



For children and
equality for girls

Adolescent Girls
Investment Plan



Resourcing girl- and youth-led sexual and reproductive health rights activism

Potential and challenges

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Executive Summary

Introduction

Adolescent girls and young women in low- and middle-income countries face many obstacles to realising and exercising their sexual and reproductive health rights. Girl- and youth-led organisations – because of their proximity to communities and nuanced understanding of the challenges those communities face – are increasingly seen as a vital entry point for reaching adolescent girls and promoting sexual and reproductive health services and rights. However, the exact role that such groups play in advancing these outcomes, and the impact they are able to have on girls' and young women's sexual and reproductive health and well-being, are not yet well understood. To address this evidence gap, this report presents findings on the contributions and challenges facing girl- and youth-led organisations working on sexual and reproductive health and rights across a range of contexts in the Global South.

Methods

This report, a companion piece to the study *Resourcing girls: the potential and challenges of girl- and youth-led organising* (Guglielmi et al., 2024), draws on a rapid desk review of grey and peer-reviewed published literature and in-depth qualitative interviews with: 12 girl- and youth-led organisations working on sexual and reproductive health and rights; eight girl- and women-focused/feminist intermediary donors; and three monitoring, evaluation, accountability and learning (MEAL) experts.

Key findings

Contributions

Girls and youth implement sexual and reproductive health and rights initiatives through educational, health or community settings, and/or in online spaces, with some larger organisations having projects across many spaces. These activities often complement and extend existing limited programming on sexual and reproductive health and rights. Some groups conduct dedicated outreach with community health workers on girls' rights to abortion and family planning, but more commonly they work alongside girls and youth within the community. Many groups adopt cascading models, whereby they work with and train youth advisors or 'champions' who, in turn, conduct community

mobilisation campaigns and advocacy initiatives in their own communities, to break taboos around abortion, pregnancy prevention (at times including distributing contraception), and promoting positive masculinities.

Groups also work to increase knowledge and awareness of gender-based violence prevention, response and risk mitigation and work to document its occurrence. Some do this solely online through setting up anonymous digital portals for individuals to document cases of gender-based violence, providing users with advice and further avenues for support. Others conduct university-wide campaigns to document instances of violence occurring on campus and have launched campus-wide surveillance networks. Some girl- and youth-led work also seeks to impact networks and decision-makers at international, national and community/district levels through advocacy on adolescents' and young people's sexual and reproductive health and rights.

Challenges

Girl- and youth-led organisations frame their impact in various terms: community or national recognition for the meaningful participation of youth; direct implementation and delivery of sexual and reproductive health and rights information and comprehensive sexuality education; and the impact of role-modelling, on themselves and on the prevailing social norms in their communities. However, girl- and youth-led organisations lack tailored tools and approaches with which to measure their impact, with donor-driven indicators failing to capture processes of meaningful participation in the design, delivery and evaluation of an intervention.

Girl- and youth-led organisations also continue to face challenges in accessing funding for their work, with limited access to long-term flexible funding that could support their organisational growth and reach. This means that many are forced to work with very limited financial resources (or none at all), at limited scale and for limited durations. This makes initiatives precarious and challenging to sustain; it also excludes girls and youth who are not able to work for free, leading to the under-representation of those from poorer backgrounds.

Conclusions

This report explores the contributions and challenges facing girl- and youth-led organisations working on sexual and reproductive health and rights in low- and middle-income countries. It highlights that such organisations can play a key role in supporting outreach efforts to diverse groups of girls and young women, especially through online spaces and through community mobilisers, and in serving as role models for empowered access to sexual and reproductive health and rights information and services. Girl- and youth-led initiatives typically rely on small scale funding and have limited organisational experience, which impact the scope and scale of their initiatives. Nevertheless, they provide a value-added complement to larger initiatives in the broader ecosystem of actors catalysing change on sexual reproductive health and rights outcomes for young people.

The findings point to the following priority actions for donors, practitioners and policy-makers:

Recommendations

For practitioners:

- **Support linkages between girl- and youth-led organisations and sexual and reproductive health and rights service providers** (such as clinics, safe spaces and drop-in centres) to address the challenge of translating empowerment and independence into improved access to those services.
- **Support connections between girl- and youth-led organisations and other organisations working on sexual and reproductive health and rights** and issues of gender equality to strengthen and empower intergenerational and collective organising around the realisation of sexual and reproductive health and rights.

For girl-focused and feminist intermediary organisations:

- **Engage with girl- and youth-led organisations to construct sexual and reproductive health and rights impact measures** that reflect the realities of those organisations' activities and capacities. This should be a collaborative and iterative process in which priorities for MEAL and the interpretation of both the measures

and the resulting data are mutually agreed. Linked to this, advance impact measurements that can monitor impacts of core and flexible funding that is long term.

For donors

- **Provide flexible, long-term funding to girl- and youth-led organisations, as well as support for skills development**, and robust monitoring, evaluation and learning.
- **Invest in efforts to strengthen understanding of the ways in which girl- and youth-led groups impact sexual and reproductive health and rights outcomes for girls** (see below on evidence-informed donor decision-making).

For researchers to support evidence-informed donor decision-making:

- **Map and evaluate how donors are currently supporting girl- and youth-led groups**, including what works in impact measurement and investment packages into girl- and youth-led initiatives, and potential alternative resourcing models, such as intermediary funding.
- **Collect disaggregated monitoring data on which organisations are receiving funding and how it is spent**, making sure that the onus of data collection does not fall on girls. This data should include information about the structure and longevity of organisations, and age of funding recipients, to better understand both where funding is going and how social inequalities may be shaping access to resources for sexual and reproductive health and rights work.
- **Conduct further research into what types of activities are being undertaken by girl- and youth-led organisations** more broadly, and how these are connected (directly and indirectly) to the realisation of adolescent sexual and reproductive health and rights. In addition, explore in what ways and to what extent working in restrictive contexts vis-à-vis adolescent and youth sexual and reproductive health and rights impacts girl- and youth-led interventions and resourcing.

