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# A SYSTEMATIC REVIEW OF POSITIVE YOUTH DEVELOPMENT PROGRAMS IN LOW- AND MIDDLE-INCOME COUNTRIES



April 2017

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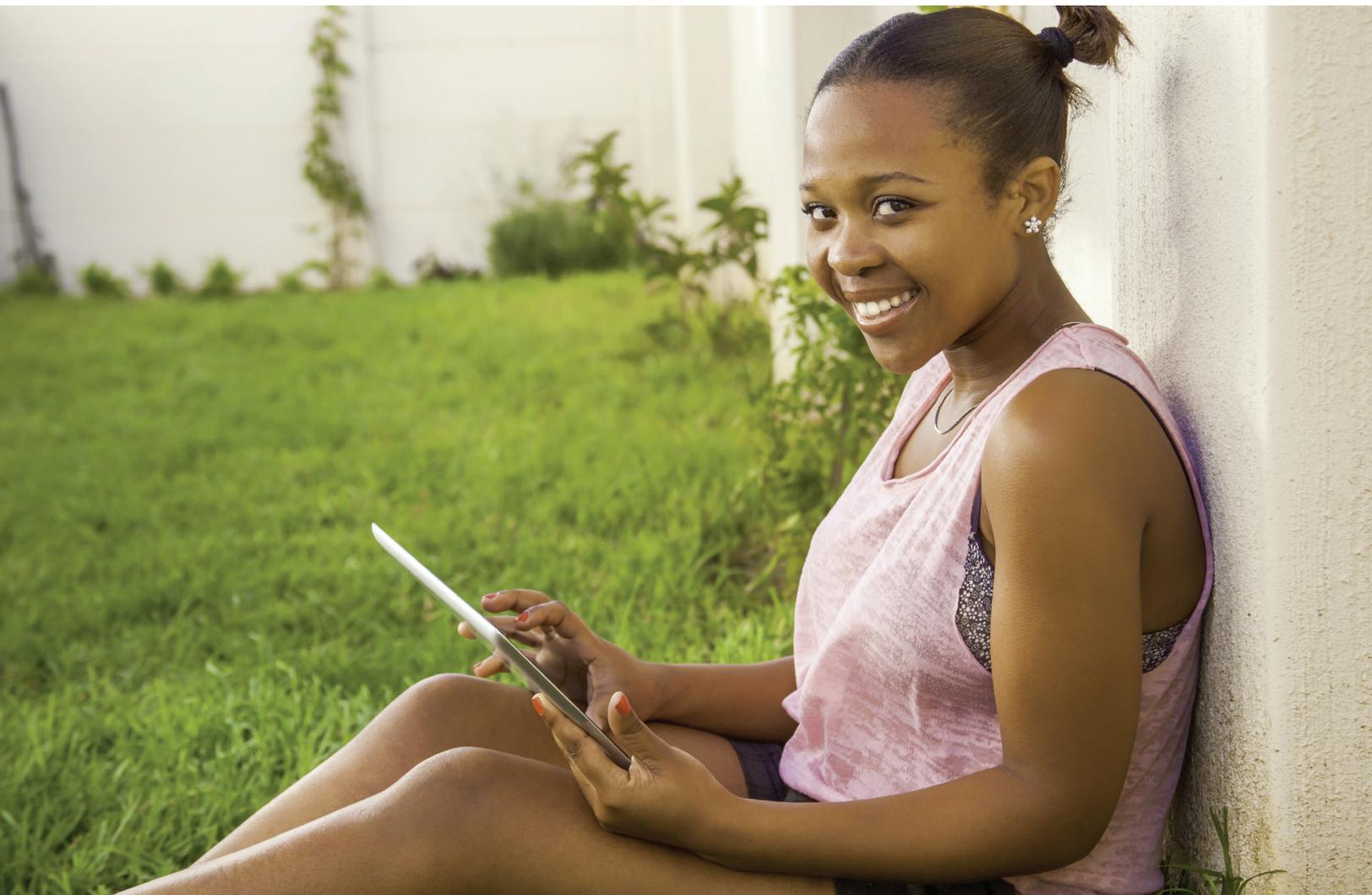
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# ACRONYMS AND ABBREVIATIONS



AIDS	Acquired immunodeficiency syndrome
ALP	Accelerated Learning Program
ASRH	Adolescent sexual and reproductive health
BALIKA	Bangladeshi Association for Life Skills, Income, and Knowledge for Adolescents
CFPA	China Family Planning Association
CHAMP	Collaborative HIV/AIDS Prevention and Adolescent Mental Health Project
CPS	Cognitive Performance Scale
CPYDS	Chinese Positive Youth Development Scale
DFID	Department for International Development (UK)
HIC	High-income country
HIV	Human immunodeficiency virus
ICRW	International Center for Research on Women
LGBTI	Lesbian, gay, bisexual, transgender, and/or intersex
LMICs	Low- and middle-income countries
NGO	Nongovernmental organization
P.A.T.H.S.	Positive Adolescent Training through Holistic Social Programs
PYD	Positive youth development
RCT	Randomized clinical trial
REAL	Refuse, explain, avoid, and leave (strategies in keepin' it REAL program)
SRH	Sexual and reproductive health
STI	Sexually transmitted infection
TV	Television
UN	United Nations
UNDP	United Nations Development Programme
USAID	United States Agency for International Development
YRH	Youth reproductive health
YYC	Yes, Youth Can



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# EXECUTIVE SUMMARY



This report presents the results of a rigorous analysis of existing evidence of positive youth development (PYD) in low- and middle-income countries (LMICs). Commissioned by the United States Agency for International Development (USAID) through the YouthPower Learning project, this systematic review aims to document how PYD approaches have been applied in LMICs, as well as what the evidence demonstrates about the effectiveness of such programs. International implementing organizations can integrate lessons learned into practice as researchers continue to build knowledge on the impacts of PYD programs.

## What is Positive Youth Development?

The YouthPower Learning team developed the following definition of PYD, based on existing literature, expert consultations, and key stakeholder surveys.

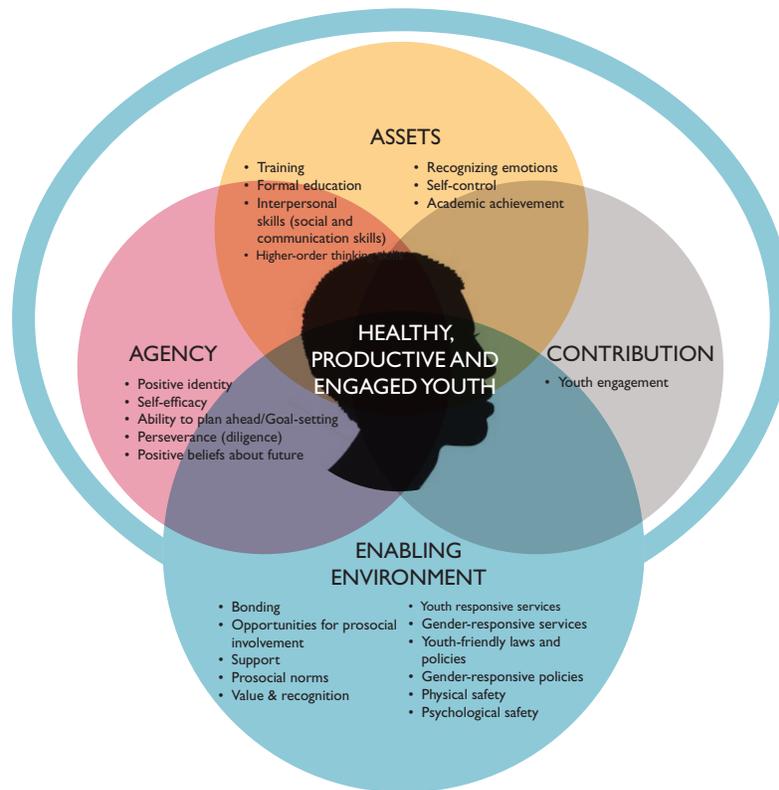
PYD transitions away from traditional approaches of responding to young people in a risk or problem frame and toward proactively building skills, fostering healthy relationships, and supporting youth to be active partners in development efforts. It suggests that if young people have the knowledge, skills, and support they need, they will thrive as adults, enjoy good health, succeed economically, and make meaningful contributions to their communities.

Based on the above definition of PYD, the YouthPower Learning team (hereafter the team) distilled the concept of PYD into four domains grouping outcomes that together contribute to reaching the main goal of projects using a PYD approach. These domains serve as the overarching PYD framework:

- **Assets:** Youth have the necessary resources, skills, and competencies to achieve desired outcomes.
- **Agency:** Youth perceive and can employ their assets and aspirations to make or influence their own decisions about their lives and set their own goals, as well as to act upon those decisions to achieve desired outcomes, without fear of violence or retribution.
- **Contribution:** Youth are engaged as a source of change for their own and for their communities' positive development.
- **Enabling Environment:** Youth are surrounded by an environment that maximizes their assets, agency, access to services, and opportunities, as well as their ability to avoid risks, stay safe and secure, and be protected. An enabling environment encourages and recognizes youth while promoting their social and emotional competence to thrive.

Figure 1 shows the theoretical connection between the four PYD domains used in the framework: Assets, Agency, Contribution, and Enabling Environment. The figure illustrates the central “constructs,” or outcomes, directly linked to the domains, that are core to PYD-focused youth programs. Like the domains, these constructs are grounded in the literature (Catalano, Berglund, Ryan, Lonczak, & Hawkins, 2002).

**Figure 1. PYD Domains and Associated Constructs**



The PYD framework was first developed in the 1990s to identify key developmental assets and relationships that, once established, enable youth to enhance their knowledge, interests, skills, and abilities. While PYD as a philosophy and approach is now well established in many high-income country (HIC) contexts (Catalano, Berglund et al., 2002), little is known about its reach and impact in LMICs. This report, focusing on LMICs, aims to fill in this gap and to provide evidence to international implementing organizations, researchers and donors to continue to build knowledge on the impacts and measurement of PYD programs.

## Research Questions and Methodology

This review aims to answer two main research questions:

- **How have PYD approaches been implemented in LMICs?**
- **What does the evidence say about the effectiveness of these approaches?**

The review drew upon both peer-reviewed and grey literature published in English, Spanish, and French from 1990 to 2015. Using an adapted systematic search strategy for peer-reviewed papers and a purposive search of online repositories, as well as a survey disseminated to youth-serving organizations, development agencies, and universities, the research team identified a total of 108

peer-reviewed articles or grey literature reports (from an initial list of 24,961) that met the criteria for inclusion in the review. These 108 studies reported on 97 programs being implemented across 60 countries. The quality of the evidence was assessed using an adapted version of the Checklist for Blueprint Program Evaluation (Appendix 3), which sets standards for reviewing research designs, measures, and analyses.

## Key Findings

### *How Have PYD approaches been implemented in LMICs?*

- **Although youth programs are implemented across the globe, few are explicitly identified as PYD.** Though all of the programs included in the review met the criteria for PYD, only 11% described themselves using terminology specific to PYD. This could be an indication that program implementers and evaluators are not aware of PYD as a distinct approach to youth programming.
- **The team found almost 100 separate PYD programs in 60 LMICs.** Finding so few program evaluations of PYD programs in LMICs is indicative of how very recently PYD strategies have been introduced into youth programming in LMICs.

- **Most programs that were reviewed address multiple PYD domains, and nearly all programs help youth to build Assets.** All but one of the included programs helped youth to build Assets in some form, and 35% of programs targeted all four PYD domains.
- **PYD programs are implemented across sectors, age groups, and genders.** This review delineates programs by sectors, aligned with the USAID technical bureaus they most closely represent. Some 79% of reviewed papers addressed Health-related programs<sup>1</sup> while 46% addressed Economic Development and Education, and 44% addressed Democracy and Governance programs. Although the team identified programs that targeted youth ages 10–29, programs most frequently targeted youth ages 10–19, and three-quarters of the studies reported on programs targeting both male and female youth.
- **Programs implement a diverse array of activities across multiple domains, distinguishing PYD from other approaches to youth development.** While adult-led educational programs were the most frequently cited activity type (81%), no programs conducted only one type of activity. Instead, all programs combined activities and they varied widely. These included workshops led by adults and after-school classes led by teachers. Peer education was the second-most common category, followed by activities using media and youth-friendly services that were not home based. Opinion leader-led activities, which rely on the program participation of opinion leaders to disseminate messages, or parent/youth activities and home-based services, such as those through which outreach program staff or volunteers go to the youth’s home to provide counseling, psychosocial services, or information, were the least common.

### **What does the evidence say about the effectiveness of PYD approaches?**

One of the most important findings from this review is that the evidence base regarding the effectiveness of PYD programs in LMICs is rather thin, with little data comparing effectiveness of PYD programs against those that are not using a PYD approach, and infrequent measurement of PYD outcomes. The existing literature also does not capture the long-term effects of PYD approaches on young people themselves. This is an important gap to fill, as evidence from HICs suggests

that programmatic outcomes, both at the level of individual youth and community-wide, may manifest over a time horizon that is longer than the typical duration of an intervention (e.g., over 2–3 years).

### *Quality and availability of evidence related to PYD*

Most papers included in this review were classified as offering a low or medium quality of evidence. While this review found papers that described programs’ PYD approaches and activities, there was a lack of robust and consistent measurement of PYD outcomes, most likely because programs did not explicitly self-identify as being PYD.

- **Though evaluations were available for a majority of programs, their quality varied.** Only a small number (18%) of the 108 studies met the criteria for “high quality evaluations.” The majority of those defined as “high quality” were in the Health sector.
- **There is a lack of robust and consistent measurement of PYD outcomes.** Evaluations of PYD programs in LMICs tend to measure sector- or topic-specific outcomes (e.g., HIV infection rates, labor market outcomes), rather than PYD outcomes, such as self-regulation, positive identity, or self-efficacy of youth.
- **There are very few longitudinal studies or evaluations of PYD programs.**

### *The effects of PYD programs on youth development outcomes*

The review confirms that there is only a limited amount of evidence on PYD programs in LMICs, leaving major questions about “what works” to improve youth development unanswered. There are a few pertinent findings, however:

- **A number of high-quality studies of health-focused PYD programs show improved knowledge, attitudes, and behaviors related to SRH.** Results include increased health service utilization as well as increased contraceptive use, among other outcomes. Evidence related to outcomes in the areas of mental health and physical activity is less conclusive.
- **Some PYD programs have led to positive shifts in gender norms.** Evidence, though limited, suggests that some PYD-oriented programs have improved the economic and social empowerment of young women and reduced gender-based violence in diverse LMIC contexts.

<sup>1</sup> i.e., human immunodeficiency virus (HIV)/acquired immunodeficiency syndrome (AIDS), sexual and reproductive health (SRH), or mental health.

- **Lower-quality studies have demonstrated positive effects of PYD programs on employment, skills development, and financial behaviors.** This review did not identify high-quality evaluations measuring outcomes of PYD programs related to economic development and education, but lesser-quality studies found improvements in employment outcomes, expectations of employment, and savings, as well as improvements in employability, job quality, retention, and self-esteem.
- **Programs tend to report on outcomes in a single sector (e.g., Health, Economic Development, or Democracy and Governance).** However, there is the potential to improve cross sectoral outcomes (e.g., better health linked to improvements in governance).

#### *Elements of PYD programs with positive results*

Programs with positive evidence on sector-specific outcomes had several common traits. In particular, such programs:

- **Adopt a systemic approach to youth programming by engaging with numerous stakeholders and working across multiple settings.** Many promising programs, especially those addressing gender, work with community members and stakeholders, in addition to individual young people, to create an environment in which youth can thrive. Programs seen to be more effective are also implemented in multiple settings, including schools, households, and community centers, for example.
- **Teach transferable skills and knowledge to youth to support positive outcomes across sectors.** Rather than focusing solely on technical, vocational, and academic skills, PYD approaches also support the development of transferable competencies, such as socioemotional and problem-solving skills, as well as self-awareness, self-determination, leadership, and positive behaviors that contribute to the increased agency of youth.
- **Include innovative, youth-centered, and youth-led activities.** While adult-led educational activities were the most frequently implemented activity type, many promising programs enlist youth to work alongside adults in serving as mentors, leading community discussion activities, and creating safe spaces.

## Recommendations

Based on the findings of this review, the team presents several recommendations centered on program design, programmatic investment, and evaluation and learning.

