ASSESSMENT OF INTEGRATED WORKFORCE DEVELOPMENT AND SEXUAL AND REPRODUCTIVE HEALTH INTERVENTIONS

with Recommendations for the Future

MAY 2017

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TABLE OF CONTENTS

FIGURES

TABLES

ACRONYMS

BCC	Behavior change communication
CBO	Community-based organization
CG	Consultative group
HIV	Human immunodeficiency virus
ICT	Information and communication technology
IE	Impact evaluation
MENA	Middle East and North Africa
NGO	Nongovernmental organization
NIH NHLBI	National Institutes of Health National Heart, Lung and Blood Institute
PYD	Positive youth development
SBCC	Social and behavior change communication
SNA	Social network analysis
SRH	Sexual and reproductive health
STI	Sexually transmitted infection
TRY	Tap and Reposition Youth
USAID	U.S. Agency for International Development
WfD	Workforce development

EXECUTIVE SUMMARY

Improving the lives of youth is critical to local, national, and international development. The needs of youth are complex and therefore broader than any one sector of development. Multisector programs that focus on the whole person are promising for having a greater impact on youth than single-sector approaches. More specifically, theoretical perspectives and evidence from research suggest that two sectors important for encouraging the well-being of youth — workforce development (WfD) and sexual and reproductive health (SRH) — are interrelated and mutually supportive. They may therefore lead to better outcomes for youth when integrated within a single youth-focused program.

The present study makes recommendations to inform implementation of and research on youth programs that integrate WfD and SRH. We based these recommendations on a systematic, comprehensive review of integrated programs with input from a consultative group of implementers, funders, and researchers.

We found 48 projects that integrated WfD and SRH, 17 of which included impact evaluations. We then identified combinations of features common to the programs that had the greatest impact.

During our review process, we created three snapshots. Snapshot one includes all integrated projects and shows which features of WFD and SRH programs were currently being integrated and which were not. We found that the most common features of integrated programs were WfD and SRH “soft skills” (e.g., leadership, teamwork, or communication); information about puberty, HIV, and pregnancy prevention; vocational/technical skills; and entrepreneurship. These subjects were mostly taught through training courses, often including mentoring and peer education or SRH behavior change communication. They were also often combined with employer consultation about what employers want in terms of employee hires. Most programs took place in multiple places, including the workplace, nongovernmental organizations or community-based organizations, schools, youth clubs or safe spaces, and clinics.

Going beyond this initial snapshot of integrated WfD and SRH features, in the second snapshot we looked closely at the programs with impact evaluations, only, to understand which integrated program features resulted in positive impacts on youth. As a result of our analysis, we were able to answer two key questions:

- What impact do integrated WfD and SRH programs have on youth?
- Which combinations of WfD and SRH program features result in positive outcomes for youth?

Our third snapshot went beyond WfD and SRH features to include other types of features that frequently appeared across these programs, yielding a holistic picture of integrated programs. These additional features were financial literacy training, access to financial services, play or learning resources, psychosocial support, nutrition education, and family and community engagement to support an enabling environment for youth.

Lastly, we generated a theory of change.

Key Findings

Impact of Existing Projects

Programs that integrate SRH and WfD can change SRH and WfD knowledge, attitudes, skills, intentions, and behaviors, and may support significant change over the long-term, according to the impact evaluations we reviewed. Reported SRH outcomes included increased HIV and contraceptive knowledge, greater awareness of what gender is and how it can impact one's life and rights, increased condom use, delayed age at first birth, and delayed age at first marriage. WfD outcomes included improved skills for finding a job, increased saving behaviors, participation in vocational training, increased income, and increased employment (for longer than three months).

Program Features Associated with Positive Outcomes for Youth

To assess the most common features of the most effective programs, we developed an impact score in which we differentiated among programs that were found to have little to no impact on youth, some impact, and a lot of impact. We looked at impact from multiple perspectives: implementers who want to affect young people's current and/or future work and income; those who want to improve the SRH of youth now and in the future; and those who want to see high impact in both WfD and SRH. We then calculated a total impact score driven by either WfD or SRH outcomes, or both.

With regard to WfD and SRH specifically, we found that the most common features in effective programs included WfD technical/vocational skills; WfD and SRH soft skills (for example, personal agency, communication, leadership, relationships, goal orientation, and negotiation); and information about HIV, pregnancy prevention, and puberty. Knowledge and skills-building were often implemented through WfD and SRH courses of study with the support of a mentor. Support to help youth return to school or find work was also common, although it was not seen as a part of all top programs.

A key finding was that the most effective programs did more than simply integrate WfD and SRH; they took what is known as a comprehensive positive youth development approach. In addition to covering WfD and SRH, these programs included financial literacy training, links to financial services, and nutrition education. They also provided opportunities for youth to interact with each other and with adult and peer mentors through play (such as role-playing and sports), and to access books and other learning resources. Activities took place in safe spaces where youth could share their experiences and knowledge, as well as reinforce positive behaviors. They also addressed the enabling environment — that is, a supportive environment where youth can flourish — by engaging families, community members, and key stakeholders (such as policymakers) through social and behavior change communication, or family and community engagement, to help shift norms and create such an environment.

These findings are consistent with the broader literature relating to positive youth development, which highlights the importance of positive personal relationships; addresses the enabling environment, which includes parents, adults, and the community; and helps youth access a comprehensive range of services addressing a broad set of needs.

Theory of Change

Based on our research, we developed a theory of change that we intend to serve as a guide to future development of WfD and SRH programming for youth (Figure 1).

FIGURE 1 **Theory of Change**

The holistic model is grounded in the common features of positive youth development. "Content," on the left side of the diagram, refers to skill and knowledge areas related to SRH and WfD, soft skills, nutrition, and financial literacy. In effective programs, WfD content is informed through consultation with employers to understand local job opportunities and demand for skills (see "Employer Consultation" at top left). At the center of the graphic, "Fostering Healthy Relationships" can be achieved through mentoring, games, and resources, which give youth opportunities to build positive relationships. "Clubs/Safe Spaces" refer to safe physical and emotional spaces. In the outer circle, "Strengthening the Environment" is accomplished through social and behavior change communication with stakeholders, communities and families. "Linkages," on the right side, includes providing holistic support and access to services (such as financial and health services).

Recommendations

Program Recommendations

Our recommendations for programming stem from this theory of change. In terms of which WfD and SRH activities to integrate, the evidence from this study and other existing evidence on best practices in youth development support programs that include delivery of the following:

- ✓ Curriculum-based information on SRH and WfD
- ✓ Soft skills development
- ✓ Social support, such as mentoring delivered in a safe space or youth club
- ✓ Social and behavior change communication with community members and parents, along with efforts to engage policymakers
- ✓ Employer consultation
- ✓ Links to or provision of SRH services

We identified several programming gaps — combinations of WfD and SRH that we expected to see because they are considered promising or best practices in their sector, but did not find. Some of these are:

- Integrated value chain/farm-based WfD programs with SRH
- Integrated WfD internship/apprenticeship with SRH
- Incorporation of information and communication technology into integrated WfD and SRH programs

Given the evidence of the importance of these practices, we encourage inclusion of these features in integrated programming and the evaluation of their contribution.

Limitations

Some of the questions we planned to address, such as the roles of program cost and treatment intensity (time each youth spends in treatment) in scalability and sustainability, could not be answered due to gaps in reported information. Findings from implementation science should be published on the following topics to inform existing and future programming:

- Time frame in which intervention activities occur and how long youth are exposed to different intervention activities of a given program
- Cost to reach each beneficiary
- Location where intervention components are delivered, specifically when activities occur across multiple geographic locations (e.g., urban/rural/peri-urban) and/or at multiple sites (e.g., school, clinics).

Research Recommendations

The following recommendations for future research are based on gaps in evidence related to promising practices. Impact evaluations should be selectively implemented and should include:

- Links to SRH services to increase participation in SRH-related activities
- Programming that leverages access to information through information and communication technology
- WfD-based HIV/sexually transmitted infection testing programs
- Comparison between the impact of standalone WfD and SRH programs versus integrated approaches
- Broader inclusion of geographical areas, given the lack of impact evaluations conducted in Latin America and the Caribbean, South America, Southeast Asia, the Middle East and North Africa, West and Central Africa, and Eastern Europe. The impact evaluations that formed the basis for this theory of change were conducted primarily in sub-Saharan Africa and South Asia, with a few taking place in the United States. In order to generalize the theory of change further, impact evaluations of integrated WfD and SRH programs in all regions are needed.

Additional research should also be conducted to learn more about the combinations of program features that have a high impact for youth, including whether program features were implemented simultaneously or sequentially, by the same or different staff, and how the features were interwoven.

Conclusions

Our study suggests that integrated, best practice SRH and WfD programs, particularly in countries or populations in which SRH issues are especially salient, are good ways both to reach youth and improve their WfD and SRH outcomes. Tighter integration or coordination of WfD and SRH features may have a greater impact on youth than standalone programs.

ACKNOWLEDGMENTS

We would like to thank the numerous experts involved in this study for their insightful contributions. In particular, members of the consultative group were instrumental in providing technical input into the literature review. The full list of these members can be found in Appendix 1.

In addition, we would like to thank the following FHI 360 staff for their invaluable reviews of this report: Kristin Brady, Obie Diener, Michael Tetelman, and Tricia Petruney; and Natasha Mack for editing the report.

1. INTRODUCTION

Recognizing youth as critical for development, the U.S. Agency for International Development (USAID) issued its first ever Policy on Youth Development in 2012. This policy provides guidance, principles, and suggested operational practices to increase the role of youth development in its global programs. USAID's YouthPower initiative was launched in 2015 as part of the implementation of the Policy on Youth Development using a positive youth development approach and building on evidence-based approaches to youth development.

Although many youth programs and approaches in developing countries have traditionally been implemented in single sectors, YouthPower[1] recognizes that youth programs that are holistic and work across more than one sector have more positive results. In creating YouthPower, USAID noted that USAID Missions are increasingly interested in more comprehensive, collaborative, and coordinated approaches across multiple development sectors to address complex development challenges.

YouthPower Action is USAID's first task order focused on the implementation of youth programs. The present report is one of several YouthPower Action activities intended to build the evidence base that will in turn guide more holistic and cross-sectoral youth programming.[2] Here, we summarize an assessment of interventions that integrate workforce development (WfD) and sexual and reproductive health (SRH). Our goal was to understand how projects have integrated activities in these two sectors, as well as which features and combinations of features of those integrated programs have the most positive impact on youth. YouthPower Action will use the findings and recommendations detailed in this report to propose a model for more integrated programs. That model will then be implemented to test emerging best practices.

1.1. Rationale

Could the deliberate integration of WfD and SRH interventions yield better health and workforce outcomes in comparison with the outcomes in single-sector youth programs? Theoretical perspectives and the experiences of practitioners support that hypothesis. In this study, we review the evidence on integrated youth[3] WfD and SRH programs and their outcomes to inform practice and future research and evaluation where these two sectors intersect.

Evidence clearly demonstrates a strong relationship between youth employability and SRH. For example, having the skills to secure a job and succeed in it is necessary but often insufficient.

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[1] YouthPower consists of two IDIQs, YouthPower Implementation and YouthPower Evidence and Evaluation.

[2] This is one of four efforts by YouthPower Action to better inform youth development programming. Three of those efforts are linked here: "Key Soft Skills for Cross-Sectoral Youth Outcomes" and "Measuring Soft Skills in International Youth Development Programs: a Review and Inventory of Tools." A forthcoming paper ("Guiding Principles for Building Soft Skills Among Adolescents and Young Adults") will provide guidance to implementers on how to build soft skills.

[4] https://www.nhlbi.nih.gov/health-pro/guidelines/in-develop/cardiovascular-risk-reduction/tools

Young people's — especially young women's — current and future workforce participation is shaped by gender norms and many other factors, including health-related factors. In many countries, poor access to SRH services can lead to early and unintended pregnancy, which limits the ability of young women — and in some cases, young men — to develop adequate skills to fully participate in the workforce (Bailey 2006; Canning et al. 2012; Jensen 2012). Domestic and childcare duties also prevent young women from being able to participate in the labor market (Brown 2001; World Bank 2011), and this may be exacerbated by early marriage.

Workforce development opportunities and assets may promote or reinforce healthy behaviors. Some authors (Arcand et al. 2010; Bailey 2006; Jensen 2012; Smith et al. 2014) have said that one of the most important factors in encouraging young people to delay sexual activity and use contraception is to provide them with a sense of hope and future economic opportunities. In addition, foundational soft skills (often referred to as "life skills" in the SRH field) that are important predictors of workforce outcomes — such as self-control, a positive self-concept, and higher order thinking skills (e.g., skills to analyze, evaluate, and create or synthesize) — are also predictors of better health outcomes (Lippman 2015; Santhya 2015).

1.2. Purpose

The purpose of our efforts was to review the literature on integrated WfD and SRH projects to identify the features of effective integrated programs for youth. To meet this objective, we reviewed the current evidence and developed categories of integrated interventions of projects that reflect the current state of the field. We sought to answer the following questions:

- What are the common features of integrated WfD and SRH projects?
    - What content does the project deliver? (*delivery content*)
    - How is project content delivered? (*delivery mechanisms*)
    - Where does delivery of the content of projects take place? (*delivery location*)
    - Who are the project beneficiaries? E.g., age, sex, in/out of school.
- What is the impact of existing projects on youth outcomes?
- Which program features are associated with positive outcomes for youth?

By developing categories of projects and analyzing known outcomes, we make inferences about promising integrated WfD and SRH practices. Based on these inferences, we provide recommendations for future programming and research. As noted, this study's findings about the most promising integrated interventions will inform grants and studies that will generate evidence to improve programming and thereby increase impact on youth.

The remainder of the report is organized as follows:

> **Section 2:** *Methods* presents the four steps in the study design: (step 1) identifying projects for inclusion, (step 2) building the inventory of coded projects and their features, (step 3) describing and analyzing the coded data and creating three snapshots of the projects, and (step 4) generating a theory of change based on our analyses.

Section 3: *Results* presents the findings of the study, organized by step.

Section 4: *Discussion* situates our findings in the context of the literature on WfD and SRH and goes into the limitations of the study.

Section 5: *Recommendations* are presented for programming and research.

2. METHODS

We conducted the review using the following four steps (Figure 2):

(1) We identified potential projects that sought to integrate WfD and SRH and included youth as a target population.

(2) We created an inventory of coded projects and their features in which we:

(2a) Coded projects into an inventory of integrated projects by grouping projects as those with and without impact evaluations (IEs) (studies with a counterfactual or control group).

(2b) Coded the features of the integrated WfD and SRH projects.

(3) We described and analyzed the coded data, creating the following three snapshots of the projects:

State of the field: In the first snapshot, we covered all integrated projects and described their features in terms of three categories—delivery content, mechanisms, and location.

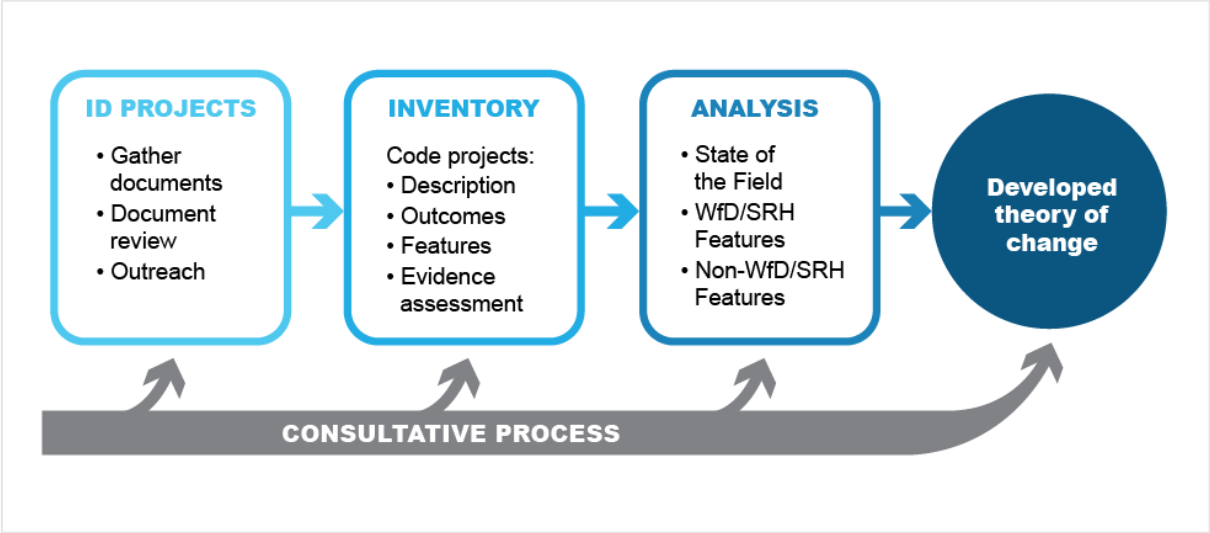
WfD and SRH features: The second snapshot consisted of projects with IEs only (rated good or fair), and comprised an analysis of their features, again in terms of delivery content, mechanisms, and location, as well as ranking protocols to score the projects. We also summarized the features common to high-ranking projects.

Non-WfD/SRH features: Snapshot three involved further analysis of the projects with IEs, going beyond WfD and SRH features to other common features, which yielded a holistic picture of effective integrated programs.

(4) We generated a theory of change based on our analyses.

To ensure that our team adequately captured the state of the field and to ultimately get feedback on our findings, YouthPower Action established an Integrated Workforce Development and Sexual and Reproductive Health Consultative Group (CG). (See Appendix 1 for a list of members.) The CG provided valuable input during each step of the process, including helping us identify potential projects and documents that were not readily accessible, providing input on how to best code each aspect of the WfD and SRH interventions, and reviewing the categories after analysis of the coded data in the inventory. During two CG work sessions in March and June 2016, we discussed the framework and initial results and revised the framework and draft report. CG members also provided feedback on the revised final report.

FIGURE 2 **Integrated WfD and SRH Activity Process Map**



Step 1: Identified Potential Projects

In this literature review, we sought to include all relevant documents about integrated WfD and SRH interventions focusing on youth. We defined WfD programs as programs that addressed any of the following: vocational training, soft skills training, entrepreneurship, and job placement. (See Table 1 for how these were defined.) This definition came out of the WfD project inventory developed in 2014 by the USAID-funded Workforce Connections project managed by FHI 360.

TABLE 1 **Workforce development (WfD) intervention activities and definitions**

Activity	Definition
Vocational training	Projects that involve any type of technical or vocational training
Soft skills training	Any project that includes soft skills training, such as leadership, teamwork, or communication
Entrepreneurship	Any project that has courses or a general focus on entrepreneurship
Job placement	Supporting youth with resources/techniques for job placement
Internships/apprenticeships	Any project that places participants directly into internships or on—the-job training, or puts participants in placed jobs once training is complete

We defined SRH activities as those that addressed any of the following: puberty, pregnancy prevention, HIV, sexually transmitted infections (STIs), gender, SRH soft skills, abstinence, access to contraceptives, and HIV/STI testing. (See Table 2 for definitions of these activities.) This definition was developed based on the *UNESCO International Technical Guidance on Sexuality Education*, the *FHI 360 Standards for Curriculum-Based Reproductive Health and HIV Education Programs,* and input from FHI 360 technical experts in SRH.

TABLE 2 **Sexual and reproductive health (SRH) intervention activities and definitions**

Activity	Definition
Puberty	Information about female and male reproductive systems (body parts and functions as well as fertility), information about puberty (changes expected, how to manage puberty), and information about personal hygiene
Pregnancy prevention	Information about how to prevent pregnancy including information about the various types of contraceptive methods and abstinence, unintended pregnancy, and abortion
HIV	Information about HIV; could include the definition, information about disease progression, risk factors and protection, HIV treatment, stigma
STIs	Information about all other STIs, including methods of protection, the HPV vaccine, and cervical cancer
Gender	Definitions of gender, sexuality, and sex; as well as information about gender-related topics including the impact of gender norms; rights; gender-based violence, and gender-based violence response
SRH soft skills	Information and activities to build skills including sexual decision making, interpersonal relationships, sexual negotiation, partner communication
Abstinence	Selected only when the program is specifically described as abstinence only. Abstinence as a topic is often covered under pregnancy and HIV prevention alongside other comprehensive information.
Access to contraceptives	Efforts to improve access to contraceptives including their direct provision. Access to contraceptives is likely to correspond with "on-site service provision or referral.". This might include on-site provision of condoms, vouchers for LARCs, etc.
HIV/STI testing	Efforts to improve access to HIV and STI testing and counseling, including their direct provision. HIV/STI testing is likely to correspond with an "on-site service provision or referral." This might include the provision of testing at a site, or referrals to a testing site.

We identified 1,635 documents during the initial search. (See Appendix 2 for full search terms and sources.) Upon review of titles and abstracts, we determined that 194 documents were potentially relevant to the study. A large majority of the documents/projects were excluded because their focus was either on SRH or WfD, but not both. These 194 documents were entered into EndNote and reviewed by at least one of four researchers. Several identified documents provided limited information about the nature of the program. For these documents, we contacted the reports' authors, principal investigators, and program staff to request more information about their methods and how (or if) their activity integrated WfD and SRH.

As a result of the screening and follow-up process (including CG member input), we identified a total of 48 integrated projects (eight found in peer-review journals). Of these, 17 integrated projects (four from journal articles and 13 from grey literature) met the inclusion criteria (integrated WfD and SRH programs that included youth in their target population) and had IEs. The IEs were either quasi-experimental or experimental evaluations. While most projects had one intervention, one project included two interventions and another project included three, for a total of 20 interventions with IEs. Thus, this report differentiates "projects," when referring to the collective program, from "interventions," when referring to specific study arms within the programs.

In addition, we identified six ongoing or pending projects that were potentially integrating WfD and SRH, but that had not been completed and/or had not disseminated results at the time of this search; thus, we did not include these in the analysis.

Lastly, it is important to note that the data in this report are derived from the published literature, which in many cases lacked the granular details of project features, such as details of time intensity, reasons why participants chose to participate, and how programs integrated SRH and WfD.

Step 2: Created Inventory of Coded Projects and Their Features

STEP 2A: CODED PROJECT REPORTS INTO AN INVENTORY OF INTEGRATED PROJECTS BY GROUPING THEM AS WITH/WITHOUT IMPACT EVALUATIONS

We developed an inventory of the integrated projects. It contains descriptive information about the interventions including project name, implementers, funders, project dates, descriptions of the WfD and SRH interventions, target population, and references. The descriptions include codification of delivery content (Tables 1 and 2), and how that content was delivered (delivery mechanism) and where youth are engaged (delivery location). (See Appendix 3 for definitions of delivery mechanism and location terms.)

There are three types of projects in the inventory, in three worksheets classified according to the strength of evidence: (1) those with IEs, (2) those with nonexperimental evaluations, and (3) those with ongoing or pending evaluations.

Integrated Projects with IEs

For integrated projects with IEs, we developed a coding scheme to capture information about the intervention: how and where the WfD and SRH interventions were implemented, the content of the interventions, and the recorded outcome measures. We tested the coding scheme with a sample of documents, revised it, and then discussed it with CG members at the first CG meeting. Through this iterative process, the final coding scheme, or codebook, was developed.

WfD and SRH outcomes were coded separately as early, intermediate, and long-term outcomes (see bullets below) using a weighted index based on where the outcomes fall in a general causal pathway. Each WfD/SRH score could range from zero to one. The following was used to code and weight the outcomes:

- *Early outcomes*: changes in knowledge, attitudes, skills, and intentions (0.2 points)
- *Intermediate outcomes*: changes in behavior, such as correct and consistent condom use (SRH) or business start-up (WfD) (0.3 points)
- *Long-term outcomes*: changes in biological outcomes, such as delayed pregnancy or HIV prevalence (SRH), and at least two years of steady employment/income (WfD) (0.5 points)

Individual outcomes received a positive (+) score if results showed a positive impact, a negative (-) score if results showed a negative impact, and no (0) score if there was no statistically significant change. In cases where there were multiple early, intermediate, and long-term outcomes, results were averaged. The final indexed scores (from 0 to 1) for both WfD and SRH are the sum of the average early, intermediate, and long-term outcomes. All interventions were coded and checked by at least two researchers.

Finally, we assessed the quality of each intervention's IE using the National Institutes of Health National Heart, Lung and Blood Institute (NIH NHLBI) quality assessment tools[4] for experimental and quasi-experimental evaluations, rating each of the IEs as good, fair, or poor. Each IE was independently assessed by two researchers. IEs receiving a “poor” rating were retained for the later categorization of project features and excluded from the analysis of the evidence. Through this process, 18 evaluations were rated as either “good” or “fair,” and two evaluations were rated as “poor.”

Integrated Projects with Nonexperimental Evaluations

Because CG members were concerned that there would be too few integrated projects with IEs, we included an additional 31 integrated projects with nonexperimental evaluations in the inventory. Outcomes were described as overall positive, negative, or no change based on reported findings. They were not weighted or assessed for quality of evaluation.

[4] https://www.nhlbi.nih.gov/health-pro/guidelines/in-develop/cardiovascular-risk-reduction/tools

Ongoing or Pending Evaluations

As noted, six ongoing projects with pending evaluations were included in the inventory. These projects were excluded from the analysis because little is known about them or their outcomes.

STEP 2B: CODED THE FEATURES OF INTEGRATED WFD AND SRH PROJECTS

A key part of the research was our development of three overarching categories for classifying the integrated program features (Tables 1 and 2, see also Appendix 3). This ultimately enabled us to produce an overview that reflects the "state of the practice." Relevant WfD and SRH project features to be included were discussed with the CG, which led to the final classification of the features into three categories (delivery content, delivery mechanisms, and delivery location).

