPPING

Regional Level

LACRO / CANADA		STAKEHOLDERS		
Name	Cargo	Name	Cargo	Role
Harold Robinson	Regional Director	Lucy Garrido	Cotidiano Mujer / AFM (IP)	Promotion of sexual and reproductive rights, gender-based violence and the implementation of the Montevideo Consensus*.
Florbela Fernandes	Deputy Regional Director	Susana Chavez and George Hale	PROMSEX / CLACAI (IP)	
Cecilia Maurente	ICPD Regional Advisor	Lorena Ramirez	Professor - University of Santiago	Support as consultants for El Salvador and Nicaragua in the quality standards for adolescent health services initiative.
Virginia Camacho	Regional SRH Advisor	Nicolas Vega	Professor - University of Santiago	
Neus Bernabeu	Former Gender and Youth Advisor, current Country Representative El Salvador	Beatriz Castellanos	Consultant	Consultant, CSE specialist
Jozef Maerien	Regional Resource Mobilization Adviser	Diego Rossi	FLACSO-Teacher	FLACSO Teachers - Implementing Partner for out-of-school CSE initiatives in the region
Eileen Aparicio	Programme Associate	Karina Cimmino	FLACSO-Teacher	
Laura Gonzalez	Regional M&E Advisor			
Jayne Adams	Regional Programme Adviser			
Sheila Roseau	Former Deputy Regional Director			

El Salvador

EL SALVADOR	
Name	Cargo
Neus Bernabeu	UNFPA Representative in El Salvador
Mario Iraheta	UNFPA Assistant Representative in El Salvador
Karolina Guay	Ambassador of Canada to El Salvador
Valerie Bouchard	Gender Specialist at the Canadian Embassy in El Salvador
Ondina Castillo	UNFPA Gender and Youth Officer
Aparicio's Hope	UNFPA Reproductive Health Officer
Maria de la Paz Benavides	UNFPA Project Coordinator: protection of girls and female adolescents from sexual violence, pregnancy and early unions.
Ruth Elizabeth Ramirez	Project Coordinator - EDUCO
Silvia Juarez	ORMUSA Representative
Miriam Elizabeth Segovia	Project Coordinator - Doctors of the World in El Salvador
Marcelo Acevedo	National Project Coordinator - Plan International
Ronald Alfonso Pérez Escobar	Director of Health Policy and Management
María Magdalena Archila Lazo	Mental Health Office Coordinator
Ana María Barrientos Llovet	Director of Epidemiology
Mario Ernesto Soriano Lima	Vice Ministry of Health Services
Ana Ella Gomez	National Director - Ciudad Mujer
Angelica Cuadra	Head of International Cooperation and Institutional Relations
Lorena Ramirez	University of Chile. Responsible for training on Quality Standards in Youth-Friendly Health Services
Maria Rodriguez	Maritza Henriquez, Vilma Cornejo and other ISDEMU technical staff members
Madaly Sanchez	Head of the information and analysis department. Responsible for monitoring the implementation of ENIPENA
Maria Dolores Gonzalez	Gender Unit - CONNA
Denisse Castro	CONNA
Judith Velasquez	Gender Management Technician
Kenia Corina Reyes	Deputy Director of Policies - INJUVE
Dennis Ochoa	Technical Subdirector of Integrated Health Protection
Olga Mercedes Arita	INJUVE
Misael Perez	Mayor of Jiquilisco
Zaira Navas	Former Director of CONNA. National Intersectoral Strategy for the Prevention of Pregnancy in Girls and female adolescents (ENIPENA)
FMLN Congresswoman (previous and current term)	Youth Parliamentary Group

Nicaragua

NICARAGUA	
Name	Cargo
Elena Zúñiga	UNFPA Representative in Nicaragua
David Orozco	UNFPA Assistant Representative in Nicaragua
Edgard Narvaez	UNFPA Sexual and Reproductive Health Specialist
Rosa Romero	UNFPA Gender and Comprehensive Sexuality Education Analyst
Joaquín Bárcenas	UNFPA Monitoring and Evaluation Analyst
Claudia Porras	UNFPA Communication Associate
Fatima Ayerdis	National Adolescent Component Coordinator, Ministry of Health
Mendy Arauz	Director of the Councils of the Educational Communities - MINED (Comprehensive Sexuality Education)
Gloria Moncada	Head of Technical Accompaniment Directorate - MINED (Comprehensive Sexuality Education)
Maria Marlene Sanchez Gonzalez	Counseling Advisor for Educational Communities - MINED (Comprehensive Sexuality Education)
Mirna del Socorro Mondoy	Teacher at the Alesio Blandón Teacher Training School in Managua
Yesely Patricia Gonzalez	Student who received CSE certification
Ruth Eloísa Salmerón Norori	Mother who has received information on CSE
Carol Herrera	General Director of the Love Programme - MIFAM (Gender Based Violence)
Jenifer Anielka Dolmos	Facilitator of CSE training processes - MIFAM (Gender-Based Violence) in Jinotega
Ana Gladys Mayorga Medrano	Coordinator for child labor and children at risk. Advisor on educational processes of training of trainers for the EVA. MIFAM (Gender Based Violence)
Focus group with adolescent EVA facilitators, Grenada (11)	
Focus group with adolescent EVA facilitators, Grenada (4)	

ANNEX 3: DATA COLLECTION INSTRUMENTS

1. Interview guides
2. Survey Questionnaire
3. Guidelines for focus groups
4. Informed Consent Forms

INTERVIEWS

Each interview implies a previous document review and search for basic data about the interviewee ("informant"), specifically their position, role or involvement with the Regional Programme. With the objective of gathering information for the Evaluation Matrix indicators, this technique will contextualize and strengthen the Programme's design and implementation "in practice", providing the possibility of requesting comments, interpretations and perspectives from a diverse range of actors involved.

The interview proposed for this evaluation is semi-structured. It starts with an "opening" question about the informant's participation in the Regional Programme, which facilitates the

triangulation of data and complements the document review and information resulting from the application of other techniques. The other questions are organized into a flexible order, since the second and following questions will depend on the answer to the initial question. For example, if the interviewee is anticipating a topic, the suggestion is to let them talk about what they want to and change the order of the questions so as not to interrupt the flow of the conversation.

- A semi-structured interview should resemble a conversation that is as friendly and fluid as possible. For this reason, a core set of central questions is posed and aspects that can be explored in more detail are listed under each main question.
- Although evaluators do not follow the sequence of interview questions in a linear fashion, they should consult the guide to ensure that they are covering the required topics and are not omitting relevant questions. At all times it is important to take an unbiased stance and not make

judgments or assessments of your own.