### *Recommendations for program design*

- **Leverage existing evidence on the effectiveness of PYD programs in HICs, as well as growing evidence from LMICs, to improve the design of programs that target youth.** Even as the global community works to expand the evidence base regarding PYD in LMICs, program designers and implementers should utilize the PYD literature from HICs to inform and accelerate PYD programming in LMICs. Furthermore, several robustly evaluated programs included in this review could inform the design and implementation of future PYD programming. Funders and researchers can play an important role in increasing awareness of PYD among implementers in LMICs through programming guidelines, measurement toolkits, peer learning, rigorous evaluations, and a focus on sectoral outcomes (both within and across sectors) as well as PYD outcomes.
- **Engage youth and key community stakeholders throughout program design and implementation to garner buy-in and strengthen the enabling environment.** PYD programming is most effective when it is shaped by young people's own ambitions, desires, and interests. A number of effective PYD programs involve multiple actors (youth as well as adults) from targeted communities in the design and implementation of their interventions. Program implementers can use youth and community member inputs in the program design phase to foster increased buy-in and engagement. Such inputs can be gathered through surveys, focus groups, and key informant interviews, among other methods.
- **Promote youth-led and youth-centered approaches.** Focusing on youth-led, rather than adult-led, activities, including peer mentorship and youth centers, can help empower youth to play a leading role in their own and their peers' development and may also improve program attendance and engagement.

## Recommendations for programmatic investment

- **Consider expanding PYD programs in those areas where efficacy is supported by rigorous evidence.** PYD programs have produced convincing evidence of impact on knowledge, attitudes, and, in some cases, behaviors related to SRH and gender norms. PYD programs in these areas should be expanded.
- **Invest in expanding the evidence base by testing promising approaches.** While some positive results have been linked to improvements in youth employability and livelihoods, further testing and evaluation of PYD programs focused in this topic area, as well as in other sectors and in cross sectoral programming, are necessary.
- **Consider ways to make programs more inclusive of marginalized groups, including lesbian, gay, bisexual, transgendered, and/or intersex (LGBTI), indigenous, and disabled youth, as well as ethnic minorities, youth offenders, and others.** This review found major gaps in attention to or inclusion of LGBTI, indigenous, and disabled populations and investments in programs addressing the marginalized youth. Filling these gaps is critical, and funders should consider providing incentives for programs focused on inclusive approaches.
- **Further gender integration in PYD programming is crucial.** Overall, 43% of studies reported information that indicated some level of integration of gender issues in the programs. Far more can be done to address gender in PYD programming in addition to or beyond the traditional approach of including women and girls only. Evidence in the current review suggests that programs that target activities to males and females to address unequal gender norms were the most effective in reducing gender inequality. Some promising approaches focus on changing the attitudes and behaviors of young men. Male-only interventions, such as Parivartan (Miller et al., 2014), can focus on shifting the norms and behaviors of young men away from disrespectful behavior toward girls and women through discussion and examples set by older and respected men in the community. Mainstreaming gender in cross sectoral PYD programs also helps reach goals related to health outcomes or other sectors' outcomes.

## Recommendations for evaluation and learning

- **Increase investment in process and impact evaluations of PYD programs in LMICs.** Substantial evidence gaps limit an understanding of the effectiveness of PYD approaches. Obtaining more robust evidence on the impacts of PYD programs on both sector-specific and youth-focused outcomes is necessary. Gradual approaches to program design and testing can help ensure that programs can be evaluated at various stages of development and implementation and support ongoing learning and adaptation throughout the program life cycle. This can ultimately prepare programs for experimental evaluation and implementation at scale.
- **Ensure robust, holistic, and consistent measurement of PYD outcomes.** Many PYD programs in LMICs primarily measure sector-specific outcomes, such as increased knowledge of HIV, job placement rates, or reduction in conflict, and very few assess intermediary PYD outcomes, such as self-regulation, positive identity, and interpersonal skills. To truly understand the potential of PYD as an approach, more comprehensive measurements of PYD outcomes are required. This would also allow for a more robust understanding of the link between PYD outcomes and sector-specific outcomes.

## Conclusion

In high-income countries, PYD is a proven strategy for building skills, fostering healthy relationships, and supporting youth to be active partners in their communities' development, which can result in positive outcomes in health, education, and employment. This review begins to shed some light on how PYD programs are implemented and what existing evidence says about the effectiveness of these approaches in LMICs, providing timely insights into the breadth and quality of these programs. At the same time, it makes startlingly clear that the existing evidence base for such programs that are deliberately implemented using a PYD framework in LMICs is insufficient, although there is some available evidence on outcomes from programs implementing approaches that fit within the definition of PYD. In other words, this review found programs that implement aspects of PYD approaches but do so without a theoretical underpinning and understanding of PYD. In light of these findings, there is a tremendous

need to invest in advancing the field, piloting new strategies, and rigorously evaluating and documenting programs that are being implemented. Though many unanswered questions remain, the team hopes that this

research will provide an important contribution to the field and that these findings and recommendations will lead to evidence-based programs and programmatic improvements to advance PYD across the world.



# INTRODUCTION



Positive youth development (PYD) broadly refers to childhood and adolescent developmental experiences that provide optimal preparation for the attainment of adult potential and well-being. PYD views youth as having assets to be supported, nurtured, and developed rather than as having problems to be solved and risks to be managed. Building the assets and skills of adolescents can result in both immediate and long-term positive effects on the mental and physical health, economic development, and overall well-being of adolescents, their families, and their communities (Patton et al., 2016). Investments in PYD translate to benefits for society, by increasing the connections of youth to civil society and helping youth make successful transitions to adulthood (World Bank, 2007).

A relatively large body of scientific research in the United States and other high-income countries (HICs) has shown the positive impacts of a PYD approach to programming across many aspects of life experience, including sexual and reproductive health (SRH), mental health, education, and crime and violence (Catalano, Berglund et al., 2002; Catalano, Gavin, & Markham, 2010; Roth & Brooks-Gunn, 2003). Unfortunately, less is known about the short- and long-term effects of PYD programming in low- and middle-income countries (LMICs)<sup>2</sup> because of the lack of longitudinal and experimental studies in these settings. Cross-sectional studies of youth development in LMICs that do exist have found a direct correlation between developmental assets and better literacy, numeracy, and availability of human, social, financial, and physical capital to generate income (Scales, Roehlkepartain, & Fraher, 2012). Youth with more developmental assets are more likely to do well in school, be civically engaged, have better health outcomes, and value diversity than those with fewer assets (Scales et al., 2012).

Advancing youth health and well-being and promoting the active involvement of young people in social and economic

development are increasingly priorities for many donors and development organizations taking a holistic approach to youth development. A body of research that provides key insights into applying a PYD approach internationally is thus important to strengthening the design and effectiveness of youth-focused projects, including those supported by the United States Agency for International Development (USAID) and other donors.

Given the lack of evidence about the use and effectiveness of PYD approaches in LMICs, USAID commissioned the YouthPower Learning project ([www.youthpower.org](http://www.youthpower.org)) to undertake a meta-review, a type of literature review that collects and critically analyzes multiple research studies, to synthesize what is known in the current literature and identify the gaps to inform future research in this area. For this review, the team developed a comprehensive plan and search strategy by identifying, appraising, and synthesizing relevant studies based on a working definition of PYD.<sup>3</sup> The review aims to answer two main research questions:

- How have PYD approaches been implemented in LMICs?
- What does the evidence say about the effectiveness of these approaches?

This report presents a summary of the results of an adapted systematic review, which drew upon both peer-reviewed and grey literature in English, Spanish, and French published after 1989. Chapter 1 provides a brief history of PYD and presents a comprehensive framework to understanding PYD in LMICs. Chapter 2 discusses the methods used to conduct the systematic review. Chapter 3 presents the review's findings in terms of how PYD has been implemented and the latest evidence of what works in achieving positive youth-focused outcomes in LMICs, along with a discussion of areas in need of further investigation. Finally, conclusions and recommendations are provided to inform future program design, implementation, and evaluation efforts.

<sup>2</sup>For a list of LMICs as classified by the World Bank as of July 2016, see <https://datahelpdesk.worldbank.org/knowledgebase/articles/906519-world-bank-country-and-lending-groups>

<sup>3</sup>See definition of PYD in the next section.



## CHAPTER I

# A BRIEF HISTORY OF POSITIVE YOUTH DEVELOPMENT



### PYD in the United States

The field of youth development has moved away from a problem-based approach which focused narrowly on adolescent behavioral health problems, such as delinquency and violence, mental health problems, risky sexual behavior, and substance use, to a strengths-based approach which focuses on promoting protective factors that mitigate risk and are more likely to ensure positive and sustained outcomes for youth in sectors such as health and education (Catalano, Berglund et al., 2002; Pittman, O'Brien, & Kimball, 1993). Studies of programs that take this more positive approach to youth development are relatively new and have been conducted primarily in HICs, including Australia and, most commonly, in the United States (Patton et al., 2000, 2006).

In 1990, the Search Institute put forth a list of 40 assets deemed essential to positive development for children

and youth (Benson et al., 1998). Progress was made in the early 2000s in defining developmental assets and in clarifying and honing the essential components of what was becoming known as a “PYD” framework. Richard Lerner developed a model of PYD called the Five Cs, which organized developmental assets into five core constructs: competence, confidence, connection, character, and caring (Lerner, 2004). Contribution was later added as a sixth C. Additionally, research by Catalano, Berglund, et al., (2002) identified 18 core concepts essential to PYD and organized them under the domains of positive skills/competencies, agency, and enabling environment. The National Research Council and the Institute of Medicine also identified components or features of successful PYD programs (Eccles & Gootman, 2002). Table 1 summarizes the key constructs, concepts, and features of leading PYD models and frameworks from the literature of the 1990s and 2000s and shows the various ways that different scholars in the United States have conceptualized PYD.

Table I. Evolution of PYD Models and Frameworks in the United States

PYD Framework	Description
<b>Developmental Assets Profile</b> <b>(Benson et al., 1998)</b>	Focus on 40 developmental assets across eight broad areas of human development: <ul style="list-style-type: none"><li>• Support</li><li>• Empowerment</li><li>• Boundaries and expectations</li><li>• Constructive use of time</li><li>• Commitment to learning</li><li>• Positive values</li><li>• Social competencies</li><li>• Positive identity</li></ul>

Table 1 (continued from page 9)

<p><b>Five Cs Model of PYD</b> <b>(Lerner, 2002, 2004)</b></p>	<p>Focus on developmental assets</p> <p>Core constructs:</p> <ul style="list-style-type: none"> <li>• <b>Competence:</b> Social, cognitive, behavioral, emotional, and moral</li> <li>• <b>Confidence:</b> Self-efficacy, self-determination, belief in the future, and clear and positive identity</li> <li>• <b>Connection:</b> Bonding</li> <li>• <b>Character:</b> Prosocial norms, spirituality</li> <li>• <b>Caring:</b> Empathy and sympathy for others</li> </ul>
<p><b>18 Core Constructs of PYD</b> <b>(Catalano, Berglund, et al., 2002)</b></p>	<ul style="list-style-type: none"> <li>• Social, emotional, behavioral, cognitive and moral competencies</li> <li>• Clear and positive identity</li> <li>• Strength of character</li> <li>• Self-efficacy</li> <li>• Self-determination</li> <li>• Belief in the future</li> <li>• Positive emotions</li> <li>• Bonding</li> <li>• Positive norms</li> <li>• Opportunities for positive social involvement</li> <li>• Recognition for positive behavior</li> <li>• Spirituality</li> <li>• Resiliency</li> <li>• Life satisfaction</li> </ul>
<p><b>Key Features of Successful PYD Programs, From the National Research Council &amp; the Institute of Medicine</b> <b>(Eccles &amp; Gootman, 2002)</b></p>	<ul style="list-style-type: none"> <li>• Opportunities for skill building and mastery</li> <li>• Supportive adult relationships</li> <li>• Engagement not only in community activities but also in program design, implementation and evaluation</li> <li>• Clear expectations for behavior, as well as increasing opportunities to make decisions, participate in governance and rule-making, and take on leadership roles as one matures and gains more expertise</li> <li>• A sense of belonging and personal values</li> <li>• Opportunities to develop social values and norms</li> <li>• Opportunities to make a contribution to one's community and to develop a sense of mattering</li> <li>• Strong links among families, schools, and broader community resources</li> <li>• Physical and psychological safety</li> </ul>

Roth and Brooks-Gunn (2003) drew on the above-outlined body of work when they proposed that PYD programs have a set of distinctive characteristics. First, they maintained that PYD programs can be identified by the types of opportunities and experiences that are provided to youth. That is, PYD programs seek to provide opportunities for youth to enhance their interests, skills, and abilities at home, in school, and in their communities. Second, PYD programs help youth build skills through activities such as a competency-building curriculum, direct academic instruction, homework help, and community service. Third, they provide opportunities for youth to engage in real and challenging roles and activities. Fourth, the atmosphere around them is supportive and actively encourages bonding among youth, program staff, and adults involved in the program. Fifth, youth are encouraged to engage in useful roles, practice self-determination, and develop or clarify their goals for the future. Finally, PYD programs tend to be stable and relatively long-lasting. That is, they last an entire school year or longer so that youth have adequate time to build relationships and benefit from program activities.

PYD programs in the United States have mostly been conducted within school and family settings. The school is usually the primary setting for implementing youth strategies, while a combination of approaches is employed to engage the family (Catalano, Berglund, et al., 2002). The majority of programs operate in more than one setting, which may be a key factor in their success (Catalano, Berglund, Ryan, Lonczak, & Hawkins, 2004). Catalano, Berglund, et al., (2002) conducted a systematic review of PYD programs in the United States and found 24 programs that led to significant improvements in behavioral health, including reductions in drug and alcohol use, school misbehavior, aggressive behavior, violence, truancy, high-risk sexual behavior, and smoking. Common aspects of effective programs included methods to strengthen social, emotional, behavioral, cognitive, and moral competencies—building self-efficacy; shaping messages from family and community about clear standards for youth behavior; increasing healthy bonding with adults, peers, and younger children; expanding opportunities and recognition for youth; providing structure and consistency in program delivery; and intervening with youth for at least nine months.

## USAID and PYD

USAID launched its seminal Youth in Development Policy<sup>4</sup> in 2012, making a commitment to strengthen

youth participation and partnership by integrating youth issues into its programming and engaging young people across Agency initiatives (USAID, 2012). While youth development programs often focus on young people in the 15-to-24-year-old range, USAID recognizes that youth programs likely engage a broader cohort ranging from 10 to 29 years old. This expanded age range recognizes the critical understanding that the transition from childhood to adulthood varies across and within countries. The *Youth in Development Policy* represented a paradigm shift toward viewing youth as assets and resources and working with them *comprehensively across various sectors* rather than focusing on single-sector issues. The policy provides guidance on how to intentionally facilitate youth development efforts based on the recognition that, historically, young people have been central to bringing about social, political, and economic change to their countries.

YouthPower Learning<sup>5</sup> developed a definition of PYD, which aligns with the key elements of the USAID *Youth in Development Policy*, the academic and grey literature, and existing definitions and frameworks of PYD. This definition can be broadly applied across youth age groups (ages 10 to 29), sectors, and settings in LMICs. The research team held numerous consultations with experts through which they solicited feedback, and also undertook online surveys and presentations with a wide range of stakeholders, including USAID implementers, youth-serving and youth-led organizations, and PYD researchers and experts. The final definition reflects the key elements of PYD and is both applicable for the low- and middle-income country context and relevant for USAID:

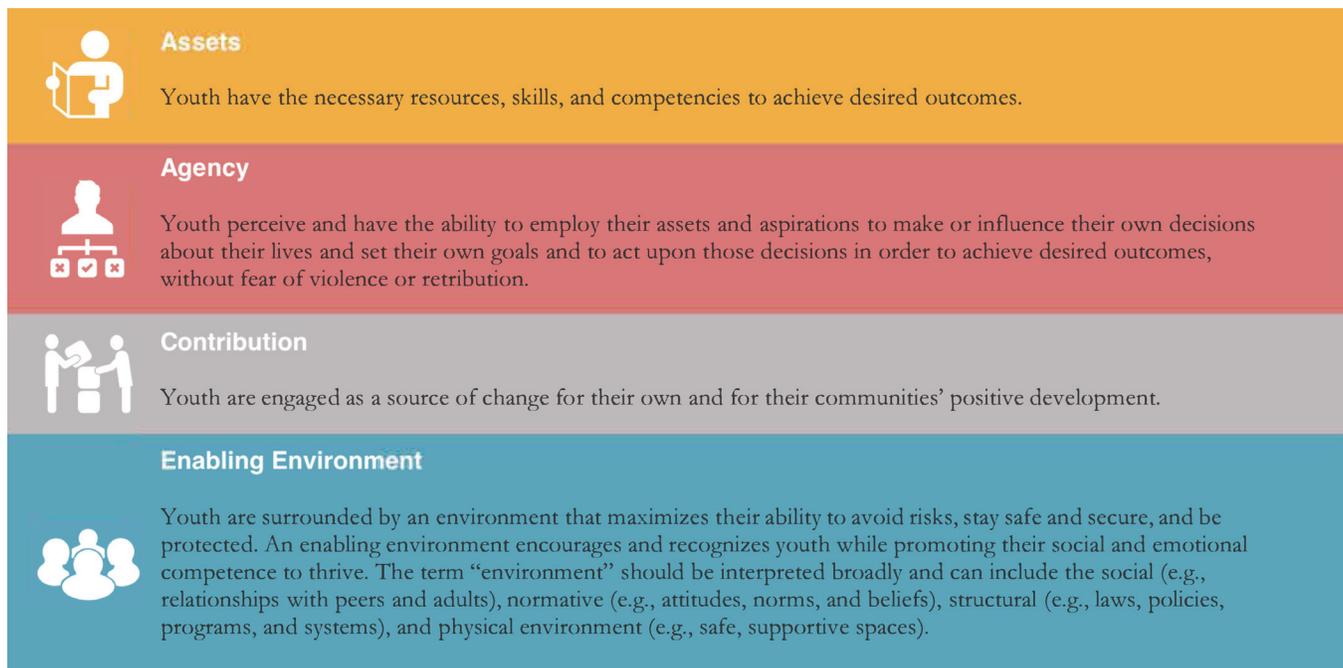
Positive youth development (PYD) engages youth along with their families, communities, and/or governments so that youth are empowered to reach their full potential. PYD approaches build skills, assets, and competencies; foster healthy relationships; strengthen the environment; and transform systems.