Step 3: Analyzed Coded Data and created Snapshots

STEP 3A: STATE OF THE FIELD

Snapshot 1 illustrates the features of all identified integrated projects. We used data visualization techniques from social network analysis (SNA) to view patterns in program features across delivery content, delivery mechanisms, and delivery location. (See Appendix 4 for more details about this method including a sample network map.)

STEP 3B: WFD AND SRH FEATURES

In Step 3b, we created a second snapshot after narrowing the focus from results across all integrated programs in Step 3a to only the interventions with IEs rated "good" or "fair." Interventions rated as "poor" were excluded.

In order to examine the features of "successful" versus "less successful" interventions based on their outcomes, we created several outcome scores and then ranked interventions according to those scores. (See Appendix 5 for outcomes summarized for each project.) "Best" outcomes could consist of high-scoring WfD outcomes, high-scoring SRH outcomes, a high outcome total (based on adding the WfD and SRH outcome scores), and projects that had both high WfD and SRH outcome scores.

We used the following four ranking protocols to identify projects with the "best" outcomes:

- Outcome total
- Top scoring interventions based on WfD outcome scores alone (WfD composite outcome)
- Top scoring interventions based on SRH outcome scores alone (SRH composite outcome)
- Top four interventions with both WfD and SRH outcomes scored above 0.30 (overlap of highest WfD & SRH)

We described the features common to high-ranking projects.

STEP 3C: NON-WFD/SRH FEATURES

In Step 3c, we focused on program features that were NOT part of WfD and SRH definitions but that frequently appeared across programs, and we analyzed them similarly to the WfD and SRH features. These additional program features were financial literacy training, access to financial services (e.g., links to form savings groups); play or learning resources (e.g., games or books); psychosocial support; nutrition education; and family and community engagement to support an enabling environment for youth (Table 3).[5]

TABLE 3 **Non-WfD/SRH features and definitions**

Features	Definitions
Financial literacy training	Program offered training in financial literacy to some or all participating youth
Access to financial services	Access to services such as savings groups and microfinance for youth through program linkages
Play or learning resources	Play includes role playing, sports, and other activities youth engage in typically in a club or safe space, while learning resources include books and other resources, typically made available in a club or safe space.
Psychosocial support	"Support that aims to protect or promote psychosocial well-being" (Definition from UNICEF: https://www.unicef.org/protection/57929_57998.html)
Nutrition education	Program taught good nutrition to some or all participating youth
Family and community engagement	Program sought to engage and mobilize families and communities to influence the social norms that impact young people's health and development outcomes. (Definition from HIP: https://www.fphighimpactpractices.org/sites/fphips/files/hip_cge_brief.pdf)

Step 4: Generated a Theory of Change

Finally, in Step 4, we developed a theory of change in light of existing theories about youth development, with a focus on workforce and SRH outcomes.

[5] SBCC is distinct from the SRH BCC (a delivery mechanism). See definitions in Appendix 3.

3. Results

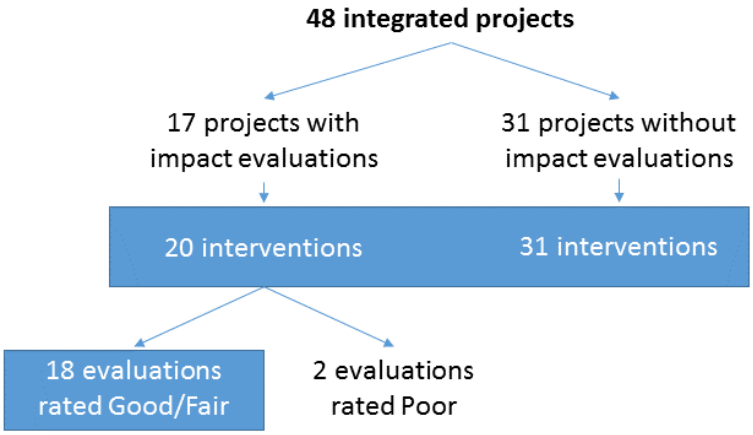
3.1. Inventory of Coded Projects and Their Features

ID PROJECTS

- Gather documents
- Document review
- Outreach

We found 48 integrated projects: 17 with IEs, which generated 20 interventions. We rated 18 of the 20 evaluations as "good" or "fair" and two evaluations as "poor" (see figure below). Figure 3 displays the breakdown of the projects and interventions with and without IEs and their ratings.

FIGURE 3 **Number of projects and interventions reviewed in this study**



As noted, the coded features were classified into three categories based on discussions with the CG. The final categories were delivery content, delivery mechanisms, and delivery location. Features associated with each category are listed in Table 4.

INVENTORY

Code projects:

- Description
- Outcomes
- Features
- Evidence assessment

TABLE 4 **WfD and SRH program features, by category**

Category	WfD Features	SRH Features
Delivery content	o Vocational/technical skills o Soft skills o Entrepreneurship o Job placement information and guidance o Internships/ apprenticeships (work experience)	Information about: o Puberty o Pregnancy prevention o HIV o STIs o Gender o Soft skills o Abstinence-only approaches Increased access to: o HIV and STI testing o Contraceptive distribution
Delivery mechanisms	o Curriculum-based education o Farming/ value chain integration/linkages o Internship/apprenticeship o Upgrades or modifications of education curricula or policy o Employer consultations o Reintegration into schools and/or work	o Peer education o Mentoring o Curriculum-based sexuality/life skills education o Links to services o On-site service delivery o Behavior change communication
Delivery location (both WfD & SRH)	o School o Workplace o Through information and communication technology (ICT) o Youth club o Safe space o Clinic o Nongovernmental organization/community-based organization	

3.2. Snapshots of Coded Data

SNAPSHOT 1: STATE OF THE FIELD

In this section, we describe some of the characteristics of the programs included in this phase of the review. We then present the analysis of their features.

ANALYSIS

- **State of the Field**
- WfD/SRH Features
- Non-WfD/SRH Features

GEOGRAPHY (ALL PROJECTS)

Most projects in the inventory had not been evaluated with experimental designs. They took place in Africa, with two projects conducted across multiple countries. Two projects were conducted in each of the following countries: Zimbabwe, South Africa, Rwanda, and Kenya. One project was conducted in each of the following countries: Uganda, Sierra Leone, Nigeria, Namibia,

Mozambique, Liberia, Lesotho, and Ethiopia. The Middle East and North Africa (MENA) region only had one, in Tunisia. Few were found in Asia—there was one each in Indonesia and India. More occurred in the Americas and Caribbean, with one each in Peru, Haiti, Columbia, and the United States, and one conducted across 18 countries in Latin America.

Projects with IEs mostly took place in East and Southern Africa (n=9): three in Uganda, two in Kenya, two in South Africa, one in Rwanda, and one in Zimbabwe. S. Asia was also a frequent site (n=6), with three occurring in Bangladesh and three in India. Three examples were also identified in the United States.

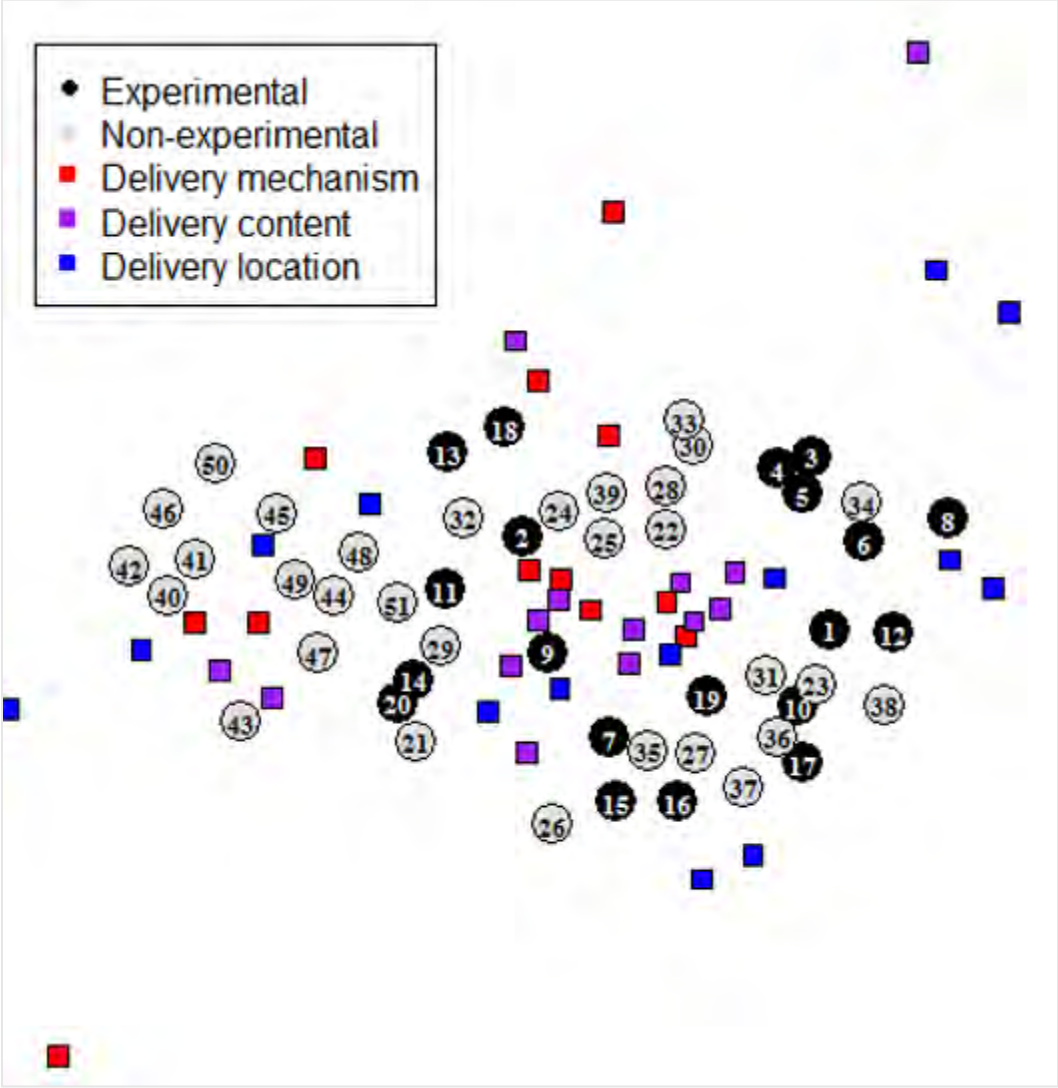
NETWORK MAP (ALL PROJECTS)

Data visualization techniques from social network analysis (SNA) were used to view patterns in program features across delivery content, delivery mechanisms, and delivery location for all integrated projects. Programs that contained similar features were clustered, as were program features that were most frequently shared. Lines connecting programs to features showed which features were present in those programs. For the features associated with positive outcomes for youth, we developed both cross-tabulations and maps that show which programs had more positive outcomes versus which programs had fewer or no positive outcomes. Figure 4 below demonstrates all integrated projects and their associated features; interventions with IEs are displayed as black circles, and interventions without IEs are displayed as grey circles. The number inside the circle corresponds to the reference ID number for the intervention in the integrated project list in Appendix 6.[6]

This map demonstrates that most integrated WfD and SRH interventions share some features (i.e., delivery content, delivery mechanisms, and delivery location)—more details about these shared features are provided below. A few outlying features are also noted. The cluster of interventions without IEs (gray) on the left side of the figure suggests that there are some shared characteristics among these projects that are not found among those with IEs. Most of the projects in this cluster are workplace-based SRH interventions. See Appendix 7 for a description of SRH and workplace interventions. Some evaluations of this type of integrated intervention are underway, but none were completed at the time of analysis. This gap in the evidence may affect inferences made about promising practices as they are based on the available evidence. Therefore, our study's findings are representative of all types of integrated programs except for workplace-based SRH interventions.

[6] Note that in some cases a project may have more than one entry in the inventory due to multiple interventions or a multi-arm intervention that was coded separately for our analytical purposes. The map in Figure 4 includes two "projects" — Balika and Siyakha Nentsha — that represent a total of five interventions. Balika randomized three interventions (ID numbers 3, 4, and 5 in the map, clustered in the upper right corner) and Siyakha Nentsha conducted two interventions (ID numbers 15 and 16 in the lower part of the map). Since the inventory data are used here to examine the features of projects with better WfD and SRH outcomes for young people, it was important to consider each of the interventions (study arms) separately.

FIGURE 4 **All 3 categories of intervention elements by experimental type**



The tables in Appendix 8 demonstrate how frequently SRH and WfD program features (content, mechanisms, and location) are combined across all projects.

DELIVERY CONTENT (ALL PROJECTS)

The content delivered across projects was quite diverse; however, some content combinations were more common than others (see Tables 1 and 2 for definitions of delivery content). WfD vocational/technical skills were commonly combined with an array of SRH delivery content, especially puberty, pregnancy prevention, HIV, STIs, gender, and soft skills. Nearly half the

interventions combined WfD soft skills and HIV (57%) or SRH soft skills (57%).[7] Other frequent delivery content integrated with WfD soft skills were puberty, pregnancy prevention, STIs, and gender, which were the same SRH content domains as typically provided with WfD technical/vocations skills. The high prevalence of workforce vocational/ technical skills and soft skills seems logical given that they are a basic input to most workforce development activities.

Entrepreneurship features were the next most common type of WfD programming. This is also logical since many WfD programs focus on both formal employment and self-employment. Likewise, SRH soft skills were a common feature of SRH programming. HIV content is equally unsurprising given that many integrated programs were implemented in Africa.

Among interventions offering entrepreneurship training, most also offered HIV information, and many provided information about pregnancy prevention, STIs, gender, and SRH soft skills. Among those offering job placement information and guidance, STIs and SRH soft skills were the most common form of SRH information provided; information about pregnancy prevention, HIV, and gender were also common.

Few interventions offering job placement support (e.g., support with resources/techniques for job placement) also provided information about puberty; this may be because job placement support programs typically target older adolescents and youth, whereas information about puberty is typically provided to younger adolescents. Very few interventions offered information about abstinence only.

Internship/apprenticeship program features were the least common among WfD interventions. Although internships are considered a good practice in WfD programs, the limited number of internship programs found may be because internships are hard to implement (i.e., they are labor intensive and require partnerships with employers), particularly in rural areas. Among the few internship programs, information about HIV and soft skills were the most common type of SRH content provided. Information about contraceptives as a program component was also seen less frequently, but occurred most often in combination with interventions providing vocational/ technical skills. This information is displayed in Table 20 (Appendix 8).

DELIVERY MECHANISMS (ALL PROJECTS)

Table 21 (Appendix 8) shows mechanisms for how content was delivered across projects (depicted by the red squares in Figure 4). (See Appendix 3 for definitions of delivery mechanism terms.) WfD and SRH curriculum-based education was the most common delivery mechanism

[7] For the purposes of this analysis, the distinction has been made between the categorization of “WfD Soft Skills” and “SRH Soft Skills” in order to better understand how aspects of project components interact between the fields of WfD and SRH. In reality, we recognize that soft skills cannot be divided neatly by outcome area; on the contrary, some of the same underlying skills contribute to positive outcomes across both domains. For example, a positive self-concept can drive the ability to negotiate for a job or or raise, or for the use of condoms during sex YouthPower Action explores in depth the evidence that a common set of soft skills predicts positive outcomes for WfD, SRH, and also violence prevention. See *Key Soft Skills for Cross Sectoral Youth Outcomes*, December 2016.

(61%). WfD curriculum-based education was often combined with SRH mentoring (41%) or peer education (35%). About one out of four programs integrated employer consultation with either SRH curricula, direct links to SRH services, peer education, or on-site provision of SRH services. Interventions with WfD internship/ apprenticeship were most commonly combined with curriculum-based SRH education and mentoring. Interventions focused on reintegration into schools and/or work[8] were commonly combined with peer education, behavior change communication and curriculum-based SRH education. Overall there were few farming/value chain interventions or interventions that included upgrading or modifying education curricula policy, as well as very few interventions directly providing SRH services aside from interventions implementing employer consultation.

DELIVERY LOCATION (ALL PROJECTS)

Table 22 (Appendix 8) shows the locations where the SRH and WfD interventions were provided. (See Appendix 3 for definitions of delivery location terms.) In some instances, these locations were different; for example, an intervention may provide WfD in a workplace and SRH in a clinic. However, as evidenced in the table, interventions were more commonly implemented in one location, particularly one of the following four locations: workplace, school, safe spaces, or youth clubs. For example, 22 percent of interventions provided both WfD and SRH activities in schools and 29 percent provided both WfD and SRH activities in the workplace. In the instances where activities took place in two locations, most often those locations were the workplace and a clinic suggesting that SRH and WfD activities were provided sequentially by different people, which seems logical since employers may not feel qualified to provide SRH services just as clinic staff are not able to address workforce issues.

SNAPSHOT 1: STATE OF THE FIELD TAKEAWAYS

- **Geographical context**: Integrated projects were found in Africa, Asia, the Americas, and the Caribbean. Evidence, however, is mostly from East and Southern Africa, South Asia, and the United States.
- **Impact evaluation evidence** was **available for most types of integrated projects,** with the exception of the combination of workplace and SRH programs, commonly called workplace-based SRH (for which studies are ongoing).
- **Delivery content was diverse, but there were some surprises,** including few interventions with job placement support and internships/apprenticeships, which may be a function of location (rural areas), age (these are for older adolescents and youth in their twenties), and cost.
- **Most programs delivery mechanisms took the form of curricula,** which were also commonly combined with mentoring.
- Interventions were **most often delivered in one of these locations**: workplace, school, safe space, or youth club.

[8] As per the definition we used for this project, reintegration to schools and/or work is defined as "Any project that works to bring out of school youth back into school/TVET program or into a job setting." See Appendix 3.

SNAPSHOT 2: WFD AND SRH FEATURES

ANALYSIS

- State of the Field
- **WfD/SRH Features**
- Non-WfD/SRH Features

After reviewing all the studies in the inventory, we looked specifically at the characteristics of interventions with IEs that were rated good or fair. See Appendix 9 for IE location and target population assessment type and rating. In this section, we show where there is the most evidence about specific project features and where there are gaps in the evidence. This will provide a context for understanding the results of our analysis of the project features that had the highest impact for youth.

TARGET POPULATIONS

There was a lack of diversity among the target populations in terms of gender, school status, and geographical location among interventions with IEs. This lack of diversity may limit the applicability of the assessment findings for segments of the youth population outside of those reached by the interventions included in our review. It is important to note that the demographic information was available for only 18 of the 20 interventions. A high proportion of the interventions with IEs targeted females, only. None of the projects reported reaching lesbian, gay, bisexual, transsexual, or queer (LGBTQ) youth or recorded alternative genders; thus, sex and gender data are only available for male and female target populations. Most interventions included in the analysis target both in and out-of-school youth, rather than in-school or out-of-school youth alone. Three interventions did not report information on school status.

Age was challenging to examine because interventions did not often create uniform age range categories for youth. We elected to use the age ranges or bands from USAID's Youth in Development policy, and then fit interventions into those four standard groups.[9] The frequency of age groups among the 18 interventions is shown in Table 5. All but three interventions targeted multiple age groups. Cross tabulations by gender, school status, and age are available in Appendix 10.

TABLE 5 **Interventions with IEs by age of beneficiaries**

Age in years	10–14	15–19	20–24	25–29
Interventions with IEs n=18	9 (50%)	18 (100%)	9 (50%)	2 (11%)

LOCALE

The greatest number of interventions with IEs were found in sub-Saharan Africa, followed by S. Asia, and then the United States; interventions were nearly evenly distributed between urban

[9] USAID (2012). Youth in Development: Realizing the Demographic Opportunity.

and rural locales, with only three implementing activities in both urban and rural areas simultaneously. The target populations of urban and rural interventions varied slightly; for example, rural interventions were more likely to target females, only, while urban interventions were more likely to target both males and females. Urban interventions were prevalent in sub-Saharan Africa and the United States; rural ones were more prominent in S. Asia.

REGION

There were notable gaps in the regions where interventions with IEs were found; this review only found interventions with IEs in S. Asia, sub-Saharan Africa, and the US. No interventions in any other countries in North America, nor any other continents or sub-regions, were identified. Interventions targeting females, only, were about evenly located in sub-Saharan Africa and S. Asia, while interventions targeting both females and males were split evenly between sub-Saharan Africa and the United States. The three interventions targeting only youth who were out-of-school were located sub-Saharan Africa; while the three targeting only in-school youth were in sub-Saharan Africa and the United States.

Intervention components were not always evenly distributed across target populations, locale, or regions. This is significant because it means that the elements we later identify as common across successful interventions may only be successful for the populations with whom and the locations where they were tested. A detailed breakdown of the distribution of intervention elements across target populations, locale, and region appears in the tables in Appendix 10.

FEATURES OF PROJECTS WITH IMPACT EVALUATIONS

For each of the three following tables, we describe how the integrated projects with IEs compare with the total number of integrated projects with these same features (see Appendix 8). The results make clear where there is an abundance of evidence, according to different combinations of features, and where there are evidence gaps.

A color scheme is used to help readers see where there are many, some, few, or very few/no interventions having those features: cells with 40 percent or more interventions having those features are green, 20–39 percent are blue, 10–19 percent are yellow, and cells containing fewer than 10 percent are white. Because the features of the interventions are represented individually—and because interventions may have more than one feature—an intervention may be represented in more than one cell.

Delivery Content (projects with IEs)

Table 6 displays the delivery content of interventions with IEs. All of the combinations of WfD and SRH content with at least five interventions in any given combination had at least one intervention that was evaluated. The most frequently evaluated interventions (two out of three) were those with puberty or STIs and job placement or internship/apprenticeship delivery content, yet they represented only six to 18 percent of projects. About half of the most common interventions — those with soft skills — had IEs. Outcomes of integrated WfD and HIV/STI testing interventions were the least likely to be rigorously evaluated; only 0–29 percent had IEs. Finally, none of the SRH interventions providing abstinence-only information had IEs; however,

the lack of effectiveness of this type of programming is well documented (Underhill et al., 2007, Stanger-Hall et al., 2011).

TABLE 6 **Evaluated intervention delivery contents**

		Workforce Development									
		Vocational/ Technical Skills		Soft Skills		Entrepreneur-ship		Job placement info. and guidance		Internship/ Apprentice-ship	
Sexual and Reproductive Health	Puberty	6	33%	16	89%	4	22%	2	11%	2	11%
	Pregnancy Prevention	8	44%	11	61%	5	28%	5	28%	2	11%
	HIV	10	56%	13	72%	6	33%	4	22%	3	17%
	STIs	7	39%	7	39%	5	28%	6	33%	2	11%
	HIV/ STI testing	2	11%	1	6%	1	6%	1	6%	0	
	Gender	7	39%	7	39%	4	22%	3	17%	1	6%
	SRH Soft Skills	12	67%	14	78%	6	33%	5	28%	3	17%
	Abstinence Only	0	0%	0		0		0		0	
	Contraceptives	2	11%	1	6%	1	6%	0		1	6%

>= 40% 20-39% 10-19% <10%

Delivery Mechanisms (projects with IEs)

Table 7 shows the project delivery mechanisms in interventions with IEs. Combined curriculum-based WfD and curriculum-based SRH interventions accounted for the greatest number of projects with an IE. Interventions with the following delivery mechanism combinations were likely to have IEs (about two out of every three, or more):

- Curriculum-based WfD education and SRH mentoring
- Reintegration into schools/work with SRH mentoring
- Internship/apprenticeship with on-site service provision

TABLE 7 **Evaluated intervention delivery mechanisms**

		Workforce Development											
		Curric.-based WfD Ed.		Farming/ Value Chain		Internship/ apprentice-ship		Upgrade/ mod Ed Curric. Policy		Employer Consult		Reintegration to Schools	
Sexual and Reproductive Health	Peer Ed	9	50%	0		1	6%	0		1	6%	5	28%
	Mentoring	13	72%	0		3	17%	0		1	6%	5	28%
	Curriculum-based Sexuality/ Life Skills Ed	14	78%	0		4	22%	0		2	11%	6	33%
	Links to Services	3	17%	0		2	11%	0		0		2	11%
	On-site service provision	2	11%	0		2	11%	0		0		1	6%
	SRH behavior change communication (BCC)	5	28%	0		0	0%	0		0		3	17%

>= 40% 20-39% 10-19% <10%

Of note is the lack of IEs found with the following delivery mechanisms:

- Integration of employer consultation and links to SRH services, which represented one out of every four integrated interventions
- Integration of employer consultation and on-site service provision or SRH behavior change communication (BCC) (respectively, 22% and 16% of integrated interventions)
- The lack of any WfD farming/value chain interventions with an IE is not surprising given that these projects are notoriously difficult to evaluate with an experimental design and very few integrated projects took a value chain approach.
- Upgrade/modification of education curricula interventions

Delivery Location (projects with IEs)

Table 8 indicates the locations where delivery of interventions with IEs occurred. Interventions implemented in safe spaces accounted for the greatest number followed by school-based and youth club based projects. While the table shows three interventions with information, communication, and technology (ICT), there were only two individual projects with ICT-enabled

learning identified in the review.[10] One of the projects, Balika, had three interventions each of which included an ICT component. Finally, few IEs took place in the workplace or in nongovernmental organizations (NGOs)/community-based organizations (CBOs). We would note the potential for overlap of safe space, youth clubs, and NGO/CBOs, all of which could have the common aspect of less formality than either a school, clinic, or workplace, which would only enhance the importance of these friendlier and more informal locations.