- Interviews may be individual or group interviews (with a maximum of three people). All interviews should be recorded, with the explicit consent of the informants and transcribed according to the model proposed in UNFPA Evaluation Handbook, Template 7: Interview Logbook (p. 258).
- Each interview will begin with a presentation by the Evaluation Team in which the following aspects should be addressed:
 - Purpose of the evaluation and importance of the interview as a primary information source.
 - Use to be made of the information: The Evaluation Team will use the information exclusively for the production of the Report, and in no case will share this material with UNFPA, the donor or any other national or international actor.
 - Confidentiality (based on the Handbook standards): interview data will be analyzed

in an aggregated manner and without any direct reference to the interviewees. In the case of using quotes from interviews, the confidentiality of the informant will be guaranteed.

- If the informant authorizes it, their name will be mentioned in a general list of

persons interviewed for the evaluation.

- At the end of each interview we thank the informant(s) for their time and collaboration.

INTERVIEW GUIDE

ACTOR: UNFPA (LACRO, CO) AND DONOR

1. To begin with, could you comment briefly on your involvement in the design and implementation of the Regional Programme?
2. In general terms, how were the strategies, actions and prioritized groups defined?

In-depth conversations

Corroborate whether a comprehensive needs analysis was conducted that takes into account the different realities faced by women, adolescents and youth.	
Corroborate whether dialogues or consultations were held with institutional and social actors for the definition of objectives and priorities and whether women from vulnerable groups or women's and youth organizations were given a voice in these processes.	
Check whether health professionals and national and regional authorities responsible for implementing health and GBV policies were involved in defining objectives and priorities. Ask about the presence of women among these actors.	
If not mentioned, ASK how work was done to incorporate, operationalize and mainstream human rights and gender approaches.	

3. Taking into account the situation of SRHR for women, adolescents and youth in the country/ region, to what extent do you consider that the Regional Programme has been relevant? What elements can you mention that show its relevance?

In-depth conversations

Corroborate whether the objectives and strategies proposed correspond to the identified and emerging needs of the prioritized groups.	
Check whether the objectives and strategies proposed are in line with regional and country priorities for implementation.	
Corroborate the consistency of the Regional Programme in terms of regional and international SRHR and GBV agendas, policies and plans.	
Corroborate whether the geographic targeting and distribution of interventions in each implementing country are consistent with the needs of the prioritized and disadvantaged groups. If not, find out if there is a legitimate reason for this.	
Corroborate whether the Regional Programme took into account regional disparities and imbalances in terms of access to services (e.g. those rooted in ethnic and cultural factors).	
Investigate whether the objectives and strategies proposed are related to initiatives that position SRHR against the resurgence of conservative positions in the region.	
Find out if adjustments were made to the Regional Programme design in response to changing scenarios, failed assumptions or new needs/demands from partners and priority groups.	

4. Regarding the implementation of the Regional Programme, were the activities carried out on schedule? How were the activities monitored?
5. Were there any changes in the context that affected programming?

In-depth conversations

Consider the changes brought about by COVID-19 and the mitigation actions implemented.	
Ask whether rapid responses could be made to the health, political and social changes caused by the pandemic.	
Check whether there was flexibility in redirecting funds and adapting objectives and interventions in light of the changes.	
Corroborate whether specific actions were implemented for the mitigation of GBV and sexual violence in the context of the health crisis.	
Corroborate whether actions were taken to mitigate the suspension of SRH services in the context of the health crisis.	

6. For you, what have been the main achievements of the Regional Programme?

In-depth conversations

Removal of legal barriers for the exercising of SRHR by adolescents and young people as a result of the Programme.	
Availability and access to quality integrated services for the prevention and reduction of adolescent pregnancy was expanded and improved as a result of the programme.	
Improved measures and mechanisms for the prevention, protection, care and mitigation of GBV as a result of the Programme.	
Capacity building of partners and stakeholders - concrete examples (ask for evidence).	
Design of planning processes and M&E actions.	
Human resource capacity building in key areas and functions.	
Strengthening/empowerment of prioritized groups (how was it achieved?).	
Organizational and leadership development for women, adolescents and youth for participation, advocacy and controllership in SRHR.	
Increased empowerment of women, adolescents, youth and other vulnerable groups.	
Establishment or strengthening of strategic alliances and advocacy platforms for the promotion and exercising of SRR by adolescents and young people that involve the participation of human rights holders and guarantors.	
Positioning of SRHR in institutional and social group agendas and implementation of actions to counteract restrictive factors in the political context.	
Incorporation of human rights, gender and disability approaches in services or programmes.	

7. To what extent are these achievements sustainable and what threats do you think they may face?

In-depth conversations

Corroborate the existence of formal institutional and financial commitments to provide sustainability to the results.	
Corroborate whether successful strategic alliances were created or strengthened to contribute to the sustainability of results.	
Corroborate whether national capacities in this area have been strengthened (ex-ante and ex-post evaluations).	
Check whether there are services, programmes, protocols and procedures in place; staff who have been trained and/or participated in awareness raising actions; or other mechanisms that promote ownership for national stakeholders.	

8. During the implementation, were there any outcomes that were not achieved or unintended outcomes (positive or negative)?

In-depth conversations

Ask for concrete examples and try to learn more about the obstacles that were faced.	
Find out whether the risks identified were monitored and what responses were made.	

9. In your experience, have there been any good practices to highlight?

10. Are there any important aspects of the work that we have not covered? Please let us know if you have any additional issues you would like to raise.

ACTOR: NATIONAL AND REGIONAL STAKEHOLDERS AND IPS

1. To begin with, could you tell us briefly about your participation in the Programme?

2. (If not mentioned in question 1)

Did you participate or were you consulted in the definition of the strategies, actions and prioritized groups?

If yes, in what way?

In-depth conversations

Corroborate whether a comprehensive needs analysis was conducted that took into account the different realities faced by women, adolescents and youth, especially those in the poorest and least educated quintiles, those living in rural or insecure areas and/or those with disabilities.	
Corroborate whether dialogue or consultations were held with institutional and social actors to define objectives and priorities and whether women from vulnerable groups and women's and youth organizations were given a voice in significant proportions.	
Check whether health professionals and national and regional authorities responsible for implementing health and GBV policies were involved in defining objectives and priorities. Ask about the presence of women among these actors.	
If not mentioned, INQUIRE how work was carried out to incorporate, operationalize and mainstream human rights and gender approaches.	

3. Taking into account the situation of SRHR of women, adolescents and youth in the country/region, to what extent do you consider that the Regional Programme has been relevant? Which elements of the Programme can you highlight as being relevant?