Based on this definition, YouthPower Learning then distilled a set of PYD constructs into four critical components, or domains, which serve as the overarching PYD framework. Figure 1 defines the four PYD domains used in the framework: Assets, Agency, Contribution, and Enabling Environment.

<sup>4</sup> [https://www.usaid.gov/sites/default/files/documents/1870/Youth\\_in\\_Development\\_Policy\\_0.pdf](https://www.usaid.gov/sites/default/files/documents/1870/Youth_in_Development_Policy_0.pdf)

<sup>5</sup> <http://www.youthpower.org/>

Figure 1. PYD Domains and Definitions



These four domains encompass the essential aims of PYD that recognize youth have necessary skills and resources to succeed, be empowered to make changes for themselves, be productive members of society and contribute to positive well-being beyond themselves, and be surrounded by structures and people that positively reinforce them. Table 2 illustrates how the central “constructs” or outcomes that are core to PYD-focused

youth programs are directly linked to the domains. Constructs can be viewed as attributes of a person or group of people that often cannot be measured directly. Like the domains, these constructs are grounded in the literature (Catalano, Berglund, et al., 2002) but are tailored for the context of low and middle-income countries.

Table 2. PYD Constructs

CONSTRUCT	DEFINITION
	<b>DOMAIN:ASSETS</b>
Training	Training in skills specific to vocation, employment, or financial capacity (e.g., money management, business development, marketing).
Formal education	Exposure to formal education.
Interpersonal skills (social and communication skills)	The range of skills used to communicate and interact with others, including communication (verbal and nonverbal and listening), assertiveness, conflict-resolution, and negotiation strategies. These are skills that help to integrate feelings, thinking, and actions to achieve specific social and interpersonal goals.
Higher-order thinking skills	The ability to identify an issue, absorb information from multiple sources, and evaluate options to reach a reasonable conclusion. It includes problem solving, planning, decision making and critical thinking.
Recognizing emotions	The ability to identify and respond positively to feelings and emotional reactions in oneself and others.
Self-control	The ability to delay gratification, control impulses, direct and focus attention, manage emotions, and regulate one’s own behaviors.
Academic achievement	Knowledge and mastery of academic subjects, such as math, written and spoken language, history, geography, and sciences.

Table 2 (continued from page 12)

	<b>DOMAIN: AGENCY</b>
Positive identity	Positive and coherent attitudes, beliefs, and values that one holds about oneself and one's future.
Self-efficacy	Belief in one's abilities to do many different things well (particularly the things that are the focus of the intervention).
Ability to plan ahead/goal setting	The motivation and ability to make plans and take action toward meeting a personal goal.
Perseverance (diligence)	The capacity to sustain both effort and interest in long-term projects regardless of perceived or real difficulties. Perseverance is the act of continual attempts to meet goals despite difficulties.
Positive beliefs about the future	Having hope and optimism about one's future potential, goals, options, choices, or plans.
	<b>DOMAIN: CONTRIBUTION</b>
Youth engagement with civil society	Youth participate fully in democratic and development processes, play active roles in peace building and civil society, and are less involved in youth gangs, criminal networks, and insurgent organizations.
Youth engagement	Meaningful youth engagement is an inclusive, intentional, mutually respectful partnership between youth and adults whereby power is shared; respective contributions are valued; and young people's ideas, perspectives, skills, and strengths are integrated into the design and delivery of programs, strategies, policies, funding mechanisms, and organizations that affect their lives and their communities, countries, and world. Meaningful youth engagement recognizes and seeks to change the power structures that prevent young people from being considered experts concerning their own needs and priorities, while also building their leadership capacities. Youth include a full spectrum of the population aged 10–29, regardless of socioeconomic status, ethnic identity, sexual orientation and gender identity, disability, political affiliation, or physical location. <sup>6</sup>
	<b>DOMAIN: ENABLING ENVIRONMENT</b>
Bonding	The emotional attachment and commitment made to social relationships in the family, peer group, school, or community.
Opportunities for prosocial <sup>7</sup> involvement	Opportunities for positive interactions and participation in family, peer groups, school, or community.
Support	The perception that one is cared for and supported by family, peer group, school, or community.
Prosocial norms	Youth hold healthy beliefs and clear standards for positive behavior and prosocial engagement.
Value and recognition	Youth believe that they are of value in society and their positive contributions are recognized and rewarded.
Youth-friendly laws and policies	Youth have a strong voice in, and are well served by, local and national institutions, with robust and youth-friendly policies. Youth are aware of these policies and believe that their implementation is effective, reliable, fair, and consistent.
Youth-responsive services	Services are based on a comprehensive understanding of what young people want and need and aim to deliver safe, affordable, accessible, and essential care.

<sup>6</sup>Definition developed by the YouthPower Youth Engagement Community of Practice

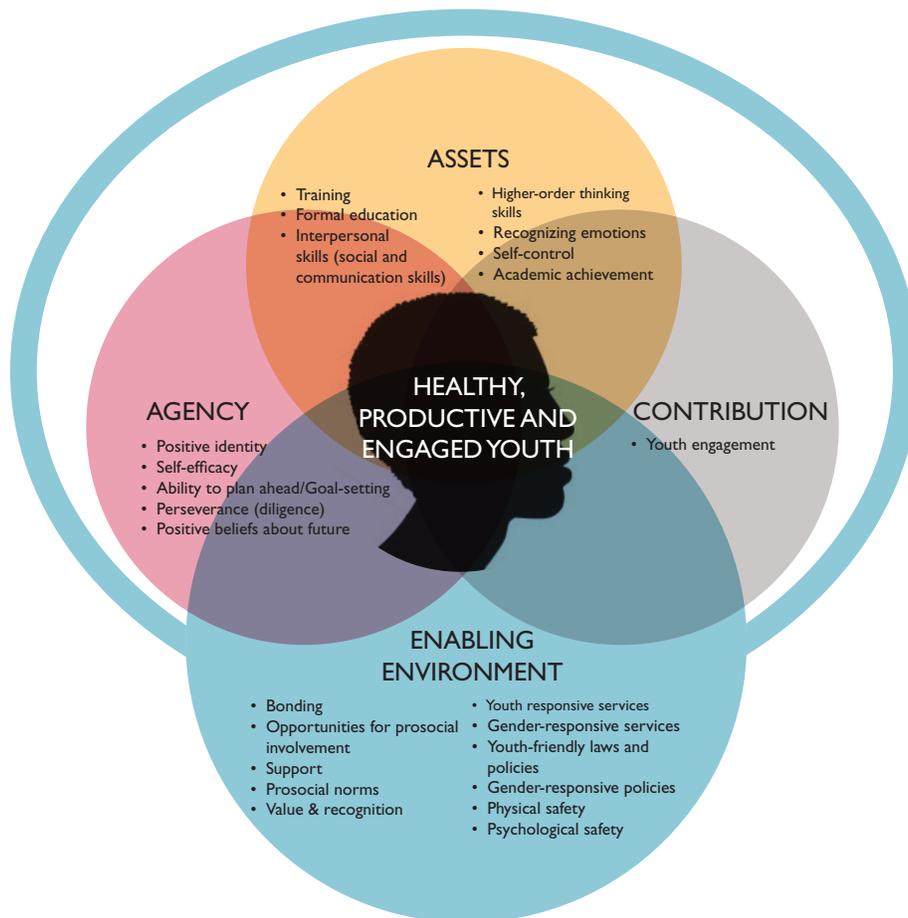
<sup>7</sup>The term "prosocial" refers to voluntary actions that primarily benefit others and can involve cooperativeness, helpfulness, sharing, or empathy.

Table 2 (continued from page 13)

Gender-responsive services	Services intentionally allow youth-identified gender issues to guide services, creating through every stage of programming (site selection, staff selection, program development, content, and material) an understanding of how gender affects the realities of young people’s lives.
Gender-responsive policies	Societies in which young people live have balanced and fair gender norms and policies. Youth are aware of these policies and believe that their implementation is effective, reliable, fair, and consistent.
Physical safety	Youth feel safe in their immediate environment. Physical environment is free from violence, conflict, and crime.
Psychological safety	Youth feel free to express their ideas, thoughts, and feelings in their environment.

Figure 2 shows the theoretical connections between the four PYD domains and related constructs used in the framework.

Figure 2. PYD Domains and Associated Constructs



## PYD in LMICs

The context for PYD is different in LMICs as compared to HICs because economic and sociocultural conditions in LMICs often have somewhat delayed or accelerated the recognition of adolescence as a distinct life stage, and progression toward adulthood is often dependent on cultural and historical contexts (Patton et al., 2016). As these countries develop economically, there is a growing recognition of the need to foster positive development among young people. To this end, research from HICs has recently begun to be applied to LMICs through translation of existing approaches. However, little academic attention has been paid to either PYD in LMICs or the mechanisms through which specific programs affect youth-focused outcomes.

In LMICs, sector-specific data are often collected on the prevalence of youth risky behaviors, but rarely on PYD outcomes (Lippman, Moore, & McIntosh, 2009). Additional data are needed to assess how PYD outcomes can be linked to sector-specific outcomes. International development agencies, nongovernmental organizations (NGOs), and governments are currently engaged in systematic efforts to promote healthy child and adolescent development by drawing on individual, family, community, and national strengths while addressing the most critical threats to development that occur in such contexts (Scales et al., 2012). Thus, an opportunity exists to incorporate insights from across sectors and foster the cross sectoral collaboration that is necessary to develop effective youth-focused programming in LMICs.



## CHAPTER 2

# STUDY METHODS



### Research Questions and Objectives

The objective of this review is to expand the knowledge about PYD programs in international development in order to develop the evidence base to support PYD interventions. This review aims to answer two main research questions:

- How have PYD approaches been implemented in LMICs?
- What does the evidence say about their effectiveness?

The research questions were developed in collaboration with USAID and reviewed by a team of PYD experts, hereafter called “advisers,” who provided recommendations to the main authors of this report during every step. In consultation with USAID and the advisers, the research team agreed to include grey literature as well as peer-reviewed studies to capture potentially innovative programs that may not have been formally published in academic journals. Figure 3 lays out the steps taken throughout the review process.

Figure 3. Review Process

Search Strategy	Inclusion and Exclusion Criteria and Screening Process	
<p><i>Due to fundamental differences between peer-reviewed literature and grey literature, the search strategy differed.</i></p>  <p>For the peer-reviewed literature, the advisers reviewed search terms suggested by the research team. Search terms combinations were tested using Scopus and Pub Med to identify peer-reviewed studies with evaluations of PYD programs in LMICs. The search terms were tested to determine whether they captured 10 seminal PYD evaluation papers identified by a team of advisers.</p>  <p>For the grey literature, the team supplemented targeted searches of knowledge repositories and websites with a survey sent to donors and program implementers requesting relevant papers. The grey literature searches used terms that were adapted according to each website.</p> <p> <b>21,576 peer-review</b></p> <p> <b>3,705 grey literature</b></p>	<p><i>Due to fundamental differences between peer-reviewed literature and grey literature, the exclusion criteria and screening process differed. For example, not all grey literature included abstracts requiring a review of tables of contents and introductions.</i></p> <h4>Exclusion Criteria</h4> <p><b>Peer-Reviewed Article</b></p> <ul style="list-style-type: none"><li> From sciences other than social sciences, social geography and health.</li><li> Purely theoretical (e.g. frameworks).</li><li> Only described interventions but did not include evaluations of PYD interventions.</li><li> Only descriptive studies about characteristics or needs of specific types of populations.</li><li> Not focused on PYD or PYD-inspired interventions. (e.g. assessing psychosocial needs of adolescents and young adults).</li><li> Solely about interventions in high-income countries (HICs).</li><li> Age range not within scope.</li></ul> <p><b>Grey Literature</b></p> <ul style="list-style-type: none"><li> Did not focus on PYD interventions.</li><li> Did not discuss interventions in LMICs.</li></ul> <p> <b>64 relevant peer-review articles were identified.</b></p> <p> <b>44 relevant grey literature articles were identified.</b></p>	<h4>Screening Process</h4> <p><b>21,576</b> peer-reviewed articles were identified during the search process. Of those, <b>20,990</b> were excluded during the title and abstract review.</p> <p><b>3,705</b> grey-literature reports identified. Of those, <b>3,269</b> were eliminated during the title and abstract review.</p> <p><b>586</b> peer-reviewed were read to scan their full content. Of those, <b>522</b> were eliminated.</p> <p><b>436</b> grey-literature reports were read to scan their full content. Of those, <b>392</b> were eliminated.</p>

## Analysis

As described in Figure 3, the screening process resulted in 64 peer-reviewed articles and 44 grey literature publications being included in the final review. These 108 studies covered 97 programs across a wide range of sectors and countries. The team created a database to capture relevant variables included in these 108 studies, reflecting those that were relevant to answering the study’s primary research questions. Variables such as country of the program being evaluated, implementer, target population, types of activities conducted, and program objectives were selected because of their utility to answer the first guiding question of this review: *How have PYD approaches been implemented in LMICs?*

The database was also used to record the findings from the studies, the types of measures used, and the size of the effects, when relevant. Other variables, such as the type of design (whether it was a randomized control trial or other design), were included to help the team assess the quality of the evidence in the reports. This quality assessment was conducted using an adapted version of the *Checklist for Blueprint Program Evaluation* (see Appendix 3), hereafter called the Blueprints checklist. As such, studies received a score of 1 point for each criterion they meet. The Blueprints checklist used assigns the same weight to all the following elements:

- Study used an experimental design (randomized controlled trial—RCT).
- The sample was clearly described.<sup>8</sup>
- The reliability or validity of tests and measures was described.
- The study used intention to treat analysis.
- The analysis was done at the proper level.<sup>9</sup>
- The analysis controlled for baseline outcome measures.
- The analysis demonstrated baseline equivalence between conditions.<sup>10</sup>
- The study demonstrated that attrition is below 5% or unrelated to group assignment, sociodemographic characteristics, and baseline measures of the outcomes.

<sup>8</sup> This variable summarizes a range of conditions that included the clarity describing the size and the representativeness of the sample as well as other characteristics of the sample.

<sup>9</sup> This refers to a range of steps in the analysis. It may refer to whether data are analyzed using the correct instrument—for example, using the correct type of regression analysis when the dependent variables are nominal, ordinal, or intervalar. It could also refer to whether the interpretations of analysis are based on the correct unit of analysis or level of such analysis. For example, if a sample was taken in a rural area alone, the statements in the analysis should not suggest the study took place in rural and urban areas.

<sup>10</sup> This refers to the analysis conducted to determine if two groups are similar enough so that one can be used as an “intervention” group and another as “comparison” group in experimental studies. This analysis typically involves comparing these two groups during baseline.

Studies with evaluation results were divided into the following four categories, according to study design and quality score:

**Table 3. Study Classification and Scores According to the Blueprints Checklist**

Study Quality Classification	Score According to the Adapted Blueprints Checklist
High-quality experimental studies	a score of 6 to 8
High-quality quasi-experimental studies	a score of 6 to 8
Lower-quality experimental studies	a score below 6
Low-quality nonexperimental studies	a score below 6

Only the 39 papers with experimental and quasi-experimental study designs that were classified as high-quality were examined to answer the second question: *What does the evidence say about PYD program efficacy in LMICs?*

During the early stages of analysis, the team classified programs by topic and grouped these topics in three main sectors—Health, Democracy and Governance, and Economic Development and Education—that generally align with the three related USAID technical bureaus. Recognizing that some of these topics could fit under multiple sectors, for the purpose of this analysis, the team included in the **Health** sector: HIV and AIDS, sexual and reproductive health, mental health (including suicide), smoking, alcohol and drug use, resilience, breastfeeding, hepatitis, nutrition, physical fitness, breastfeeding, and child maltreatment or neglect. Topics included in the **Democracy and Governance** sector are violence, youth capacity building, and child marriage. The **Economic Development and Education** sector included workforce development, education, bullying, and the environment.