TABLE 8 **Evaluated intervention delivery locations**

		Workforce Development													
		School		Workplace		Youth Club		Safe Space		ICT		Clinic		NGO /CBO	
Sexual and Reproductive Health	School	4	22%	1	6%	1	6%	0		0		1	6%	2	11%
	Workplace	1	6%	3	17%	1	6%	1	6%	0		0		1	6%
	Youth Club	1	6%	0		4	22%	2	11%	0		0		1	6%
	Safe Space	0		0		2	11%	6	33%	3	17%	0		1	6%
	ICT	0		0		0		3	17%	3	17%	0		0	
	Clinic	2	11%	0		0		0	0%	0		2	11%	1	6%
	NGO/CBO	3	17%	1	6%	1	6%	0	0%	0		1	6%	3	17%

>= 40% 20-39% 10-19% <10%

Intensity of Treatment

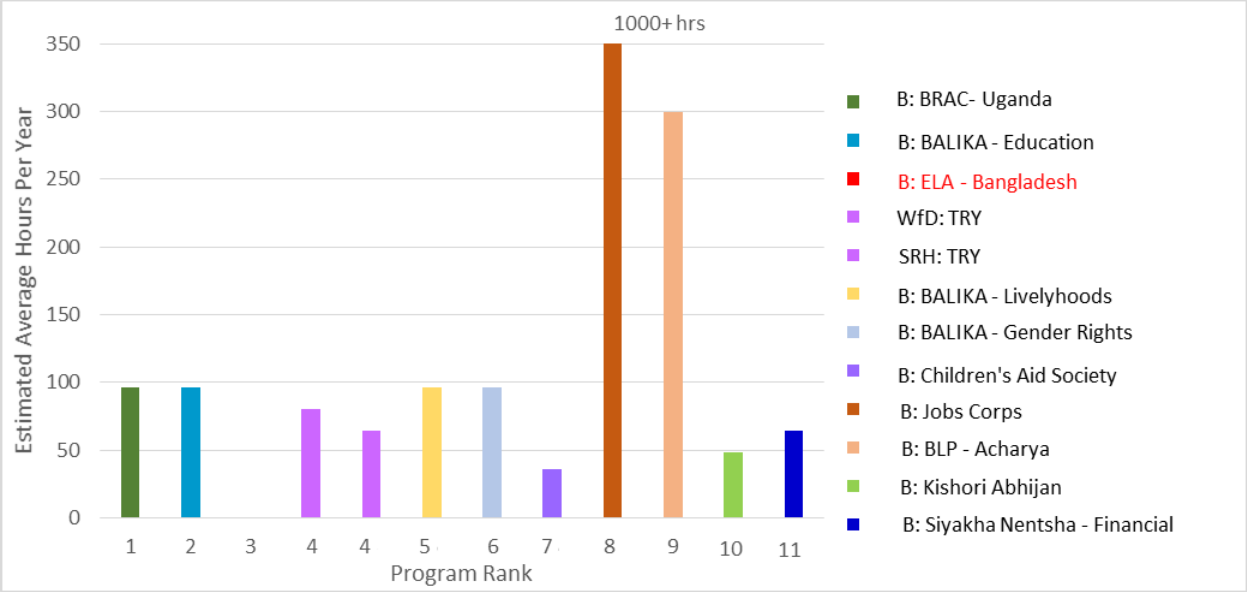
Given the role that exposure plays in the successful outcome of an intervention, the inventory also recorded the amount of time over which an intervention was delivered, (or the "intensity" of an intervention). See Appendix 11 for the cost details per intervention related to intensity of treatment. The inventory captured as much information as was available about each project's intensity in terms of either day, week, month, or year segments in intervention documents. However, because interventions used different measures of intensity and many provided no information or insufficient information, creating a common scale was a challenge. In an attempt to create a consistent scale, we translated data into the average hours devoted to WfD and SRH intervention engagement annually. We chose hours per year because the broader time frame allowed for a more representative relationship of time per treatment. In creating this

[10] In this research effort ICT is treated as a location that is represented by a digital sphere where learning can occur. In this space, a delivery mechanism like curriculum and program components such as SRH technical, or soft skills, can take place.

uniform time measurement, we assumed that: (1) the standard unit of time for a meeting or training, if not listed, was an hour, and (2) in cases where internships or trainings occurred, they occurred, unless otherwise noted, over an eight-hour day.

Of the top 10 interventions ranked in this inventory, nine included sufficient information to generate an estimate of annual hours per year. The comparison of these projects by rank and hours averaged per year are depicted in Figure 5; the one project that did not have sufficient data is marked in red, creating a gap in columns of estimated hours.

FIGURE 5 **Highest total scored interventions with intensity information**



Based on the estimated intensity of these interventions, it is difficult to draw any strong conclusions about "how much" exposure is needed to facilitate positive outcomes; however, it appears that at least 50 to 100 hours over the course of a year is minimally required. In only one of the top ten interventions did a project provide enough information on activity intensity to allow for differentiation of intensity between the WfD and SRH activities (Tap and Reposition Youth-TRY), while the others are shown as combined (those in Figure 5 shown as "B") due to the lack of differentiating information on intensity.

Ranking the Projects with IEs

In this section, we distinguish between the features of interventions based on their outcomes. (See Appendix 5 for list of outcomes by IE.) Findings of this analysis should be interpreted with caution, given the small number of interventions with IEs. The appearance of successful outcomes in one context does not necessarily mean that replicating a project feature that contributed to that outcome will have the same results in another context.

Outcome scores

Table 9 shows scores for the interventions with IEs. High scores should not be interpreted as a direct measure of program effectiveness, but rather as a measure of the strength and quality of the evidence for positive outcomes. Scores within WfD and SRH are between 0 to 1, with higher scores denoting more statistically significant positive outcomes. Of the interventions with IEs, the highest and lowest WfD scores were 0.82 and 0.00, respectively, and the highest and lowest SRH scores were 0.90 and 0.0. The mean WfD and SRH scores were 0.51 and 0.2, respectively. The highest total sum score (out of 2) was 1.88 and the lowest was 0.

The two U.S.-based projects (Job Corps and Children's Aid Society Carrera-Model Program) provided both on-site provision of contraceptives and links to SRH services, which were not otherwise seen in the top-scoring projects. The Children's Aid Society Carrera-Model Program received an SRH score above 0.5. Job Corps did not measure the impact of the project on SRH, but received a high WfD score of 0.76.

Most of the high-scoring interventions overlap regardless of which ranking protocol is applied, though different protocols can shift the rank of an intervention. By examining the interventions through these protocols, we can see which elements of delivery content, delivery mechanism, and other attributes outside the WfD and SRH focus, influence a project's success. In Table 9 each intervention is ranked based on the four protocols (see Methods, Step 3b); however, emphasis is often placed on the top ten based on outcome total. The ranking for outcome total is shown in Column D. Column E shows the ranking of those interventions with both WfD and SRH outcomes above 0.30 (overlap of top WfD and SRH outcomes). Columns F and G reflect the scores in Columns A and B.

CASE: CHILDREN'S AID SOCIETY

The WfD arm focuses on work opportunity development through a "job club" where participants develop career awareness, connect with employment opportunities, and receive a stipend and an individual bank account.

The SRH arm focuses on connecting participants with medical and reproductive health care, making available contraception and mental health services such as counseling. An SRH-focused curriculum is also used to teach about puberty, rights and responsibilities.

JOB CORPS

The WfD arm uses individualized education programs to accelerate remedial academics, work-related learning, home and family living, and health education, and can grant GED equivalency. The centers also provide extensive vocational training, career counseling, mentoring, post-program transition support, and job placement support.

The SRH arm is merged with the health education elements. It includes a treatment and preventative care, tests for drug use and STIs, counseling for emotional and other mental health problems, and instruction in basic hygiene, preventive medicine, and self-care.

TABLE 9 **Interventions with IEs by multiple ranking protocols**

ID#	Intervention Name	*Column A:* **WfD Composite Outcome**	*Column B:* **SRH Composite Outcome**	*Column C:* **Outcome Total**	*Column D:* **Rank by Outcome Total**	*Column E:* **Overlap top WfD & SRH**	*Column F:* **WfD rank**	*Column G:* **SRH rank**
10	BRAC ELA - Uganda	1.00	0.88	1.88	1	1	1	1
3	BALIKA - Education	0.33	0.73	1.06	2	2	11	3
8	BRAC ELA - Bangladesh	0.78	0.20	0.98	3		3	9
19	TRY	0.80	0.18	0.98	4		2	11
5	BALIKA - Livelihoods	0.21	0.76	0.98	5		17	2
4	BALIKA - Gender-Rights Awareness	0.37	0.57	0.94	6	3	8	4
9	Children's Aid Society	0.36	0.53	0.89	7	4	9	5
11	Job Corps	0.76	0.00	0.76	8		4	14
6	Better Life Options	0.43	0.28	0.72	9		6	8
12	Kishori Abhijan	0.50	0.20	0.70	10		5	10
15	Siyakha Nentsha - Financial Education	0.35	0.30	0.65	11		10	6
18	Street Smart	0.30	0.30	0.60	12		12	7
2	Akazi Kanoze	0.40	NA	0.40	13		7	18
16	Siyakha Nentsha - Stress Management	0.25	0.15	0.40	14		15	12
17	Soccer and Job Training	0.30	0.08	0.38	15		13	13
14	SHAZ!	0.30	0.00	0.30	16		14	15
13	Ninaweza	0.23	0.00	0.23	17		16	16
20	Yo Puedo	NA	0.00	0.00	18		18	17

We review and summarize the delivery content, mechanism, and other project attributes of the top ranked interventions according to different scoring approaches in the remainder of this section. Tables supporting the analysis are found in Appendix 10.

WfD and SRH scores in Table 9 above 0.5 are highlighted in green (total possible 1.0 each); those from 0.30-0.49 are in blue; 0.10-0.29 are in yellow; and those below 0.10 are in white. Column C, outcome total, is the sum of column A + column B and is the score used to sort the table from high to low. Outcome total scores range from a low of 0 (no measured change) to a maximum of 2. Only one intervention, BRAC ELA – Uganda, had both WfD and SRH outcomes above 0.5. It is therefore one of only two interventions with outcome totals above 1.0.

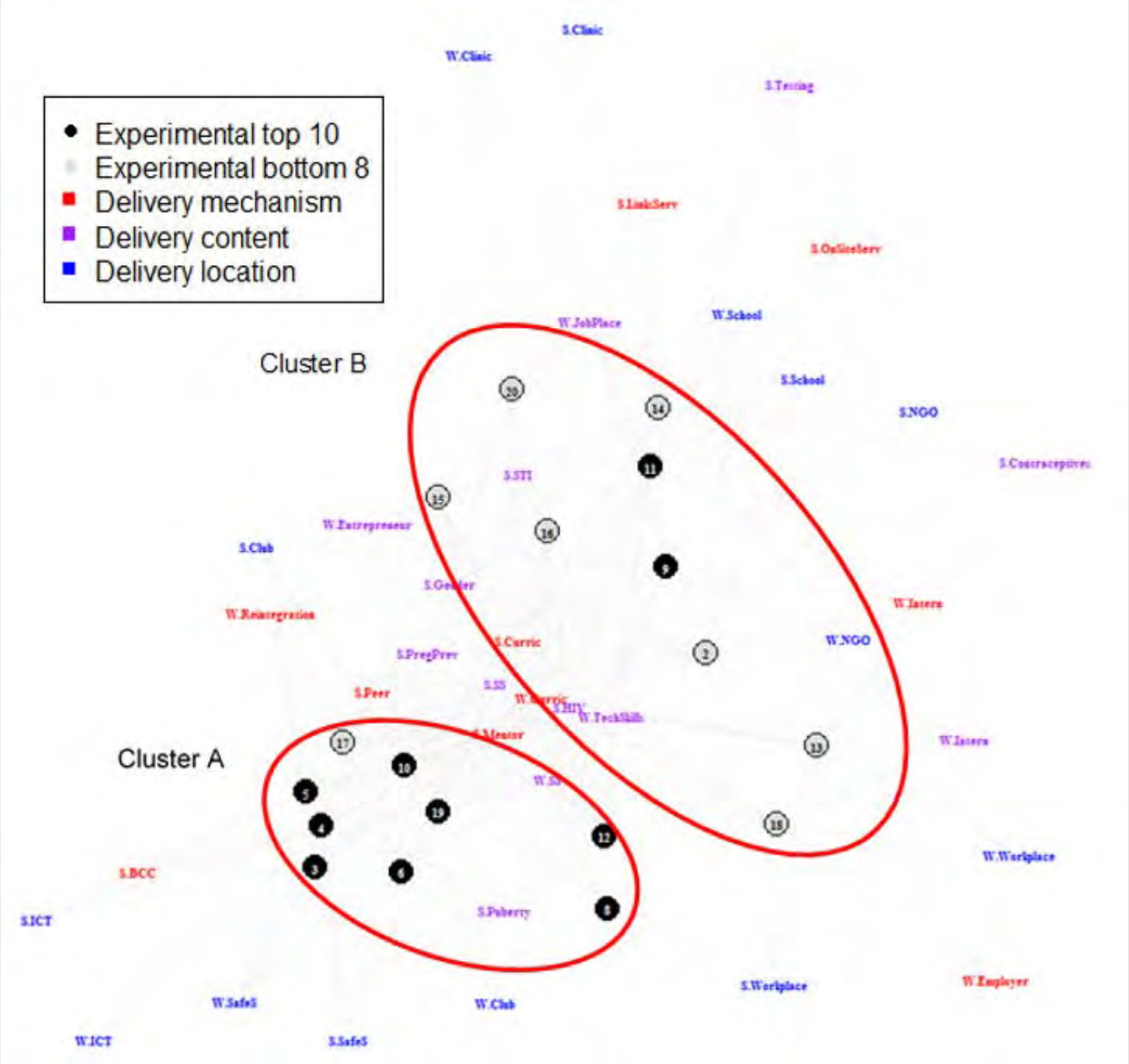
Figure 6 shows interventions ranked based on column C, outcome total (To draw distinctions between the features of the interventions, black circles represent the 10 interventions with IEs that had the highest total scores (0.70 and above), while the gray circles represent the eight interventions with the lowest total scores, scores between zero and 0.65. Two clusters emerge from this analysis.

CASE: BRAC ELA – UGANDA

The WfD arm focuses on income-generating activities for girls, through vocational training by local entrepreneurs in the target activity, development of girl-owned small-scale enterprises, and training in financial literacy and accounting. This is successfully done by engaging with employers and understanding market demand.

The SRH arm relies on after-school clubs and female mentors who hold life skills trainings that cover key SRH skills like sexual and reproductive health, family planning, pregnancy, STIs, and HIV and AIDS awareness. Other sessions focus on softer skills like leadership, negotiation, conflict resolution, and women's legal rights.

FIGURE 6 **Experimental evaluations differentiated by rank**



Depicting the top 10 and bottom eight interventions reveals a difference in their delivery content, mechanism, and location. Cluster A captures most of the interventions with the highest total scores, while Cluster B contains the majority of those with lower total scores.[11] The major delivery content, mechanism, and location differences between the clusters are presented in Table 10.

[11] Scores were derived from projects' outcome measurements for short, medium and long-term outcomes and summed to create WfD, SRH and total scores. For more details see Section 2.2.

TABLE 10 **Differences in Elements between Higher and Lower Scoring Interventions**

	Cluster A (Highest Total Outcome Scores)	**Cluster B** (Lower Total Outcome Scores)
Delivery Content	• More likely to offer information on puberty, pregnancy prevention, and soft skills than Cluster B	• Some offered job placement or internships (none in Cluster A) • More likely to provide information on STIs or test for STIs than Cluster A
Delivery Mechanism	• Most had peer education, mentoring and SRH BCC (none for Cluster B). • More likely to assist with workforce reintegration than Cluster B	• Some provided internships. • Some links to services and on-site health provision (none in Cluster A)
Delivery Location	• Most in youth clubs and safe spaces; none from Cluster B were in these locations	• Some were in schools and clinics • More likely to take place in workplace and NGOs than Cluster A

Figure 6 and Table 10 reveal that based on their total score, high-outcome interventions were more likely to use peer education, mentoring, and SRH BCC. They were also more likely to address knowledge related to puberty and pregnancy prevention and to be delivered in a safe space or youth club. Workforce and SRH soft skills were common across most of the interventions regardless of score. See Appendix 4 for additional network analysis maps including one illustrating the “top 10” interventions.

Delivery Content (for top-ranking projects)

For each ranking protocol, we analyzed the delivery content common to the highest outcomes and found that:

1) *Total score (Table 9, Column D)*: Top-scoring interventions were more likely to address puberty and pregnancy prevention than lower-scoring interventions. Workforce and SRH soft skills were common across most of the interventions, regardless of score.
2) *Top overlap scores (Table 9, Column E)*: All interventions looked similar on the WfD side, but the top four were more likely to engage in pregnancy prevention than the rest.
3) *Top WfD scores (Table 9, Column F)*: Content of the interventions was dominated by WfD technical skills, both WfD and SRH soft skills, and HIV and pregnancy prevention. The only interesting trend was the reduction in discussing puberty from the top to lower scoring projects.
4) *Top SRH scores (Table 9, Column G)*: All addressed puberty and pregnancy prevention at a higher rate than the lower-scoring interventions.

Table 11 summarizes the findings across all of the analyses to show which elements of an intervention's content appear in the top-scored interventions according to WfD and SRH outcomes.

TABLE 11 **Summary of content of successful interventions, by outcome**

WfD Outcomes	SRH Outcomes
Technical skills - *all*	Technical skills (*top & low)*
WfD and SRH soft skills – *all*	WfD and SRH soft skills – *all*
Pregnancy prevention - *all*	Pregnancy prevention (*top & low)*
Puberty – *top (less present as rank decreases)*	Puberty - *top*
HIV – *all*	HIV – *all*

Delivery Mechanisms (for top-ranking projects)

For each ranking protocol, we analyzed the delivery mechanisms common to the highest outcomes (Table 12). (Definitions for these terms are available in Appendix 3.)

TABLE 12 **Common delivery mechanisms of top-ranked interventions**

Common Delivery Mechanisms	Total Score *Column D Table 9*	Top 4 overlap *Column E Table 9*	Top WfD Score *Column F Table 9*	Top SRH Score *Column G Table 9*
WfD & SRH curricula	√	√	√	√
SRH mentor	√	√	√	√
SRH peer education	√			√
Reintegration to school/ work for out-of-school youth	√	50%		√
SRH BCC	√	√		√

All of the top-ranked interventions included curriculum and SRH mentor. Three of four interventions included SRH family and community engagement. Reintegration into school/work was also prominent in high-ranking interventions.

Target Population Characteristics (of top-ranking projects)

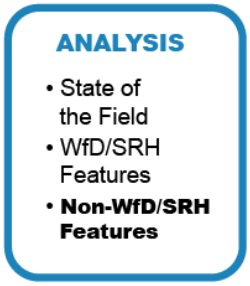
Finally, this analysis identifies commonalities and differences in demographic information of the populations targeted by these IE interventions rated good or fair (see Table 24 in Appendix 9). Given the overlap of age groups of project participants, no differences were discerned across the features or ranks for these interventions.

With regard to gender, based on the total scores, we saw that eight of the top 10 interventions targeted females only, while the two that targeted both females and males were based in the United States. Based on the overlapping interventions with both high WfD and SRH scores (four interventions), the top three target females and the fourth was one of the U.S.-based interventions. The top three WfD-scoring interventions and the top four SRH-scoring interventions targeted females. The one intervention targeting males was low-scoring regardless of which ranking protocol was used—however, it included many of the features offered by higher scoring interventions. Interventions targeting both males and females clustered toward the middle of the rankings, with some at the bottom end and few in the top five.

SNAPSHOT 2: WFD AND SRH FEATURES TAKEAWAYS

- **The lack of diversity** of gender**,** school status, and geographical locations **may limit the applicability of findings outside of the studied populations.**
  - There was a lack of interventions targeting males (found in only one instance in the interventions reviewed).
- **Programming gaps include:**
  - Interventions with a farming/value chain feature or efforts to upgrade/modify education curricula or policy
  - Incorporation of ICT with on-site provision of SRH services
- **Evidence gaps include:**
  - Data from Latin America and the Caribbean, South America, Southeast Asia, MENA, West and Central Africa, and Eastern Europe
  - Information about cost, scale, sustainability, and the mechanics of integrating WfD and SRH
  - Studies on WfD interventions that include HIV/STI testing
- **The most common project features among projects with the highest outcome scores** were:
  - *Delivery content*: WfD technical/vocation training, soft skills, pregnancy prevention, puberty, and HIV
  - *Delivery mechanisms*: mentoring, curriculum-based learning, SRH BCC, and workforce reintegration
  - *Delivery location*: safe spaces and youth clubs

SNAPSHOT 3: NON-WFD/SRH FEATURES



Snapshot 3 involved further analysis of the features of projects with IEs, going beyond WfD and SRH features to other common features, which yielded a holistic picture of effective integrated programs.We conducted analysis of each of these potential ways of examining the data along with additional coding of data based on "other" observed elements that did not fit the WfD or SRH definitions described in the Methods section (Tables 4 and 5). These are features that appear to play an important role in highly-ranked interventions.

These attributes include:

- Financial literacy training
- Financial services access or assistance/linkage
- Literacy and numeracy training/tutoring
- Play/learning resources
- Business grant or stipend
- Community/policymaker engagement
- Legal rights education
- Nutrition education
- Mitigation of alcohol/drug abuse
- Psychosocial support

Analysis showed that the following additional features were common across most of the "successful" interventions:

- ✓ *Play/learning resources* (in 9 of the top 10 ranked total outcome programs)
- ✓ *Financial literacy* and *access to financial services* (in at least 50 percent of the top programs)
- ✓ *Nutrition education* (in rural programs, especially in S. Asia)
- ✓ *Community member, parent and policymaker engagement* (60 percent of the top ranked programs)

To provide an organizational structure for these findings, we grouped the features (delivery content, mechanisms, and location, and additional project elements) by their apparent function. This led to the creation of four core categories:

- Skills and knowledge building
- Opportunities for positive personal relationships
- Supportive environment
- Access

Table 13 shows how we grouped the features into these four core categories.

TABLE 13 **Features associated with highest outcomes**

Skills and Knowledge Building	Opportunities for Positive Personal Relationships	Supportive Environment	Access
• Soft skills • WfD technical/ vocational skills • SRH skills • Financial literacy • Nutrition knowledge	• Play and learning resources • Mentorship • Club participation	• Policymaker, Community, and Family engagement	• Financial services

SNAPSHOT 3: NON-WFD/SRH FEATURES TAKEAWAYS

- **Provision of play/learning resources**
- **Family and community engagement**
- Information to improve **financial literacy** and **links to financial services**
- Nutrition education

3.3. Developing a Theory of Change

Developed theory of change

Building upon the results of this study, we developed a theory of change to guide the development and implementation of integrated WfD and SRH programs (Figure 7). This theory of change presents a holistic model for integrated WfD and SRH programming that builds on the evidence generated from this review, incorporates external evidence on best practices to fill critical gaps, and aligns with the four domains of positive youth development (PYD): (1) building skills, assets, and competencies; (2) fostering healthy relationships; (3) strengthening the environment; and (4) transforming systems.

FIGURE 7 **Theory of change**

At the center of this theory of change are skills- and knowledge-building activities, as well as opportunities to build positive relationships with the support of mentors in the context of an engaging and safe learning environment. The delivery of activities in a group setting—such as a safe space, youth club, or savings group—provides a space for young people to interact with each other and build relationships. The incorporation of play/learning resources can create a social environment where youth support each other to learn and to change, thereby reinforcing new knowledge and behaviors. For example, Balika's incorporation of role play and learning resources made the features of the WfD and SRH life skills curriculum more interactive and engaging (Amin et al. 2016). A mentor can provide youth with important information about SRH and soft skills, as well as much needed psychosocial support. In the Tap and Reposition Youth (TRY) project, mentors provided much more than information. They worked in parallel with

credit officers, provided social support and counseling, organized events like seminars and day trips around the community, and provided service referrals (Erulkar et al. 2006).

Approaches to strengthen the enabling environment appear in the second circle of the theory of change. Interventions in this review that demonstrated the most success sought to engage families, community members, and key stakeholders (such as policymakers) through family and community engagement to shift norms and create a supportive environment in which youth can flourish. Family and community engagement approaches can include interpersonal communication, radio messaging, and group-based discussion and reflection. For example, in Kishori Abhijan, NGO partners hosted community meetings and events with elected members of local governments, government officials, local elites, parents, and adolescent boys to change perceptions and behavior to better support adolescent girls (Amin and Suran 2005). Family and community engagement with families, communities, and key stakeholders can create a supportive environment for youth to apply the knowledge and skills they are gaining.

Linkages to financial and SRH services appear to the right of the theory of change. Some of the most successful interventions sought to increase access to financial services such as banks or savings groups. In the financial education arm of Siyakha Nentsha, participants received data collection and household financial management courses, in addition to basic business planning (Hallman et al. 2016). With increased access to financial services, new school opportunities or work, young people are further able to apply the knowledge and skills they have gained. Improved social capital can increase the likelihood that these practices (use of financial services, attending school, or maintaining employment) are sustained. Few of the interventions with IEs sought to increase access to SRH services, though increasing access to youth-friendly services is well-established as an evidence-based practice (Bearinger et al. 2007; Chandra-Mouli 2016).