In-depth conversations

Check whether the objectives and strategies proposed correspond to the needs of the prioritized groups.	
Check whether the objectives and strategies proposed are in line with regional and national implementation priorities.	
Corroborate whether the geographic targeting and distribution of interventions in each implementing country was consistent with the needs of the prioritized and disadvantaged groups. If not, ask if there was a legitimate reason for this.	
Corroborate whether the Regional Programme took into account regional disparities and imbalances in terms of access to services (e.g. those rooted in ethnic and cultural factors).	
Investigate whether the proposed objectives and strategies were related to initiatives that positioned SRHR as a response to the resurgence of conservative positions in the region.	
Find out if adjustments were made to the Regional Programme's design in response to changing scenarios, failed assumptions or new needs/demands from partners and priority groups.	
Corroborate whether there was an exchange of experiences between countries and whether knowledge management, leveraging of resources and strategic positioning of the SRR agenda in the region was promoted.	

4. Regarding the implementation of the Regional Programme, were the activities in which you participated carried out on schedule? How was the follow-up of activities? (Did you receive sufficient guidance? Did you get quick responses to emerging needs?)

5. Were there any changes in the context that affected programming?

In-depth conversations

Consider the context change brought about by COVID-19 and the mitigation actions implemented.	
Ask whether rapid responses were implemented as a result of the health, political and social changes brought about by the pandemic.	
Check if there was flexibility in redirecting funds and adapting objectives and interventions in light of the changes.	
Corroborate whether specific actions were implemented for the mitigation of GBV and sexual violence in the context of the health crisis.	
Corroborate whether actions were taken to mitigate the suspension of SRH services in the context of the health crisis.	

6. From your experience in the Regional Programme, are there any achievements you would like to highlight? (Support with examples and ask how they were achieved).

In-depth conversations

Removal of legal barriers for the exercising of SRHR by adolescents and young people as a result of the Programme.	
Ask if availability and access to quality integrated services for the prevention and reduction of adolescent pregnancy was expanded and improved as a result of the programme.	
Improved measures and mechanisms for the prevention, protection, care and mitigation of GBV as a result of the Programme.	
Capacity building of partners and stakeholders - concrete examples (ask for evidence).	
Development of planning processes, M&E.	
Human resource capacity building in key areas or functions.	
Strengthening/empowerment of prioritized groups (how was this achieved?).	
Organizational and leadership development of women, adolescents and youth for participation, advocacy and oversight in the area of SRHR.	
Increased empowerment of women, adolescents, youth and other vulnerable groups.	
Establishment or strengthening of strategic alliances and advocacy platforms for the promotion and exercising of SRR by adolescents and young people that involve the participation of human rights holders and guarantors.	
Positioning of SRHR in institutional and social group agendas and implementation of actions to counteract the restrictive factors of the political context.	
Incorporation of human rights, gender or disability approaches into services or programmes.	

7. Conversely, were there any results that were not achieved or challenges that were not expected? (Ask for concrete examples and more information about the obstacles that were faced). If applicable, ask: How were the emerging problems/challenges addressed?

8. Taking into account the needs of your area/agency/target population (as appropriate), how do you assess the support received from the Regional Programme? For example, has it been appropriate to your needs; timely; effective in terms of achieving results; etc.?

(Ensure that the interviewee explains the needs of the institution/organization/group, etc. to obtain an independent comparison between their needs and the support required from UNFPA.)

In-depth conversations

Corroborate how the work plans were designed and how they did or did not respond to the partner's need.	
Corroborate whether there were situations that led to requesting additional support from the Regional Programme and what responses were obtained (responsiveness, time, quality, relevance).	

9. In your experience, has the implementation of this Programme left any kind of lasting benefits? (i.e. that you perceive to be sustainable) 14

In-depth conversations

Check if there is any installed knowledge or approaches that have been adopted.	
Check if there are integrated quality services and tools (protocols, routines and/or procedures in place) that have resulted from the Programme's cooperation.	
Corroborate whether barriers that impeded the full enjoyment and exercising of SRHR were removed among the prioritized groups.	

10. (Only for those who have had links with other international programmes)

Compared to other donors' programmes, do you think that UNFPA and Canadian international cooperation has any added value or comparative advantage in terms of working in the country/region?

11. Finally, we would like to ask you if you think there are aspects of the cooperation that could be improved. Do you have any recommendations to share with our team? Please let us know if you have any additional issues you would like to mention.

LOCAL ACTORS: HEALTH WORKERS

1. What do you personally see as the most important aspect of your work? What are you most proud of in your work?
2. Who do you see as the most vulnerable groups of children, youth and women in your locality?

Questions for further discussion:

- Have you been able to reach these groups with your work?
 - What are the barriers to this happening (or happening more)?
3. Do health services in the locality/ municipality effectively address the needs of the most vulnerable adolescents and youth (especially in terms of SRH)?

Questions for further discussion:

- Are all of the necessary supplies in place to provide quality adolescent pregnancy prevention services? (If yes, ask if this is attributable to the Regional Programme)
 - Are technical standards, guidelines and protocols for GBV and SGBV prevention, care and mitigation available? (If yes, ask whether these are at least partly attributable to the Programme) (If yes, ask how useful or important they are)
 - What are the key factors that hinder effective service delivery?
 - What makes it harder to do your job well? (examples).
4. In your experience, can you identify which interventions have worked or have been most successful in reducing adolescent pregnancy?
 5. Similarly, what interventions have worked or been most successful in detecting and preventing GBV?

6. You have participated in training activities implemented as part of the UNFPA/Canada Cooperation Programme. Could you please describe what they consisted of and what was the training modality?

Questions for further discussion:

- Did you receive this type of training before participating in this Programme?
 - Have the health workers in the municipality been involved in the definition of content/ modalities that were adapted to the local reality?
 - Did you have the possibility to participate in the redesign of training programs, especially in the context of the COVID-19 pandemic?
7. Taking into account the training requirements in your area/agency, do you feel that this training has provided the practical knowledge and skills that are necessary or relevant to your work? (Ensure that the respondent explains the needs of their institution/area to facilitate an independent comparison between the needs and the support required from UNFPA).
 8. Is there anything I haven't asked you about that you'd like to comment on?
 9. Do you have any suggestions to improve actions led by international cooperation in these areas?

LOCAL ACTORS: EDUCATION OR GBV CARE WORKERS

1. What do you personally see as the most important aspect of your work?
2. Who do you see as the most vulnerable groups of children, youth and women in

your locality?

Questions for further discussion:

- Have you been able to reach these groups with your work?
 - What are the barriers to this happening (or happening more)?
3. Do GBV education/care services (as appropriate) effectively address the needs of the most vulnerable female adolescents and young women, especially in terms of preventing teenage pregnancy, GBV and sexual violence?