Introduction

The world's 1.8 billion adolescents and youth, nearly 90% of whom live in low- and middle-income countries (LMICs), represent an unprecedentedly large cohort of young people with enormous potential (UN Women, 2024; World Health Organization (WHO), 2024). Adolescence is a period of complex and rapid cognitive, social, emotional and physical development, during which girls face heightened risks and vulnerabilities related to their sexual and reproductive health (Kågesten et al., 2016; GAGE consortium, 2019; Sully et al., 2019). These risks include early pregnancy and childbearing, the prospect of unsafe abortion, contracting sexually transmitted infections (including HIV), sexual and gender-based violence, and a lack of age-appropriate services. These challenges have knock-on effects throughout the life course and intergenerationally (Akwara and Chandra-Mouli, 2023). In many contexts, adolescent girls also face notable obstacles to realising and exercising their sexual and reproductive health rights, including to freely define one's sexuality and gender expression, deciding when and with whom to be sexually active, exercising the right to safely access contraception and abortion, and achieving all these things without discrimination.

Responding to the urgent need to address these challenges, a growing body of research has explored which types of interventions are most effective in improving adolescent girls' and young women's sexual and reproductive health outcomes. Girl- and youth-led organisation are increasingly seen as a vital entry point for reaching adolescent girls and promoting sexual and reproductive health services and rights because of their proximity to communities and nuanced understanding of the challenges facing girls (Svanemyr et al., 2015; Nash et al., 2019; Haffejee et al., 2020; Yount et al., 2021; Rutgers, 2022; Ogunbiyi et al., 2023). However, the exact role that girl- and youth-led groups play in advancing these outcomes and the impact they have on girls' and young women's sexual and reproductive health and well-being is not yet well understood.

To supplement the evidence base, this study, led by the Gender and Adolescence: Global Evidence (GAGE) programme with support and funding from Plan International UK and the Adolescent Girls Investment Plan (AGIP), explores the contributions and challenges of girl- and youth-led organisations working on sexual and reproductive health and rights across a range of contexts in the Global South.



An 18-year-old girl who dropped out of school and married at 14, Ethiopia © Nathalie Bertrams/ GAGE 2024

Scale and scope of the challenge

In 2019, 25 years after the landmark 1994 International Conference on Population and Development, 137 countries agreed on the benefits of investing in adolescent sexual and reproductive health to foster adolescent transitions to adulthood (Chandra-Mouli et al., 2020; Igras et al., 2020). In line with these commitments, the World Bank's Global Financing Facility supports countries with funding gaps for tackling reproductive and adolescent health (George et al., 2021); the United Nations' (UN) updated Global Strategy for Women's, Children's and Adolescents Health (2016–2030) identifies adolescent health as a key priority area that is crucial to building a solid foundation for the Sustainable Development Goals (SDGs); and there is growing global momentum to advance the effective delivery of comprehensive sexuality education, both within and outside of formal education settings (United Nations Educational, Scientific and Cultural Organization (UNESCO), 2023). Agenda-setting at country level, in keeping with these commitments, has reflected the growing global evidence that investment in the sexual and reproductive health and rights of adolescents and youth can bring multiple and interconnected benefits to individuals, families and communities.

That said, recent roll-backs on political and financial commitments and discrimination against women and girls' rights have delayed progress on sexual and reproductive health and rights targets (Ipas, 2023). Country commitments to scaling comprehensive sex-

uality education and safe abortion practices remain geographically patchy at best (Sparks, 2019). And analysis of the impact of the Global Financing Facility underscores the inconsistency in financial planning at national level for adolescent health services, work to address inequitable gender norms, and adolescent participation and involvement in setting agendas (George et al., 2021). The recent International Women and Girls Strategy produced by the UK Foreign, Commonwealth and Development Office (FCDO) (2023) emphasises the importance of sexual and reproductive health and rights for girls and women to reach their potential, and that this is foundational to achieving positive outcomes across the life course. Yet it also concedes that sexual and reproductive health and rights continue to be deprioritised, leading to inadequate and inaccessible services for women and girls (ibid.).

This deprioritisation has had catastrophic consequences in the context of the challenges that girls and young women continue to face around the world, but especially in the Global South (see Box 1).

In the literature on girls' and young women's sexual and reproductive health and rights, positive outcomes are often explicitly connected to their agency (the ability to make decisions about one's life and act freely on those decisions) and to empowerment more broadly. Having a perceived higher level of agency has been linked (for example) to girls having a lower risk for child, early and forced marriage, and unwanted or mis-timed pregnancy,

Box 1: Sexual and reproductive health and rights challenges facing girls

- More than 800 women and girls die every day due to pregnancy or childbirth complications, which are among the leading causes of death for 15–19-year-old girls (WHO, 2023).
- More than 200 million women and girls of reproductive age (15–49 years) have an unmet need for modern contraception.
- Adolescent girls and young women are 3 times more likely to contract HIV than their male peers (UNICEF, 2023).
- During their lifetime, approximately 30% of women globally will experience gender-based violence – either intimate partner violence or sexual violence by non-partners (UN Women, 2024).
- Nearly all people of reproductive age will lack at least one vital sexual or reproductive health service during their lifetime (Gutmacher-Lancet Commission, 2018; Plan International, 2021; FCDO, 2023).

being more likely to use contraception, and having fewer births and longer birth intervals (Ogunbiyi et al., 2023). The past decade has also seen increasing attention to the political agency and mobilisation of adolescents and young people on issues that affect them, including girls' and young women's activism on sexual and reproductive health and rights issues within their communities (Taft, 2014; Vanner, 2019; Haffejee et al., 2020; Raby and Sheppard, 2021; Allen and Green-Bartteet, 2023). At the same time, global political and religious divisions on the meaning and delivery of sexual and reproductive health rights have meant that groups advocating on issues long perceived as contentious (including gender equality, LGBTQIA+ rights, safe abortion and comprehensive sexuality education) are contending with increasing backlash and funding challenges (Barbe and Badell, 2022; Sundewall et al., 2022).

As a result, there is growing interest in how best to support and expand the capacities of girls' movements within the space of sexual and reproductive rights. Girls and girls' groups appear to have successfully used certain mechanisms to address adolescent sexual and reproductive health and well-being, including role-modelling alternative pathways, dialogue processes, and collaborative engagement with adults as partners in change processes (Svanemyr et al., 2015; Nash et al., 2019; Haffejee et al., 2020; Yount et al., 2021; Ogunbiyi et al., 2023). However, the evidence base on these mechanisms remains thin, with most studies focusing on groups that were started as part of non-governmental organisation (NGO) interventions rather than by girls themselves. Moreover, the evidence often fails to properly account for and measure impact – especially in the longer term.