Additionally, employers frequently cite the lack of skilled employees as a challenge, because often projects focus on providing skills curriculum or trainings without engaging employers to understand their needs (Aring et al. 2013). However, links to youth-friendly services and employer consultations occurred more frequently in interventions that were not experimentally evaluated. Employer consultation can benefit integrated projects by providing insight into the skills that will be required of future employees, better aligning a project's skill-building features to potential youth employment opportunities. In addition, consulting with employers can open workplaces as locations for different intervention mechanisms, such as on-site SRH clinics or the provision of curriculum-based education (Yeager 2011).

Table 14 provides another way to interpret the theory of change, dividing program elements into three categories: the **core features** emerging from the assessment (column 1), the **additional required features,** which are necessary to be included based on evidence in other literature (column 2), and **other features to consider** (column 3), which were commonly found in top scoring programs. The color coding of the table matches the graphic representation above.

TABLE 14 **Types of Features in the Theory of Change**

Core Features *Common across all programs*	**Additional Required Features** *Based on the literature*	**Other Features to Consider** *Top scoring programs had one or more of these elements*
WfD curricula for vocational/technical skills training SRH curricula covering pregnancy prevention, puberty and HIV Soft skills Safe spaces/youth clubs Games/play/resources Mentors Family and community engagement	+ Employer consultation + Links to SRH services	Financial literacy training Linkages to financial services Nutrition education SRH behavioral change communication

Features that commonly appeared among interventions with the highest WfD and SRH outcome scores are called *core features*. Program features that frequently appeared across interventions with the highest WfD and SRH outcome scores, are called *other features to consider* (see Table 3 for list and definitions). Additional features recommended in the current literature on best practices in WfD and SRH as well as an examination of their alignment with the four domains of PYD are called *required features*. To note, some of the "other features to consider" were more common in specific contexts: for example, nutrition education and SRH behavior change communication were prominent in the S. Asia programs, but were either not found in or were not common in other regions.

In sum, evidence suggests that integrated WfD and SRH programs are **most successful when they take a holistic PYD approach** by:

- Implementing vocational/technical skills training and curricula-based SRH education
- Integrating soft skills development
- Providing opportunities for youth to interact with each other and mentors to build positive relationships in an engaging and safe learning environment
- Engaging family, community members and policymakers
- Offering additional features, in some contexts, such as financial literacy, links to financial services, nutrition education and SRH behavior change communication.

These features appear to reinforce each other.

4. DISCUSSION

4.1. Summary

To understand the most effective programmatic features of holistic WfD and SRH youth programming, we examined the current state of the field to understand the features of integrated projects including those that have received little attention. We also examined the existing evidence base to better understand which integrated project features are associated with positive outcomes for youth. We classified features into three categories (delivery content, delivery mechanisms, and delivery locations). We calculated outcome scores for the projects based on early, mid- and long-term outcomes presented in IEs. We then identified the most common features among projects with the highest outcome scores. Those were:

- *Delivery content*: WfD technical/vocational training, soft skills, pregnancy prevention, puberty, and HIV
- *Delivery mechanisms*: mentoring, curriculum-based learning, SRH BCC, and workforce reintegration into school/work
- *Delivery location*: safe spaces and youth clubs

We also found that the highest scoring projects were more likely to incorporate *additional programmatic features* beyond those that directly address SRH and WfD. Those were:

- Provision of play/learning resources (core)
- Family and community engagement (core)
- Information to improve financial literacy and links to financial services
- Nutrition education

4.2. Integrated Programming and Research

A growing body of literature demonstrates that meeting young people's multifaceted needs requires a holistic, assets-based approach that is grounded in the principles of PYD (Marston et al. 2006 and Plourde et al. 2016). Our theory of change, developed based on the evidence that emerged from our analysis, is in alignment with other research and evidence and with the field of PYD. PYD[12] engages youth along with their families, communities, and/or governments so that youth are empowered to reach their full potential. PYD approaches build skills, assets, and competencies; foster healthy relationships; strengthen the environment; and transform systems. Our results demonstrated a strong correlation between projects that applied this holistic approach and better outcomes for youth. Interventions that (1) seek to build skills and knowledge (or, skills, assets, and competencies per the PYD definition), while concurrently increasing opportunities for fostering healthy personal relationships per the PYD definition, (2) improve access to financial services and school/work reintegration (transforming systems), and

[12] For more information see: http://www.youthpower.org/positive-youth-development

(3) build a supportive environment (strengthening the environment) had the greatest impact on both WfD and SRH outcomes.

BUILDING SKILLS, ASSETS, AND COMPETENCIES WHILE FOSTERING HEALTHY RELATIONSHIPS

The importance of providing adolescents and youth with high-quality sexual and reproductive health information is well supported in the peer reviewed literature. Evidence demonstrates that comprehensive sexuality education can improve young people's SRH knowledge, have a positive impact on attitudes, and lead to behavior change (Kirby 2005; Alford 2008). Workforce development programs are also shown to be effective for youth employment earning (See Olenik and Fawcett, 2013 for a summary). Our analysis did however, reveal some gaps in the type of information delivered by the integrated interventions we analyzed. *Information on STIs and gender* were underrepresented among programs in this analysis. Yet, evidence shows that when soft skills training addresses gender and power it can lead to reductions in STIs, delayed age at first marriage, and decreases in unintended pregnancies among adolescents and youth (Santhya 2015). Moreover, the provision of information about STIs is recommended as a part of any comprehensive sexuality education program (UNESCO 2009). Furthermore, there is often a failure to recognize the importance of providing information about puberty to older adolescents — while all comprehensive sexuality education should be delivered in an age-appropriate manner, many young people have never received this critical information. Information about puberty should be tailored to meet the needs of older adolescents rather than omitted from projects tailored toward this age group completely as was commonly seen among programs in this analysis.

Building positive personal relationships is another important aspect of the mechanics of change for youth. Social connectedness and building positive personal relationships are important developmental components for youth well-being (Bruce and Hallman 2008). High social capital, sometimes conferred from family social capital stocks, is known to correlate with positive youth well-being (Ferguson 2006). Participating in social networks is known to help people through reciprocal support and reducing isolation (Afridi 2011).

STRENGTHENING THE ENVIRONMENT AND TRANSFORMING SYSTEMS

Transforming systems is a core domain of PYD. Systems can include health, education, financial, and economic systems. In our review, increasing access to financial systems emerged as important components of successful integrated WfD and SRH projects. The review did not, however, find many cases of links to youth-friendly SRH services. More research on how to better link youth to services through integrated WfD and SRH projects is needed. More research on the use of employer consultation in an integrated approach is also needed to determine its potential value to integrated projects.

Among the most successful interventions, family and community engagement was found to influence the enabling environment in two specific ways: (1) before project recruitment, e.g., by facilitating the participation of girls in restrictive contexts through communication with parents and community leaders, and (2) during the intervention, e.g., by continuing to interact with parents and community leaders to address issues affecting youth participation and how positive outcomes for youth may improve community well-being. This finding aligns with the fourth

domain of PYD, strengthening the environment, and with other research, which demonstrates that family and community engagement may reduce barriers and constraints (Cho et al. 2013), as well as contribute to a positive enabling environment for youth development.

GAPS IN PROGRAMMING

Based on the integrated WfD and SRH interventions we analyzed, we found several surprising gaps in programming, which are briefly discussed below. Few interventions include WfD farming/value chain, upgrade/modify education curricula or policy, and to some extent internship/apprenticeship components. Of the first two delivery mechanisms, none of those interventions were evaluated. Fewer integrated interventions appear to be delivered in a clinic or NGO/CBO setting; this likely reflects the best practice of reaching youth in a space that is comfortable to them and "where they already are," such as in schools, workplaces, youth clubs and safe spaces. Gaps include:

- Few documented interventions included a farming/value chain feature, even when farming was an important potential means of employment.
- There were no instances in which integrated interventions sought to upgrade/modify education curricula or policy.
- Integrated internship interventions were not frequently used, even in those that included vocational or technical training with the aim of prompting employment.
- Few interventions, particularly ones that were experimentally evaluated, recorded on-site provision of SRH services.
- Few documented interventions incorporated an ICT component, despite frequent discussions about the important role ICT might play in development programming.
- Few interventions described the information about gender they presumably provided to youth or through family and community engagement.
- Lack of interventions targeting males – found in only one instance in the interventions reviewed.

Overall, the extent to which WfD and SRH activities are integrated or if they are merely simultaneously or sequentially provided to the same youth is unclear. Tighter integration or coordination of WfD and SRH investment may magnify impact on youth. Research evidence and inputs from the CG suggest that embedding SRH information/skills/services into best practice workforce projects, particularly in countries or for populations where SRH issues are particularly salient, is a good way to reach youth and improve both WfD and SRH outcomes. This is in lieu of single-sector activities. Implementing integrated projects along these lines will provide a platform for building further evidence about cost-effective approaches to integration.

RESEARCH GAPS

In searching for integrated WfD and SRH interventions, we identified significant gaps in the existing body of literature on each intervention. While interventions integrating employer consultation and links to SRH interventions accounted for a considerable proportion of all interventions reviewed in the typology, few have been evaluated. More research can provide a better understanding of how these, and other, supportive project features can strengthen integration and improve outcomes for youth. Gaps include:

- No evidence on upgrade/modification of education curricula was identified in this search.
- Few IEs have been conducted on WfD interventions that include HIV/STI testing, despite it being a potentially effective way to reach many people at once.
- Little information was provided about the cost of promising interventions, despite such information being potentially useful for replication or scale-up efforts.
- Greater information is needed on how programs integrate different activities and which are found to be most effective
- More information on the scale and sustainability of promising approaches is needed.
- Data are lacking from Latin America and the Caribbean, South America, Southeast Asia, MENA, West and Central Africa, and Eastern Europe.

4.3. Limitations

The following discussion focuses on the limitations that come from our study design, as well as those inherent in the current state of practice and research related to integrated WfD and SRH projects. Issues include the lack of available cost information, disaggregated outcomes by gender and participant age, and intervention documentation, particularly around scalability and sustainability of projects.

As noted earlier in the Methods section, we created an intervention intensity scale. In many cases WfD and SRH intervention activities occurred over the same period, but project documents did not typically include descriptions of time spent on SRH- versus WfD-related intervention activities. Of the evaluated interventions rated good or fair, one did not include any indication of time that could be used for intensity analysis. For three of the interventions, information was provided, but it was so complex across the different activities that we could not create a defensible estimate of participation time.

Cost information – cost per participant and cost per benefit – is critical to any discussion about replicability, scalability, and sustainability (see Appendix 11). During the literature review, few documents provided details about intervention cost at the project, participant or outcome level. While we included cost as a variable in the inventory, we did not follow up with many authors to see if it was available. To that end, it may be that cost information is available and could be obtained through outreach.

The study was further limited in its ability to analyze outcomes by gender and age. With regard to age, the challenge was twofold: first, age groupings varied (see Table 12), making it difficult to make inferences across groups of common youth; and second, there was a lack of outcomes by age group where the study was sufficiently powered to examine such levels of disaggregation. When considering limitations in the field, age can be difficult to track in actual implementation. In many projects, several age ranges were noted for different aspects of the projects, and in one instance a project targeted a particular age range, but included youth outside the targeted range.

The lack of gender diversity in the data, and in project target groups, was another limitation. Engaging men and boys in projects to transform gender norms and as equal partners in SRH is a proven strategy (Ghanotakis et al. 2012, Shattuck et al. 2010). Furthermore, while adolescent

girls and young women bear a disproportionate burden of negative SRH outcomes, young men also face distinct disparities (Plan International 2011). LGBTQ youth are particularly vulnerable to discrimination related to employment and health care (Dayton 2016), yet programming for this population is sparse.

With regard to scalability and sustainability, only one project demonstrated success in scaling and sustaining its performance over decades (Jobs Corps). This is likely due to the fact that the integration of WfD and SRH interventions is still a relatively new practice. Part of the challenge may also be cost, as Job Corps' cost per participant was far beyond anything spent in WfD projects in developing countries.

It is also important to note that the literature available for integrated WfD and SRH interventions is small. The majority of the literature is grey literature and/or lacks rigorous evaluation that would provide more reliable evidence on which to make decisions about the most promising practices.

Limitations arising from study design included complexity in visualizing the data and the potential for multiple approaches to the analytical framework. For example, the research team, in consultation with the CG, made decisions that resulted in ranking the projects with IEs. Multiple ranking approaches and their results were examined in order to mitigate any bias from taking one approach.

5. RECOMMENDATIONS

Integration of projects in WfD and SRH may provide significant compound benefits to create greater positive outcomes for youth. Building on the above analysis and theory of change that emerged from this assessment, we make the following programming and research recommendations that we believe will help drive knowledge and action around youth project integration in the field. As noted as a limitation in the Discussion section, much of the information that would inform an analysis of impact sustainability, adaptability, and cost was not found in the literature review. Therefore, the recommendations are based on a combination of findings from the evidence presented above and assumptions and experience of the YouthPower Action WfD and SRH Integrated Activity team and Consultative Group.

One recommendation is relevant for both programs and research: good implementation science to inform existing and future programming is needed and should include the collection and publication of more information about:

- Time frame in which intervention activities occur (duration), and the distinct amount of time dedicated to each individual project intervention or activity
- Cost to reach beneficiaries
- Location where intervention components are delivered, specifically when activities occur across multiple geographic locations (e.g., urban/rural/peri-urban) and/or at multiple sites (e.g., school, clinics)

5.1. Programming Recommendations

Integrated WfD and SRH interventions should be implemented in a holistic manner; incorporating the findings of this review and including the features outlined in the above theory of change. These include:

- Curriculum-based information on SRH and WfD
- Soft skills development integrated throughout program
- Opportunities to develop personal relationships and social support such as mentoring and play/games and learning resources, offered in a safe space or youth club
- Family and community engagement including efforts to engage policymakers

Beyond this, program implementers should consider “which youth,” and “when youth” should be engaged, by:

1. **Applying a life-course framework** that recognizes the critical times in the lives of youth that can alter their trajectories (Blum 2012). For example, an unintended adolescent pregnancy can drastically shift the path of a young woman—however, intervention before that critical juncture could drastically impact her sexual and reproductive health outcomes. There is *strong evidence demonstrating the importance of working with very young adolescents* (10-14 years old) (Igras, 2014). The transition from childhood to

adolescence is a critical developmental stage that can delineate future attitudes and behaviors (Igras, 2014). Intervention activities with this population may include a focus on developing soft skills and other foundational skills, while helping to raise youth's aspirations for the future and awareness of potential career pathways, rather than "hard" workforce development activities (such as workplace-based learning or career counseling), which are more appropriate for older adolescents. *Older youth, those in their 20s, have very different needs than young adolescents*. In addition to SRH interventions to enhance their understanding of their bodies and health, they may require links to SRH services. They may need training and help in presenting themselves to prospective employers (or clients if they are entrepreneurs), as well as links to financial services.

2. **Recognizing the unique needs of males and females**. In many parts of the world, adolescent girls and young women face a disproportionate burden of negative health and development outcomes. However, efforts to shift negative gender norms and to promote gender equality must include girls and women, as well as boys and men (Plan, 2011). Additionally, adolescent boys and young men face their own unique health and development challenges. Our review found that almost all the interventions with IEs included females, while fewer than half included males. Only one was designed to reach males only. The reasons for this were clear: a third of programs were in S. Asia, in rural contexts, in which youth programs focus on girls to address neglect in their development. Half of the programs were in sub-Saharan Africa and half of those were with females only, though often in urban areas unlike the S. Asia programs. This is indicative of a gap in programming designed to reach adolescent males and young men.
3. **Understanding the social context and the role that social norms have on individual behavior**. Our review found that engaging with families and communities was a prerequisite to inviting girls to join programs in S. Asia and, after programs commenced, SBCC continued in order to promote changes in cultural norms to provide a better enabling environment for girls and young women. Community group engagement is a proven high-impact practice for sexual and reproductive health and the results of this review suggest that at least in some contexts, it can have an impact on WfD related outcomes as well (High-Impact Practices in Family Planning, 2016).

5.2. Research Recommendations

The following recommendations are made based on identified gaps (see Discussion) in evaluations of integrated interventions, especially around promising practices. IEs are, and should be, selectively implemented. The most critical is to compare the impact of standalone WfD and SRH projects to integrated approaches to test the hypothesis that integrated youth WfD and SRH yields greater outcomes than single-sector programs alone.

Additional studies should investigate:

- Employer consultation to build work opportunities or create access at workplaces. While consulting with employers is accepted best practice in WfD, it was not a prominent feature found in integrated programs.

- Links to SRH services to increase participation in SRH treatment features is also a best practice in SRH programs, but was not commonly found in integrated programs.
- Programming that leverages access to information through ICT
- Projects undertaken in a clinic or NGO/CBO setting
- WfD-based HIV/STI testing programs, since evidence is lacking among programs that combine these features.
- Broader geographical inclusion given the lack of IEs in Latin America and the Caribbean, South America, Southeast Asia, MENA, West and Central Africa, and Eastern Europe

In addition, program monitoring and evaluation should capture information about the following gaps (and how this information might be documented):

- How are interventions integrated? (process evaluation)
- Which features did program beneficiaries think were most helpful? (M&E)
- What are the staffing and operational issues relating to an integrated program and how does the implementer(s) address them? (process evaluation)
- Given that soft skills (e.g. self-control, positive self-concept) are important to both SRH and Workforce outcomes, how are soft skills addressed in the curriculum and related program components? (process evaluation)
- How much intervention time is necessary to produce desired outcomes? What is the treatment intensity, and is it different across workforce and SRH-specific outcomes? (M&E and process evaluation)
- Cost information: scale-up decisions require information about how much it costs to reach each youth, to "treat" each youth, and cost per outcome. Activity-based costing is required to provide cost information.

The findings of this assessment demonstrate the potentially transformative power that integrated, best practice SRH and WfD programs can have for youth. However, greater investment in the implementation, research, and evaluation is needed to fill the gaps identified in this review. Furthermore, a concerted effort among existing and future implementers to document and share program learning; including lessons about "how" integration is done and done well, as well as how it could be improved; is necessary to move this field forward and to ensure the greatest possible outcomes for this population.

REFERENCES

Alford, S. (2008). Science and Success, Second Edition: Programs that Work to Prevent Teen Pregnancy, HIV & Sexually Transmitted Infections. Washington, DC: Advocates for Youth. Retrieved 22 March 2017 from: http://www.advocatesforyouth.org/storage/advfy/documents/sciencesuccess.pdf

Afridi, A. (2011). Social Networks: Their Role in Addressing Poverty. A Joseph Rowntree Foundation (JRF) Programme Paper: Poverty and Ethnicity. Retrieved 20 July 2016 from: https://www.jrf.org.uk/sites/default/files/jrf/migrated/files/poverty-social-networks-full.pdf

Amin Sajeda, Johana Ahmed, Jyotirmoy Saha, Irfan Hossain, and Eashita Haque. (2016). Delaying Child Marriage through Community-Based Skills-Development Programs for Girls: Results from a Randomized Controlled Study in Rural Bangladesh. New York, NY: Population Council.

Amin, Sajeda, and Luciana Suran. (2005). Program Efforts to Delay Marriage Through Improved Opportunities: Some Evidence from Rural Bangladesh. [Unpublished]. Presented at the 2005 Annual Meeting of the Population Association of America Philadelphia Pennsylvania March 31-April 2 2005.

Arcand, J. L., & Wouabe, E. D. (2010). Teacher training and HIV/AIDS prevention in West Africa: regression discontinuity design evidence from the Cameroon. Health Economics, 19(S1), 36-54.

Aring, M. & Goldmark, L. (2013). Skills for Jobs for Growth Effective Human Capital Development in a Changing World of Work. FIELD LWA Report No. 17. Retrieved 10 August 2016 from: https://www.fhi360.org/sites/default/files/media/documents/FIELD%20Report%20No%2017_Skills%20for%20Jobs%20for%20Growth_Final.pdf

Bailey, M.J. (2006). More power to the pill: the impact of contraceptive freedom on women's life cycle labor supply. The Quarterly Journal of Economics, 289-320.

Bearinger, L.H., Sieving, R., Ferguson, J., Sharma, V. (2007). Global perspectives on the sexual and productive health of adolescents: patterns, prevention, and potential. Lancet, 369:1220-31. DOI: 10.1016/0140-6736(07)60367-5.

Blum, R.W., Bastos, F.I., Kabiru, C.W., Le, L.C. (2012). Adolescent health in the 21st century. The Lancet. 379:1567–1568.

Brown, N.A. (2001). Promoting adolescent livelihoods. Commonwealth Youth Programme and UNICEF.

Bruce, J., & Hallman, K. (2008). Reaching the girls left behind. Gender & Development, 16(2), 227-245. DOI: 10.1080/13552070802118149

Canning, D., & Schultz, T. P. (2012). The economic consequences of reproductive health and family planning. The Lancet, 380(9837), 165-171.

Chandra-Mouli, V, Lane, C, Wong, S. (2015) What Does Not Work in Adolescent Sexual and Reproductive Health: A Review of Evidence on Interventions Commonly Accepted as Best Practices. Glob Health Sci Pract. Aug 31;3(3):333-40

Cho, Y., Kalomba, D., Mobarak, A. M., & Orozco, V. (2013). Gender Differences in the Effects of Vocational Training: Constraints on women and drop-out behavior. World Bank Policy Research Working Paper, (6545).

Dayton R, Nary P, Cunningham J, Plourde KF, Green K, Wambugu S, Shrestha M, Aiyenigba B, and & Ngige E. (2016): How can we better serve adolescent key populations? Strategies to encourage and inform future data collection, analysis, and use, Global Public Health, Apr 24:1-13

Erulkar, Annabel, Judith Bruce, Aleke Dondo, Jennefer Sebstad, James Matheka, Arjmand Banu Khan, and Ann Gathuku. 2006. Tap and Reposition Youth (TRY): Providing Social Support, Savings, and Microcredit Opportunities for Young Women in Areas with High HIV Prevalence. In *SEEDS*. New York: Population Council.

Ferguson, K. M. (2006). Social capital and children's well-being: A critical synthesis of the international social capital literature. International Journal of Social Welfare, 15(1), 2-18. DOI: 10.1111/j.1468-2397.2006.00575.x

Galloway, T, Lippman, L., Burke, H., Diener, O., and Gates, S. (2017). Measuring Soft Skills in International Youth Development Programs: A Review and Inventory of Tools, Washington, DC: USAID's YouthPower: Implementation, YouthPower Action.

Gates, S., Lippman, L., Shadowen, N., Burke, H., Diener, O., and Malkin, M. (2016). Key Soft Skills for Cross-Sectoral Youth Outcomes. Washington, DC: USAID's YouthPower: Implementation, YouthPower Action.

Gavin, L.E., Catalano, R.F., Markham, C.M. (2010). Positive Youth Development as a Strategy to Promote Adolescent Sexual and Reproductive Health. Journal of Adolescent Health; 46 (3 Supplement): S1-6.

Ghanotakis E, Peacock D, Wilcher R. J. (2012). Int AIDS Soc. 2012 Jul 11;15 Suppl 2:17385.

Hallman, Kelly, Kasthuri Govender, Eva Roca, Emmanuel Mbatha, M. Cecilia Calderon, Raven Brown, Michael Rogan, et al. (2016). Siyakha Nentsha: Local Secondary School Graduates Create Safe Space Classrooms for Gendered Social, Health and Financial Skills Acquisition in Rural South Africa. New York: Population Council.

Heckman, James, and Kautz, Tim. (2012). “Hard Evidence on Soft Skills.” Labour Economics 19 (4): 451–64. doi:10.1016/j.labeco.2012.05.014

High-Impact Practices in Family Planning (HIPs). (2016). Community engagement: changing norms to improve sexual and reproductive health. Washington, DC: USAID; Oct.

Igras, S.M., Macieira, M., Murphy, E., Lundgren, R. (2014). Investing in very young adolescents' sexual and reproductive health. Glob Public Health. 9(5):555-69.

Jensen, R. (2012). Do labor market opportunities affect young women's work and family decisions? Experimental evidence from India. The Quarterly Journal of Economics, qjs002.

Kirby, D., Laris, B.A., and Rolleri, L. (2005). Impact of Sex and HIV Education Programs on Sexual Behaviors of Youth in Developing and Developed Countries. Youth Research Working Paper, No. 2. Research Triangle Park, NC: Family Health International. Retrieved 22 March 2017 from: https://www.iywg.org/sites/iywg/files/youth_research_wp_2.pdf

Lippman, L.H., Ryberg, R., Carney, R., Moore, K.A. (2015). Workforce Connections: Key “Soft Skills” That Foster Workforce Success: Toward a Consensus Across Fields. Child Trends Publication #2015-24. Retrieved 11 August 2016 from: http://www.childtrends.org/wp-content/uploads/2015/06/2015-24WFCSoftSkills1.pdf

Marston, C., King, E. (2006). Factors that shape young people’s sexual behaviour: a systematic review. Lancet. 368(9547):1581–6.

Olenik, C. and Fawcett, C. (2013). State of the Field Report: Examining the Evidence in Youth Workforce Development. Retrieved 31 March 2017 from: https://www.usaid.gov/sites/default/files/documents/1865/USAID%20state%20of%20the%20field%20youth%20workforce%20development%20final%202_11.pdf

Plan International. (2011). Because I am a Girl: The State of the World's Girls: So, what about boys? Retrieved 31 March 2017 from: https://plan-international.org/publications/state-worlds-girls-2011-so-what-about-boys#

Plourde, K.F., Fischer, S., Cunningham, J., Brady, K., and McCarraher, D.R.. (2016). Improving the Paradigm of Approaches to Adolescent Sexual and Reproductive Health. Reproductive Health. 13:72

Santhya, K.G., Jejeebhoy, S.J. (2015). Sexual and reproductive health and rights of adolescent girls: Evidence from low- and middle-income countries. Global Public Health. 10 (2):189-221.