Questions for further discussion:

- Do you have adequate guidelines, guides and materials to implement Comprehensive Sexuality Education strategies?
 - What interventions have worked or been most successful in reducing teen pregnancy?
 - What interventions have worked or been most successful in detecting and preventing GBV?
 - What are the elements that make it easier to work in CSE and what are the elements that make it more difficult?
4. Have you participated in **CSE**, teen pregnancy and GBV prevention **training activities** implemented as part of the UNFPA/Government of Canada Programme? (If yes, could you describe what these activities were?)

Questions for further discussion:

- Did you receive this type of training before participating in this Programme?
- Was work carried out using human rights and gender equality approaches?
- Were the issues faced by people with disabilities addressed? Were education staff in the municipality involved in the definition of content/modalities for the training programs that were adapted to

local realities? Did you have the possibility of participating in the redefinition of training programs, especially in the context of the COVID-19 pandemic?

5. Taking into account the training requirements in your area/agency, do you feel that this training has provided the practical knowledge and skills that are necessary or relevant to your work? (Ensure that the respondent explains the needs of their institution/area to facilitate an independent comparison between the needs and the support required from UNFPA).
6. Is there anything I haven't asked you about that you would like to comment on?
7. Do you have any suggestions on how to improve international cooperation initiatives on these issues?

SURVEY

STAFF WHO PARTICIPATED IN TRAINING

1. Indicate the type of organization you work for:
- Government -public services
 - NGO
 - International Organization
 - Academic/University
 - Civil society
 - Other (please specify)
2. Specify what your work area is:
- Education
 - Health
 - Justice
 - Child protection
 - Teenagers/young adults
 - Women victims of GBV
 - Other (please specify)

Please circle the number that you think best represents your opinions.

Questions	Responses (adjusted Likert scale)
Taking into account your training and capacity building needs, to what extent do you feel that the training and capacity building provided through the UNFPA/Government of Canada Programme has been relevant?	Very relevant 5 4 3 2 1 Not at all relevant
To what extent do you feel you have learned from the training you received in the UNFPA/Government of Canada Programme? (Circle the number you feel best represents your views)	I learned a lot 5 4 3 2 1 I didn't learn anything
Was the duration of the training sufficient?	Very appropriate 5 4 3 2 1 Not very appropriate
Was the content of the training relevant?	Very appropriate 5 4 3 2 1 Not very appropriate
How useful was the training for your daily work?	Very useful 5 4 3 2 1 Not useful at all
Was the training theoretically oriented or practically oriented?	Practice oriented 5 4 3 2 1 Theory oriented
Have the skills and knowledge transmitted in the training been well defined?	Well-defined 5 4 3 2 1 Poorly defined
Were human rights and gender equality approaches incorporated into the training content?	Adequately 5 4 3 2 1 Insufficiently
Did the training content address the issues faced by people with disabilities?	Adequately 5 4 3 2 1 Insufficiently

Questions
What did you NOT learn that you felt you needed and/or expected to learn during the training? Please describe your response:
Was there any evaluation at the end of the training? Yes / No
Proposals for improvement. Please evaluate in terms of importance and feasibility the following proposals and do not hesitate to write any other idea that could help improve the training. 1) Increase the duration of the training. 2) Repeat the training again or implement it at regular intervals. 3) Less theory and more practice during training. 4) More support after training. 5) Follow-up with other activities (mentoring / monitoring / coaching) 6) Incorporation of missing topics or approaches (mention which ones). 7) Other:
Please list the top three concepts or knowledge you learned in the training: 1) 2) 3)

FOCUS GROUPS

Preparation for the focus groups involves a prior document review to clarify the type of link between the participant and the UNFPA Regional Programme/Government of Canada in the country/region. The focus groups ideally involve the presence of two members of the Evaluation Team: one of them will participate as facilitator and will be in charge of formulating the questions, balancing the rhythm of the discussion and the interventions: the other person (assistant) will record the debate for its systematization and will formulate questions for further discussion.

Each focus group will consist of a minimum of four and a maximum of eight participants based on the profiles defined for this purpose. As far as possible, women and men will be included in an equitable manner in their participation in the Programme, but separate groups based on the sex of participants may be held if deemed necessary.

- The discussion will be recorded as audio files.
- Estimated duration is a maximum of 90 minutes.
- Each question should be visible as text to the group.
- The introduction should contain a brief statement of informed consent, presenting details of the evaluation, its objectives, the voluntary and confidential nature of participation, procedures and the time frame for the activity.
- Depending on local laws, in some places the authorization of parents or guardians is required if the persons are under the age of 18.
- Ethical issues related to the age of participants (minors) and interviewing women/adolescents who have been victims of violence or are pregnant will be taken into consideration.

Introduction

- Presentation of the team and the evaluation (objectives, scope)
- Purpose and dynamics.
- Introduction of participants.
-

Question Guide

(In case some of these focus groups cannot be held, the content can be included in a survey).

Users of adolescent-friendly SRH services

1. How many children do you have and how old are they? At what age did you have your first child?
2. When you go to a health service, do you generally feel comfortable and respected, or is the opposite true?
 - Have you been treated courteously by the health service?
 - Did you feel that your privacy and integrity were respected during your consultation?
3. What were the most important things you learned from your visits to the health service?

For example:

- Did they explain your rights as a woman and in relation to SRH? (explain this term if not understood)
 - Did they explain to you the importance of not suffering any kind of violence at home or from people you know?
 - Have you been told about the various FP methods available, the benefits and side effects of each method, and their rights in terms of FP?
4. To what extent do you feel that the care you received was or was not helpful in providing guidance, information, counselling and referrals to other services if necessary?
 5. Would you recommend using SRH services to other adolescents/young women?

6. If there was one thing you could change about the health services available in your community, what would it be?
7. Is there anything I haven't asked you that you'd like to tell me about in relation to the issues we've discussed?
5. How do you apply what you have learned with (other) young people and adolescents?
6. If you could suggest changes to the training content or dynamics, do you have any suggestions?

People who received training on CSE

1. You had the opportunity to participate in Comprehensive Sexuality Education activities:
 - What has this experience meant to you?
 - Do you value it as necessary or do you reject it?
 - Did it allow you to develop new ways of thinking or relating? What was the easiest thing about the training and what was the hardest?
 - Was there a difference between the experiences of boys and girls in the training?
2. Did you experience any change in your way of thinking or working as a result of the training? In what aspects?

Attitudes

Pay attention to perceptions of gender equality, GBV and SRV, and the exercise of SRHR.