For purposes of organizing and presenting information, the high- and low-quality experimental studies were grouped using these three main sectors. To produce the main lessons learned and tables that guided the writing of the Results section, the team conducted content analysis identifying the interventions' main activities, outcomes, designs, measures, and results, among other information that can be found in the tables in the appendices.

## Limitations

Most systematic reviews start with a single outcome of interest or a relationship between a class of interventions and single outcome, for example, family-oriented programs designed to prevent violence. While these typical reviews have some diversity, (e.g., population served, age of children, and/or mode of delivery), the small number of programs and outcomes typically includes limits or defines a narrow set of search terms.

In the case of this particular review, there were potentially hundreds of search terms for different PYD constructs; a large developmental period covered (i.e., childhood, adolescence, and young adulthood); diverse types of interventions across a range of sectors; and a broad set of outcomes (i.e., education, knowledge, health, self-esteem, communication skills, self-governance). Further, because of the differing levels of study quality, and given the fledgling nature of PYD programming in LMICs, the results could not necessarily be presented as in a typical systematic review or meta-analysis, nor was it possible to identify “what works” in a comparative fashion. The recommendations from this review are thus focused more on promising avenues or possible approaches that can be useful for designing interventions.



## CHAPTER 3

# STUDY RESULTS



Among the 108 studies included in the final review, 59% were from the peer-reviewed literature, while 41% were from the grey literature. Most documents (88%) discussed a single intervention, but five programs were the subject of multiple studies, so the review effectively covered a total of 97 different programs. The five programs with multiple evaluations were keepin' it REAL (two evaluations), Positive Adolescent Training through Holistic Social Programs (P.A.T.H.S., four evaluations), Parvitaran (two evaluations), Stepping Stones (three evaluations), and Collaborative HIV and Adolescent Mental Health Project (CHAMP), also called VUKA (two evaluations). All 108 studies were analyzed to identify how PYD approaches were being implemented in LMICs. While many of these 108 studies include projects that could be potentially important PYD innovations, because they either lacked evaluations or these evaluations were not available during the search stage of this review, lessons from these projects could not inform the second part of the review. Thus, the second part of the analysis, covering what the evidence shows about the effectiveness of PYD programs (section 3.2), includes a much more limited set of studies.

### How have PYD approaches been implemented in LMICs?

Most programs (66%) were informed by empirical predictors of youth development or theory, 32% were informed by an evaluated program adapted for another setting or population, and 14% reported being

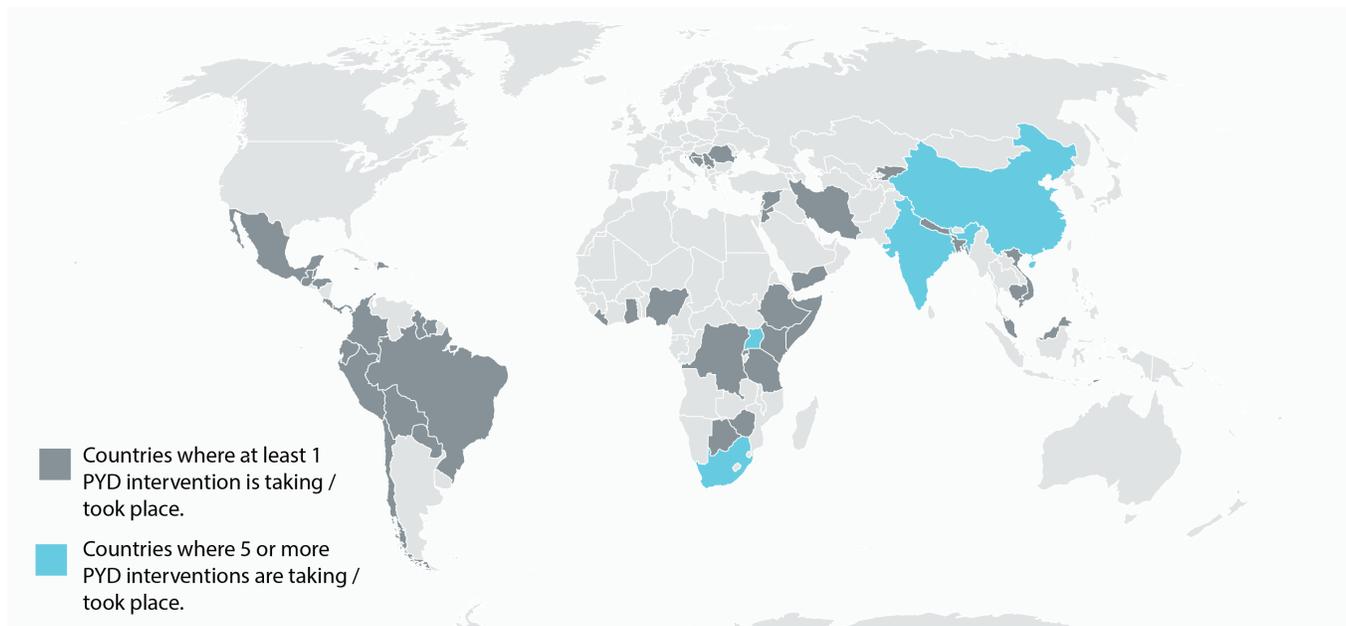
informed by a pilot with the same population. Programs intervened at four levels: individual, community, peer, and family. Almost all (99%) looked at the level of the individual, while 51% also considered the community level. Forty-three percent (43%) of studies considered programs that targeted peers, and 31% included families. Finally, 25% of studies only targeted one level, 34% targeted two levels, 32% targeted three levels, and 8% targeted the four levels.

*Key result 1: The majority of studies measured health outcomes. However, more than half of these studies also addressed at least one other sector, such as Democracy and Governance or Economic Development and Education.*

The 108 studies included in the review covered 60 countries (Figure 4), of which 29 were in the middle-income countries of China, South Africa, and India, with an average of nine programs in each country.<sup>11</sup> Most of the other countries included in the studies had only one or two programs each. Just under 80% of programs measured health outcomes (e.g., HIV/AIDS, SRH, or mental health), and less than half reported on outcomes related to Democracy and Governance or Economic Development and Education. At least 46 out of 86 programs addressing health outcomes also focused on achieving outcomes related to the other sectors. Although the review found PYD programs in most sectors, it is worth noting that only one program focused on the environment.

<sup>11</sup> The study also includes Hong Kong, which technically is a high-income category.

Figure 4. Number of Studies by Country

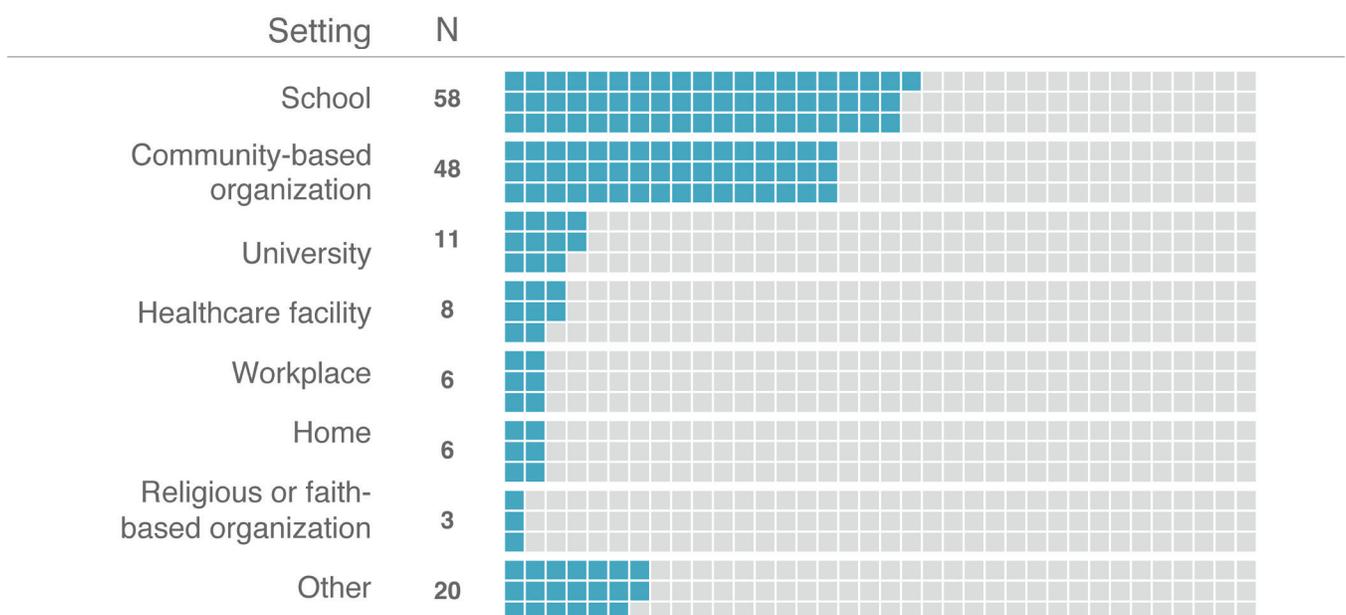


**Key result 2: The majority of studies targeted youth in schools and both males and females.**

Over half of the studies included in the review (54%) looked at interventions that targeted youth in schools, while 44% assessed programs that were delivered through community organizations. Some settings were difficult to identify because they refer to advocacy activities at the institutional level. Therefore, they were classified as “other” (see Figure 5). Approximately one-third of the studies (31%) centered on both younger (10–14 years) and older (15–19 years) adolescents. Young adults (20–29 years) alone were the subject of 23% of studies, and adolescents alone (10-19 years) were the subject of

21% of studies. Just over three-fourths (77%) targeted both males and females, while 12% targeted only females and just 3% targeted only males. Interventions targeted young people in urban settings, those not enrolled at school or unemployed, as well as those from minority ethnic groups. None of the studies targeted the needs of lesbian, gay, bisexual, transgender, and/or intersex (LGBTI) youth specifically. Intervention duration varied widely. The most commonly reported duration was one academic year. The minimum reported duration was five hours. Almost all the studies for which information on duration was available reported program intervention periods of at least several weeks.

Figure 5. Settings of the Interventions

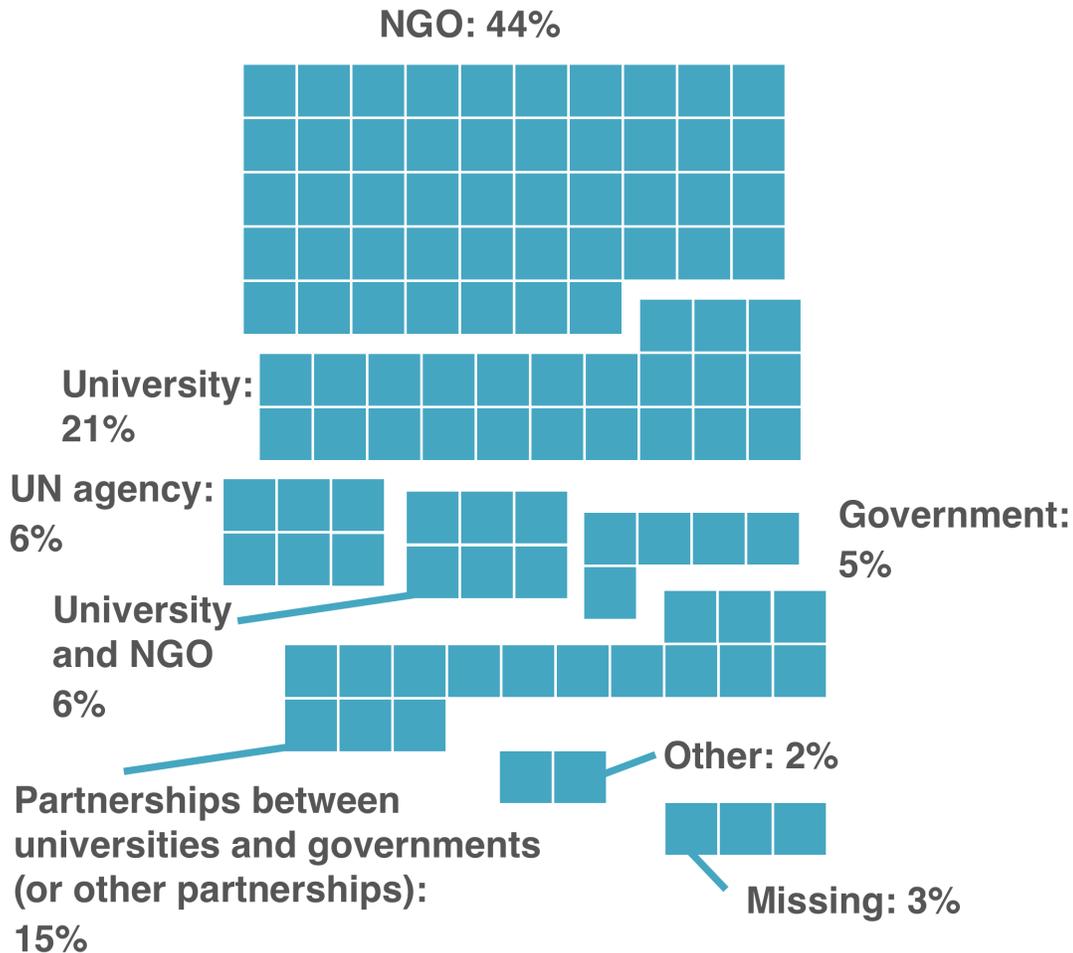


*Key result 3: NGOs were the most common type of implementing organization.*

Non-governmental organizations (NGOs) were the most common type of implementing organization, followed

by universities and United Nations (UN) agencies (Figure 6). Co-implementation arrangements, such as partnerships between universities and governments, were less common.

**Figure 6. Percentage by Type of Implementing Organizations**



The goals and scope of the programs included in this review were diverse, with varying theories of change and intentions. Overall, 31% of the reports explicitly mentioned the programs’ theory of change, with Bandura’s social cognitive theory<sup>12</sup> the most commonly cited (six studies).

The types of intervention activities varied widely. Educational activities led by adults were the most common. These included workshops led by adults and after-school classes led by teachers. Peer education was

the second-most common category, followed by activities using media and youth-friendly services that were not home based. An example of the latter is the provision of youth-friendly health services in which programs trained staff working at health centers to provide services that engage youth and give them information and care with respect in a non-threatening atmosphere.