Shattuck, D., Kerner, B., Gilles, K., Hartmann, M., Ng'ombe, T., Guest, G., Am, J. (2011). Public Health. Jun;101(6):1089-95. doi:10.2105/AJPH.2010.300091. Epub Apr 14.

Smith, P., Buzi, R., & Abacan, A. (2014). Workforce development as a promising approach to improving health disparities among young males. The Journal of Men's Studies, 22(1), 3-11.

Stanger-Hall, K.F., Hall, D.W. (2011). Abstinence-only Education and Teen Pregnancy Rates: why we need comprehensive sex education in the U.S. PLoS One. ;6(10):e24658

Underhill, K., Montgomery, P., Operario, D. (2007). Sexual abstinence only programmes to prevent HIV infection in high income countries: systematic review. BMJ. Aug 4; 335(7613):248

USAID. (2012). Youth in Development: Realizing the Demographic Opportunity. Retrieved 14 August 2016 from: https://www.usaid.gov/sites/default/files/documents/1870/Youth_in_Development_Policy_0.pdf

UNESCO. (2009). International Technical Guidance on Sexuality Education. Retrieved 10 August 2016 from: http://unesdoc.unesco.org/images/0018/001832/183281e.pdf

World Bank. (2011). World Development Report 2012: Gender Equality and Development. Washington, DC: The World Bank. Retrieved 31 March 2017 from: https://siteresources.worldbank.org/INTWDR2012/Resources/7778105-1299699968583/7786210-1315936222006/Complete-Report.pdf

Yeager, R. (2011). HERproject: Health Enables Returns - The Business Returns from Women’s Health Programs, BSR. Retrieved August 2016 from: https://www.bsr.org/reports/HERproject_Health_Enables_Returns_The_Business_Returns_from_Womens_Health_Programs_081511.pdf

APPENDIX 1: CONSULTATIVE GROUP MEMBERS

The YouthPower Action Integrated WfD and SRH Research Activity team is grateful for the CG members' shared experience and insights into the process that informed the findings of this research and their feedback on the findings and recommendations. The CG was engaged beginning in March 2016 through September 2016 when this report was completed.

Thank you to the Consultative Group members:

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APPENDIX 2: LITERATURE SEARCH TERMS AND DATABASES

Using the search criteria described in Section 2. Methods, we identified relevant interventions by searching the following sources in the order listed below:

1. The *2013 USAID State of the Field Report: Holistic, Cross-Sectoral Youth Development* presents the results of a comprehensive search of published and grey literature. It includes all youth WfD programs and research with cross-sectoral interventions up to mid-2012.
2. The *2013 USAID State of the Field Report: Examining the Evidence in Youth Workforce Development* presents the results of a comprehensive search of published and grey literature related to youth WfD programs.
3. The *International Initiative for Impact Evaluation (3IE) 2015 Youth and Transferable Skills: An Evidence Gap Map* categorizes interventions as one of the following: health and safety behaviors; demography and health; skills courses and schools; academics and schooling outcomes; employment; wages, income and assets; and other livelihoods measures.
4. The *Youth Employment Inventory* (http://www.youth-employment-inventory.org/) is an online database that provides a comprehensive list of youth employment projects.
5. The *Matrix of Violence Prevention Programs* by child development and youth violence expert Nancy Guerra includes a list of violence prevention programs supporting children and young adults.
6. The *Key Soft Skills for Youth Workforce Success Literature Database* is a database of 385 resources related to soft skills and WfD targeting youth.
7. The *Workforce Development Project Inventory* is a database of projects related to youth WfD developed in 2014 by the USAID-funded Workforce Connections project managed by FHI 360.
8. The *Positive Youth Development* blog (http://stayingfortea.org/2016/01/26/positive-youth-development/) highlights research related to positive youth development.
9. The members of our YouthPower Action *Integrated Workforce Development and Sexual & Reproductive Health Consultative Group* provided projects and studies for consideration.
10. We searched the EconLit and PubMed electronic databases using search terms informed by those used for the *2013 USAID State of the Field Report: Holistic, Cross-Sectoral Youth Development*. The database search was limited to documents that were published from January 2012 to March 2016 to capture recent publications that were not captured in the *2013 USAID State of the Field Report: Holistic, Cross-Sectoral Youth Development.*

Search terms used in the Econlit database:

(youth OR adolescent OR “young adult” OR “young adults” OR teen*) AND (“life skills” OR "life skill" OR “soft skills” OR "soft skill" OR “transferable skills” OR "transferable skill" OR workforce OR training OR “job match” OR “job matches” OR internship OR “career counseling” OR employ* OR apprentice* OR livelihood OR entrepreneur* OR “value chain” OR “reintegrating out-of-school” OR “job placement” OR “employer consultation” OR “upgrading education” OR “modifying education”) AND (“sexual and reproductive health” OR reproductive health OR pregnancy OR “family planning” OR contraceptive OR contraception OR HIV OR HIV infections OR STI OR STIs OR STDs OR sexually transmitted disease)

Results: 36 refs

Search terms used in the Pubmed database:

(youth OR adolescent OR “young adult” OR “young adults” OR teen*) AND (“life skills” OR "life skill" OR “soft skills” OR "soft skill" OR “transferable skills” OR "transferable skill" OR workforce OR training OR “job match” OR “job matches” OR internship OR “career counseling” OR employ* OR apprentice* OR livelihood OR entrepreneur* OR “value chain” OR “reintegrating out-of-school” OR “job placement” OR “employer consultation” OR “upgrading education” OR “modifying education”) AND (“sexual and reproductive health” OR reproductive health OR pregnancy OR “family planning” OR contraceptive OR contraception OR HIV OR HIV infections OR STI OR STIs OR STDs OR sexually transmitted disease) AND evaluation

Results: 879 refs

(youth OR adolescent OR “young adult” OR “young adults” OR teen*) AND (“life skills” OR "life skill" OR “soft skills” OR "soft skill" OR “transferable skills” OR "transferable skill" OR workforce OR training OR “job match” OR “job matches” OR internship OR “career counseling” OR employ* OR apprentice* OR livelihood OR entrepreneur* OR “value chain” OR “reintegrating out-of-school” OR “job placement” OR “employer consultation” OR “upgrading education” OR “modifying education”) AND (“sexual and reproductive health” OR reproductive health OR pregnancy OR “family planning” OR contraceptive OR contraception OR HIV OR HIV infections OR STI OR STIs OR STDs OR sexually transmitted disease) AND evaluation studies [Publication Type]

Results: 111 refs

(youth OR adolescent OR “young adult” OR “young adults” OR teen*) AND (“life skills” OR "life skill" OR “soft skills” OR "soft skill" OR “transferable skills” OR "transferable skill" OR workforce OR training OR “job match” OR “job matches” OR internship OR “career counseling” OR employ* OR apprentice* OR livelihood OR entrepreneur* OR “value chain” OR “reintegrating out-of-school” OR “job placement” OR “employer consultation” OR “upgrading education” OR “modifying education”) AND (“sexual and reproductive health” OR reproductive health OR pregnancy OR “family planning” OR contraceptive OR contraception OR HIV OR HIV infections OR STI OR STIs OR STDs OR sexually transmitted disease) AND program evaluation

Results: 309 refs

APPENDIX 3: DEFINITION OF TERMS FOR WFD AND SRH

TABLE 15 WfD mechanism terms

Terms	Definitions
Curric. Based WfD Ed.	Use of a vocational or soft skills training, or any other training used to enhance the capacity of a youth group (i.e., targeting skills for value chain entry)
Farming/ Value Chain Integration/linkages	Facilitating the creation of connections with aspects of farming/value chains for youth. Could include information collection, laying ground work for partnerships,
Internship/ apprenticeship	use of internship/apprenticeship in project to act as applied learning content for WfD related skills
Upgrade/ mod Ed Curric. Policy	A project that changes or modifies existing education systems or curricula to help integrate work readiness and life skills to students.
Employer Consult	A project that uses information gathered from local employers to better understand the needs for skills and workers.
Reintegration to schools/work	Any project that works to bring out of school youth back into school/TVET program or into a job setting

TABLE 16 SRH mechanism terms

Terms	Definitions
Peer Education	Youth peer education is defined as the process by which young people lead organized educational and skills-building activities with their peers. In general, a peer is someone who belongs to the same social group as another person, meaning that they share at least one important social or demographic characteristic such as age, education, occupation, socioeconomic status, or risk behavior. (from FHI 360 peer education guidelines: https://www.iywg.org/resources/evidence-based-guidelines-youth-peer-education-2014-version-updated-gender-content)
Mentoring	Formal relationships in which the mentor models positive behaviors to the benefit of the mentee, and provides guidance, support, and skills through regular meetings to overcome health, social, and economic challenges. A mentoring relationship can take place between two individuals (1:1) or among smaller groups of people (1:15), and can be led by a peer mentor, or by an older adult.

Terms	Definitions
Links to services	This could include referrals to local clinics, or the provision of vouchers for free or subsidized services.
On-site service provision	Provision of pregnancy or HIV prevention commodities (i.e., Condoms, pills etc.) on the program site
Curricula-based sexuality/ life skills education	The provision of SRH information guided by a curriculum, this may be adult-led (i.e. lead by a health care worker, mentor, teacher, or community member, etc.) or youth-led (delivered by a peer) Revised definition from It's About More than Just Sex: https://www.iywg.org/sites/iywg/files/sexed_curriculum-interactive.pdf
SRH BCC	Sexual and reproductive health behavior change communication is the use of communication strategies—mass media, community-level activities, and interpersonal communication (IPC) to influence individual and collective behaviors that affect health. (Definition from Health communication brief: https://www.fphighimpactpractices.org/sites/fphips/files/hip_healthcomm_brief.pdf)

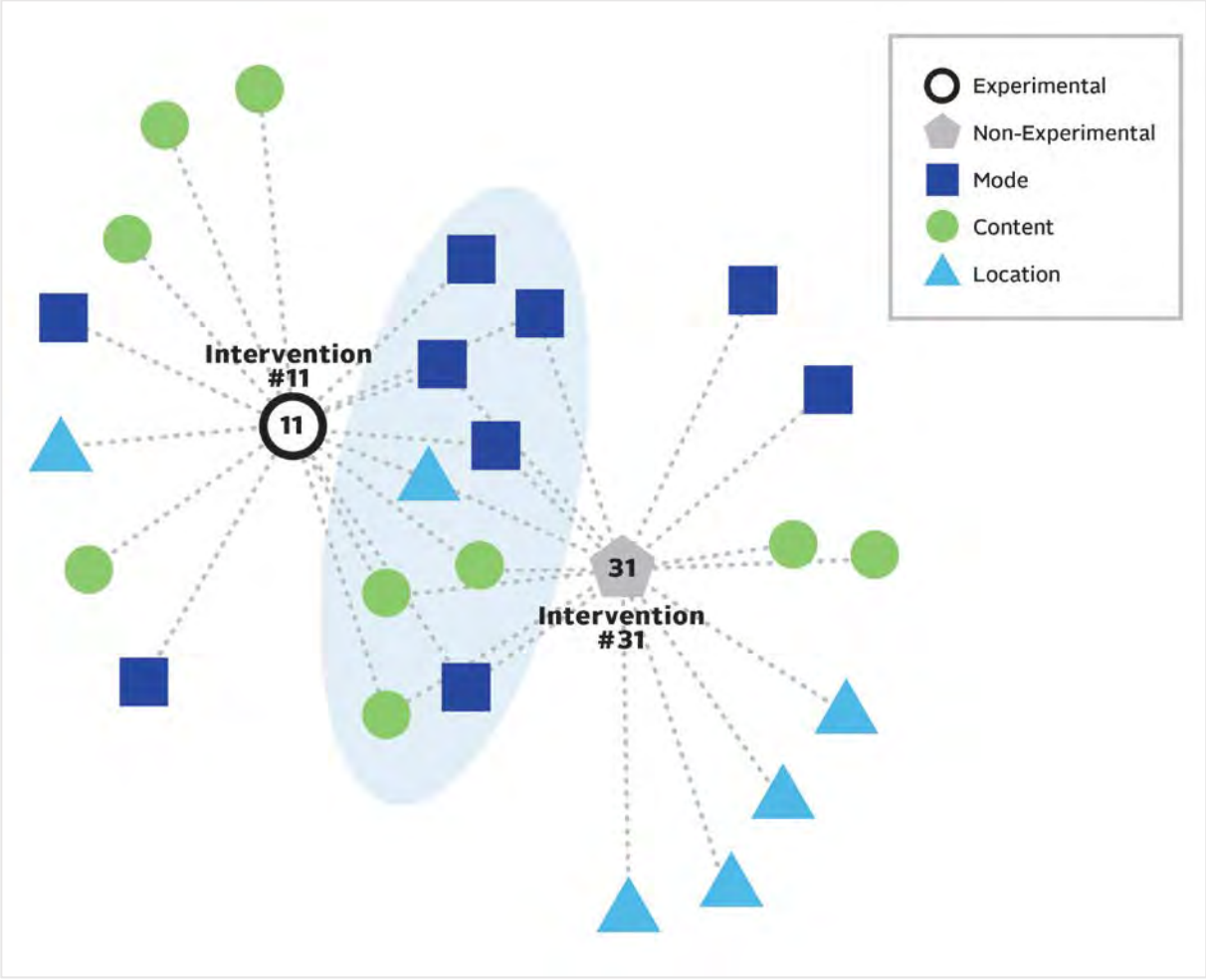
TABLE 17 **WfD and SRH location terms**

Terms	Definitions
School	Includes both formal school and TVET locations.
Workplace	Location where participants work prior to program, because of program, or internship/apprenticeship.
Youth club	A specific club set up for after school youth, a specific youth centered group, or learning/study group.
Safe space	If the IE identified the project as taking place in a "safe space," then it was coded as a safe space. It is not the definition of 'safe' often used in medical or violence prevention programming.
ICT	The use of electronics for communication of program content, such as cell phones, text messaging, or websites
Clinic	A medical facility where attendees can receive treatment for standard SRH issues.
NGO/CBO	A location that is specifically owned or rented by an NGO or CBO for the project. This does not mean only head or country offices.

APPENDIX 4:
SOCIAL NETWORK ANALYSIS METHOD AND NETWORK MAPS

Data visualization techniques from social network analysis (SNA) were used to view patterns in program features across delivery content, delivery mechanisms, and delivery location for all integrated projects. Programs that contained similar features were clustered, and program features that were most frequently shared were also clustered. Lines connecting programs to features showed which features were present in those programs. For the features associated with positive outcomes for youth, we developed both cross-tabulations and network analysis maps that show which programs had more positive outcomes versus which programs had fewer or no positive outcomes. Figure 8 presents a sample map.

FIGURE 8 **Sample network map**

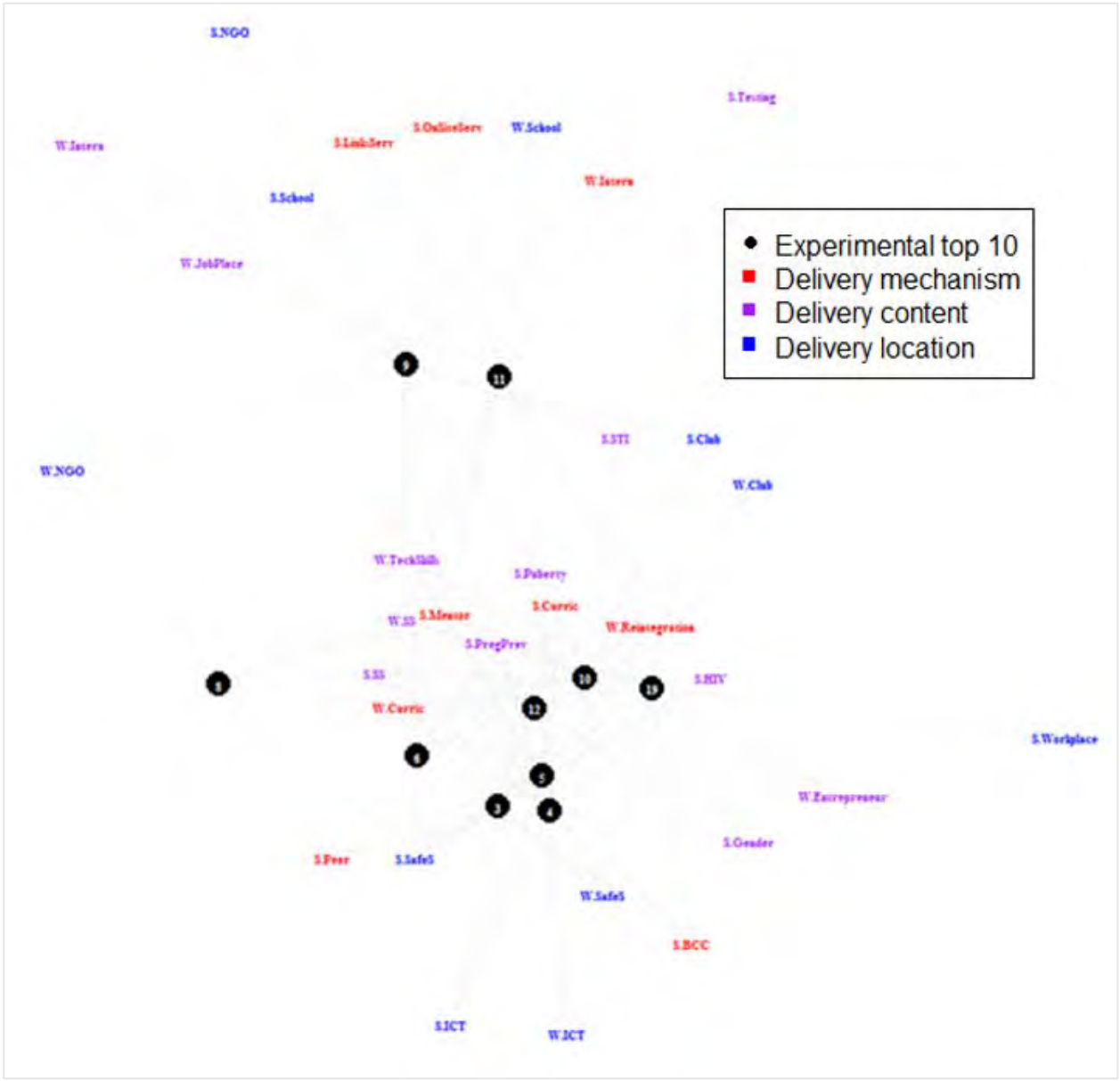


Interventions and features in the center of a map and those that are clustered share similar characteristics; these are the core features found across multiple projects. For example, the shapes numbered 11 and 31 in the sample map represent fictional interventions that share three delivery content features: vocational/technical skills training, pregnancy prevention, and puberty information. They also share five delivery mechanism features: WfD curriculum, SRH curriculum, mentoring, employer consultations, and behavior change communication; the delivery location where they both reach youth is the workplace. Because these features are shared, they are located between the two interventions, close to the center.

The network maps were created using a program called R—a programming software that analyzes quantitative data for statistical computing and graphical techniques. As a data reduction technique, SNA tools are particularly useful when the number of observational units (i.e. programs) is small relative to the number of variables or attributes (program features) examined. We used the "igraph.plot" function in the "igraph" package in R to produce the visualizations of the two-mode (interventions and their features) graphs shown in this report. The "igraph.plot" function uses multi-dimensional scaling to determine the relative positions of the intervention and its features within two dimensional space.

An analysis showing the relationships of several interventions and their features will produce a map based on the available data. An analysis based on a subset of those interventions and their features may show different relationships based on the (fewer) data available. Therefore, it is possible for an intervention to be in the middle of one map, but to the left in another, depending upon its relationship with the data being analyzed.

FIGURE 9 **"Top 10" impact evaluations (IEs)**



The map below depicts the gender of intervention participants from the top 10 scoring IEs rated "Good" or "Fair". Most focused on females, as illustrated by the cluster of pink circles, while the two targeting both males and females are the US based interventions (Job Corps and Children's Aid Society Carrera-Model Program).

FIGURE 10 **Gender breakdown of top 10 impact evaluations (IEs)**

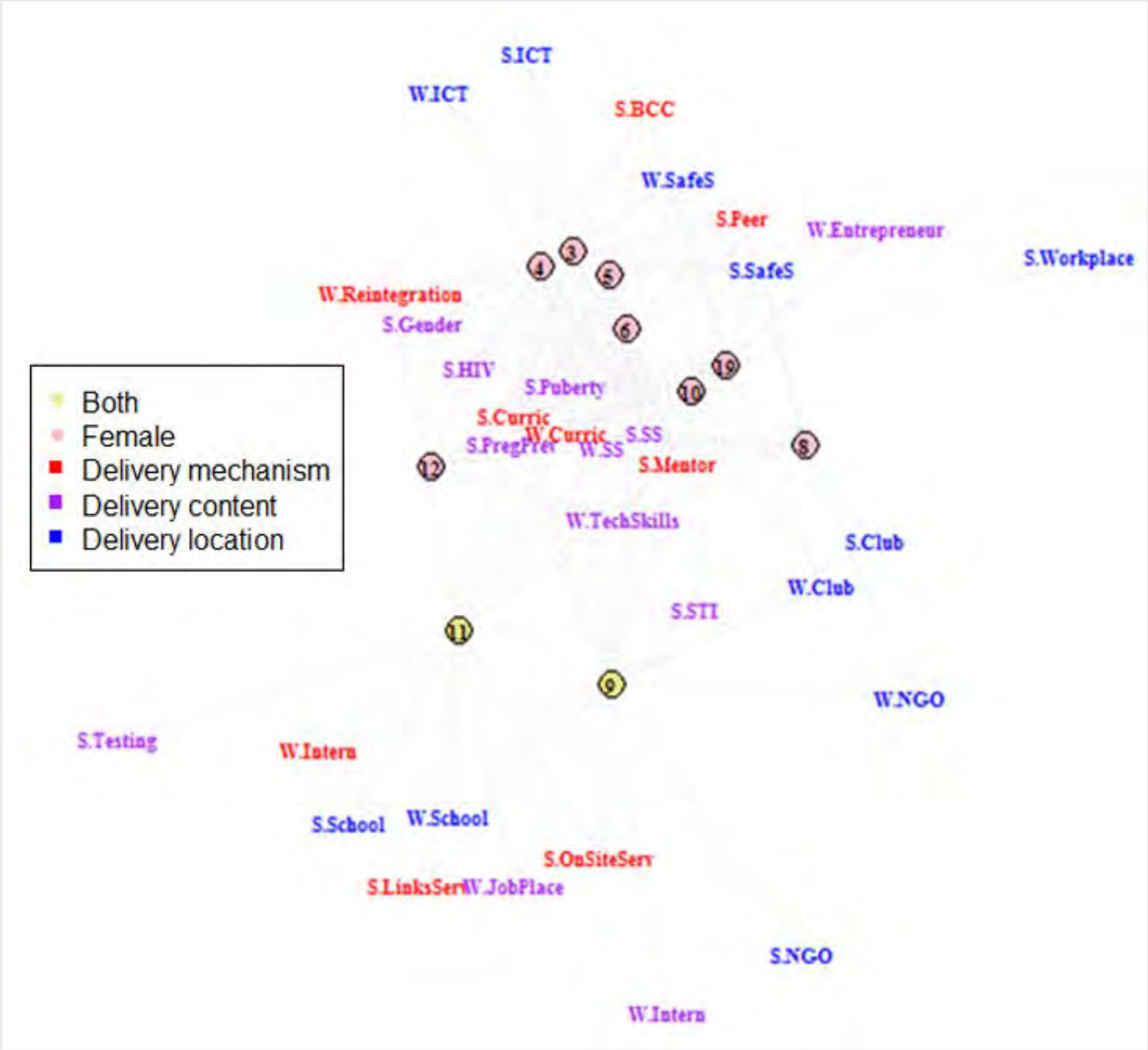
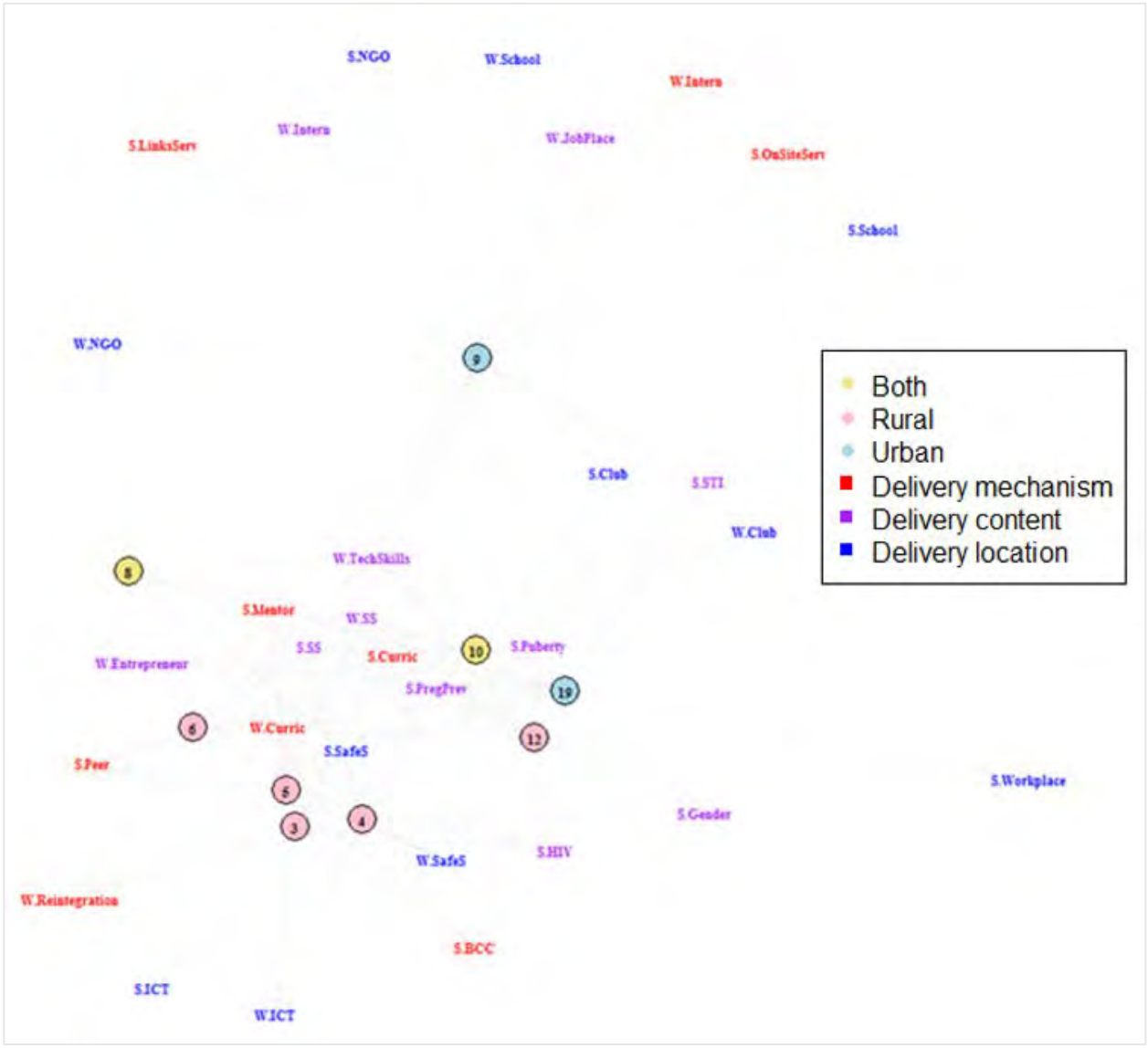


FIGURE 11 **Rural/urban breakdown of top 9 impact evaluations (IEs)**



**Job Corps project excluded as no rural/urban location provided*

Half of the highest scoring interventions with IEs were implemented in rural settings; with the remaining projects evenly distributed between both (2/9) and urban (2/9) only settings (one program provided no urban/rural data).