A 28-year-old midwife in Cox's Bazar, Bangladesh © Nathalie Bertrams/ GAGE 2024

Methodology

Objective and research questions

This short report is a companion report to the GAGE study, *Resourcing girls: the potential and challenges of girl- and youth-led organising* (Guglielmi et al., 2024), which explores a broad range of girl- and youth-led organisations (including, but not limited to, those working on sexual and reproductive health and rights) to understand the contributions they make and the challenges they face. This nested study explores girl- and youth-led work on sexual and reproductive health and rights, and seeks to answer two research questions:

1. What are the major opportunities and contributions of girl- and youth-led sexual and reproductive health and rights work?
2. What are the major challenges that girl- and youth-led organisations working on sexual and reproductive health and rights face, and to what extent and how are such organisations working to address these challenges?

Methods

We conducted a rapid desk review of grey and peer-reviewed published literature associated with girl- and youth-led work on sexual and reproductive health and rights. Supplementing the desk review, the research team collected in-depth qualitative data in 2023 and 2024 to advance understanding of the characteristics and work of girl- and youth-led organisations in this field.

Research sample

Key informant interviews were conducted with individuals and groups, including 12 girl- and youth-led organisations working on sexual and reproductive health and rights (see Box 2). One of the groups was able to conduct further research with their members and provided written testimonials to this end. To put the experiences and challenges of girls and youth in the broader development context, eight girl- and women-focused/feminist inter-

mediary donors and three MEAL experts were also approached as key informants.

In determining the sample of girl- and youth-led groups, the most important inclusion criteria was that the group self-identified as girl- or youth-led, and worked on what the groups defined as sexual and reproductive health and rights as the primary focus of their work. Researchers also strived to make sure that the groups represented were geographically diverse. Figure 1¹ showcases how the sample was organised geographically.

Verbal consent was obtained from all respondents, and the study followed robust ethical and safeguarding protocols. To preserve respondents' confidentiality, authors have anonymised quotes from all participant groups and we refer to them using letters, from A–L. For selected case studies, written informed consent was obtained from girl- and youth-led organisations, approving the mention of their organisational name, location and organisational representative(s). When such approval was not obtained, identifying information in the case studies (location, organisational name, and focal point name) have been left anonymous.

Box 2: What do we mean by 'girl-led' and 'youth-led' organisations working on sexual and reproductive health rights?

When using these terms, we mean organisations that self-identify as girl-led or youth-led, where girls or youth lead in all aspects of the organisation, as individuals or as a group, to design the projects and make decisions on organisational priorities and budgets. These organisations focus on issues to do with the sexual and reproductive health and rights of girls and youth in their contexts, who are the main populations of interest for their interventions. Those interventions focus on sharing knowledge and sensitisation around sexual and reproductive health and rights, availability and uptake of services, as well as adolescents' and young people's right to make their own informed decisions about sex and childbearing.

¹ The geographic distribution of intermediaries and monitoring, evaluation, accountability and learning (MEAL) experts, reflects where their organisational affiliation is headquartered. The individual representatives we spoke with most often worked remotely or through regional hubs present all over the world.

Figure 1: Qualitative research sample



The colour coded numbers refer to the number of donors/intermediaries/girl and youth led organisations in each country

Findings

Opportunities and contributions

Girl- and youth-led work

There are a variety of ways that girls and youth implement sexual and reproductive health and rights initiatives, but predominately our data shows that the main entry points are through educational, health or community settings, and/or in online spaces and that some of the larger organisations have projects across multiple spaces. Complementing the existing evidence base (Villa-Torres and Svanemyr, 2015; Chandra-Mouli and Patel, 2017), the girl- and youth-led work profiled here tends to focus on supplementing the limited – and sometimes inaccurate and biased – information provided to young people on sexual and reproductive health and rights (most commonly provided by family members and less commonly by teachers and health service providers).

A number of groups also work to increase knowledge and awareness of gender-based violence prevention,

response and risk mitigation, and to document its occurrence. We heard from groups working strictly online, setting up anonymous digital portals for individuals to document cases of gender-based violence, providing users with advice and further avenues for support. We also heard from a youth group that conducts university-wide campaigns to document instances of violence occurring on campus, and has launched campus-wide surveillance networks.

In the following section, we include illustrative case studies of girl- and youth-led work on sexual and reproductive health and rights. Each case study follows the same format, explaining: how the organisation identified the problem; the approach taken; the lessons learned and how the organisation perceives its impact; and finishing with recommendations about what the organisation would like to see from funding and MEAL strategies.



School girl's room, Rwanda © Nathalie Bertrams/ GAGE 2024

Case study 1: Sexual and reproductive health and rights, comprehensive sexuality education (CSE) and active citizenship

Identifying the problem



Large inequalities across geographic areas, populations and wealth impact Nepal's efforts to achieve sexual and reproductive health and rights for all. Only 44 % of women are aware of the legal provision of abortion in the country, with young and socioeconomically disadvantaged women most at risk of unsafe abortion practices (Yogi et al., 2018). Although expanding access to sexual and reproductive health and rights for adolescents and young people has been singled out as a governmental priority area, lack of information and awareness and harmful social norms prevent youth from accessing those rights and services.

'For some, comprehensive sexuality education is only about menstruation and menstrual hygiene management. It is, but it's also so much more than that. Young people don't know about boundaries, consent, about sexual identity and preventing pregnancy.' (Ritendra Badu, YUWA staff member)

Approach taken



Leveraging the power, energy and creativity of young people, YUWA ('youth' in Nepali language) strives to advance the sexual and reproductive health and rights of youth, as well as promoting their active citizenship and decision-making power in all spaces of their lives. The organisation has wide national and international presence, amplifying youth-identified sexual and reproductive health and rights challenges and conducting awareness sessions, training in schools and across communities, and far-reaching advocacy efforts (lobbying national and local government) to embed youth-relevant sexual and reproductive health and rights needs and action into policy. Through safe space convenings with young people, they are able to articulate and discuss sexual rights, sexuality, pleasure and access to safe abortion, which are then advocated at the national and international levels. YUWA also hosts online and in-person spaces to promote CSE to adolescents, youth, teachers and parents, focusing on the cognitive, emotional, social and physical aspects of sexuality, including practicing safe and respectful sexual relationships. Through a wide network of youth champions (whom they train), the organisation works to increase access to safe abortion services primarily through promoting a reproductive justice approach to abortion services (such as through CSE) that reduces the stigma attached to abortion.