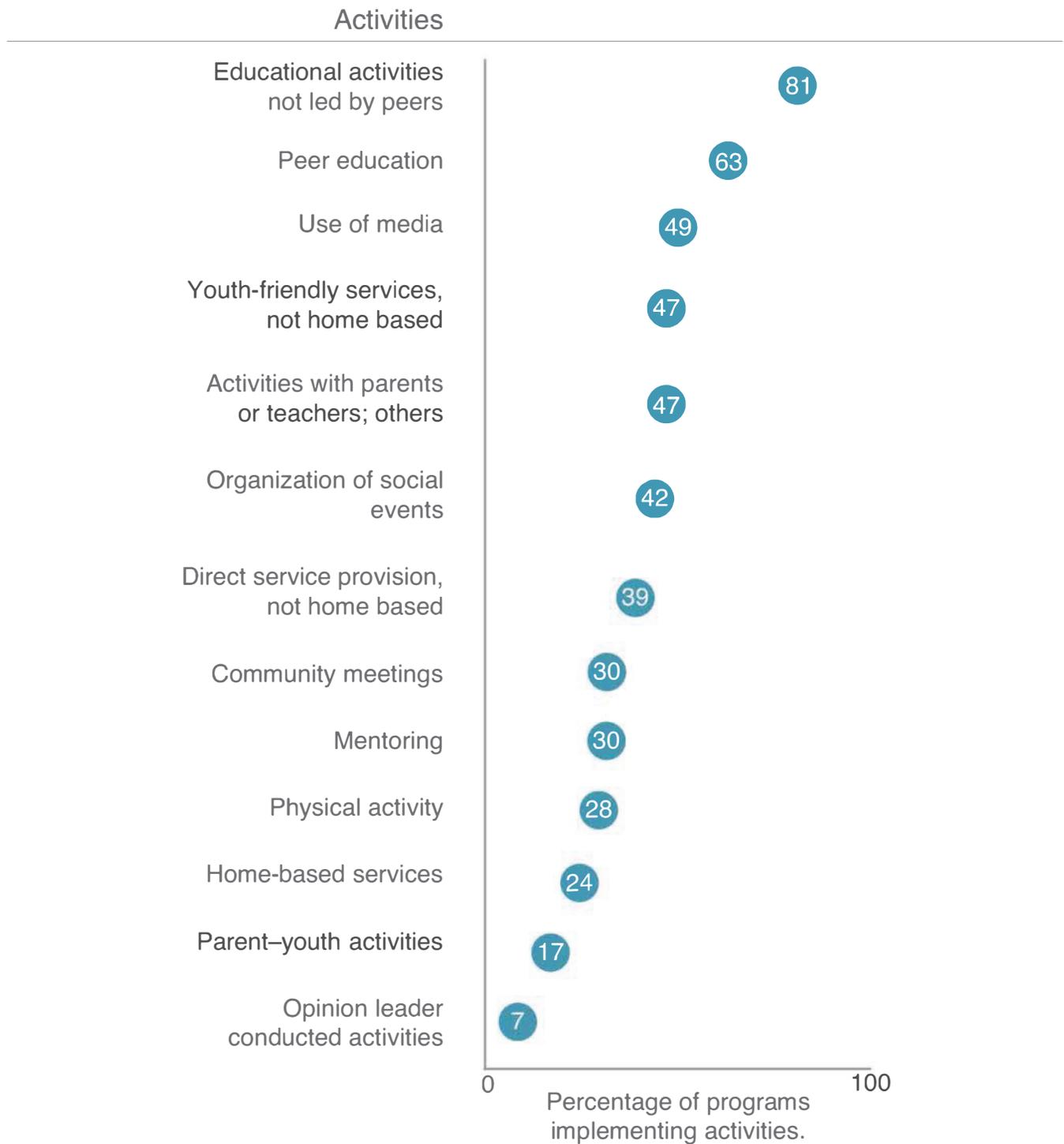
Opinion leader-led activities, which rely on the program participation of opinion leaders to disseminate messages, or parent/youth activities and home-based services,

<sup>12</sup> Albert Bandura’s social cognitive theory is a theory of social diffusion and innovation that integrates modeling and social network influences and explains determinants and processes governing personal and social change. See Bandura’s 1986 *Social foundations of thought and action: A social cognitive theory* (Englewood Cliffs, NJ: Prentice-Hall, Inc.).

such as those through which outreach program staff or volunteers go to the youth's home to provide counseling, psychosocial services, or information, were the least common. (Note that these programs often provide

services to all or some members of the households, not only the youth being targeted by the program.) Figure 7 shows the number and percentage of programs by activity type.

**Figure 7. Number of Programs by Type of Activities**



**Key result 4: Less than half of programs integrated gender issues.**

Overall, 43% of studies reported information that indicated some level of integration of gender issues in

the programs. (For this assessment, the team used a broad interpretation of gender integration that could include something from collecting gender-disaggregated data to using a “gender-synchronized” approach that deliberately includes both males and females to transform gender

dynamics intentionally). Several of the studies included in the analysis described deliberately including girls in the intervention, collecting gender-disaggregated data, aiming to transform gender norms, having separate curricula for males and females, or specifically discussing gender roles, gender stereotypes, or gender equality in the intervention activities.

**Key result 5: The majority of programs do not identify as PYD.**

The team only explicitly identified 11% of studies as being focused on PYD programs. However, a careful assessment of the information provided in the studies against PYD outcomes revealed that all the 108 studies covered outcomes in at least one PYD domain. Only 2% of studies addressed one domain alone; 17% addressed two domains; 44%, three domains; and 36%, four domains (Appendix 5).

**Key result 6: Almost all of the studies (99%) describe programs that build assets.**

All but one study included at least one PYD outcome considered part of the Assets domain. PYD outcomes in this domain included health education, access to health

information and skills training (including vocational training), communication, interpersonal skills and conflict resolution skills, managing emotions, and coping strategies, as well as problem solving, decision making, and self-reflection.

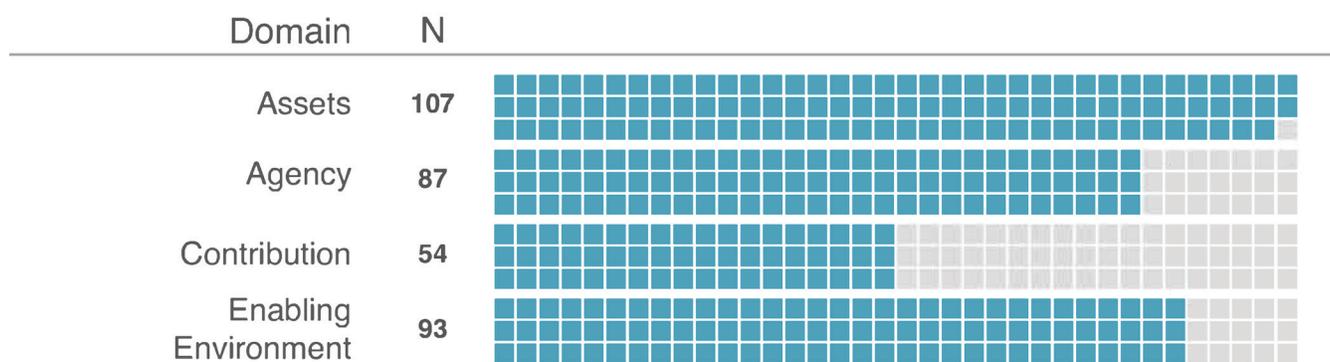
More than three quarters of the studies (81%) included PYD outcomes under the Agency domain. Self-efficacy, self-confidence, self-esteem, self-determination, and belief in future are some examples in this domain.

At least half of the studies included PYD outcomes related to the Contribution domain. Peer leadership, mentoring and, less commonly, volunteering, civic engagement and community mobilization are some examples.

Many studies (86%) included PYD outcomes related to the Enabling Environment domain. Examples include promoting parental involvement, bonding and communication, prosocial norms, equitable gender norms, and youth-friendly services.

Figure 8 shows how the studies addressed the four domains.

**Figure 8. Number of studies in each PYD domain**



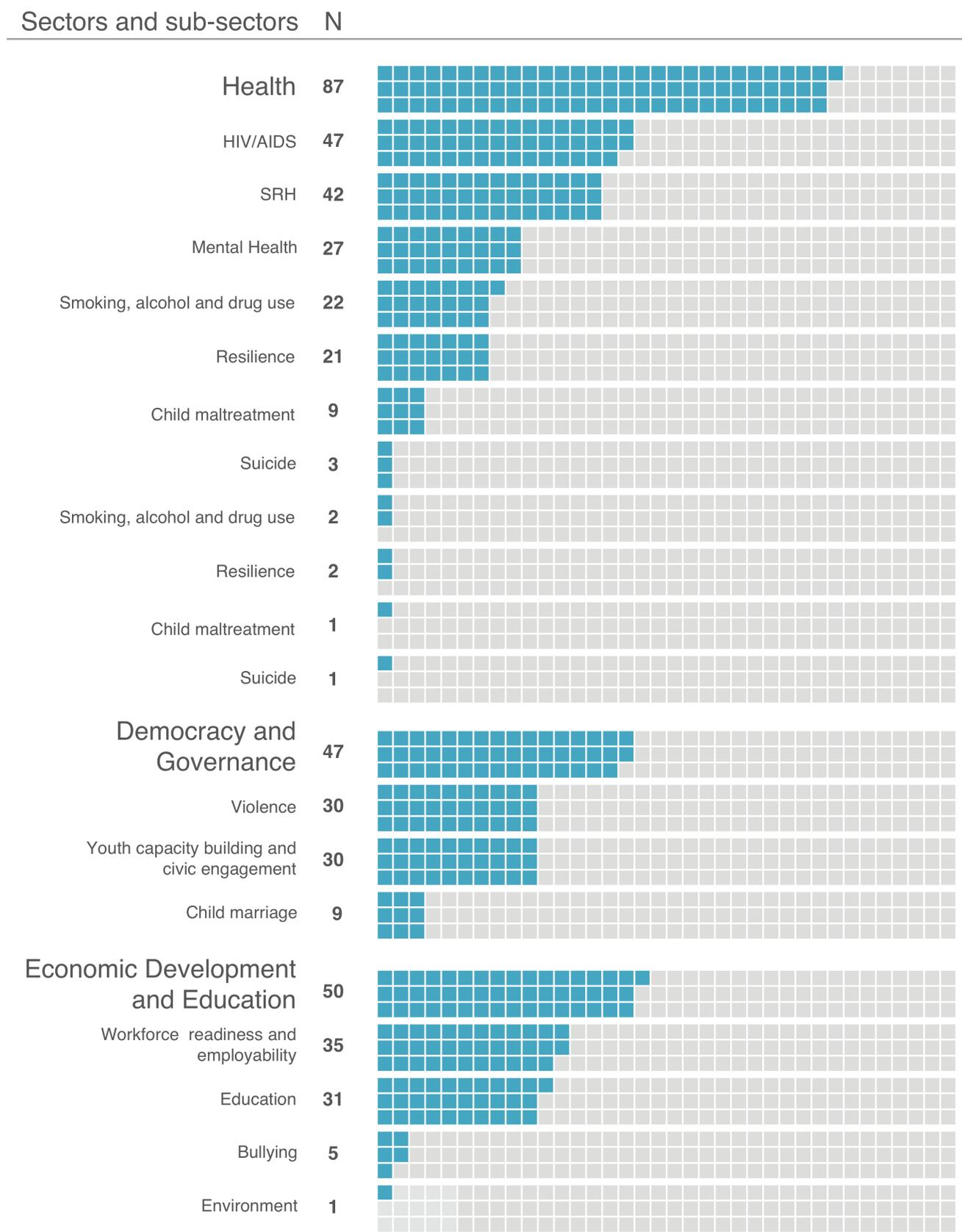
**Key result 7: The majority of programs were in the Health sector, particularly focusing on HIV and SRH.**

As shown in Figure 9, health was the most commonly found program focus (79% of the studies), followed by Economic Development and Education (48%) and Democracy and Governance (45%) (see Figure 9). Twenty-eight percent (28%) of studies addressed

gender in varied levels of sophistication, ranging from sex disaggregation of data to more complex analysis of gender norms.

The most common subsectors in health were HIV/AIDS (44%), SRH (39%), mental health (25%), smoking, alcohol and drug use (20%), and resilience (19%).

Figure 9. Number of Studies by Sector





Only results produced using experimental designs and one quasi-experimental design are discussed in this section of the report. Less than a quarter (15%) of these studies came from grey literature; the rest (85%) came from peer-reviewed papers. More than half of the programs evaluated by these studies were conducted by universities alone (36%), NGOs alone (31%), or both (10%). The featured programs targeted adolescents and youth of several age groups. Many (36%) targeted youth between 10–19; a little more than a quarter (28%) targeted boys and girls ages 10–14; 21% targeted 15–29-year-olds; only 3% targeted 15–19-year-olds only; and 13% of the programs targeted all three age groups (10–14, 15–19, and 20–29). Studies were conducted in countries all over the world. However, they were concentrated in South Africa (13%), India (10%), and Uganda (10%). The programs also featured several types of activities. The most common activities were educational activities not led by peers (31%); however, many used peer education (23%), media (20%), youth friend services (17%), activities with other adults such as parents and teachers (18%), organization of social events (14%), mentoring (12%), physical activities such as sports (10%), community meetings (9%), home-based services (8%), and other activities (8%).

*Key result 11: Of 24 studies that described interventions targeting all three sectors, 15 had evaluations. Five were experimental designs, and only one was a higher-quality RCT.*

Among studies covering all three sectors, Stepping Stones is the only program that was evaluated using an RCT. This program was originally designed to address HIV infection and gender-based violence. However, it was classified as a cross sectoral program because some of the adaptations of this program included economic outcomes. The RCT reviewed for in this report found that participants had a reduced risk of herpes simplex virus 2 acquisition over two years of follow-up after baseline. Young men in the program also showed improvements in self-reported intimate partner violence, casual sex, and problem drinking during the 12 and 24 month follow-ups.

*Key result 12: The RCT-based study of Stepping Stones suggests that a holistic PYD approach to increase women's economic empowerment and reduce the incidence of violence among young men and women can successfully increase employment and reduce violence without giving cash or loans.*

Rachel Jewkes and colleagues (2006) investigated whether combining a broad economic empowerment intervention and the original Stepping Stones intervention package that was directed to influence gender norms and HIV prevention could reduce the incidence of gender-based violence among young men and women. The intervention, called Creating Futures, was developed as a new type of economic empowerment intervention that enabled livelihood strengthening by helping participants find work or set up a business; it did not give cash or loans. Creating Futures was piloted in two informal settlements in South Africa with 232 out-of-school youth, mostly aged 18–30, using two baseline surveys and mid line and endline at 28 and 58 weeks, in a study using an experimental design. The study found at endline:

- Young men's mean earnings increased by 247% and women's increased by 278%.
- There was a significant reduction in women's experience of the combined measure of physical or sexual interpersonal violence in the prior 3 months, from 30.3% to 18.9%.
- Men and women scored significantly better on tests of gender attitudes, and men reported significantly reduced controlling practices in their relationships.
- The prevalence of moderate or severe depression symptomatology and suicidal thoughts among men decreased significantly.

The health-related outcomes of Stepping Stones are highlighted in Box 2.

*Key result 13: Using a holistic PYD approach can help increase self-esteem, self-confidence, and self-efficacy, as well as improve SRH and HIV knowledge and behaviors.*

- An evaluation of the Empowerment and Livelihood for Adolescents (ELA)<sup>13</sup> program, which targeted 14- to 20-year-old girls in Uganda and focused on life skills, vocational training, and recreational activities found that the program had significantly increased self-employment, pregnancy-related knowledge, HIV knowledge, and condom usage. It also found significant decreases in the probability of having had sex unwillingly in the year.
- Questscope, a non-formal education in Jordan, aimed to facilitate mastery and social experiences to improve participants' sense of self-efficacy, social skills, positive connections and prosocial behaviors (Morton & Montgomery, 2012). No significant

<sup>13</sup> Appendix 8 shows details about activities and outcomes of the programs.

intervention effects were found for developmental assets (e.g., self-efficacy or social skills), but analyses show a significant, positive intervention effect on behavioral problems, with effects mostly attributable to changes in the younger (ages 13–15) group.

- Yes, Youth Can (YYC) is a three-year USAID-funded program in Kenya with the goal of addressing the underlying social, economic, and political factors that drive youth political and social marginalization. The evaluation (NORAC, 2014) found that YYC led to improved relations between youth and their communities and a statistically significant increase in the tendency of participants to express trust in their communities. The evaluation also found statistically significant impact on the participants' scores on the Generalized Self-Efficacy Scale, used to measure self-esteem and self-confidence. YYC led to some improvements in political engagement. The use of community members as “mobilizers” was an important factor that positively affected youth participation and engagement. However, the economic impact was moderate.

- The Bangladeshi Association for Life Skills, Income, and Knowledge for Adolescents (BALIKA) project aimed to bring change in girls' lives and their status in the community so that they are perceived as assets rather than as burdens and liabilities to their families and to society (Amin, Ahmed, Saha, Hossain, & Haque, 2016). In-school participants received tutoring in mathematics and English, whereas out-of-school participants received computer or financial training. All participants received training on gender rights and negotiation, critical thinking, decision making, and livelihoods skills, and met weekly with mentors and peers in safe, girl-only locations. The evaluation results suggest a significant reduction in the likelihood of child marriage as well as increased positive health, educational, economic, and social outcomes for girls, including building their confidence.

None of the programs reviewed above identified as a PYD program. Only P.A.T.H.S was identified as PYD by the authors of its multiple evaluations and has the holistic approach that characterized the PYD framework. Box 1 gives more details about this unique program.

### Box 1. Some Evidence on PYD Outcomes: Positive Adolescent Training through Holistic Social Programs (P.A.T.H.S.)

Positive Adolescent Training through Holistic Social Programs, or P.A.T.H.S., is the only program that the implementers identified as a PYD program. This systematic review included six peer-reviewed papers that discuss findings of complementary evaluations conducted on the P.A.T.H.S. program in Hong Kong and Macau. Most of the studies were qualitative evaluations, with only one high-quality experimental study (Ma & Shek, 2010; Luk, Leong, & Au, 2012; Luk, Chan, & Hu, 2013). In both locations, the program had two tiers.

The Tier 1 program is a universal PYD program in which students in secondary school participate in 10 to 20 hours of training of the core program during an academic year. In the Tier 1 Program, 15 PYD outcomes, referred to as “constructs” in this program are included in the 40 teaching units (Ma & Shek, 2010). The Tier 2 program is geared toward students with greater needs in different psychosocial domains and is implemented by school social work service providers (Shek, Siu, Lee, Cheung, & Chung, 2008). This intervention targets the community, individuals, and peers and addresses most of the main PYD constructs cited in Catalano, Berglund, et al. (2002).