APPENDIX 5: FEATURES AND OUTCOMES OF INTERVENTIONS WITH IES

TABLE 18 **IE features and outcomes**

Intervention Name	Intervention Feature	Statistically Significant Outcomes
10. BRAC ELA-Uganda	Mode -WfD: curriculum-based WfD education -SRH: peer education, mentoring, curriculum-based sexuality/life skills education Content -WfD: vocational/technical skills, soft skills, entrepreneurship -SRH: puberty, pregnancy prevention, HIV, STIs, gender, SRH soft skills Location -WfD: youth club, safe space -SRH: youth club, safe space Non-Workforce Development/Sexual Reproductive Health Features -financial literacy -microfinance for older girls	Workforce Development -entrepreneurial ability (+) -drop-outs plan to start/go back to school (+) -never worry about good job in adulthood (+) -more time studying (+) -employment (+) -consumption expenditures (+) Sexual and Reproductive Health -pregnancy knowledge (+) -HIV knowledge (+) -gender empowerment (+) -aspirations: suitable marriage age women (+) -aspirations: suitable marriage age men (+) -aspirations: suitable age to have first child (+) -aspirations: preferred # of children is fewer (+) -aspirations: preferred age daughter marries (+) -aspirations: preferred age son marries (0) -if sexually active, always uses condom (+) -if sexually active, uses other contraceptives (0) -less like to have sex unwillingly in past year (+) -less likely to have children (+) -less likely to be married (+)

Intervention Name	Intervention Feature	Statistically Significant Outcomes
3. BALIKA – Education	Mode -WfD: curriculum-based WfD education, reintegration to schools/work -SRH: peer education, mentoring, curriculum-based sexuality/life skills education, behavior change communication Content -WfD: soft skills -SRH: puberty, pregnancy prevention, HIV, SRH soft skills Location -WfD: safe space, ICT -SRH: safe space, ICT Non-Workforce Development/Sexual Reproductive Health Features -education/tutoring (in school: math & English; out-of-school: English & financial skills)	Workforce Development -math learning outcomes (+) -schooling (0) -ever worked for pay (0) -currently working (0) -participation in social activities (0) -exposure to mass media in past week (+) -participated in other activities in past week (+) -affiliation with social club (+) Sexual and Reproductive Health -female gender norms (+) -male gender norms (0) -knowledge about menstruation (+) -knowledge about fertile period (+) -knowledge about HIV/AIDS (+) -heard about syphilis/gonorrhea (+) -heard about family planning (+) -type of marriage & dowry & marriage-related indicators (0) -experiencing harassment (0) -used sanitary pad (0) -received treatment for RH problem (+) -used FP methods (among married youth) (0) -decrease in probability of early marriage (+)
5. BALIKA-Livelihoods	Mode -WfD: curriculum-based WfD education, reintegration to schools/work -SRH: peer education, mentoring, curriculum-based sexuality/life skills education, behavior change communication Content -WfD: vocational/technical skills, soft skills, entrepreneurship -SRH: puberty, pregnancy prevention, HIV, SRH soft skills Location -WfD: safe space, ICT -SRH: safe space, ICT Non-Workforce Development/Sexual Reproductive Health Features -none	Workforce Development -math learning outcomes (0) -schooling (0) -ever worked for pay (+) -currently working (+) -participation in social activities (0) -exposure to mass media in past week (+) -participated in other activities in past week (+) -affiliation with social club (+) Sexual and Reproductive Health -female gender norms (+) -male gender norms (0) -knowledge about menstruation (+) -knowledge about fertile period (0) -knowledge about HIV/AIDS (+) -heard about syphilis/gonorrhea (+) -heard about family planning (+) -type of marriage and dowry and marriage-related indicators (0) -experiencing harassment (0) -used sanitary pad (+) -received treatment for RH problem (+) -used FP methods (among married youth) (0) -decrease in probability of early marriage (+)

Intervention Name	Intervention Feature	Statistically Significant Outcomes
8. BRAC ELA-Bangladesh	Mode -WfD: curriculum-based WfD education -SRH: peer education, mentoring Content -WfD: vocational/technical skills, soft skills -SRH: SRH soft skills Location -WfD: NGO/CBO -SRH: safe space Non-Workforce Development/Sexual Reproductive Health Features -microfinance groups -books for extracurricular reading -equipment (indoor games)	Workforce Development -financial literacy (0) -aspiration with education (0) -perceived mobility (+) -sociability (+) -time spent on extracurricular reading (+) -took loan in last 2 years (+) -amount borrowed (+) -borrowed and invested money (+) -saved money in past 2 years (+) -amount saved (0) -current savings (0) -mobility (scale) (+) -time spent on outdoor games (0) -time spent on indoor games (+) -whether earned in last 6 months (+) -amount earned in last 6 months (+) Sexual and Reproductive Health -decreased health superstitions (+)
19. TRY	Mode -WfD: curriculum-based WfD education -SRH: mentoring, curriculum-based sexuality/life skills education, behavior change communication Content -WfD: vocational/technical skills, soft skills, entrepreneurship -SRH: puberty, pregnancy prevention, HIV, STIs, gender, SRH soft skills Location -WfD: youth club, safe space -SRH: workplace, youth club, safe space Non-Workforce Development/Sexual Reproductive Health Features -youth and adult savings group ("Young Savers Clubs" incorporates sports, fitness, and games) -microfinance (with business support) to older girls	Workforce Development -higher savings in groups (+) -more secure savings behavior at banks (+) -income (+) -household assets (+) Sexual and Reproductive Health -gender score (+) -RH knowledge (0) -greater ability to refuse sex (+) -greater ability to insist on condom use (+) -able to insist on family planning use (0) -used condom at last sex (0) -took part in decision to use condom (+)

Intervention Name	Intervention Feature	Statistically Significant Outcomes
4. BALIKA-Gender-Rights	Mode -WfD: curriculum-based WfD education, reintegration to schools/work -SRH: peer education, mentoring, curriculum-based sexuality/life skills education, behavior change communication Content -WfD: soft skills -SRH: puberty, pregnancy prevention, HIV, gender, SRH soft skills Location -WfD: safe space, ICT -SRH: safe space, ICT Non-Workforce Development/Sexual Reproductive Health Features -none	Workforce Development -math learning outcomes (+) -schooling (0) -ever worked for pay (+) -currently working (+) -participation in social activities (0) -exposure to mass media in past week (+) -participated in other activities in past week (0) -affiliation with social club (+) Sexual and Reproductive Health -female gender norms (+) -male gender norms (0) -knowledge about menstruation (+) -knowledge about fertile period (0) -knowledge about HIV/AIDS (+) -heard about syphilis/gonorrhea (+) -heard about family planning (+) -type of marriage and dowry and marriage-related indicators (0) -experiencing harassment (+) -used sanitary pad (+) -received treatment for RH problem (+) -used FP methods (among married youth) (0) -had any RH-related problem (0) -decrease in probability of early marriage (+)

Intervention Name	Intervention Feature	Statistically Significant Outcomes
9. Children's Aid Society	Mode -WfD: internship/apprenticeship -SRH: mentoring, curriculum-based sexuality/life skills education, links to services, on-site service provision Content -WfD: vocational/technical skills, soft skills, job placement information and guidance, internship/apprenticeship -SRH: puberty, pregnancy prevention, STIs, SRH soft skills Location -WfD: school, youth club, NGO/CBO -SRH: school, youth club, NGO/CBO Non-Workforce Development/Sexual Reproductive Health Features -stipends, bank account, financial literacy -education (tutoring, homework, PSAT/SAT prep, college prep) -arts, sports, social/recreational/cultural trips -medical and dental services	Workforce Development -uses computer often (0) -uses word processing (+) -uses internet (+) -uses email (+) -has a bank account (+) -has had work experience (+) -self-reported grades (0) -student reports school work has improved (+) -PSAT scores (+) -has made a college visit (+) -high school graduation (0) Sexual and Reproductive Health -change in SRH knowledge (+) -use of Depo-Provera at last intercourse (+) -has had vaginal intercourse (0) -use of condom & highly effective method at last intercourse (0) -use of condom at last intercourse (0) -gets health care someplace other than ER (+) -medical checkup in last year (0) -provider at last medical exam did social assessment (+) -had hepatitis B vaccine (+) -among the sexual active, having had a RH visit (+) -is not pregnant or caused pregnancy (+) -births/ pregnancies carried to term (0) -actual births only (0)

Intervention Name	Intervention Feature	Statistically Significant Outcomes
11. Job Corps	Mode -WfD: curriculum-based WfD education, internship/apprenticeship, reintegration to schools/work -SRH: mentoring, curriculum-based sexuality/life skills education, links to services, on-site service provision Content -WfD: vocational/technical skills, soft skills, job placement information & guidance -SRH: HIV, STIs, HIV/STI testing Location -WfD: school -SRH: school Non-Workforce Development/Sexual Reproductive Health Features -residential living -academic education -counseling	Workforce Development -attendance /enrollment (+) -participation in academic classes (+) -participation in vocational training (+) -educational attainment (+) -characteristics of the most-recent Job (+) -receiving public assistance (+) -other sources of income (0) -employment (+) -earnings (48 months) (+) -participation in education and employment activities (+) Sexual and Reproductive Health -covered by public health insurance (such as Medicaid) at the 12-, 30-, and 48-month interview (0) -reproductive health problem (0) -family formation (0)

Intervention Name	Intervention Feature	Statistically Significant Outcomes
6. Better Life Options	Mode -WfD: curriculum-based WfD education, reintegration to schools/work -SRH: peer education, mentoring, curriculum-based sexuality/life skills education Content -WfD: vocational/technical skills, soft skills -SRH: pregnancy prevention, SRH soft skills Location -WfD: safe space -SRH: safe space Non-Workforce Development/Sexual Reproductive Health Features -community acceptance -home visits	Workforce Development -gender role attitudes (+) -self-efficacy (0) -gender egalitarian work-related attitudes (+) -decision-making (+) -mobility (+) -access to economic resources (+) Sexual and Reproductive Health -aware of legal minimum age at marriage for females (+) -aware of legal minimum age at marriage for males (0) -knowledge of sex-and pregnancy related matters (+) -aware of at any method of contraception (+) -correct knowledge about how to use the oral pill or condom (0) [+ only for "regular" participants]' -aware of HIV/AIDS (0) -comprehensive knowledge of HIV/AIDS (+) -aware of STIs other than HIV (0) -prefer to delay marriage beyond adolescence (+) -index of communication on SRH issues (+) -decrease in number of girls who were ever married (0)

Intervention Name	Intervention Feature	Statistically Significant Outcomes
12. Kishori Abhjian	Mode -WfD: curriculum-based WfD education -SRH: curriculum-based sexuality/life skills education Content -WfD: vocational/technical skills, soft skills -SRH: puberty, pregnancy prevention, HIV, gender, SRH soft skills Location -WfD: none -SRH: none Non-Workforce Development/Sexual Reproductive Health Features -nutrition and legal rights -sensitization with government officials, local elites, parents & adolescent boys -microcredit -play (group games) -library books	Workforce Development -worked for cash (+) -earnings (+) Sexual and Reproductive Health -improvements in health knowledge including SRH and HIV (+) -delayed marriage (0)
15. Siyakha Nentsha-Financial Education	Mode -WfD: curriculum-based WfD education -SRH: mentoring, curriculum-based sexuality/life skills education Content -WfD: soft skills, entrepreneurship, job placement information and guidance -SRH: pregnancy prevention, HIV, STIs, SRH soft skills Location -WfD: none -SRH: none Non-Workforce Development/Sexual Reproductive Health Features -data collection, household financial management, and basic small business planning skills	Workforce Development -social inclusion index (+) -knowledge of social grants (+) -having savings (0) -interacted with a financial institution in last 12 months (+) Sexual and Reproductive Health -had sex in last 12 months (+) -fewer number of sexual partners for boys (+)

Intervention Name	Intervention Feature	Statistically Significant Outcomes
18. Street Smart	Mode -WfD: curriculum-based WfD education, internship/apprenticeship, employer consultation -SRH: mentoring, curriculum-based sexuality/life skills education Content -WfD: vocational/technical skills, soft skills, internship/apprenticeship -SRH: HIV Location -WfD: workplace -SRH: workplace Non-Workforce Development/Sexual Reproductive Health Features -conflict resolution -drug and alcohol use -psychological distress, delinquent behavior, social support, satisfaction with life	Workforce Development -employed (at 3 months) (+) Sexual and Reproductive Health -increased condom use (+) -increased abstinence (+) -decreased number of sexual partners (+)
2. Akazi Kanoze	Mode -WfD: curriculum-based WfD education, internship/apprenticeship, employer consultation -SRH: peer education, curriculum-based sexuality/life skills education Content -WfD: vocational/technical skills, soft skills, entrepreneurship, job placement information and guidance, internship/apprenticeship -SRH: puberty, pregnancy prevention, HIV, STIs, gender, SRH soft skills Location -WfD: school, workplace, NGO/CBO -SRH: school, workplace, NGO/CBO Non-Workforce Development/Sexual Reproductive Health Features -savings and loans groups -financial literacy	Workforce Development -skills to find job (+) -can make a business plan (+) -know about marketing (+) -skills to start business (0) -skills to improve work (0) -improved confidence (0) -employed (+) -have a mentor (+) -have savings (+) Sexual and Reproductive Health -none measured

Intervention Name	Intervention Feature	Statistically Significant Outcomes
16. Siyakha Nentsha-Stress Management	Mode -WfD: curriculum-based WfD education -SRH: mentoring, curriculum-based sexuality/life skills education Content -WfD: soft skills, job placement information and guidance -SRH: pregnancy prevention, HIV, STIs, gender, SRH soft skills Location -WfD: none -SRH: none Non-Workforce Development/Sexual Reproductive Health Features -stress reduction	Workforce Development -social inclusion index (0) -knowledge of social grants (+) -having savings (+) -interacted with a financial institution in last 12 months (0) Sexual and Reproductive Health -had sex in last 12 months (0) -fewer number of sexual partners for boys (+)
17. Soccer and Job Training	Mode -WfD: curriculum-based WfD education -SRH: peer education, mentoring, behavior change communication Content -WfD: vocational/technical skills, soft skills -SRH: HIV, gender, SRH soft skills Location -WfD: youth club -SRH: youth club Non-Workforce Development/Sexual Reproductive Health Features -drug and alcohol use -mental health	Workforce Development -employed (at 6 months) (+) -monthly income (+) Sexual and Reproductive Health -attitudes toward women (0) -men's role with women (0) -recent sex partners (0) -condom use (0) -decrease in sexual violence (+) -recent HIV test (0)

Intervention Name	Intervention Feature	Statistically Significant Outcomes
14. SHAZ!	Mode -WfD: curriculum-based WfD education -SRH: mentoring, curriculum-based sexuality/life skills education, links to services, on-site service provision Content -WfD: vocational/technical skills, entrepreneurship -SRH: HIV, STIs, HIV/STI testing, gender, SRH soft skills, contraceptives provision Location -WfD: school, clinic, NGO/CBO -SRH: clinic, NGO/CBO Non-Workforce Development/Sexual Reproductive Health Features -financial literacy -micro-grants (capital equipment, supplies, additional training) -guidance counseling	Workforce Development -reduced food insecurity (+) -higher likelihood to earn income (+) Sexual and Reproductive Health -received high social support (0) -relationship power score (0) -experienced physical/sexual violence or rape (0) -had ever had sex (0) -sexually active in last month (0) -transactional sex in last month (0) -condom use with current partner (0) -contraceptive use current partner (0) -HIV (0) -HSV-2 (0) -unintended pregnancy (0)
13. Ninaweza	Mode -WfD: curriculum-based WfD education, internship/apprenticeship -SRH: none Content -WfD: vocational/technical skills, soft skills, internship/apprenticeship -SRH: HIV, SRH soft skills, contraceptives provision Location -WfD: workplace -SRH: workplace Non-Workforce Development/Sexual Reproductive Health Features -none	Workforce Development -looked for a job (+) -increase in ICT knowledge (0) -increase in life skills knowledge (+) -improved confidence in qualifications (+) -obtained a job (+) -Increase in weekly income (+) -financial inclusion (0) -opened business (0) Sexual and Reproductive Health -SRH Knowledge (0)

Intervention Name	Intervention Feature	Statistically Significant Outcomes
20. Yo Puedo	Mode -WfD: curriculum-based WfD education, reintegration to school/work -SRH: peer education, curriculum-based sexuality/life skills education, links to services Content -WfD: vocational/technical skills, job placement information and guidance -SRH: pregnancy prevention, STIs, gender, SRH soft skills Location -WfD: school, clinic -SRH: school, clinic Non-Workforce Development/Sexual Reproductive Health Features -academic achievement -social networks to increase social cohesion & disincentive delinquent behavior -conditional cash transfers for academic performance, job application skills, continuing education	Workforce Development -none measured Sexual and Reproductive Health -accessed RH services in the past 6 months (0) -STI test in past 6 months (0) -unprotected sex in past 6 months (0) -any sex in the past 6 months (+) -contraceptive efficacy and motivation (continuous) (-)

APPENDIX 6: INTEGRATED PROJECT LIST AND REFERENCES

TABLE 19 **Integrated project list and references**

Ref #	Intervention	Gender	Urban/ Rural	WfD Score	SRH Score	Total Outcome	Design	Assess Rating
1	Action for Slum Dwellers' Reproductive Health, Allahabad	Female	Urban	0.10	0.05	0.15	Quasi-exp	poor
2	Akazi Kanoze	Both	Rural	0.4	0.00	0.19	Exp	fair
3	BALIKA: Education Intervention	Female	Rural	0.33	0.73	1.06	Exp	fair
4	BALIKA: Gender-Rights Awareness Intervention	Female	Rural	0.37	0.57	0.94	Exp	fair
5	BALIKA: Livelihoods Intervention	Female	Rural	0.21	0.76	0.98	Exp	fair
6	Better Life Options Program (Acharya)	Female	Both	0.43	0.43	0.87*	Quasi-exp	fair
7	Better Life Options Program (Levitt-Dayal)	Female	Both	0.93	0.77	1.69	Quasi-exp	poor
8	BRAC ELA - Bangladesh	Female	Both	0.78	0.20	0.98	Quasi-exp	fair
9	Children's Aid Society Carrera-Model Program	Both	Both	0.36	0.53	0.89	Exp	good
10	BRAC ELA - Uganda	Female	Both	1.00	0.88	1.88	Exp	good
11	Job Corps	Both	Both	0.76	0.00	0.76	Exp	good
12	Kishori Abhijan	Female	Rural	0.50	0.20	0.70	Quasi-exp	fair
13	Ninaweza	Female	Urban	0.23	0.00	0.23	Exp	good
14	SHAZ!	Female	Both	0.30	0.00	0.30	Exp	good
15	Siyakha Nentsha: Financial Education Arm	Both	Urban	0.35	0.30	0.65	Exp	fair
16	Siyakha Nentsha: Stress Management Arm	Both	Rural	0.25	0.15	0.40	Exp	fair

Ref #	Intervention	Gender	Urban/ Rural	WfD Score	SRH Score	Total Outcome	Design	Assess Rating
17	Soccer and Job Training to Prevent Drug Abuse and HIV	Male	Urban	0.30	0.08	0.38	Exp	good
18	Street Smart	Both	Urban	0.30	0.30	0.60	Exp	fair
19	Tap and Reposition Youth (TRY)	Female	Urban	0.80	0.18	0.98	Quasi-exp	fair
20	Yo Puedo ("I Can")	Both	Urban		0.00	0.00	Exp	fair
Integrated Projects without Impact Evaluations								
21	The African Youth Alliance Program	Both	Both	positive	positive			
22	Better Life Options Programme – Nigeria	Both	Urban	neutral	neutral			
23	Boys & Girls Club of America	Both	Both	Positive	neutral			
24	Entra 21	Both	Both	Positive	neutral			
25	Fit for Life, Fit for Work (FLFW)	Both	Both	positive	positive			
26	Girls Empowerment Programme (GEP) Camp	Female	Rural	positive	positive			
27	Intervention based on Microfinance, Entrepreneurship, and Adherence (IMEA) Project	Female	Urban	neutral	positive			
28	Junior Farmer Field and Life School program (JFFLS),	Both	Both	neutral	neutral			
29	Katutura Youth Enterprise Centre (KAYEC) Scheme	Both	Both	positive	positive			
30	Kenya NairoBits/ Youth Empowerment Program (YEP)	Both	Urban	neutral/positive	positive			
31	Livelihood Skills Building Intervention	Female	Rural	neutral	positive			
32	Out-of-School Youth Livelihood Initiative (IDEJEN)	Both	Urban	positive	positive			

Ref #	Intervention	Gender	Urban/ Rural	WfD Score	SRH Score	Total Outcome	Design	Assess Rating
33	Support to Replicable Innovative Village/ Community Level Efforts for Vulnerable Children (STRIVE)	Both	Both	positive	positive			
34	Teenage Mothers Project (TMP)	Female	Rural	positive	positive			
35	TESFA program	Both	Both					
36	Youth Ahead Zimbabwe (YAZ) Technical Skills Program	Both	Urban	Positive	neutral			
37	Youth Education for Life SKills (YES)	Both	Both	Positive	positive			
38	Youth Reintegration Training and Education for Peace (YRTEP) Program	Both	Both	positive	positive			
39	OVC program	Both	Both	Neutral/ Negative	Neutral/ Positive			
40	The Apparel Lesotho Alliance to Fight AIDS (ALAFA)	Both	Urban	neutral	positive			
41	Asociación Pro-bienestar de la Familia de Guatemala (APROFAM Guatemala)	Both	Urban	positive	positive			
42	Chittagong Factory Health Services Project	Both	Urban	positive	neutral			
43	Extending Service Delivery (ESD) Project - Bangladesh	Both	Urban	positive	positive			
44	Extending Service Delivery (ESD) Project - Egypt	Both	Urban	positive	positive			
45	Factory-Based Reproductive Health	Both	Urban	neutral				

Ref #	Intervention	Gender	Urban/ Rural	WfD Score	SRH Score	Total Outcome	Design	Assess Rating
	Services Project (no official name given)							
46	Health clinic in Thyolo District (no official program name)	Both	Urban		positive			
47	Healthy Images of Manhood (HIM)	Both	Urban	neutral	positive			
48	HERproject- China	Female	Both	positive	positive			
49	PT Dewhirst clinic in Bandung Indonesia	Female	Urban	positive	positive			
50	The RESPOND Project: India (no official name)	Both	Urban		positive			
51	Workplace-Based Prevention and Employment and Supportive Services for High-Risk Individuals in Vietnam project	Both	Both	positive	positive			

**The sums are rounded, see inventory for formulas*

INTEGRATED PROJECTS WITH IMPACT EVALUATIONS

Action for Slum Dwellers' Reproductive Health, Allahabad (ASRHA)

Mensch, Barbara, Monica Grant, Mary Sebastian, Paul Hewett, and Dale Huntington. 2004. "The Effect of a Livelihoods Intervention in an Urban Slum in India: Do Vocational Counseling and Training Alter the Attitudes and Behavior of Adolescent Girls?" *Population Council Policy Research Division Working Papers* 194.