3. Did you learn something you didn't know before?

Learnings

Check if the participants highlight aspects related to contraceptive methods, teenage pregnancy prevention, HIV and STD prevention, denaturalization of GBV, personal autonomy, etc.

4. To what extent do you think this knowledge has made a difference to your lives?

Young leaders

1. What opportunities and difficulties do you see for youth participation and leadership in the national/local context? Why?
2. What can young people do to improve their current situation? (Detail specific actions)
3. You received training on leadership and rights. What did you learn and how do you use this knowledge?
4. Do you currently participate in networks or spaces for regular meetings with young people? How do they work? What do they do?
5. Is there any aspect of your life that has changed significantly since you became involved in this project? Why?

Adolescent beneficiaries of mentoring/self-help programme

1. You had the opportunity to participate in this project. What was the content that you found most important or most useful for your lives? Why?
2. How do you apply what you have learned in your home and community and what responses do you receive?
3. Has your participation in the programme led to any changes in your life or in the lives of other female adolescents and women?

4. Do you feel any changes in your way of thinking or relating to others? In what ways?

Attitudes

Pay attention to perceptions of gender equality, GBV and SRV, and the exercise of SRHR.

Learnings

Check if they emphasize aspects related to FP methods, teen pregnancy prevention, HIV and STD prevention, denaturalization of GBV, personal autonomy, etc.

5. If you could suggest changes to the training content or dynamics, would you have any suggestions?

Parents and guardians who participated in CSE awareness raising activities

1. You participated in activities focused on Comprehensive Sexuality Education. What has this experience meant to you?
 - Do you value it as necessary or do you reject it?
 - Did it allow you to develop new ways of thinking or relating?
 - What was the easiest and what was the most difficult thing about your participation?
 - Was there a difference between the experiences of females and males in their participation?
2. Do you agree or disagree with your children learning about this at school?
 - If they agree: What problems or needs does it address? Does it bring any benefits?
 - If they do not agree: Why do you consider it inappropriate?
3. Has the information you received changed the way you think about or relate to your

child/children?

4. Have you noticed any changes in the attitudes or behaviors of your child/children following their participation?
5. What about changes in the school, community or family? (Ask whether the changes are seen as positive or negative)

INFORMED CONSENT FORMS

Persons interviewed

NOTE: To be signed by each person interviewed. The evaluator will keep a copy and give a copy to each participant.

Hello, my name is _____ and I am working on the evaluation of the Regional Programme implemented by UNFPA and the Government of Canada.

We are conducting an interview to ask your opinion about the activities that have been carried out. This information will help to improve the project activities. The interview usually takes about 45 minutes. Any information you give us will be kept confidential.

Your participation in this interview is voluntary and you are under no obligation to answer the questions. You do not have to answer any questions you are not comfortable with and you may decide that you no longer wish to participate at any time during the interview. There are no right or wrong answers. However, your honest answers to these questions will help us better understand your perceptions and needs.

Other people will not know that you participated in this study. We will summarize information about everyone who took part so no one will know what comments we received from you. When we tell other people about

this research, we will not use your name. Everything you say today is confidential. If you agree to participate, we expect you to answer the following questions. Do you agree?

- Yes
- No

Focus Group Discussions

NOTE: To be signed by each person participating in the group discussion. The evaluator will keep a copy and give a copy to each participant.

My name is [Consultant's name and contact details], and together with UNFPA and the Government of Canada, we are evaluating the Regional Programme for the Reduction of Adolescent Pregnancy and Gender-Based Violence.

We are trying to learn about your experiences and perceptions as [health or education workers/service users] and get your opinions.

Before you decide if you want to participate in this activity, let me tell you more about what your participation involves. I will ask you questions about your participation in general, the challenges and problems you faced in the programme, and what can be done to improve these types of actions. You do not have to answer any questions you are not comfortable with, and you can decide that you no longer wish to participate at any time during this discussion. There are no right or wrong answers. However, your honest answers to these questions will help us better understand your perceptions and needs.

Other people will not know that you participated in this study. We will summarize information about everyone who took part, so no one will know what comments we received

from you. When we tell other people about this research, we will not use your name. Everything you say today is confidential and we also ask that you do not share with others what someone else says in this group. We ask that you respect each other and give everyone space to speak if they want to.

The discussion will last about 90 minutes. If you participate in the discussion you can ask questions at any time.

Do you have any questions and do you understand everything I have explained? If you agree to participate in this group discussion, please sign below. We will give you a signed copy of this consent form.

Name _____
Signature _____
Date _____

ANNEX 4: REPORT ON THE RESULTS OF THE DIGITAL SURVEY AND QUESTIONNAIRE

This instrument was conducted with health, educational and community staff that participated in training and education activities. The surveys were conducted in El Salvador. In the case of Nicaragua, given the Programme's focus and operations in the country, it was considered that this survey was not relevant. The questionnaire had a limited number of open questions in order to maximize the possibility of obtaining a high number of answers. In the case of the surveys, the questions were more closed, except for final questions about what was learned during the training process. The following table shows the number of surveys and questionnaires sent to the recipient population.

SUMMARY TABLE OF SURVEYS AND QUESTIONNAIRES RECEIVED BY BENEFICIARY GROUP - EL SALVADOR

Contacts Retrieved Tool	Received as of 09/17/2021	Beneficiary population	Tool ³⁵
95	39	Trained teachers	Survey
185	6	Trained health staff	Survey
30	6	Local health workers	Questionnaire
101	50	Adolescent scholarship, mentoring and self-help programme participants	Questionnaire
32	1 Trained health staff	Trained justice sector workers	Survey

The questionnaires were distributed to the selected persons by sending links via email or WhatsApp. The criteria for the selection and distribution of the questionnaires were designed in conjunction with the project's implementing partners.

The database of those selected for the surveys was obtained through attendance lists from the Programme's activities in the country (training course, scholarships, mentoring, etc.) that were shared by the partners.

It should be noted that there were some difficulties with getting people to complete the questionnaires, either due to issues with internet connectivity or a lack of culture related to the importance of filling out this type of tool. For example, some of the people contacted entered the platform but did not complete the questionnaires or surveys.

01. QUESTIONNAIRE ADDRESSED TO ADOLESCENT BENEFICIARIES OF A MENTORING/ SELF-HELP PROGRAMME.

35. The survey was given to people who participated in training courses and the questionnaire was adapted from the questions given to focus groups as these could not be conducted with girls and female adolescents who received services nor with local health workers.