One of the program evaluations that used pre and post experimental design in Macau (Luk et al., 2012) found that 53% of the participants had significant improvement on the total scores of the Chinese Positive Youth Development Scale and the two composite scores. The first score focused on personal development and includes ten subscales (resilience, social competence, emotional competence, cognitive competence, behavioral competence, moral competence, self-determination, self-efficacy, beliefs in the future, and clear and positive identity.) The second score focused on psychosocial competence, which is a combination of five subscales (social, emotional, cognitive, behavioral and moral competencies.) The post-test scores for these composite scores were significantly higher than the pretest scores on the related measures. The “happiness of the family life” was found to have significant differences in the score of the program participants, which was shown to be the factor related to youth growth. In a different evaluation, Shek et al. (2008) interviewed students and teachers about the perceptions of the program in Hong Kong and found that students and teachers perceived that it had positive outcomes for the students' well-being.

*Key result 14: Including objectives relevant to the Democracy and Governance or Economic Development and Education sectors—such as improving food security or income level, or employment of participants in interventions that aim to improve health outcomes—helps achieve health-related outcomes.*

Some programs combined objectives related to health, such as HIV prevention, with objectives related to other sectors, such as Democracy and Governance or Economic Development. The multi-component HIV prevention program, Shaping the Health of Adolescents in Zimbabwe (SHAZ!), for example included a comprehensive assessment of sexual behaviors and biological measures (HIV and herpes simplex virus 2 incidence), while also addressing food security. The RCT of SHAZ! showed long-term benefits (of at least one year) on food security and the number of participants receiving their own income, reducing the risk of engaging in sex in exchange for food, money, or other resources (Dunbar et al., 2014).

Street Smart was an HIV intervention program delivered to youth over a 10-week period in Uganda. Young people were monitored at recruitment, as well as four months (85% retention), and 24 months (74% retention) after the program began. Among the findings of their pilot experimental study in Kampala were that:

- Only 48% of participants had ever been employed at recruitment, while 86% were employed from months 21 to 24 post-recruitment.
- Over two years, participating youth had decreases in the number of sexual partners, mental health symptoms, delinquent acts, and drug use, and their condom use increased.
- The evaluation suggested that providing employment, in conjunction with HIV prevention, provides sustained support to young people to prevent HIV infection (Rotheram-Borus, Lightfoot, Kasirye, & Desmond, 2012)

See appendices 10 through 16 for more information about nonexperimental studies addressing multiple sectors.

*Key result 15: Programs that involve children, youth, parents, and other adults working collaboratively at different levels of intervention (individual, household, community) successfully help achieve health-related program outcomes, especially mental health-related outcomes.*

An RCT study aiming to improve the mental health and psychosocial outcomes of war-affected young people (age 7 to 18) in the Democratic Republic of the Congo showed improvements in post-traumatic stress disorder (PTSD) symptoms (O’Callaghan et al., 2014). This study assessed symptoms of post-traumatic stress reactions, internalizing problems, conduct problems, and prosocial behavior using blinded interviewers at pre- and post-intervention and at a 3-month follow-up. The study assessed a family-focused, community-based psychosocial intervention that integrated the intervention within local health, education, and social systems, creating positive family interactions and community acceptance of war-affected young men and women suffering from PTSD.

- At post-test, participants reported significantly fewer symptoms of post-traumatic stress reactions compared to controls.
- At a 3-month follow-up, participants reported large improvements in internalizing symptoms and moderate improvements in pro-social scores, and caregivers noted a moderate to large decline in conduct problems among the young participants.

The Real Fathers program implemented in Uganda by the Georgetown University Institute for Reproductive Health aimed to improve parenting skills in young fathers (Georgetown University Institute for Reproductive Health, 2015). This intervention, which focused on young fathers (age 16–25) parenting toddlers (ages 1–3 years) in post-conflict northern Uganda, used mentoring to build positive parenting practices and relationship skills among the young fathers. The study, an RCT of the 10-month program, demonstrated improvements in communication skills; increased amount of time parents spent with their child; and improved “positive parenting,” attitudes rejecting physical punishment, and the parents’ confidence in ability to use nonviolent discipline.

Another Uganda-based program, implemented by Save the Children, aimed to improve child resilience based on psychosocial-structured activities addressing issues of safety and control, self-esteem, thoughts and reactions during danger, resource identification, and coping skills. It involved 15 in-school educational sessions and a community service component. Topics addressed included safety and control, awareness and self-esteem, personal narratives, coping skills, and future planning (Appendix 9). The experimental evaluation of this program reported enhancement of children’s resilience and feelings of stability and security after trauma as they progressed emotionally and cognitively over the course

of the program (Ager et al., 2011). Self-reported child well-being and teacher- and parent-reported measures of improvement of children's well-being were both statistically significant.

*Key result 16: There is insufficient evidence to determine what works or what is promising for interventions that link Democracy and Governance outcomes and Economic Development and Education outcomes.*

Only one lower-quality experimental study jointly addressed these two sectors. Based in the Dominican Republic, Juventud y Empleo aimed to improve the labor market entry of young people and included elements focused on leadership and conflict resolution (Ibarrarán, Ripani, Taboada, Villa, & García, 2012). Juventud y Empleo trained Dominican youth between 16 and 29 years of age and inserted them in the job market. Youth received 75 hours of basic or life skills training and 150 hours of technical or vocational training. For the technical and vocational training, the program offered training courses for a wide range of jobs, such as administrative assistant, baker, hairstylist, clerk, auto mechanic, or bartender, among others. Training was followed by an internship in a private sector firm, facilitated by the implementer, with training programs tailored to the firm's labor demand. Although mainly targeting youth employment outcomes, this project also targeted democracy and governance related outcomes tangentially. Training also included life skills, leadership and conflict resolution. Among the positive labor market outcomes, the study reported positive effects for participants, such as finding employment with a written contract and with health insurance, as well as increase in monthly earnings for men and women. The study also reported decreased pregnancy among female participants and positive perceptions of health, better education, and better expectations for the future among men and women, as well as increased leadership, self-esteem, and self-organization.

Of the 39 studies grouped in the Health sector, 14 were high-quality experimental studies, and nine were low-quality experimental studies. Fifteen percent (15%) of the studies were non-experimental.

*Key result 17: Provision of information and skills training showed beneficial effects on HIV and SRH-related knowledge, attitudes, and self-efficacy.*

Among the high-quality studies, nine were primarily aimed at preventing HIV or improving other SRH outcomes, with eight of these implemented in sub-Saharan Africa and the others in Malaysia, Vietnam, and China. Six were implemented primarily in elementary and (more often) secondary schools, and three were implemented in universities and community organizations. Education and skills development were the most common program features, with a small number of programs also featuring community mobilization, adolescent-friendly health services, and provision of financial support.

- Five studies showed significant improvements in knowledge (including knowledge about HIV and/or other STI prevention or management) and attitudes (including attitudes toward unprotected sex, contraceptive use, and health service use), lower intentions to have sex, and higher self-efficacy (James, Reddy, Ruiter, McCauley, & van den Borne, 2006; Li et al., 2010; Ibrahim, Rampal, Jamil, & Zain, 2012; Pham et al., 2012; Heeren, Jemmott, Ngwane, Mandeya, & Tyler, 2013).
- Five studies reported significant short-term reductions in self-reported risky behaviors and/or increases in health service use (James et al., 2006; Jemmott et al., 2010; O'Leary et al., 2012; Heeren et al., 2013; Aninanya et al., 2015).
- The Life Skills and HIV/AIDS Education Programme (James et al., 2006) found improvements in knowledge, attitudes, and perceived social support as well as reduced sexual activity in the past six months among program participants.

HIV and/or SRH was also a common focus of the interventions in the studies that used lower-quality experimental designs, which included school-based HIV prevention programs implemented in Vietnam (Kaljee et al., 2005), Panama (Aramburú et al., 2012), and India (Chhabra et al., 2010). These programs focused on provision of information and skills training and showed beneficial effects on knowledge, attitudes, and self-efficacy (see Appendix 4).

## Box 2. Positive Evidence on SRH Outcomes: Stepping Stones

The review included two studies reporting on evaluations of Stepping Stones, one an RCT in rural South Africa and the other a complementary qualitative study. Though Stepping Stones was first developed for Uganda (Welbourn, 1995), Tina Wallace (2006), who reviewed 27 evaluations of the program, found it had been used in more than 100 countries, with its curriculum translated into Khmer, Amharic, French, Spanish, Portuguese, Russian, and Kyrgyz.

Based on several theories of behavioral change, including models of critical reflection, Stepping Stones aims to prevent HIV by improving sexual health through building stronger, more gender-equitable relations with better communication between partners (Jewkes et al., 2006). This approach targets the individual, couple, household and communities. The version of Stepping Stones applied in South Africa (Jewkes et al., 2006) used a manual with 13 core sessions that covered love; sexual health and its joys and problems; body mapping; menstruation; contraception; sexual problems; pregnancy; HIV; sexually transmitted diseases; safer sex; gender-based violence; motivations for sexual behavior; and dealing with grief and loss, including building assertive skills. Jewkes et al. (2008, 2010) found that Stepping Stones enabled the intervention participants to reduce their risk of herpes simplex virus 2 acquisition by one-third over two years of follow-up. It also reduced intimate partner violence by male participants. However, this evaluation did not find any statistically significant effects on HIV reduction. The qualitative research showed that Stepping Stones generally empowered participants to take control of different aspects of their lives and apply their cognitive skills, as well as to positively influence their peers.

### Mental health

*Key result 18: There is promising evidence about school-based therapy interventions increasing pro-social behaviors, coping skills, and life skills. However, evidence about what works to reduce depression symptoms is still limited.*

One high-quality study in the area of mental health in young people looked at a universal (aimed at all students) school-based cognitive therapy intervention in Chile that sought to reduce depression symptoms (Araya et al., 2013). It found that the intervention did not lead to reductions in depressive symptoms and led to only clinically insignificant reductions in anxiety. Based on the conclusions of this RCT and the literature, the authors of this study suggest that classroom-based interventions may not reach the intensity needed to achieve effects on depression outcomes or that it might not be possible to teach complex skills in large groups and during a limited time period. The lack of evidence in this field suggests that a note of caution must precede the introduction or continuation of school-based mental health interventions.

Five studies that addressed mental health promotion (defined broadly here to include resilience and suicide-prevention interventions) had lower-quality experimental designs. These include a Hong Kong-based school resilience program (Wong et al., 2009) and school-based coping and life skills education programs in India (Leventhal et al., 2015), Cambodia (Jegannathan, Dahlblom, & Kullgren, 2014), and Gaza (Qouta,

Palosaari, Diab, & Punamäki, 2012). These four interventions involved a series of five to 20 educational and skill-building sessions (typically based on cognitive behavior therapy or coping skills training).

All five studies reported beneficial effects on various aspects of well-being and psychological adjustment or behaviors (e.g., conduct problems and pro-social behaviors).

### Substance use

*Key result 19: Interventions that conduct educational activities and develop life and self-efficacy skills in youth significantly reduce substance use.*

Three high-quality studies aimed to reduce substance use, including use of tobacco. One of these, the keepin' it REAL program, was implemented in Mexico and involved a 10-week education and skills development intervention (Marsiglia et al., 2014). Box 3 gives more details about this program.

- Short-term results showed slight decreases in frequency of alcohol use in past month.
- Longer-term (two years later) results showed decreases of alcohol use and smoking in the past month with the use of booster sessions (Marsiglia, Kulis, Booth, Nuño-Gutierrez, & Robbins, 2015).

A study of a school-based intervention implemented in Taiwan that involved ten 45-minute sessions delivered over 16 weeks and booster sessions 6 and 12 months after completion of the program aimed to prevent

smoking. Another program with similar outcomes was a peer-led school-based smoking prevention program in Romania. A final school-based program in Costa Rica aimed to diminish drug use among students through improvement in life skills showed changes in knowledge, positive communication, and self-esteem.

In these three studies, evaluators found improvements in attitudes, perceived behavioral control, life skills, and behavioral intentions (Guo, Lee, Liao, & Huang, 2015) as well as improvements in knowledge, self-efficacy, and smoking behaviors (Bejarano, Ugalde, & Morales, 2005; Lotrean, Dijk, Mesters, Ionut, & De Vries, 2010).

### Box 3. Evidence Shows Promising Results to Reduce Substance Use: keepin' it REAL

Two evaluations of keepin' it REAL, conducted in Mexico (Marsiglia et al., 2014; Marsiglia & Booth, 2015), were included in this review. These papers discussed the results of the pilot evaluation and the 1-year follow-up of the program conducted in high schools in Guadalajara, Mexico. The developers of keepin' it REAL based the curriculum on communication competence theory (Spitzberg & Cupach, 1984). The main goals of the program were to increase young people's drug resistance skills and promote anti-substance-use norms and attitudes (Marsiglia et al., 2014). The intervention used a 10-week curriculum and videos that taught students four resistance strategies—Refuse, Explain, Avoid, and Leave (REAL)—that were used most commonly by youth in the United States and Mexico (Kulis et al., 2009, 2014, 2015; Marsiglia & Hecht, 2005; Marsiglia et al., 2009). The results of the initial RCT of keepin' it REAL in 35 schools in the southwestern United States demonstrated that the program contributed to reduced alcohol and marijuana use and increased refusal confidence (Hecht et al., 2003). These findings led researchers to consider the adaptation of this intervention to Mexico.

The researchers trained social studies teachers to deliver an adapted and translated curriculum and dubbed videos. In an RCT, students from two middle schools in Guadalajara, Mexico, completed surveys at baseline, immediately after completion of keepin' it REAL, and 8 months after program completion. Desired intervention effects were seen for alcohol use, in both the short and long term, and for cigarette use in the short term and marijuana use in the long term. These desired intervention effects were generally greater for girls than for boys (Marsiglia et al., 2014; Marsiglia et al., 2015).

One high-quality study looked at a school-based intervention in Ecuador that aimed to improve diet and physical activity called ACTIVITAL (Andrade et al., 2014). It involved an educational package delivered in classrooms that included workshops with parents, social events at school, and school environment modifications. ACTIVITAL was developed using participatory approaches and tailored to the Ecuadorian school context. The program was assessed for effectiveness on one set of the primary outcomes—physical fitness, screen time, physical activity—and the effect on body mass index (BMI) as a secondary outcome. Outcome measurements were performed when students entered the eighth and ninth grades, and after 28 months, at the end of the academic year. Medical doctors, nutritionists, and health professionals with field experience received a 40-hour training session to assess outcomes. Program activities involved students, teachers, and parents performing physical activities, organizing social events, and using media. Results showed improvements in

some physical activity tests and in the percentage of participants who met the recommendations for appropriate levels of physical activity given by the program staff.

#### **Democracy and Governance**

*Key result 20: Only two studies provided evidence of effectively achieving Democracy and Governance outcomes that were not linked to other sectors.*

Five studies (5%) addressed Democracy and Governance alone, including one high-quality RCT, one lower-quality experimental study, and three nonexperimental studies.

One high-quality study, of the Parivartan program, was identified in this sector (Miller et al., 2014). This quasi-experimental study, which aimed to improve adolescent males' gender attitudes and increase positive bystander behaviors, is described in Box 4.

## Box 4. Positive Evidence About Gender Norms: Parivartan

This systematic review included two peer-reviewed papers reporting on Parivartan, an innovative program implemented in Mumbai from 2008 to 2012. The program, modeled after the Coaching Boys Into Men program implemented in the United States by Futures Without Violence (formerly Family Violence Prevention Fund), drew in young men and boys through cricket clubs. It used male coaches to train boys to challenge and question traditional notions of manhood in their society and teach them about respecting women and girls and preventing perpetration of violence against them. The Mumbai program evaluation collected baseline and midline data (at 12 months) and found that participants' agreement with statements about traditional masculinity and manhood declined from baseline to follow-up, indicating positive effects on gender-equitable beliefs.

After the adaptation to Mumbai, the International Center for Research on Women developed “Parivartan Plus” as part of the UK Department for International Development’s STRIVE effort, which aimed to address structural drivers—such as poverty and HIV-related stigma—that continued to fuel the AIDS epidemic. Parivartan Plus took place in rural Karnataka in southern India and again in Shivaji Nagar, the Mumbai slum community of about 600,000 residents. Since then, it has been adapted to several locations in India.

The one lower-quality experimental study fell under the Democracy and Governance sector. This was a school-based violence prevention program implemented in Iran (Ekhtiari, Shojaeizadeh, Foroushani, Ghofranipour, & Ahmadi, 2012). It involved education and skills training accompanied by information for parents, training for school counselors, and coordination with counseling services. At baseline, both qualitative and quantitative studies consistently confirmed lack of necessary behavioral skills for prevention of domestic violence among high school girls, whom this program targeted. The mean of preventive behaviors score immediately after and two months after the intervention were significantly higher in the intervention group than in the control group.