'The goal is to capacitate young people so that they are able to exercise their sexual and reproductive health and rights fully. The organisation's impact on my community is tangible. There's a noticeable increase in awareness and proactive efforts related to sexual and reproductive health. The positive changes are becoming embedded in our community's fabric.' (Ritendra Badu)

Learning



Combining direct involvement with indirect involvement (through a cascading model of trained youth advocates who, in turn, target youth in local communities), YUWA has reached and empowered 66,700 young people. Their presence is felt country-wide and is growing. In 2023 the group partnered with the national government and led the first nationwide CSE conference, securing local government commitment to invest in the sexual and reproductive health and rights of young people. Most importantly, YUWA's work has led to incremental social norms shifts around sexual and reproductive health and rights, menstruation, sexual and gender identities, and abortion. Participants in this organisation's interventions commented:

'This is the space where I feel more secure and safe, where my voice is heard without any judgement. This organisation is a home, an emotion that can hardly be expressed in words. It has changed my way of thinking and changed my values - it has made me more accountable towards my life.' (Testimonial from YUWA member)

'To some extent, I was able to change the attitude of my family towards menstruation.' (Testimonial from YUWA member)

Recommendations



- Invest in girl- and youth-led organisations, with funding but also to strengthen their technical capacity (including networking and strategic skills) so that they can build the organisational expertise they need to achieve their mission and vision.

'Invest in young people's creative solutions because stakeholders are tired of hearing the same old solutions, in the same old language, without impact.' (Ritendra Badu)

Case Study 2: An app to produce accurate and youth-friendly sexual and reproductive health and rights information

Identifying the problem



With almost 65 % of the demographic under the age of 25, Benin’s youthful population indicates a growing need for youth-friendly access to sexual and reproductive health and rights services. The country has high rates of maternal and neonatal mortality, with unsafe abortion causing 20% of maternal deaths. Although a new law (since 2021) provides access to safe abortion services, health workers lack the skills, information and awareness on holistic care necessary before and after abortion. Adolescents and youth also lack reliable information on sexual and reproductive health and rights more generally.

‘Girls here do not have the choice on when and whether they are going to have a child or not – and they face a lot of risks because of that.’ (Viviane Oke, founder of the ELLES app)

Approach taken



Bringing in expertise in advocacy, youth engagement and medical training, Viviane Oke and colleagues began providing accurate and relevant sexual and reproductive health and rights information through social media (mainly TikTok and Facebook). They wanted to demystify medical language and make sexual and reproductive health terminology more accessible and youth-friendly, as well as to inform girls and youth about the sexual and reproductive health services that were available. By providing accurate and youth-friendly information, the organisation seeks to educate girls and youth on how to manage their health and claim their sexual rights. When they noticed growing demand for their information, the group developed an app, ELLES, which covers issues relating to sexual and reproductive health and rights, including contraception, menstrual hygiene, sexuality, and breast cancer prevention. The group also conducts in-person community-outreach and awareness-raising sessions, including with medical professionals, in order to reach more people – even those without ready access to mobile phones or online connectivity.

‘I am a girl too, and a student, and I quickly realised that there was a lot of stigma and mis-information on abortion. How can we be in the 21st century and a girl is losing her life because she doesn’t have the information about contraception, or because there is stigma around girls’ ability to manage their health?’ (Viviane Oke)

Learning



ELLES’ digital reach is monitored by the number of users or views related social media posts receive, and how many people have downloaded the app (more than 1,000 at the time the research was conducted), as well as monitoring user feedback through post-comments, re-posts and likes. However, the organisation commented on the difficulty in assessing reach when they carry out in-person campaigns as there are no dedicated staff to monitor physical reach. They also find it difficult to track how norms around sexual and reproductive health and rights are shifting, as the organisation does not feel they have sufficient tools or staff capacity to carry out this kind of impact monitoring. That said, through sensitisation campaigns with medical professions, the group has noticed profound changes to the ethical standpoint of medical staff, whom they claim have become more understanding of adolescent and youth sexual and reproductive health needs and rights– which they regard as a great achievement.

‘Impact and monitoring is lacking with young organisations, not because we do not want to, but we don’t have that expertise at the organisational level. We should be supported on monitoring activities and collecting data so we can present it to the donors and the government to see the impact we’ve been having in communities.’ (Viviane Oke)

Recommendations



- Provide more resources to girl- and youth-led groups, including finances but also building skills and helping them secure legal registration in their respective countries.
- Support youth organisations to increase their monitoring and data collection skills so that they can report more fully on the impact of their activities. This type of data is important for donors, both to see the value of their investments and so that they can continue resourcing the organisation. It is also important for the government to understand the organisation’s legitimacy, and for the organisation itself to understand ‘what works’ in terms of the activities it implements.

‘If we want to be serious in addressing youth questions, we have to reinforce youth organisations, youth capacities and seek youth-friendly solutions.’ (Viviane Oke)

Case study 3: Community-wide outreach for changing norms around sexual and reproductive health and rights

Identifying the problem



In this African country, adolescents typically lack access to their sexual and reproductive health and rights. Contraceptive use remains lower than in neighbouring countries for many reasons, including: inaccessible services; low availability of specialist healthcare workers; socio-religious norms; concerns about side effects; stigma; and the cost of service uptake. As a result, adolescent pregnancy is commonplace, with 18% of girls aged 16–19 having begun childbearing. Teenage pregnancy very often results in school dropout, which has knock-on effects for girls throughout their life.

'I grew up in a community where sexual and reproductive health rights information and services were inaccessible due to poverty and different culture and social stigma. Girls and young women in my community, and my friends dropped out of school as a result. I was born and raised in one of the slum areas, but I was lucky to have a family that used to tell me that if I want to be someone better, I needed to focus on my education – and I did. I started this organisation to provide the same hope to girls in my community.' (Girl- and youth-led organisation (GYLO) F)

Approach taken



'It was quite a journey. It's not easy trying to challenge the norms where we know that most power-holders are men. That's why it's critical to connect with girls, their families and the wider community.' (GYLO F)

This youth-led organisation focuses on four areas of intervention, which are often implemented at the same time and with the same community members:

1. Sexual and reproductive health and rights: by providing training on safe spaces, the organisation sensitises and shares knowledge on sexual and reproductive health and rights, menstruation and menstrual hygiene management, and gender-based violence prevention and response.
2. Economic empowerment and leadership: through a series of activities, including vocational programmes for out-of-school young women, access to financial literacy, and income-generating projects, the organisation builds community networks for support and mentorship.
3. Community health promotion: the organisation provides knowledge and counselling on mental health, prenatal and postnatal healthcare, and water, sanitation and hygiene (WASH) practices and rights. It also provides psychosocial support to teen mothers, and mentorship programmes for in-school girls at risk of early childbearing.
4. Gender advocacy mainstreaming: the organisation works to raise awareness on gender equality, sexual and reproductive health and rights, and gender-based violence, and to influence policy and legal frameworks.