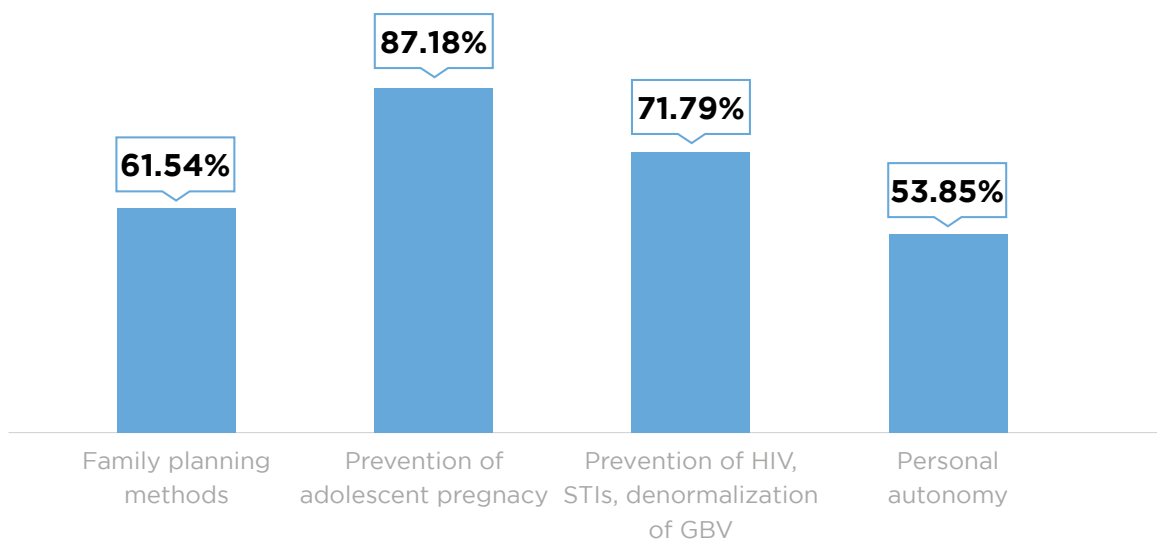
You had the opportunity to participate in this project. What was the content that you found most important or most useful for your lives? Why?

Most of the responses show that the participants really valued being in a space of sharing and learning. Many of the responses were related to the importance of the talks that were given, as well as issues related to pregnancy prevention, counseling from the mentors and other general life lessons. Some respondents explained that having access to the internet, including the importance of cybersecurity, as well as connectivity in these spaces, has allowed them to learn more about other topics.

How do you apply what you have learned in your home and community and what responses have you received?

Some of the actions have been put into use by the adolescents who participated in the mentoring programme. They agreed that there has been increased family engagement in terms of talking about the subject. Some respondents stated that their academic performance has improved as the training increased their self-esteem and personal security. In addition, it is important to mention that some of the participants took on the role of replicating the knowledge acquired.

Did you have the opportunity to learn about..?



Has this made any changes to your life or the lives of other female adolescents and women?

Spending more time with their families and strengthening relationships was one of the most common responses from the adolescents. In addition, they mentioned that receiving this information from specialized staff helped them gain confidence when talking about the subject, as well as increasing their understanding of specific situations.

In some specific cases, respondents mentioned that they “got to know themselves better” and experienced personal changes as a result of participating in this space.

Do you feel any changes in the way you think or relate to each other? In what ways?

This question was related to the previous ones, and it was also notable that one of the changes that they perceived was their improvement in different daily activities, including their studies. Participants stated that the programme helped them improve their academic performance, as well as developing “more mature attitudes” and supporting them to socialize with more people without feeling insecure or afraid. In addition, respondents valued the possibility of engaging with people who think differently and learnt how to express their ideas online, as well as being able to communicate what they have learned.

If you could suggest changes to the training content or dynamics, would you have any suggestions?

There were no further suggestions, except a request to reopen the scholarship activity, which was mentioned by several of the participants.

02. SURVEY OF TEACHERS ON THE “BASIC COURSE ON COMPREHENSIVE SEXUALITY EDUCATION FOR IN-SERVICE TEACHERS”.

<p>Considering your training and capacity building needs, to what extent do you feel that the training and capacity building provided in the UNFPA/Government of Canada Programme has been relevant?</p> <p><i>Where 1 is not relevant at all and 5 is very relevant</i></p>	4.87
<p>To what extent do you feel you have learned from the training you received in the UNFPA/Government of Canada Programme?</p> <p><i>Where 1 is you learned nothing and 5 is that you learned a lot.</i></p>	4.58
<p>Was the duration of the training sufficient?</p> <p><i>Where 1 is insufficient and 5 is sufficient</i></p>	4.38
<p>Was the content relevant?</p> <p><i>Where 1 is a little and 5 is a lot</i></p>	4.76
<p>How useful was the training for your daily work?</p> <p><i>Where 1 is not very useful and 5 is very useful</i></p>	4.82
<p>Was the training theoretically oriented or practically oriented?</p> <p><i>Where 1 is more theoretically oriented and 5 more practically oriented.</i></p>	3.54
<p>How do you think the skills and knowledge transmitted in the training have been defined?</p> <p><i>Where 1 is poorly defined and 5 is well defined.</i></p>	4.14

Some of the most common answers involved the need to strengthen knowledge and to learn about the issues faced by people with disabilities.

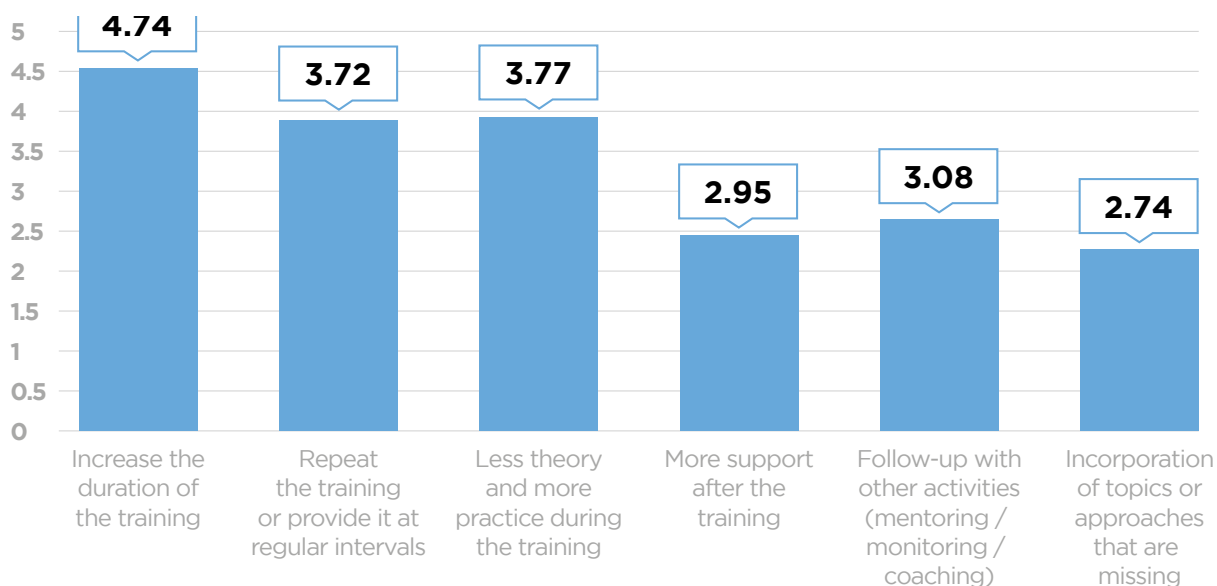
Another important finding was that some respondents emphasized that it is necessary to teach content related to the acceptance of people's bodies, psychological issues and how to address these with parents.