*Key result 21: Only two studies provided evidence of effectiveness to achieve Economic Development and Education outcomes.*

Four studies (4%) addressed Economic Development and Education alone: one high-quality RCT, one lower-quality experimental study, and two non-experimental studies.

The Peruvian Job Youth Training Program (Projovent), implemented between 1996 and 2010, was evaluated by Díaz and Rosas (2016). The evaluation did not find a statistically significant impact of Projovent on employment but did find effects on the quality of employment (formal employment). Specifically, the probability of having a job with health insurance and the probability of having a pension increased by 3.8 and 3.3 percentage points, respectively, for the intervention group compared to the control group (Díaz & Rosas, 2016).

One lower-quality experimental study assessed the Akazi Kanoze youth livelihoods program in Rwanda (Alcid, 2014), aimed to enable youth to be more capable of earning a livelihood through appropriate and relevant connections to life and work readiness training, opportunities, market actors, and skills. In addition to the core curriculum, Akazi Kanoze offered youth access to specialized workforce development skills training and resource programs. The program provided all participating youth with access to workforce linkage opportunities (internships and apprenticeships), formal sector jobs, and entrepreneurship and other livelihood opportunities. Internships provided on-the-job experience and in some cases led to full-time employment. The evaluation of Akazi Kanoze found that a higher percentage of youth were employed in the intervention group compared to the control group. The program increased the ability of youth to apply for a job and the ability to develop a business plan and understand marketing techniques, attracting customers. Finally, the program was found to have increased the likelihood of participants having savings.

## CHAPTER 4

# DISCUSSION



PYD is an appealing philosophy with applications across a very wide range of important outcomes for young people. Simply put, if young people have the knowledge and skills they need, have the opportunity to harness these skills and leadership opportunities, and are supported by key actors, systems and structures in their respective environments, they will more likely thrive as adults. Strengthening positive development of youth in high-income countries has been shown to contribute to good health, productive employment, meaningful civic contributions, and happy families, all of which foster the positive development of successive generations.

Our goals in this review were first to describe PYD programming in LMICs and then to understand the evidence regarding the efficacy of this approach in these settings. After extensive search procedures, 1,075 documents in the peer-reviewed and grey literature were identified which described evaluations of PYD programs. Of these, only 108 were from LMICs. In this chapter, the team first discusses the wide variety of activities these programs used and then provide some thoughts on the quality of evidence and the impact of programs where high-quality evidence exists.

### **PYD programs are new to LMICs, but have broad appeal.**

As described extensively in this paper, our search yielded almost 100 separate PYD programs in 60 low and middle-income countries that had solid evaluations. These relatively few programs were spread out across the globe, and most of the 60 countries had only a few PYD programs. This geographical variability affirms that PYD programming has broad appeal and that youth in every part of the world, from every culture, facing a wide range of challenges, can benefit from more knowledge, stronger skills, leadership opportunities, and more supportive environments. Finding so few program evaluations of PYD programs in LMICs is indicative of how very recently PYD strategies have been introduced into youth programming in LMICs, as well as how infrequently such programs are evaluated.

The team was encouraged to find PYD strategies being employed in pursuit of a wide range of outcomes, including health, education, employment, conflict resolution, violence prevention, gender equality, and civic engagement. Schools and job training programs are the environments in which many young people spend much of their time. PYD programs in those settings are often designed to make the settings more supportive, safe, and productive. Safety and productivity are directly related to PYD efforts in pursuit of violence reduction and capacity building for civic engagement. Efforts to reduce the spread of HIV and other STIs by promoting positive development more broadly among young women have not only affected SRH but also resulted in reductions in food insecurity and increases in having an income (Dunbar et al., 2014). Programming designed to improve economic conditions through job training and internships has resulted in significant improvements in labor market outcomes, but also has reduced positive attitudes toward early child-bearing among young women and improved conflict resolution behaviors for both men and women (Ibarrarán et al., 2012). The wide range of targeted outcomes also emphasizes the broad appeal of using PYD strategies in LMICs.

### **A variety of PYD outcomes were targeted and a variety of activities used.**

The team found that almost all the PYD programs reviewed targeted one or more PYD outcomes in the *Assets* domain, most often some kind of knowledge (e.g., math, science, health), combined with other transferable competencies, such as social skills, emotional regulation, and problem solving. It was especially encouraging to see that programs were also likely to target youth outcomes in the *Agency* domain, such as self-awareness, self-determination, leadership abilities, and positive behavior.

Programs focused on *Assets* and *Agency* are primarily concerned with the individual young person. At the same time, however, PYD programs can benefit from having a supportive environment and supporting a

young person's engagement with those in the world around them. A large majority of the PYD programs included in this study addressed the *Enabling Environment* in some way to support the positive development of youth. Often this was done by trying to shift social norms and societal structures away from unhealthy practices—such as child marriage, drug use, violence, and unsafe sex—toward healthier norms and attitudes. Less common, but still present in half of the programs, was an emphasis on supporting youth to make a *Contribution* through engagement in community and leadership. Youth who have knowledge and skills, but no opportunity or experience using them, may have a harder time capitalizing on these assets. A large part of being a successful adult involves making a contribution to the well-being of not only oneself but also others in the larger community. To achieve this goal as an adult, youth need opportunities to practice and fail and/or succeed as agents of change. About half of the programs the team found explicitly targeted increased youth engagement and/or leadership as an outcome.

Consistent with the emphasis on imparting knowledge, more than 80% of the programs employed adult-led educational activities with youth as the direct beneficiaries. More than half of the programs used peer-led education, often in conjunction with adult-led activities. Programs designed to increase the supportiveness of the environment often included activities for teachers and service providers, or organized social events or community meetings. It was much less common for programs to organize parent–youth activities or conduct any of the activities in the home. When in-home activities were included, they often took the form of “homework” assignments for the youth to do with their parents as a way to engage parents in the PYD programming goals.

### **PYD programs are effective in cross sectoral programming, but more robust evaluation is needed.**

For the purposes of this review, the team organized programs into three broad sectors, and found some evidence of efficacy for PYD strategies in each of these sectors. Not surprisingly, a concentration of PYD program evaluations is in the Health sector, where preventing the spread of HIV and improving SRH have been the focus of a great deal of international development funding and attention in recent years. However, because PYD strategies focus on strengthening the ability of youth to accomplish critical developmental tasks, these programs are expected to have positive impact across a range of outcomes. This makes PYD a good choice for cross sectoral programming.

By intentionally targeting outcomes across several sectors, PYD programs hold the promise of increasing the return on prevention investments. It is more efficient to target factors that predict many outcomes than those that predict only one or two. A PYD approach has the benefit of linking theory to evidence that strengthening youth development leads to a wide range of positive adult outcomes in education, employment, social relationships, and reductions in substance use and other behavioral health problems (Catalano, Berglund, et al., 2002; Gavin, Catalano, David-Ferdon, Gloppen, & Markham, 2010).

To assess the full benefits of PYD programming, future evaluations should measure a wide range of outcomes across sectors. PYD programs ideally strengthen multiple PYD outcomes (e.g., specific and soft skills and norms), preferably with multiple targets (e.g., youth, teachers, civic leaders) and in multiple ways. In addition to the direct costs of implementing complex interventions, the developers and implementers of such interventions must have a broader range of skills and resources than is necessary for more limited or highly focused interventions, which teach only one skill or provide only one type of support. However, the payoff is that PYD programs have the potential to improve the lives of young people in a wide variety of ways. Improvements in educational outcomes, economic well-being, reductions in health risks, and environmental burdens all contribute to community-wide health and well-being.

Unfortunately, none of the program evaluations the team identified provided sufficient information on financial costs or benefits to assess whether investments in PYD programs are cost-effective. In the absence of cost–benefit analysis studies, the team can only speculate that benefits outweigh the costs. Furthermore, assessing the return on investments of PYD programming in LMICs will require measuring a much wider variety of outcomes than is typically done in development programs. Because programming is most often funded within a single sector (such as Health) to target a single outcome (such as HIV infection), program evaluations often include indicators of the targeted outcome only, potentially failing to demonstrate important benefits that PYD programming may have on other outcomes.

From over 1,000 initial PYD resources, the team identified only one cross sectoral PYD intervention in an LMIC with a high-quality evaluation (Stepping Stones) and a few others with slightly less rigorous evaluations. The dearth of more high-quality evaluations, particularly for cross sectoral PYD programs, highlights two problems. First, there simply are not enough PYD

programs designed to work across sectors. Second, those that exist have not been sufficiently evaluated with appropriate measures of outcomes across sectors.

### **Some PYD programs focus on or address gender equality and empowerment for girls and women.**

Less than half of the PYD programs included in this review focused on gender equality or empowerment. Many others at least acknowledged the need to disaggregate impacts by sex. Programs that primarily target activities to males and females separately were found to be most effective in reducing gender inequality.

Stepping Stones uses gender-segregated groups followed by periodic cross-gender group meetings to discuss issues and practice skills. This approach allows open same-sex discussions to assist with changing norms and behaviors among young men *and* women separately. Cross group discussions can then occur, and together the mixed-gender youth groups directly appeal to the larger community for help in supporting and facilitating their pursuit of healthier, safer lives.

Some programs in cultures where girls have little or no power over their own lives use female-only organizations to focus resources on girls to reduce the resource gap between males and females (Amin et al., 2016; Bandiera et al., 2015). This approach is particularly suited to the goals of reducing child marriage and early pregnancy because the “women only” settings provide a safe place for honest discussion of sensitive issues. Evaluations support the value of having young women mentor younger women. The mentors benefit from the leadership experience in addition to making a valuable contribution to their communities. The recipients get skills training, which is reinforced by reflecting on their own experience and practicing communication, problem solving, and other skills with their mentors. This facilitates forming bonds with mentors and other girls and women in their communities, and it builds self-efficacy.

Some promising approaches focus on changing the attitudes and behaviors of young men. Male-only interventions, such as Parivartan (Miller et al., 2014), can focus on shifting the norms and behaviors of young men away from disrespectful behavior toward girls and women through discussion and examples set by older and respected men in the community.

### **One size does not fit all.**

One of the strengths of PYD as a framework for interventions in LMICs is that it is adaptable to a wide

variety of contexts and circumstances. Although youth all over the world can benefit from PYD programs, just exactly what is most helpful to individual young people varies widely across contexts. PYD programming can be designed to address factors specific to a particular context. Where cultural norms are damaging (norms such as gender inequality or early marriage), PYD programs may assist in helping to overcome these challenges, working at the community level, for example. In other settings where environmental conditions are more favorable to youth development, the focus might be on the development of soft skills, which are useful in work, family, and community involvement. The various programs included in this study help to demonstrate the variety of ways in which PYD might be applied in different contexts.

For example, the Program to Improve Reproductive Health in Nepal (Mathur, Mehta, & Malhotra, 2004) has multiple components, including youth and adult peer education, community information and education campaign, youth clubs, teacher education, and supports for employment opportunities. Trusting in Youth in Zimbabwe (Mercy Corps, 2015) combines job training, business skills, life skills, gender awareness, and community service (including advocacy and leadership). Familias Fuertes in Bolivia, Colombia, and Ecuador (Orpinas et al., 2014) is one of the very few programs the team found that conducts workshops with parents and their children. Programa Para o Futuro – Youth Women in Action in Brazil (Network-Brasil, 2012), combines employability training with life skills and educational skills for adolescent girls and young women and uses technology to connect young women to professional women who serve as mentors. Results from evaluations of these varied programs all showed evidence of success across a number of outcomes.

Taken as a whole, there are examples of evaluated programs addressing each of the domains of youth development, developing and strengthening assets and skills, increasing youth agency, and strengthening the supporting environment. The results have included positive impacts across a range of outcomes, including education, sexual risk behavior, early marriage, violence, and job skills and employment, among others. Several of the approaches also demonstrate promise for PYD in increasing gender equality. As with the reviews of PYD in HICs, this review concludes that, while there is promise for the PYD approach, there is still much to be learned. USAID’s significant investment in PYD and its evaluation should contribute greatly to the global knowledge base of effectiveness of the approach.



## CHAPTER 5

# CONCLUSIONS AND RECOMMENDATIONS



### Conclusions

This systematic review set out to answer two main research questions:

- How have PYD approaches been implemented in LMICs?
- What does the evidence say about the effectiveness of these approaches?

In the next section, conclusions are categorized by these two guiding research questions.

#### ***How have PYD approaches been implemented in LMICs?***

- **Although youth-serving organizations implement PYD programs across the globe, very few programs self-identify as PYD.** Our analysis of 108 peer-reviewed and grey literature studies identified 97 PYD programs that have been or are being implemented across 60 LMICs. There was a geographic concentration of programs in South Africa (13), India (8), and China (8), three countries whose economic growth has distinguished them from other LMICs. However, only 11% of programs self-identified as PYD, indicating that although they may incorporate elements of PYD into their program design, program implementers are likely not aware of the existing literature and evidence relevant to PYD from HICs. Helping programs understand that PYD is a validated approach can help them apply PYD theories and strategies, self-identify as PYD, and contribute to evidence base. By not self-identifying as PYD, programs are less likely to contribute to the growing evidence bases of PYD in LMICs.
- **Most PYD programs address multiple PYD domains, and nearly all programs help youth to build assets.** Programs were identified as PYD based on their focus on one or more of the four PYD domains (Assets, Agency, Contribution, Enabling Environment) as well as their targeting of multiple outcomes within each of these domains. Most programs addressed more than one PYD domain, and 35% targeted all four PYD domains. Almost all programs helped build assets among youth (99%), and a majority fostered an enabling environment for youth development (86%) and addressed youth agency (80%). Approximately half of all programs addressed youth political and social contributions to their communities.
- **PYD programs are implemented across sectors, across age groups, and by gender.** In categorizing PYD across sectors, the USAID technical bureaus and their respective sectors serve as a useful framework. A majority of the programs reviewed (79%) addressed issues related to Health, while others addressed Economic Development and Education (46%) and Democracy and Governance (44%). HIV/AIDS (44%) and SRH (39%) were the most commonly targeted subsectors. Programs most often targeted youth ages 10–19. The majority of studies (76%) documented programs that targeted both male and female youth (12% targeting female youth only and 3%, male youth only), and over 40% of studies reported information indicating the integration of gender issues in the programs they evaluated. However, many of these programs are not gender-transformative in that their programming does not explicitly recognize and challenge gender norms and inequalities.
- **Programs implement a diverse array of activities across multiple domains, distinguishing PYD from other approaches to youth development.** Adult-led educational activities were the most frequently implemented activity type (81%) among PYD programs reviewed. Fifty eight percent of the programs used peer education and 49%, media engagement. As expected, this review

did not find any PYD programs that conducted only one type of activity; rather, most undertook multiple activities with youth. Indeed, it is the combination of activities addressing multiple constructs across domains that distinguishes PYD from other approaches.

### **What does the evidence say about the effectiveness of PYD programs?**

Key findings from this assessment of evidence from PYD programs are described in three categories: evidence quality and availability, the effect of PYD on youth development outcomes, and emerging traits of PYD programs with positive results.

#### *Quality and availability of evidence related to PYD*

- **Although evaluations were available for a majority of programs included in this review, their quality varied; stronger evaluations were found largely in the Health sector.** Evaluations were available for 74% of all identified PYD studies. However, only 18 studies (17%) met the criteria for inclusion in the “high-quality evaluation” category, with 11 of these focused only on Health and 5 including Health and another sector. Only two high-quality studies fell completely outside of the Health sector, one on Democracy and Governance and the other on Economic Development and Education.
- **There is a lack of robust and consistent measurement of PYD outcomes.** Despite the presence of PYD programming in LMICs, evaluations tended to measure only sector or sector-specific outcomes (e.g., increased knowledge of HIV), rather than PYD outcomes (e.g., increased self-regulation). Evaluations generally focus on a single outcome of interest specific to the main sector under which programs are implemented instead of accounting for the impact of PYD on a wide range of outcomes as has been seen in HICs. For example, evaluations of youth workforce development interventions have tended to focus on program impacts on labor market outcomes, such as job placement rates, rather than on PYD outcomes, such as self-regulation, positive identity, and self-efficacy. The lack of comprehensive measurement across PYD outcomes is a major barrier to advancing PYD as an evidence-based, cross sectoral approach to youth programming.

- **The review found few instances of longitudinal studies or evaluations of PYD programs.** The vast majority of evaluations identified in this review had a short-term follow-up or follow-up conducted immediately after a PYD program was completed. As such, these evaluations do not capture the long-term effects of PYD on a range of outcomes. Evidence from HICs shows that shifts in youth-related outcomes, which include both individual and community-wide outcomes, can persist over time. For example, Project P.A.T.H.S and Life Skills Training programs in the United States demonstrated continued positive effects on youth behavior, including improved interpersonal skills and decision making (Life Skills Training), higher capacity for managing one’s reactions in social and emotional situations, greater self-efficacy with creating new solutions to problems, and increased empathy, as in the case of the P.A.T.H.S program (Catalano et al., 2004). In LMICs, the lack of longitudinal evidence constitutes a significant gap in the evidence base, as impacts on PYD outcomes may most often manifest over a time horizon that is longer than the duration of an intervention.