Learning



This organisation has reached around 7,000 girls and young men nationwide and expanded its geographic presence. It has supported girls to resume their schooling, and youth alumni are now champions and are training other girls, creating a network of adolescent advocates on sexual and reproductive health and rights, and gender equality. Notwithstanding this, the organisation is keen to improve how it measures impact, particularly on social norm change – the area it is most interested in impacting. The organisation collects stories of change, documenting how it has helped transform the lives of girls and youth, helping them protect their bodily autonomy and increasing assets and access to sexual and reproductive health and rights services. Disseminating adolescent-friendly communication with parents, teachers and community members has meant community-wide buy-in.

'Parents call us, thanking us, and asking how other girls can join our interventions. Parents have seen how their children were able to transform. Our girls are speaking out boldly without any fear about how amazing a girl child should be.' (GYLO F)

Recommendations



- Youth-led groups need upskilling; funding should come eventually.

'I really believe in social entrepreneurship incubation and whenever I hear of a passionate youth who wants to start an organisation, I always advise them not to go for funds immediately, but for knowledge, because the knowledge will determine what you achieve in the future. The knowledge will determine what you will be doing with that funding, and that's something I would highly recommend, and funders should be willing to fund youth-led or girl-led organisations with flexibility.' (GYLO F)

Case study 4: Financial autonomy to access sexual and reproductive health and rights

Identifying the problem



In this Nigerian community, the main obstacle preventing girls accessing and enjoying their sexual and reproductive health and rights is a financial one. Although the stigma associated with accessing services (such as family planning, safe abortion, gender-based violence, and harmful practices counselling) prevents girls asking for support from their caregivers, girls also lack the financial autonomy to access services by themselves. The result is that many services remain out of reach for girls and youth.

'As a young woman, you need to know that you're able to decide what happens with your body and what kind of services you decide to access. And you should be able to do that without restrictions.'
(Victoria Okwujia, founder of the Ochanya Humanitarian Foundation)

Approach taken



The Ochanya Humanitarian Foundation is a youth-led organisation that works to achieve positive social impact, particularly on increasing access to sexual and reproductive health and rights services for girls and youth. Its activities focus on entrepreneurship as an entry point for building access to rights and services. By working with and training adolescent girls on technical entrepreneurship and trade skills, this organisation believes girls will gain tangible assets and resources they can use to access services independently. Following outreach and involvement of existing community and youth leaders, the organisation was able to target out-of-school girls and girls who were already married, helping them with either soap-making or catering training, through negotiation with local service providers.

'We wanted to create a non-ending chain of impact, so we expected that the young women who were trained would, in turn, encourage other young women and teach them what they learnt, and this did happen. That way it's truly sustainable. The impact is sustainable - and multiplies - over time and the project effects are too.' (Victoria Okwujia)

Learning



Participants went on to sell soaps in local markets and are now working together to make recognisable packaging for their soaps, to hone their brand and be in a stronger negotiating position at retail. Although the food catering programme is still underway, the organisation is not able to accommodate all requests for participation, so is negotiating for additional space and training providers. The organisation also intended to create a sustainable chain of impact whereby project participants would, in turn, teach other girls in the community the practical and entrepreneurial skills they had learnt. The extent to which this is happening is yet to be fully monitored. Since we conducted the key informant interview for this study, the organisational focal point collected data with current and former participants to understand what impact the entrepreneurship courses had on their sexual and reproductive health and rights outcomes, and on girls' lives more generally, and whether these effects were sustained over time.

'We found out that they went ahead to make use of this knowledge for money. They now have financial independence that translates to them having an opportunity to access SRHR [sexual and reproductive health and rights] services independently by themselves. We did not feel the need to monitor their access in SRHR services, but they told us they were able to more freely.'
(Victoria Okwujia)

Recommendations



- Providing multiple avenues of support for young organisations, such as funding and capacity-building.
- Accessing additional funding, planning the equitable distribution of funding over the duration of the grant, and reporting on funding were all challenges that this organisation encountered. When it was able to collaborate with the donor and receive capacity-building training on project management, and the donor reporting and knowledge gaps it faced, it was in a much better position to fulfil the donor's requirements and develop its organisational capacity.

'Aside from funding, it's important for donors to realise that these are young people and it's really important to give them capacity training and open space to learn.' (Victoria Okwujia)

Shared approaches to adolescent sexual and reproductive health and rights

Much girl- and youth-led work aims to raise awareness of the importance of accurate and timely information on puberty, sexuality, and life skills, by providing comprehensive sexuality education that is age-appropriate and relevant, and broad sensitisation campaigns on sexual and reproductive health services and rights more generally. Some groups conduct dedicated outreach with community health workers to sensitise them on girls' rights to abortion and family planning, but more commonly, groups work alongside girls and youth in their own communities. Many groups adopt cascading models, whereby they work with and train youth advisors or 'champions' who, in turn, conduct community mobilisation campaigns and advocacy initiatives to break taboos around abortion, share information on pregnancy prevention (at times including distributing contraception), and promote positive masculinities.

The fact that girls and youth are directly delivering sexual and reproductive health and rights content in their communities is perceived as beneficial and conducive to positive awareness of the issues involved. As noted in the literature, the sharing of sexual and reproductive health information by and for peers is assumed to be more effective than by adults, which is often perceived as top-down and not particularly conducive to being candid about sensitive topics such as sex, sexuality and gender identity (Villa-Torres and Svanemyr, 2015; van Reeuwijk and Singh, 2018).