Sebastian, Mary, Monica Grant and Barbara Mensch. 2004. "Integrating Adolescent Livelihood Activities Within a Reproductive Health Programme for Urban Slum Dwellers in India." Population Council.

Akazi Kanoze (AK) Youth Livelihoods Project

Alcid, Annie. 2014. A Randomized Controlled Trial of Akazi Kanoze Youth in Rural Rwanda. Washington, DC: USAID.

Education Development Center, Inc. 2015. Akazi Kanoze Youth Livelihoods Project Trainer's Manual: TVET Complementary Modules – Health, Safety, Security and Environment at Workplace Module. Washington, DC: Education Development Center, Inc.

Kohl, Richard, and Matt French. 2014. Scale and Sustainability Study: The Akazi Kanoze Youth Education and Livelihoods Project in Rwanda. Washington, DC: USAID.

Bangladeshi Association for Life Skills, Income, and Knowledge for Adolescents (BALIKA)

Amin, Sajeda, Johana Ahmed, Jyotirmoy Saha, Irfan Hossain, and Eashita Haque. 2016. Delaying Child Marriage through Community-Based Skills-Development Programs for Girls: Results from a Randomized Controlled Study in Rural Bangladesh. New York, NY: Population Council.

Better Life Options Programme (BLP)

Acharya, Rajib. 2009. *Broadening Girls' Horizons: Effects of a Life Skills Education Programme in Rural Uttar Pradesh*. New Delhi, India: Population Council.

Levitt-Dayal, Marta, Renuka Motihar, Shubhada Kanani, and Arundhati Mishra. 2001. Adolescent Girls in India Choose a Better Future: An Impact Assessment of an Educational Programme. Centre for Development and Population Activities.

BRAC Empowerment and Livelihood for Adolescents (ELA) Program - Bangladesh

Shahnaz, Rizwana, and Raihana Karim. 2008. "Providing Microfinance and Social Space to Empower Adolescent Girls: An Evaluation of BRAC's ELA Centres." *BRAC Research & Evaluation Division Working Paper* 3.

BRAC Empowerment and Livelihood for Adolescents (ELA) Program - Uganda

Bandiera, Oriana, Robin Burgess, Markus Goldstein, Niklas Buehren, Selim Gulesci, Imran Rasul, and Munshi Sulaiman. 2014. Women's Empowerment in Action: Evidence from a Randomized Control Trial in Africa. Washington, DC: World Bank.

Children's Aids Society Carrera-Model Program to Prevent Teen Pregnancy

Philliber, Susan, Jackie Kaye, and Scott Herrling. 2001. "The National Evaluation of the Children's Aid Society Carrera-Model Program to Prevent Teen Pregnancy." *Accord, NY: Philliber Research Associates.*

Job Corps

Schochet, Peter, John Burghardt, and Steven Glazerman. 2001. National Job Corps Study: The Impacts of Job Corps on Participants' Employment and Related Outcomes. Princeton, NJ: Mathematica.

Kishori Abhijan ("Adolescent Girls' Adventure")

Amin, Sajeda, and Luciana Suran. "Program Efforts to Delay Marriage Through Improved Opportunities: Some Evidence from Rural Bangladesh." [Unpublished] 2005. Presented at the 2005 Annual Meeting of the Population Association of America Philadelphia Pennsylvania March 31-April 2 2005.

Ninaweza Kenya Youth Empowerment Program

de Azevedo, Thomas Alvares, Jeff Davis, and Munene Charles. 2013. Testing What Works in Youth Employment: Evaluating Kenya's Ninaweza Program. Washington, DC: Global Partnership for Youth Employment.

Shaping the Health of Adolescents in Zimbabwe (SHAZ!) Project

Dunbar, Megan, Mi-Suk Kang Dufour, Barrot Lambdin, Imelda Mudekunye-Mahaka, Definate Nhamo, and Nancy Padian. 2014. "The SHAZ! Project: Results from a Pilot Randomized Trial of a Structural Intervention to Prevent HIV among Adolescent Women in Zimbabwe." *PLoS ONE* 9 (11):e113621. doi: 10.1371/journal.pone.0113621.

Siyakha Nentsha

Hallman, Kelly, Kasthuri Govender, Eva Roca, Emmanuel Mbatha, M. Cecilia Calderon, Raven Brown, Michael Rogan, et al. 2016. Siyakha Nentsha: Local Secondary School Graduates Create Safe Space Classrooms for Gendered Social, Health and Financial Skills Acquisition in Rural South Africa. New York: Population Council.

Soccer and Job Training to Prevent Drug Abuse and HIV

Rotheram-Borus, Mary Jane, Mark Tomlinson, Andrew Durkin, Kelly Baird, Jeff DeCelles, and Dallas Swendeman. 2016. "Feasibility of Using Soccer and Job Training to Prevent Drug Abuse and HIV." *AIDS & Behavior*. doi: 10.1007/s10461-015-1262-0.

Street Smart

Rotheram-Borus, Mary Jane, Marguerita Lightfoot, Rogers Kasirye, and Katherine Desmond. 2012. "Vocational Training with HIV Prevention for Ugandan Youth." *AIDS & Behavior* 16 (5):1133-1137. doi: 10.1007/s10461-011-0007-y.

Tap and Reposition Youth (TRY)

Erulkar, Annabel, and Erica Chong. 2005. Evaluation of a Savings & Micro-Credit Program for Vulnerable Young Women in Nairobi. New York: Population Council.

Erulkar, Annabel, Judith Bruce, Aleke Dondo, Jennefer Sebstad, James Matheka, Arjmand Banu Khan, and Ann Gathuku. 2006. Tap and Reposition Youth (TRY): Providing Social Support, Savings, and Microcredit Opportunities for Young Women in Areas with High HIV Prevalence. In *SEEDS*. New York: Population Council.

Yo Puedo ("I Can")

Minnis, Alexandra, Evan vanDommelen-Gonzalez, Ellen Luecke, William Dow, Sergio Bautista-Arredondo, and Nancy Padian. 2014. "Yo Puedo--A Conditional Cash Transfer and Life Skills Intervention to Promote Adolescent Sexual Health: Results of a Randomized Feasibility Study in San Francisco." *The Journal of Adolescent Health* 55 (1):85-92. doi: 10.1016/j.jadohealth.2013.12.007.

INTEGRATED PROJECTS WITH NON-EXPERIMENTAL EVALUATIONS

African Youth Alliance (AYA)

Williams, Tim, Stephanie Mullen, Ali Karim, and Jessica Posner. 2007. Evaluation of the African Youth Alliance Program in Ghana, Tanzania, and Uganda: Impact on Sexual and Reproductive Health Behavior Among Young People Summary Report. Rosslyn, VA: JSI Research and Training Institute, Inc.

The Apparel Lesotho Alliance to Fight AIDS (ALAFA)

"Case Study: The Apparel Lesotho Alliance to Fight AIDS (ALAFA)."

Asociación Pro-bienestar de la Familia de Guatemala (APROFAM)

"Case Study: APROFAM Guatemala."

Better Life Options Program

The Centre for Development and Population Activities. 2011. CEDPA/Nigeria Better Life Options Program Final Report. Washington, DC: The Centre for Development and Population Activities.

Biruh Tesfa ("Bright Future")

Edmeades, Jeffrey, Robin Hayes, and Gillian Gaynair. 2014. Improving the Lives of Married Adolescent Girls in Amhara Ethiopia: A Summary of the Evidence. Washington, DC: International Center for Research on Women (ICRW).

Boys & Girls Club of America

Arbreton, Amy, Molly Bradshaw, Jessica Sheldon, and Sarah Pepper. 2009. Making Every Day Count: Boys & Girls Clubs' Role in Promoting Positive Outcomes for Teens. Philadelphia, PA: Public/Private Ventures.

Chittagong Factory Health Services Project

"Case Study: Chittagong Factory Health Services Intervention."

Entra 21

Alzúa, María Laura, Paula Nahirñak, and Belisario Alvarez de Toledo. 2007. "Evaluation of Entra 21 Using Quantitative and Qualitative Data." *Q-Squared Working Paper* 41.

Extending Service Delivery (ESD) Project – Bangladesh

Chowdhury, Sorowar, David Wofford, and Veronique Dupont. 2007. Effects of a Workplace Health Program on Absenteeism, Turnover, and Worker Attitudes in a Bangladesh Garment Factory. Washington, DC: Extending Service Delivery.

Extending Service Delivery (ESD) Project – Egypt

Wofford, David, and Shannon Pryor. 2011. Return on Investment and Women's Health at the Workplace: A Study of HERproject in Egyptian Garment Factories. Washington, DC: Extending Service Delivery.

Factory-Based Reproductive Health Services

2010. "Case Study: Factory-Based Reproductive Health Services adidas & Marie Stopes International Vietnam."

Fit for Life, Fit for Work Programme

SAfAIDS. 2011. A Success Story: The Etafeni Trust "Fit for Life, Fit for Work" Programme. Zimbabwe: SAfAIDS.

SAfAIDS. 2011. Fit for Life, Fit for Work Success Story Documentation: The Fit for Life, Fit for Work Model. Zimbabwe: SAfAIDS.

Girls Empowerment Programme (GEP) Camp

Berry, Mary O'Neill, Judy Kuriansky, Megan Lytle, Bozhena Vistman, Mathato Mosisili, Lieketso Hlothoane, Mapeo Matlanyane, Thabang Mokobori, Silas Mosuhli, and Jane Pebane. 2013. "Entrepreneurial Training for Girls Empowerment in Lesotho: A Process Evaluation of a Model Programme." *South African Journal of Psychology* 43 (4):445-458.

Health Clinic in Thyolo District

Bemelmans, Marielle, Thomas van den Akker, Olesi Pasulani, Nabila Saddiq Tayub, Katharina Hermann, Beatrice Mwagomba, Winnie Jalasi, and et al. 2011. "Keeping Health Staff Healthy: Evaluation of a Workplace Initiative to Reduce Morbidity and Mortality from HIV/AIDS in Malawi." *Journal of the International AIDS Society* 14 (1).

Healthy Images of Manhood (HIM)

Extending Service Delivery. Case Study: Healthy Images of Manhood: A Male Engagement Approach for Workplaces and Community Programs Integrating Gender, Family Planning and HIV/AIDS. Washington, DC: Extending Service Delivery (ESD).

HERproject

BSR. HERproject China: Empowering Women Workers. BSR.

Intervention based on Microfinance, Entrepreneurship, and Adherence (IMEA) Project

Arrivillaga, Marcela, Juan Pablo Salcedo, and Mauricio Pérez. 2014. "The IMEA Project: An Intervention Based on Microfinance, Entrepreneurship, and Adherence to Treatment for Women With HIV/AIDS Living in Poverty." *AIDS Education and Prevention* 26 (5):398.

Junior Farmer Field and Life Schools

Djeddah, Carol, Rogério Mavanga, and Laurence Hendrickx. 2006. "Junior Farmer Field and Life Schools: Experience From Mozambique." *AIDS, Poverty, and Hunger: Challenges and Responses*:325.

Katutura Youth Enterprise Centre (KAYEC) Scheme

Kadhimo, Veronika. 2016. Self-Development & Skills for Vulnerable Youth: Final Report. Namibia: KAYEC Trust.

Kenya NairoBits Youth Empowerment Programme (YEP)

FocusAfrica. 2010. Youth Empowerment Programme Evaluation Report: Kenya NairoBits.

Youth Employment Inventory. 2016. Youth Empowerment Programme (YEP) – NairoBits. In *Youth Employment Inventory.*

Livelihoods Skill Building Intervention

Kalyanwala, Shveta. 2007. Influencing Girls' Lives: Acceptability and Effectiveness of a Livelihoods Skill Building Intervention in Gujarat. In *Promoting Healthy, Safe, and Productive Transitions to Adulthood.* New York: Population Council.

Self Employed Women's Association (SEWA) Academy, Shveta Kalyanwala, Rajib Acharya, and Sunetra Deshpande. 2006. Influencing Girls' Lives: Acceptability and Effectiveness of a Livelihoods Skill Building Intervention in Gujarat. New Delhi: Population Council.

Out-of-School Youth Livelihood Initiative (IDEJEN)

Janke, Cornelia, Suzanne Kratzig, and Ann Hershkowitz. 2012. IDEJEN Final Report: Initiative Pour le Developpement des Jeunes en Fehors du Milieu Scolaire. Washington, DC: USAID.

Orphans and Vulnerable Children Affected by HIV/AIDS Program

Rowe, Wendy-Ann, and Carrie Miller. 2011. *My Skills, My Money, My Brighter Future in Rwanda: An Assessment of Economic Strengthening Interventions for Adolescent Girls*. Baltimore, MD: Catholic Relief Services.

PT Dewhirst Clinic in Bandung Indonesia

Public Health Institute/CCPHI. 2009. "Working Together to Improve the Health of Workers, Their Families, and the Community in Indonesia."

The RESPOND Project: India

Yahner, Melanie, and Cindi R. Cisek. 2012. "Using an Employer-Based Approach to Increase Support for and Provision of Long-Acting and Permanent Methods of Contraception: The India Experience."

Support to Replicable Innovative Village/Community Level Efforts for Vulnerable Children (STRIVE)

Miller, Carrie, Melita Sawyer, and Wendy-Ann Rowe. 2011. *My Skills, My Money, My Brighter Future in Zimbabwe: An Assessment of Economic Strengthening Interventions for Adolescent Girls.* Baltimore, MD: Catholic Relief Services.

Workplace-Based Prevention and Employment and Supportive Services for High-Risk Individuals in Vietnam Project

USAID. 2013. Workplace-Based Prevention and Employment and Supportive Services for High-Risk Individuals in Vietnam Project. Washington, DC: USAID.

Youth Ahead Zimbabwe Technical Skills Program

Youth Ahead Zimbabwe. 2004. Train 300 Youth in Welding, Sewing and Knitting in Zimbabwe. Youth Ahead Zimbabwe.

Youth Employment Inventory. 2016. Technical Skills Program. In *Youth Employment Inventory.*

Youth Education for Life Skills (YES) likely integrated; still some question about SRH

Addy, Axel, and Alfred Stevens. 2006. End of Program Evaluation Report: Mercy Corps' Program Youth Education for Life Skills (YES). Washington, DC: USAID.

Youth Reintegration Training and Education for Peace (YRTEP) Program

Fauth, Gloria, and Bonnie Daniels. 2001. Youth Reintegration Training and Education for Peace (YRTEP) Program: Sierra Leone, 2000-2001. Washington, DC: Management Systems International/USAID.

APPENDIX 7: WORKPLACE SRH INTERVENTIONS

Workplace SRH interventions differ from the other interventions identified in this report because they offer SRH messaging and service provision to existing employees rather than engaging in readying youth for work. These interventions are nonetheless considered integrated WfD and SRH as they aim to improve worker retention and employability, as well as SRH outcomes.

Integrating SRH interventions into existing workplaces is important because current nonexperimental evidence suggests that they can produce both positive economic and health impacts for employees and employers. By improving the SRH knowledge and practices of employees, it is expected there will be fewer SRH-related disruptions to work. This approach has the potential to appeal to employers who may see increases in productivity and financial return, and may as a result continue the program with corporate funding—producing a sustainable solution.

SRH workplace interventions often require intensive collaboration from private sector employers, local health providers, employees, local government, and NGOs. Nonetheless, most project agreements occur between individual employers and NGOs. Most often workplace SRH interventions involve some service provision, curriculum-based education, and/or messaging tailored to the workplace, culture, and health issues faced by employees. This commonly includes short courses in SRH-specific soft skills, gender, STIs, HIV or pregnancy prevention, and service provision through on-site nurses or referrals. Several projects augment this with financial literacy training or microfinance loans. Countries with SRH workplace interventions include Egypt, Pakistan, Indonesia, Vietnam, Lesotho, Guatemala, Bangladesh, China, Philippines, New Mexico, India, Kenya, and Tanzania. Recognizable brands have engaged in testing workplace SRH interventions, including Abercrombie & Fitch, Adidas, Hewlett-Packard, J. Crew, Levi Strauss & Co., PT Dewhirst, Unilever, and Nordstrom, among many others.[13, 14, 15]

SRH workplace interventions have been conducted as pilots or as NGO/corporate social responsibility (CSR) partnerships that include no or nonexperimental evaluation. While several experimental evaluations of workplace SRH interventions are in progress, none are yet complete. Projects track data about the effects of these interventions through interviews, SRH-related data from workplace clinics, and productivity data from employers.

Reports of the effects of this category of interventions suggest a core set of outcomes for both employees and employers. For employees, these interventions may increase worker use of SRH services within a company or at external clinics; increase HIV and AIDS awareness and

[13] Yeager, R. (2011). HERproject: Health Enables Returns - The Business Returns from Women's Health Programs, BSR. P 6

[14] "Case Study: Healthy Images of Manhood: A Male Engagement Approach for Workplaces and Community Programs Integrating Gender, Family Planning and HIV/AIDS," Extending Service Delivery (ESD) USAID.

[15] "HERproject China: Empowering Women Workers," BSR.

prevention and treatment access; improve awareness of gender rights; delay marriage or pregnancy; and improve worker attitudes and family life. For employers, the resulting productivity increases justify the program cost, while improvements in employee SRH are another important result. One means of demonstrating this change to employers is return on investment (ROI). This measure, often used by the HER Project and other workplace health interventions, evaluates changes in productivity against the cost spent on the intervention. An ROI estimates the value a company will gain, in addition to every dollar (or any unit of currency) they invest in the program. The challenge with ROI calculations is that they rely heavily on consistent and quality data sources, which can be difficult to obtain in some developing contexts. Also used are employee satisfaction surveys. While costs range among the identified projects, workplace SRH interventions often rely on a mix of NGO and company funding.

Based on a review of these workplace SRH interventions, recommendations for further consideration and research are to (1) improve the evaluation design and data quality from workplace SRH interventions to provide more reliable results, and quantifiable impacts that could further the case for SRH interventions in a workplace; (2) improve trust among employees, employers, and evaluators when evaluating the intervention (sometimes factory workers and employers will not provide needed data due to trust issues, such as fear of being let go, or competitive pricing secrets); and (3) develop additional quantitative metrics for success of the program for employers. ROI only calculates the improved productivity of workers versus program cost and misses other positive effects of improved SRH, thus skewing the impact of an intervention downward. Additionally, ROI does not control for other factors that can influence productivity, such as employee satisfaction, decisions to remain at a company, or internal promotion, leading to potential inaccurate conclusions.

APPENDIX 8: FEATURES OF INTEGRATED PROJECTS

The following tables illustrate the features of all integrated projects (Snapshot 1). A color scheme is used to help readers see where there are many, some, few, or very few/no interventions having those features: cells with 40 percent or more interventions having those features are green, 20–39 percent are blue, 10–19 percent are yellow, and cells containing fewer than 10 percent are white. Because the features of the interventions are represented individually—and because interventions may have more than one feature-- an intervention may be represented in more than one cell.

TABLE 20 **All integrated intervention delivery content[16]**

		Workforce Development									
		Vocational / Technical Skills		WfD Soft Skills		Entrepreneurship		Job placement support		Internship/ Apprentice-ship	
Sexual and Reproductive Health	Puberty	11	22%	34	69%	6	12%	3	6%	3	6%
	Pregnancy Prevention	18	37%	20	41%	12	24%	8	16%	6	12%
	HIV	24	49%	28	57%	17	35%	8	16%	7	14%
	STIs	15	31%	17	35%	11	22%	9	18%	3	6%
	HIV/ STI testing	7	14%	6	12%	6	12%	4	8%	2	4%
	Gender	17	35%	18	37%	10	20%	8	16%	5	10%
	SRH Soft Skills	24	49%	28	57%	15	31%	9	18%	7	14%
	Abstinence Only	1	2%	1	2%	1	2%	0		1	2%
	Contraceptives	5	10%	3	6%	3	6%	2	4%	2	4%

>= 40% 20-39% 10-19% <10%

TABLE 21 **All integrated intervention delivery mechanisms**

		Workforce Development											
		Curric.-based WfD Ed.		Farming/ Value Chain		Internship/ apprentice-ship		Upgrade/ mod. Ed Curric. Policy		Employer Consult		Reintegration to schools/ work	
Sexual and Reproductive Health	Peer Ed	17	35%	3	6%	4	8%	1	2%	11	22%	9	18%
	Mentoring	20	41%	1	2%	5	10%	1	2%	3	6%	7	14%
	Curriculum-based Sexuality/ Life Skills Ed	30	61%	2	4%	10	20%	1	2%	13	27%	11	22%
	Links to Services	7	14%	1	2%	4	8%	1	2%	12	24%	6	12%
	On-site service provision	4	8%	1	2%	3	6%	1	2%	11	22%	3	6%
	SRH BCC	14	29%	1	2%	3	6%	1	2%	8	16%	8	16%

>= 40% 20-39% 10-19% <10%

TABLE 22 **All integrated intervention delivery locations**

		Workforce Development													
		School		Workplace		Youth Club		Safe Space		ICT		Clinic		NGO/CBO	
Sexual and Reproductive Health	School	11	22%	4	8%	2	4%	0		0		1	2%	6	12%
	Workplace	2	4%	14	29%	1	2%	1	2%	0		3	6%	1	2%
	Youth Club	3	6%	1	2%	9	18%	4	8%	0		0	0%	3	6%
	Safe Space	2	4%	3	6%	4	8%	10	20%	3	6%	0		5	10%
	ICT	0		0		0		3	6%	4	8%	0		1	2%
	Clinic	4	8%	11	22%	1	2%	0		0		5	10%	1	2%
	NGO/CBO	9	18%	6	12%	2	4%	2	4%	1	2%	1	2%	14	29%

>= 40% 20-39% 10-19% <10%

INTERVENTIONS BY GENDER AND GEOGRAPHY

The key below identifies the content, mechanism, and location of interventions with letter markers like (A) or (BB). In the map of interventions by gender (Figure 12) each intervention is shown based on its target population: females (pink), males (blue), both (beige). The interventions are circles, but their color is based on who they reach. Intervention features are still in squares, but they are labeled by letter and a key below provides shorthand for their meaning. For example, the mechanism (red square) H represents SRH mentor, while F represents WfD reintegration into school/work. The modes, content and location are those seen in the tables above.