They also suggest learning about replication methods through seminars or other activities for larger groups, as well as receiving updates on relevant legal procedures and laws.

Was there any evaluation at the end of the training?

97.44% responded that there was an evaluation. When implementing future courses, it is advisable to refer to the results of the evaluation for a more detailed analysis of the aspects to be strengthened or expanded.

Improvement proposals. Please evaluate in terms of importance and feasibility the following proposals and do not hesitate to write any other proposal and do not hesitate to write any other proposal that could be useful to improve the training.



Regarding the improvement proposals, it is evident that the participants of the course clearly believe there is a need to increase the duration of the training, as well as to receive less theory and more practice. They also consider it important to repeat the training.

It should be noted that 67% were of respondents to the survey were females and 33% were males. All participants evaluated the following elements of their training course. Notable are the positive ratings for the relevance of the course (4.5), the usefulness of the training for their daily work (4.5), and the incorporation of the human rights and gender equality approach (4.6).

<p>Considering your training and capacity building needs, to what extent do you feel that the training and capacity building provided by the UNFPA/Government of Canada Programme has been relevant?</p> <p><i>Where 1 is not relevant at all and 5 is very relevant</i></p>	4.5
<p>To what extent have you learned from the training you received in the UNFPA/Government of Canada Programme?</p> <p><i>Where 1 is that he learned nothing and 5 is that he learned a lot</i></p>	4.3
<p>Was the duration of the training sufficient?</p> <p><i>Where 1 is insufficient and 5 is sufficient</i></p>	3.8
<p>Was the content relevant?</p> <p><i>Where 1 is a little and 5 is a lot</i></p>	4.3
<p>How useful was the training for your daily work?</p> <p><i>Where 1 is not very useful and 5 is very useful</i></p>	4.5
<p>Was the training theoretically oriented or practically oriented?</p> <p><i>Where 1 is more theoretical oriented and 5 more practical oriented</i></p>	3.7
<p>How do you think the skills and knowledge transmitted in the training were defined?</p> <p><i>Where 1 is poorly defined and 5 is well defined</i></p>	4.0
<p>Were human rights and gender equality approaches incorporated into the training content?</p> <p><i>Where 1 is insufficiently added and 5 is sufficiently added</i></p>	4.6
<p>Did the content address the issues faced by people with disabilities?</p> <p><i>Where 1 is insufficiently addressed and 5 is sufficiently addressed</i></p>	2.7

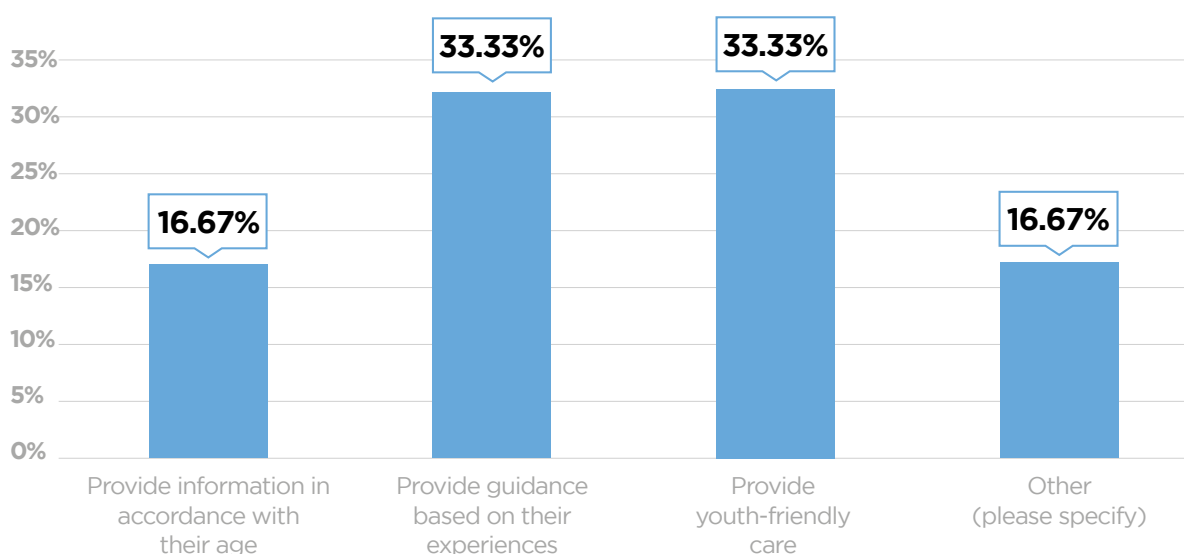
Could you mention what you did NOT learn that you felt you needed and/or expected to learn during the training? Please describe your response

As can be seen, the answers were focused on the need to learn more about the subject, which is related to the consideration that the training had more theoretical content than practical.

04. Questionnaire for health workers who received training and provide child- and adolescent-friendly services for children and adolescents

The health workers who answered the questionnaire were 83% female and 17% male. They rated the most important aspects of their work as providing care as a response to the experiences of the target population and providing youth-friendly care for children and adolescents.

What do you consider to be the most important aspect of your work with children and adolescents?



Who do you see as the most vulnerable or at-risk groups of children, youth and women in your locality?

In response to this question, it was mentioned that children between the ages of 10 and 14 are the most vulnerable population group, as well as those who have families that have migrated. In addition, respondents mentioned that pregnant adolescents require special protection. They also stated that there are many at-risk population groups, such as children living on the street. All of these opinions can be seen in the following grouping of the keywords mentioned in their answers.



What are the barriers or difficulties faced by these vulnerable groups that impede them from receiving youth-friendly health services?