When it's a paired and equal conversation between youth, it is really, really easy to get into the intricate details without shame because I'm also a young person – whereas if it's a representative of an adult organisation, there's a level of respect which can pose barriers. (GYLO B)

When we talk about the challenges that girls face, they are the same challenges we face. It's just easier for a young person to relate to another young person. They also get to communicate in a language that's familiar with their peers. (GYLO K)

This being said, the mechanisms through which the dissemination of accurate and youth-friendly sexual and reproductive health and rights information and comprehensive sexuality education by and for girls contributes to changes in health-seeking behaviour,

remains a point worthy of further examination. What is certain is that to increase access to and uptake of sexual and reproductive health services and to protect young people's rights, demand has to be created through the dissemination of accurate knowledge (United Nations Population Fund (UNFPA), 2018) and youth-led organisations are well placed to contribute to creating this demand – often in innovative ways.

The impact of girl- and youth-led sexual and reproductive health work

Girls and youth spoke about their impact in a number of key areas including: community and/or national recognition for the meaningful participation of youth in SRH policy decision-making processes; direct implementation and delivery of sexual and reproductive health and rights information and comprehensive sexuality education; and serving as role models as champions of SRHR. The latter is both empowering for the girls involved in their own lives and also contributes to wider shifts in social norms within their communities.

Advocacy impacts

Some girl- and youth-led work seeks to impact networks and decision-makers at the local level (community or district) as well as nationally and internationally, to demand the implementation and upholding of youth-friendly sexual and reproductive health and rights legislation and frameworks. When youth engage with national-level ministries of health, this is seen as especially productive:

We were the only organisation that had a seat in the technical advisory committee at the Ministry of Health, which works on adolescent health, so we could advocate for a lot of things at this level and which trickled down to the provinces. (GYLO B)

We are one of the very few youth organisations that's recognised by the Ministry of Health in our country. We are now able to provide advice to the government from a youth lens and influence official documents. We now have youth-focused interventions on some directives and a separate guideline on adolescent-friendly health services and disability-friendly health services, which we contributed to. (GYLO D)

Direct community sensitisation campaigns

To increase knowledge of, and demand for, sexual and reproductive health and rights, some girl- and youth-led



Girls dancing in the street, Oromia, Ethiopia © Nathalie Bertrams/ GAGE 2024

organisations implement projects directly. This includes training of youth mobilisers, delivering learning content within schools, distributing contraceptives at health centres, running awareness-raising campaigns with community actors (including teachers) and a variety of other activities within the community. Examples of perceived impact include:

Following our work, teachers now agree that CSE [comprehensive sexuality education] is something that young people need in schools, starting with young adolescents. (GYLO E)

We measure impact in several ways, we monitor our social media outreach, the number of talks we give over a certain period of time, the number of rape tests that girls get, the number of rapid HIV tests we roll out... But what is more interesting for us, when we talk about gender-based violence and when we encounter cases of gender-based violence and work with girls, we have no desertion rates. That is to say, the group starts and finishes our projects. (GYLO G)

Also, the work that we've done with the deaf community in our country in terms of sensitising them on sexual and reproductive health and building their capacities to talk about sexual and reproductive health and having sensitised and trained sign language interpreters on sexual and reproductive health. So these are some impacts that we have seen, but they're not necessarily perfectly documented. (GYLO B)

Role-modelling

Girl- and youth-led projects can provide opportunities for young people to connect and deepen their peer networks. While girls and youth work for young people in the community by raising awareness and knowledge of sexual and reproductive health and rights, they are at the same time building their own confidence and leadership skills, and role-modelling outcomes they are seeking to impart. The girls and youth involved in these efforts embody leadership and empowerment, and many mentioned that these qualities can also serve as a catalyst for positive change in the lives of other girls.

We are all participants of our organisation with our life stories, which have also been marked by violence and we have not been able to have a dignified life, but we show where we are right now to the people who see us every day. For them, we are a light of hope. We are from the territory, we have experienced many negative things, but we show the community that by working together day by day, we can achieve transformation. (GYLO G)

By seeing girls that actually [have avoided early pregnancy and] made it from primary school to secondary school and then into college and hearing neighbours say that I inspired them to do this... That has helped me to maybe see myself as somebody that can be a role model and change somebody's ways of thinking or be able to impact another person. (GYLO F)

Challenges

Documenting impact

Previous evaluation literature has found that sexual and reproductive health and rights programmes are more effective when girls and youth participate not only in their development and implementation, or the initiative itself, but also in evaluation and advocacy. This can lead to increased demand for sexual and reproductive health services, and maintains the upholding of sexual and reproductive health rights (Chandra-Mouli et al., 2015; UNFPA, 2018). Very few of the girl- and youth-led organisations featured in this study discussed their participation in designing monitoring and evaluation frameworks for their work, or working alongside their donors to this end (donors funding this work include girl- and women-focused intermediary donors, NGOs and multilateral donors through various initiatives). (See Guglielmi et al., 2024, for an in-depth discussion of the girl- and youth-led resource base.) Although girl-focused intermediary feminist donors are working to advance

these components in their reporting requirements (see Box 3), it is not yet clear exactly how these methods will be operationalised at scale.

The capacity of girls and youth to engage in formal monitoring and evaluation (M&E), which is frequently asked of them by their donors, despite limited capacity-building efforts and limited budgets for M&E, poses challenges for girl- and youth-led organisations to conduct and expand their work. Girls and youth commented on the challenges they face in accurately measuring the impact of their work. This means that they often struggle to complete donor reporting requirements on impact as they lack the tools to adequately capture and document the changes they believe their work is bringing about. Overall, groups faced a common struggle in that they lack fit-for-purpose tools and approaches with which to measure the impact of their work, and how to appropriately capture shifts in social norms, behaviours and attitudes, as well as the impact of their role-modelling. One respondent noted that:



A 17-year-old Syrian girl, married with a child, works in the fields, Lebanon © Marcel Saleh/ GAGE 2024

Box 3: Feminist intermediaries and monitoring, evaluation, accountability and learning (MEAL) experts reflect on impact reporting for girls and youth

As discussed in the companion report (Guglielmi et al., 2024), impact monitoring for girl-focused intermediary donors lacks harmonisation and fails to coalesce around a collective classification system, including clear definitions on what should constitute girl- and youth-led impact, which would tighten the data collected and advance MEAL practices. That said, intermediaries try to emphasise what is relevant to the grantees' work and instil a reporting culture where grantees can feel experts of their practices. When reflecting on what this translates into in practice, it means documenting changes in awareness and agency, incremental shifts in norms – rather than long-term sustainable social norm change – and understanding whether and how some forms of power are shifting.