TABLE 23 **List of Program Features**

Mechanism		Content		Location	
A	WfD Curric	N	WfD Tech Skills	BB	WfD School
B	WfD Value Chain/Farming	O	WfD Soft Skills	CC	WfD Workplace
C	WfD Internship	P	WfD Entrepreneur	DD	WfD Youth Club
D	WfD Ed Policy	Q	WfD Job Placement	EE	WfD Safe Space
E	WfD Employer Consultation	R	WfD Intern	FF	WfD ICT
F	WfD Reintegration to school/work	S	SRH Puberty	GG	WfD Clinic
G	SRH Peer	T	SRH Pregnancy Prev	HH	WfD NGO
H	SRH Mentor	U	SRH HIV	II	SRH School
I	SRH Curric	V	SRH STI	JJ	SRH Workplace
J	SRH Links to Services	W	SRH Testing	KK	SRH Youth Club
K	SRH On Site Services	X	SRH Gender	LL	SRH Safe Space
L	SRH BCC	Y	SRH Soft Skills	MM	SRH ICT
M	SRH IEC	Z	SRH Abstinence	NN	SRH Clinic
		AA	SRH Contraceptives	OO	SRH NGO

FIGURE 12 **All interventions by gender**

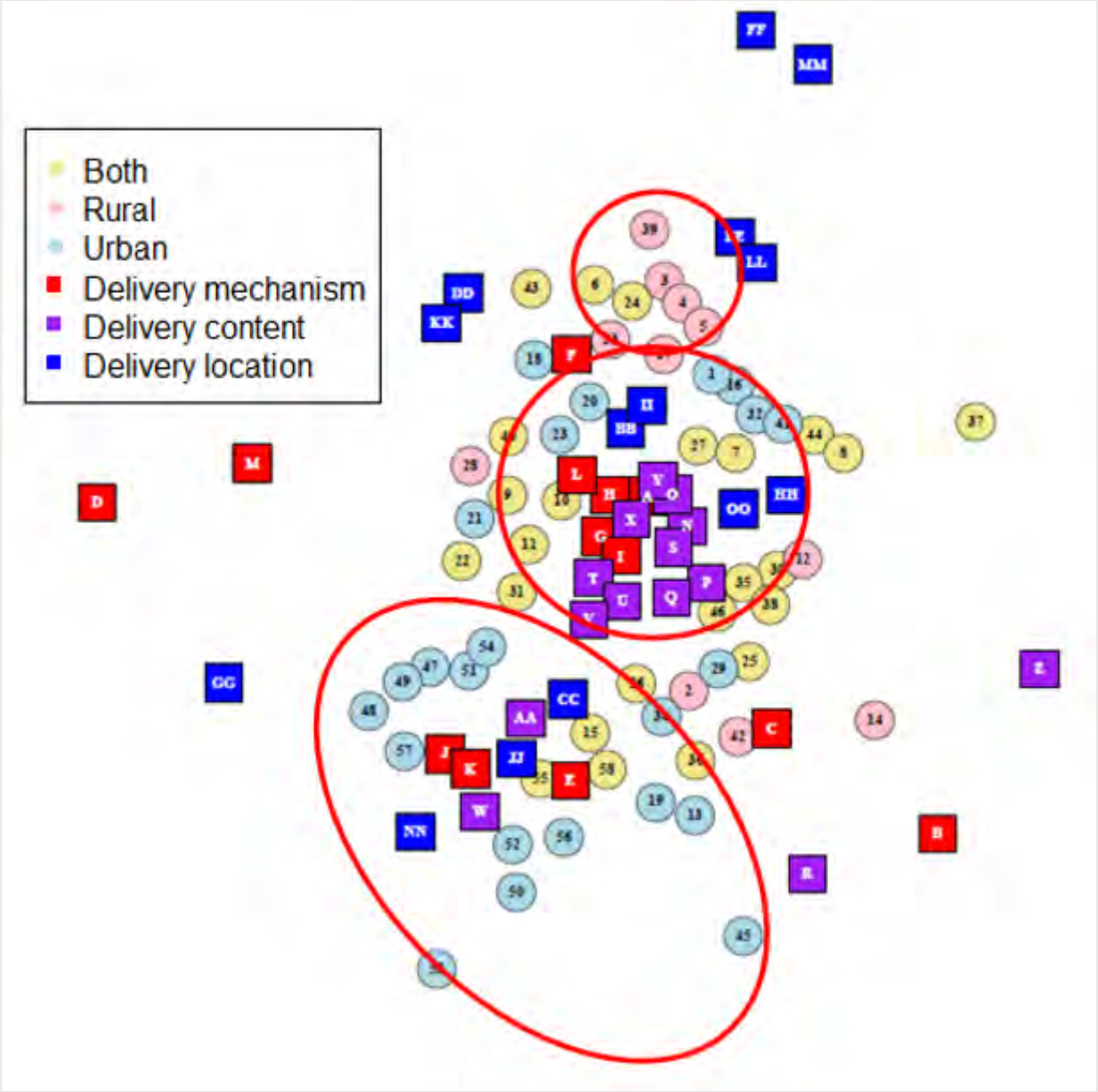
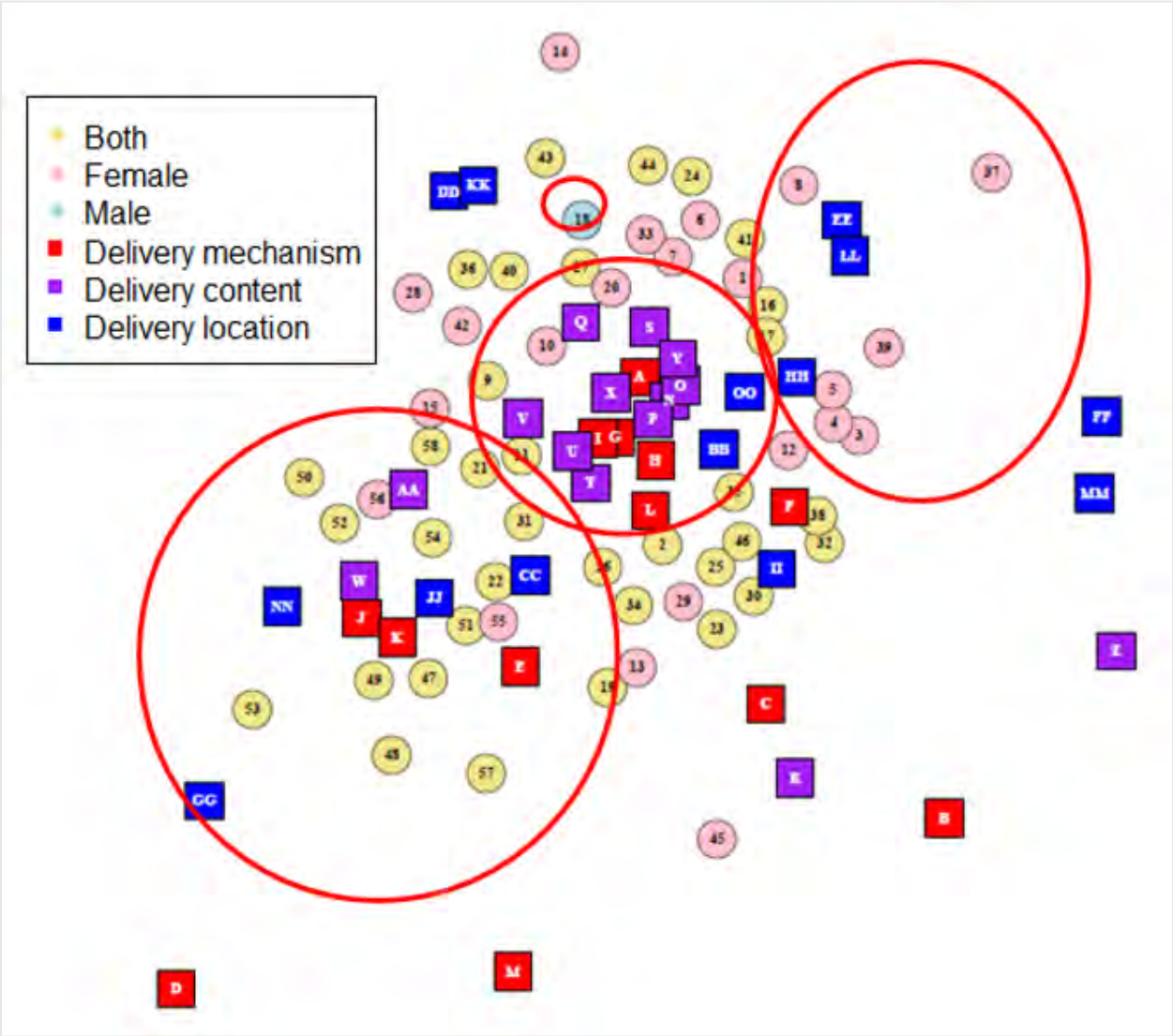


FIGURE 13 **All interventions by rural/urban location**



APPENDIX 9: IE LOCATION, TARGET POPULATION ASSESSMENT TYPE AND RATING

TABLE 24 **IE location and target population assessment type and rating**

ID #	Intervention Name	Country	Target Population	WfD Outcome Score (0-1)	SRH Outcome Score (0-1)	Total Outcome (0-2)	Assessment Type	Assessment Rating
10	BRAC ELA - Uganda	Uganda	girls 14-20	1.00	0.88	1.88	Experimental	good
3	BALIKA: Education Intervention	Bangladesh	Girls 12–18 in and out-of-school, rural	0.33	0.73	1.06	Experimental	fair
5	BALIKA: Livelihoods Intervention	Bangladesh	Girls 12–18 in and out-of-school, rural	0.21	0.76	0.98	Experimental	fair
8	BRAC ELA - Bangladesh	Bangladesh	Girls 10-24 years	0.78	0.20	0.98	Quasi-Experimental	fair
19	Tap and Reposition Youth (TRY)	Kenya	Out-of-school 16-22, slums (16-29 were able to participate)	0.80	0.18	0.98	Quasi-experimental	fair
4	BALIKA: Gender-Rights Awareness Intervention	Bangladesh	Girls 12–18 in and out-of-school, rural	0.37	0.57	0.94	Experimental	fair
9	Children's Aid Society Carrera-Model Program	United States	High-risk youth 12-16	0.36	0.53	0.89	Experimental	good
6	Better Life Options	India	Unmarried girls 13-17	0.43	0.43	0.86*	Quasi-experimental	fair
11	Job Corps	United States	Disadvantaged youth, 16-24	0.76	0.00	0.76	Experimental	good

ID #	Intervention Name	Country	Target Population	WfD Outcome Score (0-1)	SRH Outcome Score (0-1)	Total Outcome (0-2)	Assessment Type	Assessment Rating
12	Kishori Abhijan	Bangladesh	Girls 13-22, rural villages	0.50	0.20	0.70	Quasi-experimental	fair
15	Siyakha Nentsha: Financial Education Arm	South Africa	Grade 10&11 youth in peri-urban schools	0.35	0.30	0.65	Experimental	fair
18	Street Smart	Uganda	High-risk youth 13-21, Kampala slums	0.30	0.30	0.60	Experimental	fair
2	Akazi Kanoze	Rwanda	14-35	0.40	N/A	0.40	Experimental	fair
16	Siyakha Nentsha: Stress Management Arm	South Africa	Grade 10&11 youth in peri-urban schools	0.25	0.15	0.40	Experimental	fair
17	Soccer and Job Training to Prevent Drug Abuse and HIV	South Africa	Unemployed 18-25 years	0.30	0.08	0.38	Experimental	good
14	SHAZ!	Zimbabwe	Adolescent female orphans 16-19	0.30	0.00	0.30	Experimental	good
13	Ninaweza	Kenya	Unemployed women 18-35	0.23	0.00	0.23	Experimental	good
20	Yo Puedo ("I Can")	USA	16-21	N/A	0.00	0.00	Experimental	fair

**The sums are rounded, see inventory for formulas*

APPENDIX 10: CHARACTERISTICS OF INTEGRATED PROJECTS WITH IMPACT EVALUATIONS

The following tables show multiple descriptive analyses conducted to show the characteristics of the 18 interventions with IEs rated “Good” or “Fair”. Tables are grouped according to the type of analysis, e.g., cross-tab based on a demographic characteristic or one of the four ranking protocols.

TABLE 25 **Region by non-WfD and SRH characteristics**

Region	n	financial lit training	Access to financial services	academics/ lit & num	play /resources	business grant, stipend	SBCC	legal rights educ	nutrition educ	mitigate alc/drug	Psycho-social support	social capital opp
S. Asia	6	1	2	1	6	0	5	2	5	0	1	6
SSA	9	5	4	1	2	2	0	2	2	2	5	4
US	3	1	1	2	1	2	0	0	0	2	2	2
		7	*7*	*4*	*8*	*4*	*5*	*4*	*7*	*4*	*8*	*12*

TABLE 26 **Region by mode**

How	W.Intern	W.Employer	W.Reintegration	S.Peer	S.Mentor	S.Curric	S.LinksServ	S.OnSiteServ	S.BCC
S. Asia	0	0	4	5	5	5	0	0	3
SSA	3	2	0	3	7	7	1	1	2
US	2	0	2	1	2	3	3	2	0

TABLE 27 **Region by content**

What	W.TechSkills	W.SS	W.Entrepreneur	W.JobPlace	W.Intern	S.Puberty	S.PregPrev	S.HIV	S.STI	S.Testing	S.Gender	S.SS	S.Contraceptives
S. Asia	4	6	1	0	0	4	5	4	0	0	2	6	0
SSA	7	8	5	3	3	3	5	9	6	1	6	8	2
US	3	2	0	3	1	1	2	1	3	1	1	2	0

TABLE 28 Locale by multiple demographic characteristics

Locale	n .=1	female	male	both	in school	out school	both school	SBCC	SSA	S Asia	US
urban	7	3	1	3	1	3	0	3	5	0	2
rural	8	6	0	2	2	0	6	5	3	5	0
both	2	2	0	1	0	0	3	1	1	1	0

TABLE 29 Locale by non-WfD and SRH characteristics

Locale	N .=1	fin lit training	MF, F-access, saveings	academics/ lit & num	play /games	business grant, stipend	SBCC	legal rights educ	nutrition educ	mitigate alc/drug	psycho-social support	social capital opp
rban	7	3	2	1	3	3	0	0	0	3	5	4
rural	8	3	3	2	5	0	5	3	7	0	1	6
both	2	1	2	0	1	0	0	1	0	0	1	2

TABLE 30 Locale by mode

Mode	W.Curric	W.Intern	W.Employer	W.Reintegration	S.Peer	S.Mentor	S.Curric	S.LinksServ	S.OnSiteServ	S.BCC
urban	6	3	1	1	2	5	5	3	2	2
rural	8	1	1	4	5	6	8	0	0	3
both	2	0	0	0	2	2	1	0	0	0

TABLE 31 Locale by content

Content	W.SS	W.Entrepreneur	W.JobPlace	W.Intern	S.Puberty	S.PregPrev	S.HIV	S.STI	S.Testing	S.Gender	S.SS	S.Contraceptives
urban	5	2	2	3	2	3	5	4	1	4	6	2
rural	8	3	3	1	5	8	7	3	0	4	8	0
both	2	1	0	0	1	1	1	1	0	1	2	0

TABLE 32 Gender by multiple demographic characteristics

Gender	n	urban	rural	both	in school	out school	both school	SBCC	SSA	S Asia	US
both	6	3	2	0	3	0	1	2	3	0	3
female	11	3	6	2	0	3	8	6	5	6	0
male	1	1	0	0	.	.	.	1	1	0	0

TABLE 33 Gender by non-WfD and SRH characteristics

Gender	n	fin lit training	Access to financial services	academics/ lit & num	play /resources	business grant, stipend	SBCC	legal rights educ	nutrition educ	mitigate alc/drug	psycho-social support	social capital opp
both	6	2	2	2	1	2	0	1	2	3	4	2
female	11	5	5	2	7	2	5	3	5	0	3	9
male	1	0	0	0	1	0	0	0	0	1	1	1

TABLE 34 Gender by mode

Mode	n	W.Curric	W.Intern	W.Employer	W.Reintegration	S.Peer	S.Mentor	S.Curric	S.LinksServ	S.OnSiteServ	S.BCC
both	6	5	3	1	2	1	5	6	3	2	0
female	11	11	2	1	4	7	8	9	1	1	4
male	1	1	0	0	0	1	1	0	0	0	1

TABLE 35 Gender by content

Content	n	W.Tech Skills	W.SS	W. Entrepreneur	W. JobPlace	W. Intern	S. Puberty	S. PregPrev	S.HIV	S.STI	S. Testing	S. Gender	S.SS	S. Contraceptives
both	6	4	5	1	5	2	1	4	4	5	1	2	4	0
female	11	9	10	5	1	2	7	8	9	4	1	6	11	2
male	1	1	1	0	0	0	0	0	1	0	0	1	1	0

TABLE 36 Participant school status by multiple demographic variables

School	n .=3	urban	rural	both	female	male	both	SBCC	SSA	S Asia	US
both	9	0	6	2	8	0	1	5	2	6	1
in	3	1	2	0	0	0	3	1	2	0	1
out	3	3	0	0	3	0	0	1	3	0	0

TABLE 37 Participant school status by non-WfD and SRH characteristics

School	n .=3	fin lit training	Access to financial services	academics/ lit & num	play /resources	business grant, stipend	SBCC	legal rights educ	nutrition educ	mitigate alc/drug	psycho-social support	social capital opp
both	9	3	4	3	6	1	5	3	5	1	2	8
in	3	1	1	0	0	0	0	1	2	1	1	1
out	3	2	1	0	1	2	0	0	0	0	2	1

TABLE 38 Participant school status by mode

Mode	n .=3	W.Curric	W.Intern	W.Employer	W.Reintegration	S.Peer	S.Mentor	S.Curric	S.LinksServ	S.OnSiteServ	S.BCC
both	9	9	2	1	5	7	7	8	1	1	3
in	3	3	0	0	1	1	2	3	1	0	0
out	3	3	1	0	0	0	2	2	1	1	1

TABLE 39 Participant school status by content

Content	n	W.Tech Skills	W.S S	W. Entrepreneur	W. JobPlace	W. Intern	S. Puberty	S. PregPrev	S.HIV	S.STI	S. Testing	S. Gender	S.SS	S. Contraceptives
both	9	7	9	3	2	1	6	7	7	3	1	4	8	0
in	3	1	2	1	3	0	0	3	2	3	0	2	3	0
out	3	3	2	2	0	1	1	1	3	2	1	2	3	2

Outcome total: All of the high-ranking interventions using this protocol included opportunities for youth to build positive personal relationships, which was in contrast to non-top-scoring interventions. Almost all included play/learning resources (also different from non-top-scoring). Many included financial literacy and inclusion opportunities at a higher rate than did those ranked lower. Some included nutrition education and psychosocial support, which were found about equally across ranks. Only top- and middle-ranking projects offered community/policymaker engagement.

1) ***Top WfD scores*:** All of the top WfD-scoring interventions included access to financial services; most were group-based, thus creating opportunities for youth to develop positive personal relationships. Some included play/learning resources, grants/stipends, legal rights education, and psychosocial support or mentoring. By contrast, none of the low-WfD-ranked interventions (n=4) included access to financial services or financial literacy. The middle-WfD-ranked interventions were somewhat likely to include financial training and rarely provided access to financial services opportunities, whereas more than half included opportunities to develop positive personal relationships. Middle-WfD-ranked interventions were about as likely to include play/learning resources and grants/stipends, legal rights education, and psychosocial support were the top-WfD-ranked projects. They were, however, more likely to include nutrition education.

2) ***Top SRH scores*:** Given the clustering of scores, there were only two interventions with middle scores and 11 with low SRH scores. The two middle-scoring interventions *looked similar* to the five top-SRH-scoring interventions based on these characteristics. The top seven SRH-scoring interventions all included opportunities for youth to build positive personal relationships. They were likely to include play/learning resources, financial literacy, nutrition education, and family and community engagement (with community members, parents and policymakers). They may also have provided opportunities for access to financial services and literacy and numeracy training or tutoring.

3) ***Top overlap scores:*** The top four interventions with mostly positive WfD and SRH outcomes for youth were more likely to include financial literacy or inclusion; play/learning resources; opportunities to build positive personal relationships; nutrition education; family and community engagement (with community members, parents, and policymakers); and literacy and numeracy training or tutoring than were the less "successful" interventions.

TABLE 40 WfD ranking by non-WfD and SRH characteristics

WfD Score	n	financial lit training	Access to financial services	academics/ lit & num	play /resources	business grant, stipend	SBCC	legal rights educ	nutrition educ	mitigate alc/drug	psycho-social support	social capital opp
Top 5	5	2	5	1	3	2	1	2	1	1	3	4
Middle	9	5	2	3	4	2	3	2	4	2	4	6
Low	4	0	0	0	1	0	1	0	2	1	1	2

TABLE 41 WfD ranking by mode

How	W.Curric	W.Intern	W.Employer	W.Reintegration	S.Peer	S.Mentor	S.Curric	S.LinksServ	S.OnSiteServ	S.BCC
Top 5	5	1	0	1	2	4	4	1	1	1
Middle	8	3	2	3	5	8	8	2	2	3
Low	4	1	0	2	2	2	3	1	0	1

TABLE 42 WfD ranking by content

What	W.TechSkills	W.SS	W.Entrepreneur	W.JobPlace	W.Intern	S.Puberty	S.PregPrev	S.HIV	S.STI	S.Testing	S.Gender	S.SS	S.Contraceptives
Top 5	5	5	2	1	0	3	3	4	3	1	3	4	0
Mid.	6	8	3	3	3	4	6	7	4	1	4	8	1
Low	3	3	1	2	1	1	3	3	2	0	2	4	1

TABLE 43 SRH ranking by non-WfD and SRH characteristics

SRH Score	n	financial lit training	Access to financial services	academics/ lit & num	play /resources	business grant, stipend	SBCC	legal rights educ	nutrition educ	mitigate alc/drug	psycho-social support	social capital opp
Top	5	3	2	2	4	1	3	1	3	0	1	5
Middle	2	1	1	0	0	0	0	1	1	1	1	0
Low	11	3	4	2	4	3	2	2	3	3	6	7

TABLE 44 SRH ranking by mode

How	W.Curric	W.Intern	W.Employer	W.Reintegration	S.Peer	S.Mentor	S.Curric	S.LinksServ	S.OnSiteServ	S.BCC
Top	4	1	0	3	4	5	5	1	1	3
Middle	2	1	1	0	0	2	2	0	0	0
Low	11	3	1	3	5	7	8	3	2	2

TABLE 45 SRH ranking by content

What	W.TechSkills	W.SS	W.Entrepreneur	W.JobPlace	W.Intern	S.Puberty	S.PregPrev	S.HIV	S.STI	S.Testing	S.Gender	S.SS	S.Contraceptives
Top	3	5	2	1	1	5	5	4	2	0	2	5	0
Mid.	1	2	1	1	1	0	1	2	1	0	0	1	0
Low	10	9	3	4	2	3	6	8	6	2	7	10	2

TABLE 46 Total score ranking by non-WfD and SRH characteristics

Total score	n	financial lit training	Access to financial services	academics/ lit & num	play /resources	business grant, stipend	SBCC	legal rights educ	nutrition educ	mitigate alc/drug	psycho-social support	social capital opp
Top	7	4	4	2	6	2	3	1	3	0	3	7
Middle	5	1	2	1	1	1	2	3	3	2	2	2
Low	6	2	1	1	1	1	0	0	1	2	3	3

TABLE 47 Total score ranking by mode

How	W.Curric	W.Intern	W.Employer	W.Reintegration	S.Peer	S.Mentor	S.Curric	S.LinksServ	S.OnSiteServ	S.BCC
Top	6	1	0	3	5	7	6	1	1	4
Middle	5	2	1	2	1	4	5	1	1	0
Low	6	2	1	1	3	3	4	2	1	1

TABLE 48 Total score ranking by content

What	W.TechSkills	W.SS	W.Entrepreneur	W.JobPlace	W.Intern	S.Puberty	S.PregPrev	S.HIV	S.STI	S.Testing	S.Gender	S.SS	S.Contraceptives
Top	5	7	3	1	1	6	6	5	3	0	3	7	0
Middle	4	5	1	2	1	1	3	4	2	1	1	3	0
Low	5	4	2	3	2	1	3	5	4	1	5	6	2

TABLE 49 Top 4 ranking non-WfD and SRH characteristics

Top 4	n	financial lit training	Access to financial services	academics/ lit & num	play /resources	business grant, stipend	SBCC	legal rights educ	nutrition educ	mitigate alc/drug	psycho-social support	social capital opp
1	1	1	1	0	0	0	0	1	0	0	0	1
2	1	1	0	1	1	0	1	0	1	0	0	1
3	1	0	0	0	1	0	1	0	1	0	0	1
4	1	1	1	1	1	1	0	0	0	0	1	1
all others	14	4	5	2	5	3	3	3	5	4	7	8
top 4 green/blue	*4*	*3*	*2*	*2*	*3*	*1*	*2*	*1*	*2*	*0*	*1*	*4*

TABLE 50 Top 4 ranking by mode

How	W.Curric	W.Intern	W.Employer	W.Reintegration	S.Peer	S.Mentor	S.Curric	S.LinksServ	S.OnSiteServ	S.BCC
1	1	0	0	0	1	1	1	0	0	0
2	1	0	0	1	1	1	1	0	0	1
3	1	0	0	1	1	1	1	0	0	1
4	0	1	0	0	0	1	1	1	1	0
all others	14	4	2	4	6	10	11	3	2	3
top 4 green/blue	*3*	*1*	*0*	*2*	*3*	*4*	*4*	*1*	*1*	*2*

TABLE 51 Top 4 ranking by content

What	W.TechSkill	W.SS	W.Entrepreneur	W.JobPlace	W.Intern	S.Puberty	S.PregPrev	S.HIV	S.STI	S.Testing	S.Gender	S.SS	S.Contraceptive
1	1	1	1	0	0	1	1	1	1	0	1	1	0
2	0	1	0	0	0	1	1	1	0	0	0	1	0
3	0	1	0	0	0	1	1	1	0	0	1	1	0
4	1	1	0	1	1	1	1	0	1	0	0	1	0
all others	12	12	5	5	3	4	8	11	7	2	7	12	2
top 4 green/blue	*2*	*4*	*1*	*1*	*1*	*4*	*4*	*3*	*2*	*0*	*2*	*4*	*0*

APPENDIX 11: INTENSITY OF TREATMENT

Only 12 of the inventoried interventions had information for both the overall intervention and cost per participant. This trend is similar between interventions with IEs and those without, where 74 percent and 63 percent, respectively, lack cost data. Of those integrated interventions with IEs (presented above), Table 18 illustrates which interventions in the inventory have cost information, indicating that even interventions with positive outcomes and a good evaluation still often do not include cost information.

TABLE 52 **Ranked interventions with IEs with cost information**

Ref#	Intervention Name	WfD Outcome Score (0-1)	SRH Outcome Score (0-1)	Total Outcome (0-2)	Cost	Cost per participant	Assessment Type	Assessment Rating
10	BRAC ELA - Uganda	1.00	0.88	1.88	Y 1: $365,690 Y 2: $232,240	Y 1: $28.1 Y 2: $17.9	Experimental	good
3	BALIKA: Education Intervention	0.33	0.73	1.06			Experimental	fair
5	BALIKA: Livelihoods Intervention	0.21	0.76	0.98			Experimental	fair
8	BRAC ELA - Bangladesh	0.78	0.20	0.98			Quasi-Experimental	fair
19	Tap and Reposition Youth (TRY)	0.80	0.18	0.98	$104/month/mentor salary		Quasi-experimental	fair
4	BALIKA: Gender-Rights Awareness Intervention	0.37	0.57	0.94			Experimental	fair
9	Children's Aid Society Carrera-Model Program	0.36	0.53	0.89			Experimental	good
11	Job Corps	0.76	0.00	0.76	$1 billion annually	$14,128-16,489/ person/year	Experimental	good
6	Better Life Options	0.43	0.43	0.87*			Quasi-experimental	fair
12	Kishori Abhijan	0.50	0.20	0.70			Quasi-experimental	fair
15	Siyakha Nentsha: Financial Education Arm	0.35	0.30	0.65			Experimental	fair
18	Street Smart	0.30	0.30	0.60			Experimental	fair
2	Akazi Kanoze	0.40	0.00	0.40			Experimental	fair
16	Siyakha Nentsha: Stress Management Arm	0.25	0.15	0.40		$1.87/person/hour	Experimental	fair
17	Soccer & Job Training to Prevent Drug Abuse & HIV	0.30	0.08	0.38			Experimental	good
14	SHAZ!	0.30	0.00	0.30			Experimental	good
13	Ninaweza	0.23	0.00	0.23			Experimental	good
20	Yo Puedo ("I Can")	0.00	0.00	0.00			Experimental	fair

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