Respondents mentioned that, at present, one of the barriers is due to the pandemic. Another barrier they cited is the limited installed capacity among health facilities and health workers to care for this population, as well as deficiencies in equipment, training and lack of knowledge of the services.

It should be noted that the fear of criticism or discrimination that persists among adolescents is also mentioned, as well as the lack of availability of suitable hours to attend to adolescents.

Do UCSF health services address the SRH needs of the most vulnerable female adolescents and youth?

Respondents stated that some UCSFs have the capacity to provide interventions for

adolescents and youth. However, service providers sometimes face difficulties with providing these services. In addition, they stated that FP methods are provided when requested by the target population.

Do you know if the project provided supplies to deliver adolescent pregnancy prevention or care services at UCSF?

100% of the people who answered the questionnaire said that supplies were provided to the UCSFs where they work.

If YES, how useful do you think these supplies were? On a scale of 1 not very useful and 5 very useful.

Here we highlight the high score (4.5) assigned to the usefulness of the supplies provided by the programme.

Do you have technical standards, guidelines and protocols for prevention, care and mitigation of gender-based and sexual

violence for your work?

100% of respondents stated that they do have this type of regulation.

If the answer is YES: How useful do you consider these standards, guidelines and protocols to be? Where 1 is not very useful and 5 very useful.

The average score for this question was 4.16, which indicates that the staff consider the regulations they have very useful.

What are the key factors that make it difficult to provide services to children, adolescents, and women at UCSFs?

Some of the most common answers were:

- Personal values, beliefs, limited knowledge of the legal framework.
- Lack of knowledge of the different technical guidelines for care.
- Limited time for each consultation.
- High patient demand.
- Social violence in communities.
- Staff overloaded with a number of programs.

What difficulties do you face in your work with children and adolescents?

Respondents highlighted the following:

- Government priorities for working with other prioritized groups
- Weak continuous monitoring, multiple tasks at local levels
- Fear of facing legal or unsafe situations when reporting cases
- No services available at hospitals and no referrals from schools
- The requirement of identity documents, as not all families have the possibility can obtain birth certificates for their children in order to access a medical consultation.

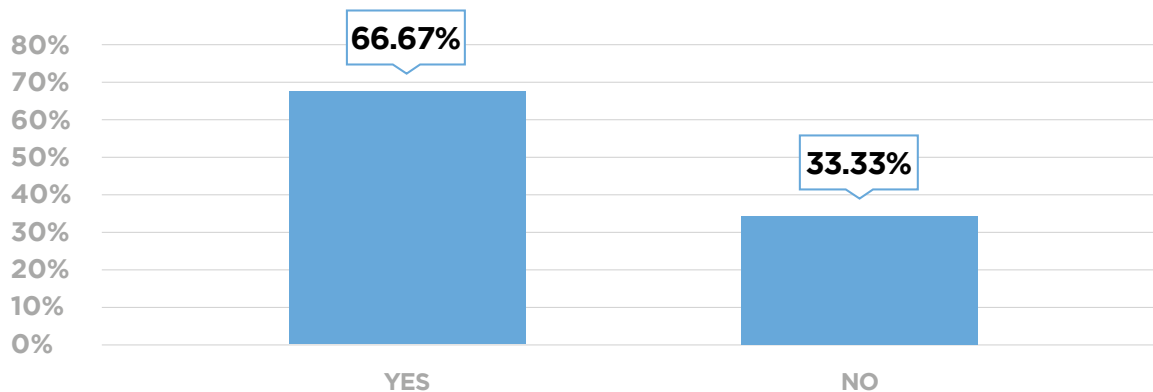
Can you identify which interventions or activities have worked best in your locality to reduce teenage pregnancy?

- Participation of adolescents in monitoring and planning activities based on the analysis of information with health staff.
- Articulated work with the participating institutions and the effective implementation of responsibilities by these institutions
- Peer-to-peer work
- Strategy based on prevention with no harm to third parties and CAAR clinics
- Do no harm campaign and sexual and reproductive health education sessions.

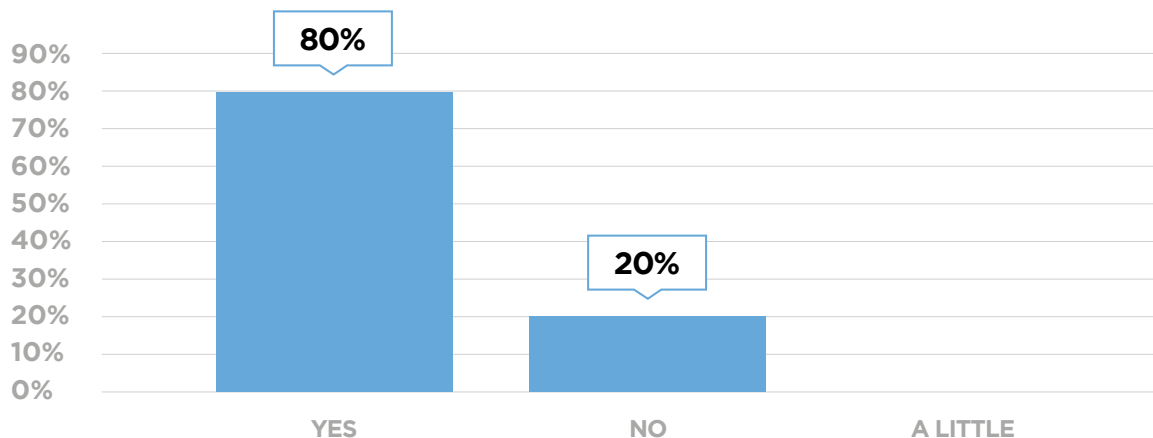
What interventions have worked best for the detection and prevention of GBV?

- Community-level Risk Factor Identification Sheet
- Use of adolescent medical histories in clinics
- Mass dissemination of information about the issue and use of the institutional framework to detect cases.
- Detection of cases through screening and counselling in the institutions
- Talks delivered both inside and outside the health units.

Did you have the possibility to participate in the reprogramming of training, especially in the context of the COVID-19 pandemic?



Do you feel that the training and education you have received has provided you with practical knowledge and skills that are necessary or relevant to your work?



Do you have any suggestions to improve international cooperation experiences focused on these issues: Gender Violence, Sexual Violence, Pregnancy and Early Unions?

The following suggestions are highlighted:

- Maintain access to virtual training and provide specialized diploma programs.
- Work on the implementation of protection laws and legal framework
- Include staff from other institutions such as MINED.
- Establish partnerships with schools, NGOs and other local actors to implement intervention strategies.
- Training programs that are focused on health issues should be delivered by health workers.

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