Intermediary funds also try to streamline reporting, by implementing light-touch (and often verbal) approaches to reporting, including free-flowing phone call check-ins every six months, WhatsApp and Signal voice notes, and site visits led by intermediary regional focal points. The aim is to instil a culture of grantee-led impact (girls and youth describing impact in their own language and their own words) rather than donor extractivism (reporting impact in adult-like language and ways). Qualitative data collected from girl- and youth-grantees underscores just how much they value these light-touch approaches, while also calling for capacity-building to help them report using more traditional metrics. Although grantees are sometimes asked to co-create the parameters and measurement of their impact, this remains difficult to implement at scale. This is at least in part because there is a lack of harmonisation across intermediary portfolios, which makes it difficult to capture and measure impacts in ways that could be replicated and/or scaled up.

There are impacts that we see, but they're not necessarily documented. Impact documentation is another big challenge youth-led organisations face. I would say that monitoring and evaluation is not up to standard. Sometimes it's done for donor requirements but it's not done periodically or in very useful ways.
(GYLO B)

Moreover, respondents commented that the emphasis on impact indicators (documenting whether youth involvement has led to improved sexual and reproductive health and rights outcomes) rather than process indicators (documenting the extent to which young people meaningfully participate in the design, delivery and evaluation of an intervention) skews the reality in which they operate across many contexts.

Some groups working on sexual and reproductive health and rights issues underscored that their work is particularly sensitive in their context, and even just securing approval to implement a project is a measure of impact in itself. However, some girl- and youth-led organisations choose to remain unregistered and operate 'under the radar', as their work on safe abortion (for example) may directly challenge the political environment they operate in, and were they to register formally, this would increase risks to their programmes and, possibly, to their lives. One respondent crystallised this sentiment:

One of the things that is key is taking into consideration the context in which different youth groups, different girl-led groups are working and what would be a win for a youth organisation in a very restrictive conservative context, that doesn't even take young people seriously. In some contexts, people don't believe young people have power or rights, or don't even recognise the agency of young people. So that's a very difficult terrain to penetrate in terms of engagement to change ideas, norms, perceptions... So that needs to be taken into consideration in evaluating the impacts that such a group is making, because for them to even have audience might be a win, and it's not to say that they cannot do more, but there's a lot that comes with what is hanging over their head in terms of cultural norms and traditions, and the prevailing context of that society.
(GYLO J)

Although process indicators seldom form the crux of reporting templates, the underlying assumption, echoed in the literature, is that the meaningful participation of young people will result in more comprehensive and appropriate responses for girls and youth (Villa-Torres and Svanemyr, 2015), so it is important to also monitor process-based indicators. The ways in which working in restrictive contexts with regards to sexual and reproductive health and rights for young people impacts

girl- and youth-led organisations, their resource base, their work and their impact, however, remains a point worthy of additional inquiry.

Figure 2a: Registration status

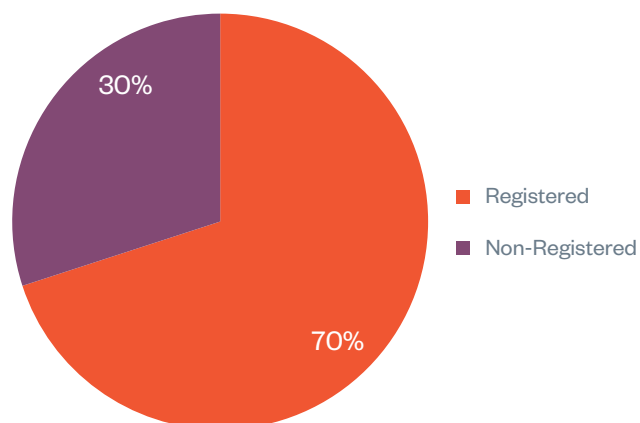


Figure 2b: Current number of donors

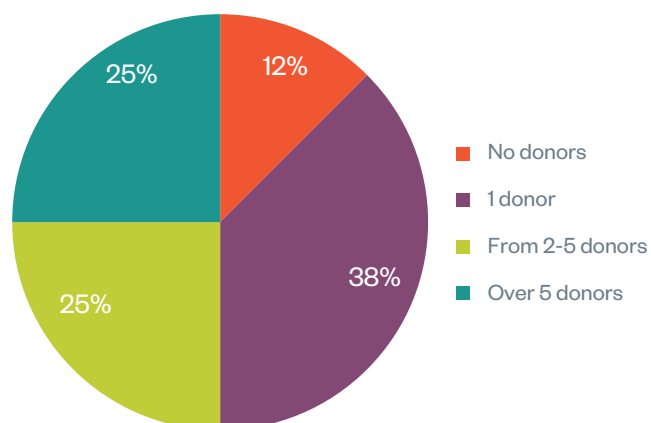
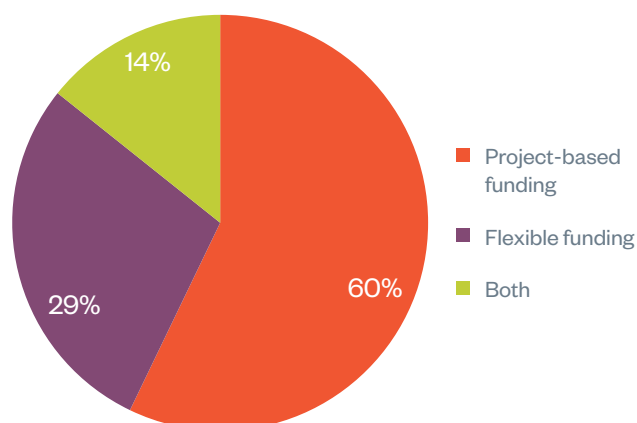


Figure 2c: Current type of funding



Funding for girl- and youth-led organisations

The funding landscape for girls is complex and made up of many different actors and funding mechanisms. Limited disaggregation of how funds are allocated within some funding organisations makes it difficult to get a clear picture of the amount of money that is going directly to girls and youth (Arutyunova et al., 2023). It is also important to position the investment into adolescent girl- and youth-led work within the broader frame of funding for civil society organisations (CSOs), which underscores that the vast majority of aid spending does not reach CSOs – and that this is even more problematic in LMIC contexts (OECD, 2020). By all accounts, investment in girl- and youth-led initiatives remains marginal.

The sample of girl- and youth-led organisations included in this study was varied in terms of their profiles (see Figures 2a to 2c). There were substantial differences, including in: registration status (70% were registered); number of donors (close to 40% rely on a single source of funding and more than 10% have not secured funding at all); and type of funding (close to 60% have project-based funding).

Primary data collected for this study and from our companion report finds that adolescent girls and youth, as a category, continue to remain marginalised when it comes to accessing funding for their work. This also means they have limited access to long-term flexible funding that could support their organisational growth and reach. Within the girl and youth cohort, girls and youth with disabilities were the groups most frequently mentioned – by girl-focused and feminist intermediary donors and by girls and youth themselves – as being significantly under-reached and under-funded. A minority of girls and young people also commented on the shrinking availability of funding for work on sexual and reproductive health and rights globally, as a result of political shifts vis-à-vis family planning and abortion.

Funding availability for young people working on sexual and reproductive health and rights is shrinking... because of this whole change, this radicalism in the international SRHR [sexual and reproductive health and rights] sector, especially against abortion, which remains the main part of our work. (GYLO D)

The difficulty of girl- and youth-led groups accessing funding means that many have to work without financial resources, or with very limited amounts. In our data, of the groups that currently operate with donor funding,



A 19-year-old married and with no education, in Oromia, Ethiopia © Nathalie Bertrams/ GAGE 2024

most had started their activities without any funding and only obtained resources following long periods of working for free. This is also reflected in the breakdown of organisational staff – more than 20% of the organisations approached for this study have no staff members and work exclusively through volunteers. Working through volunteering schemes poses two fundamental challenges worthy of discussion here: first, the potential precarity of these initiatives as evidenced through our interviews:

Some youth-led organisations are led by volunteers and only project funding is provided, so there is nothing on organisational development or sustainability. So, if there's a project on period poverty, the funding is only for that project and that money cannot be utilised for organisational registration purposes or to pay accountants or auditors. This is a big challenge in terms of sustaining the organisation and meeting the needs of the organisation in the long run. A lot of organisations therefore rely on volunteers, people willing to work for

free, but although they initially agree, they eventually lose interest in our work and drop off... There is not reciprocal accountability. Incentives do need to be provided for the organisation. (GYLO B)

Second, many girls and youth are not in a position to work for free, which itself poses a two-pronged problem. On the one hand, it limits the meaningful participation of a diverse range of girls, including those from poor backgrounds who will likely be under-represented in girl- and youth-led efforts (although there is no comprehensive profiling of the characteristics of girls and youth involved in these groups, most are educated, urban youth) (UNFPA, 2018; Diaconu and Fergus, 2023). On the other hand, girls and youth are not homogeneous groups, with equal needs when it comes to sexual and reproductive health and rights; it is very likely that the needs of girls and youth from poor and rural areas (which are likely to differ substantially from their urban, educated peers) are not being met (Svanemyr et al., 2015).

Conclusions

This report explores the contributions and challenges facing girl- and youth-led organisations working on sexual and reproductive health and rights in LMIC contexts. It highlights that such organisations can play a key role in supporting outreach efforts to diverse groups of girls and young women, especially through online spaces, in disseminating information on sexual and reproductive health and rights and gender-based violence, and in serving as role models for empowered access to sexual and reproductive health and rights information and services. However, because girl- and youth-led initiatives typically rely on small scale funding and have limited organisational experience, the scope and scale of their initiatives is circumscribed. Even so, these under-resourced girl- and youth-led groups can serve as an important value-added complement to larger initiatives in the broader ecosystem of actors catalysing change on sexual reproductive health and rights outcomes for young people.

Implications for policy and programming

The findings point to the following priority actions for donors, practitioners and policy-makers:

For practitioners:

- **Support linkages between girl- and youth-led organisations and sexual and reproductive health and rights service providers** (such as clinics, safe spaces and drop-in centres) to address the challenge of translating empowerment and independence into improved access to sexual and reproductive health and rights.
- **Support connections between girl- and youth-led organisations and other organisations working on sexual and reproductive health and rights** and issues of gender equality to strengthen and empower intergenerational and collective organising to help



Adolescent girls from the Turkman community in Jordan © Marcel Saleh/GAGE 2024

girls and youth to realise their sexual and reproductive health and rights.

For girl-led and intermediary organisations:

- **Engage with girl- and youth-led organisations to construct sexual and reproductive health and rights impact measures** that reflect the realities of girl-led organisations' activities and capacities. This should be a collaborative and iterative process in which priorities for MEAL and the interpretation of both measures and resulting data are mutually agreed. Linked to this, advance impact measurements that can monitor the impacts of core and flexible funding that is long term.

For donors

- **Provide flexible, long-term funding to girl- and youth-led organisations, as well as support for skills development,** and robust monitoring, evaluation and learning.
- **Invest in efforts to strengthen understanding of how girl- and youth-led groups impact sexual and reproductive health and rights outcomes for girls** (see 'For researchers to support evidence-informed donor decision-making' section opposite).

For researchers to support evidence-informed donor decision-making:

- **Map and evaluate how donors are currently supporting girl- and youth-led groups,** including what works and what might be learnt from alternative models of resourcing, such as intermediary funding.
- **Collect disaggregated monitoring data on which groups are receiving funding and how it is spent,** making sure that the onus of collecting data does not fall on girls. This data should include information about the structure and longevity of organisations, and age of funding recipients, in order to better understand both where funding is going and how social inequalities may be shaping access to resources for sexual and reproductive health and rights work.
- **Conduct further research into what types of activities are being undertaken by girl-led organisations** more broadly, and how these are connected (directly and indirectly) to the realisation of adolescents' sexual and reproductive health and rights. In addition, it is important to explore how working in restrictive contexts vis-à-vis adolescent and youth sexual and reproductive health and rights impacts girl- and youth-led interventions and resourcing.
- **Carry out an in-depth assessment mapping and assessment of how donors are supporting girl- and youth-led groups,** how effective these different modalities are, and consider alternative models (e.g. engaging with intermediaries) that could support greater levels of funding.



A 12-year-old girl in the CODEC Shikhon Learning Center for Girls, uses thanaka, Bangladesh © Nathalie Bertrams/GAGE 2024

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About GAGE

Gender and Adolescence: Global Evidence (GAGE) is a decade-long (2016-2026) longitudinal research programme generating evidence on what works to transform the lives of adolescent girls in the Global South. Visit www.gage.odi.org.uk for more information.

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