The limited amount of rigorous evidence related to PYD programs in LMICs leaves major questions about “what works” unanswered. However, some programs that have been rigorously evaluated, particularly in health, have been found to produce significant positive effects on outcomes related to health knowledge, attitudes, and behaviors. Key findings related to PYD effectiveness across sectors are described next.

- **There is limited evidence available from cross sectoral programs on the impacts of PYD programming across sectors. However, the little evidence that does exist suggests that PYD has the potential for meaningful impacts across sectors.** The Stepping Stones program—which along with a complementary livelihoods intervention (Creating Futures) focused on outcomes related to HIV infection, gender-based violence, and livelihood strengthening—produced impressive results. However, the higher quality evaluations of this program did not find statistically significant results of HIV. While data from lower-quality studies demonstrate similarly positive results, additional rigorous evidence is needed to strengthen the evidence base regarding the added value of cross sectoral programs (Jewkes et al., 2014).

- **Several health-focused PYD programs have resulted in improved knowledge and attitudes about SRH, as well as a short-term reduction of risky behaviors.** Nine out of 17 health program evaluations (53%) that were identified as “high-quality” focus on preventing HIV or improving other SRH outcomes. Of these, five studies showed statistically significant changes in knowledge (including knowledge about HIV and other STI management) and attitudes (including attitudes toward unprotected sex, contraceptive use, and health service use); intentions to have sex; and self-efficacy. Five studies reported statistically significant short-term reductions in self-reported risky behaviors or increases in health service use. These studies suggest that PYD approaches can lead to improvements in youth health behaviors related to SRH. Evidence on outcomes in mental health and physical activity is less conclusive.
- **Some PYD programs have led to shifts in gender norms and attitudes.** The evidence, though limited, suggests that some programs have improved gender-related outcomes in LMICs. One high-quality, quasi-experimental study of the Parivartan program demonstrated overall improvements in attitudes about gender among male youth. Programs in Bangladesh, Iran, Uganda, and beyond similarly demonstrated positive effects related to economic and social empowerment of young women, as well as reductions in gender-based violence. This evidence illustrates the potential of PYD to affect gender-based outcomes positively across diverse contexts. However, far more evidence is needed to establish concrete links between specific program activities and shifts in gender-focused outcomes.
- **Lower-quality evaluations have demonstrated positive effects of PYD programs on employment, skills development, and financial behaviors.** Though high-quality evaluations that measure outcomes related to economic growth were not available, a number of lesser quality experimental studies show promising results. An experimental study of Akazi Kanoze, a youth livelihoods program in Rwanda, demonstrated improvements in employment outcomes, expectations of employment, and savings. Similarly, a nonexperimental study of a Colombia-based program involving vocational training activities and internships reported improvements in employability, job quality and retention, and self-esteem. More rigorous evaluation is needed to determine best practices for PYD as it impacts

outcomes of interest for the economic growth sector. Only one program evaluated impacts related to the environment, and none focused specifically on LGBTI youth, suggesting a need for more studies in these areas.

Although the available evidence does not allow for a complete understanding of the effects of PYD programming with respect to measures such as effect size or direction of causality, it is possible to identify some commonalities. The following traits listed require more rigorous testing to fully understand their effect on PYD outcomes, but these innovative and thoughtful approaches appear to have contributed to positive results and can inform future programming—namely, promising PYD programs:

- **Adopt a systematic approach to youth programming by engaging with numerous stakeholders and working across multiple settings.** Many promising programs identified in this review go beyond individual youth as the target beneficiary, also working directly with community members to ensure a more positive enabling environment in which youth can thrive. This is particularly true of programs that tackle issues related to gender, many of which target stakeholders other than young women (e.g., male peers or community elders) to achieve broader environmental shifts in gender norms. In addition to involving a diversity of stakeholders, many programs operate in different settings—such as schools, community centers, and households—and through media outlets. As a result, their dissemination of content to target beneficiaries is often far reaching.
- **Teach transferable skills and knowledge to youth to support positive outcomes across sectors.** While more traditional types of assets—such as technical, vocational, and academic skills—are featured across PYD programs, the combination of these traditional assets with transferable competencies, such as socioemotional and problem-solving skills, is what differentiates PYD approaches. In addition, promising programs address constructs under the Agency domain, such as self-awareness, self-determination, leadership abilities, and positive behavior. These cross sectoral competencies are at the core of PYD as a holistic approach.
- **Include innovative, youth-centered, and youth-led activities.** Traditional, adult-led educational activities remain the most widely implemented activity type in PYD programming.

However, programs are increasingly enlisting youth themselves to contribute or lead through approaches such as peer mentoring. Additional innovative, youth-centered approaches include community-level meetings and discussions, as well as the creation of safe and youth-friendly spaces where youth can freely express themselves and engage in social and cultural activities. Many of the programs identified as having the greatest impact on youth development outcomes implement a combination of these approaches.

## Recommendations

The Team prepared recommendations for funders, implementers, and researchers engaged or interested in PYD programming in LMICs. Recommendations address program design, directions for investment and evaluation and learning.

### Recommendations for program design

- **Leverage evidence on the effectiveness of PYD programs in HICs and, increasingly, LMICs, to improve the design of programs that target youth.** Expanded awareness about—and explicit identification of—PYD as an approach is needed. As described earlier, the low number of programs specifically identified as “PYD” suggests that the PYD approach is occurring organically, not necessarily intentionally or with guidance from existing literature and practice. The program approaches cited in this review should be considered as new PYD programs are designed and implemented. However, given the lack of solid evidence across a sufficient number of programs in LMICs, implementers should also build on the established PYD literature from HICs.

Improvements in PYD implementation can be fostered through more effective sharing of impact evidence, best practices, and lessons learned. Donors and researchers can play an important role in increasing awareness of PYD among LMIC implementers by supporting the development of PYD toolkits and guidelines, as well as conducting more rigorous evaluation of PYD programs. Funders can also more explicitly adopt the PYD framework for youth development and encourage grantees and partners to shape program design around PYD concepts and outcomes. Joint learning could also be encouraged through peer learning networks, working groups, and

communities of practice, as well as PYD-focused events and gatherings.

- **Engage youth and community stakeholders throughout program design and implementation to garner buy-in and strengthen the enabling environment.** PYD programming is most effective when it is shaped by young people’s own ambitions, desires, and interests. Several effective PYD programs involve multiple actors (including youth as well as adults) from targeted communities in the design and implementation of interventions. Program implementers should consider early contributions to program design by youth to foster increased buy-in and stronger overall youth engagement. In addition, programs should engage key community stakeholders in the design and implementation of interventions. Multi-stakeholder programs can contribute to more sustainable, long-term effects by creating a stronger enabling environment. This is a crucial and often overlooked aspect of PYD: the environment surrounding youth, including local community members and culture, plays a significant role in their ability to develop positively.
- **Promote youth-led and youth-centered approaches.** The emergence of youth-centered and youth-led approaches is an encouraging development in youth programming. Further expanding activities that empower youth to play a leading role in their own development, as well as that of their peers, could improve PYD outcomes, particularly those relevant to the Contribution domain. Mentoring activities (including peer-mentoring), for example, allow both the mentor and mentee to develop peer relationships and contribute to their communities. Youth centers, such as the ones developed for the BALIKA program, can lead to the development of peer relationships, self-expression, and sociocultural competencies. Furthermore, as noted in the YouthPower Learning technical brief<sup>14</sup> on targeting, recruitment, and retention of youth in skills building development initiatives (2016), these approaches can also improve program attendance and reduce dropout rates. Funders can play an important role in promoting such approaches by providing incentives and developing guidelines for implementing specific youth-centered and youth-led activities.

<sup>14</sup> [https://static.globalinnovationexchange.org/s3fs-public/asset/document/Brief\\_5\\_PRINT\\_VERSION\\_edited\\_2-17%20pdf.pdf?OLISfoHvmvZHMgUYIKoJm po4B3SKP94g](https://static.globalinnovationexchange.org/s3fs-public/asset/document/Brief_5_PRINT_VERSION_edited_2-17%20pdf.pdf?OLISfoHvmvZHMgUYIKoJm po4B3SKP94g)

## Recommendations for programmatic investment

- **Consider expanding PYD programs working in sectors where efficacy is supported by rigorous evidence.** A number of high-quality evaluations of PYD programs working in HIV reduction and SRH have produced convincing evidence of impact on knowledge, attitudes, and behaviors, particularly related to adolescent SRH and gender norms. Programs focused on these sectors and outcomes could be expanded to reach more youth.
- **Invest in expanding the evidence base by testing promising approaches, including those working toward improved youth employability and livelihoods.** While some positive results have been linked to improvements in youth employability and livelihoods, further testing of PYD programs focused in these areas is necessary. Empirical evidence is also required to more robustly determine the value of cross sectoral programming. While programs like Stepping Stones show promising results, a wider sample of high-quality evidence is crucial to understanding the impact of such programs.

Funders and researchers must work together in expanding high-quality evaluations of PYD programs beyond health. The Partnership to Strengthen Innovation and Practice in Secondary Education<sup>15</sup> and Research for Improving Systems of Education<sup>16</sup> are two examples of funder-led initiatives that invest in high-quality evaluations and research in the education sector. Similar initiatives could be established for PYD, within and across sectors.

- **Consider ways to make programs more inclusive of marginalized groups, including LGBTI, indigenous and disabled youth, ethnic minorities, youth offenders, and many others.** While PYD as an approach can be effectively applied to all youth, programming also can be tailored to serve marginalized groups. This review found a major gap in the inclusion of marginalized youth, including (but not limited to) LGBTI, indigenous, and disabled populations in programs

in LMICs. Deliberate attention to these groups is crucial to ensure these marginalized groups are provided with opportunities to develop alongside their peers. Funders should consider providing incentives for programs to incorporate more inclusive approaches.

- **Further gender integration in PYD programming is crucial.** Issues related to gender must also be further incorporated within PYD programming. Although research has found some PYD programs to have positively influenced gender norms and attitudes—and indeed, many featured youth programs include *some* gender-based distinction in outcomes measurement—PYD programming should more deliberately attempt to understand and address the effect of gender roles, restrictions, and hindrances on desired outcomes. Ideally, programs would be designed with the explicit goal of transforming gender norms and achieving gender equality.

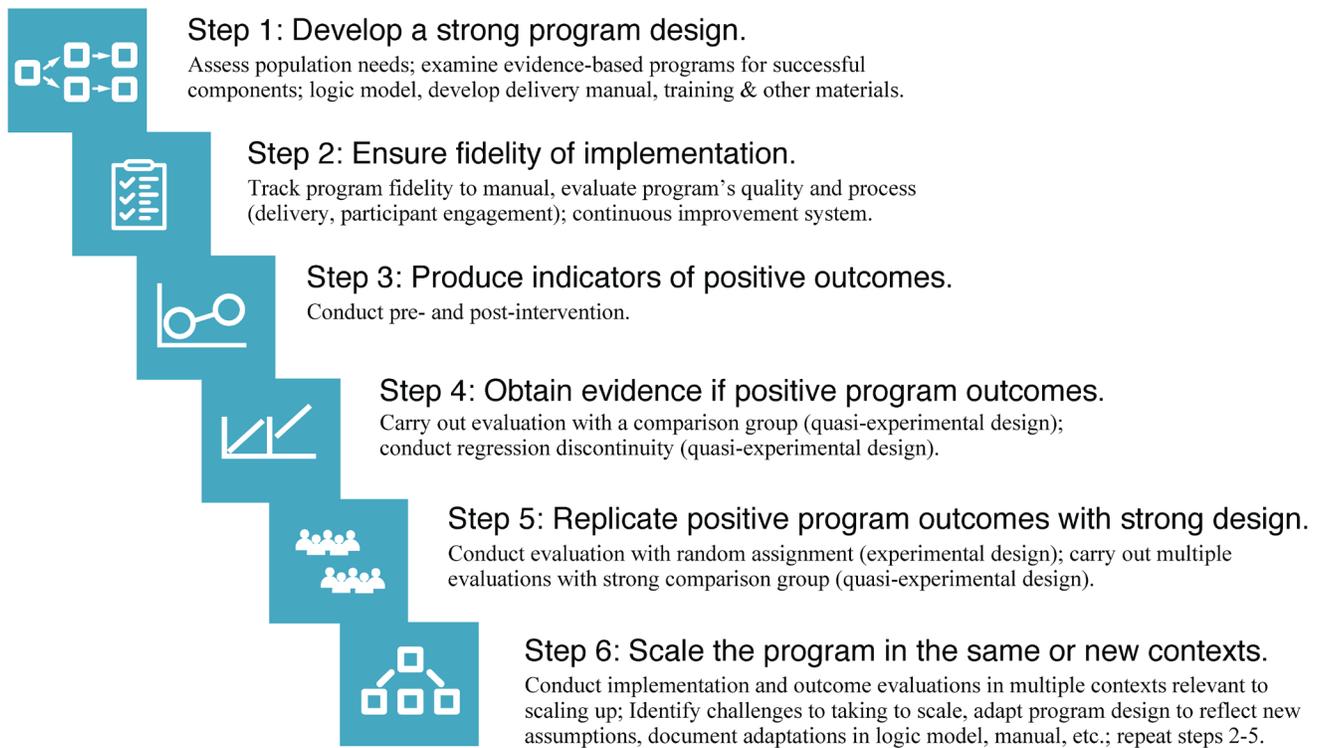
## Recommendations for evaluation and learning

- **Process and impact evaluations of PYD programs in LMICs require more strategic development and far greater investment.** Because PYD programming in LMIC is in the very early stages, substantial evidence gaps limit our understanding of the effectiveness of PYD approaches. Implementers, funders, and researchers alike can play important roles in advancing programs to ensure more robust evaluations that provide evidence of programmatic impact. Figure 11 outlines steps to produce stronger evidence that will help support future programming. Obtaining more robust evidence on the impacts of PYD programs does not always require investing in experimental design evaluations. Instead, a stepped approach to program design and testing should be adopted to help ensure that programs can be evaluated at various stages of development and implementation.

<sup>15</sup> <http://psipse.org/>

<sup>16</sup> <http://www.riseprogramme.org/>

Figure 11. Six Steps Toward Program Scale-up



The framework described in Figure 11 supports a process of learning and adaptation, starting from the early stages of a program's life, which can help to prepare the program for an experimental evaluation and ultimately to reach more beneficiaries at scale.<sup>17</sup> Because of the variation in levels of development of PYD programming documented throughout this report, implementers, researchers, and funders should consult this framework and others<sup>18</sup> to effectively allocate resources to identify a program's current stage of development and determine the next steps in refining it and building evidence of impact. Significant investment in PYD evaluations is crucial, but it should carefully consider each program's stage of development.

- **More robust and consistent measurement of PYD outcomes is necessary.** To truly understand the potential of PYD as an approach, a more comprehensive measurement of PYD outcomes is required. As this study finds, many PYD programs in LMICs primarily measure outcomes specific to the main sectors in which they are implemented, and most do not measure PYD

outcomes, which are intermediary in nature. This implies that programs and implementers are still largely fixed on a sector- or issue-based framework of youth development, as opposed to the more holistic perspective embodied by PYD. As a result, little research is available on how PYD programs affect PYD outcomes, in contrast to sector-specific outcomes such as HIV rates or, in the case of economic growth, job placement rates. Work has already begun to address this issue. YouthPower Learning curated and developed PYD Illustrative Indicators and published a *Positive Youth Development Measurement Toolkit*<sup>19</sup> that suggests on what and how implementers could measure to demonstrate the impact of their programs on PYD outcomes. This is a significant first step in ensuring that implementers are aware of the wide range of PYD outcomes and relevant indicators that can be measured across interventions. However, the field has yet to agree upon measurement tools that capture these indicators, and thus there is much work to be done on the measurement of PYD outcomes.

<sup>17</sup> Figure 11 was adapted from a figure prepared for a presentation by Justin Milner, 2011 Annie E. Casey Foundation.

<sup>18</sup> Linda Collins' multiphase optimization strategy (MOST) approach for behavioral interventions also provides a useful framework for optimizing program models. <https://methodology.psu.edu/ra/most>

<sup>19</sup> The PYD Measurement Toolkit, associated illustrative indicators, measurement tools and other resource and guidance can be found at <http://www.youthpower.org/positive-youth-development-toolkit>

### **Areas for Further Research**

While this review provides insights on how PYD is implemented and what existing research says about the effectiveness of PYD approaches in LMICs, two key questions remain that need further investigation.

First, the predictive validity, or the extent to which certain program attributes, such as PYD domains and constructs, can be determined to reliably predict specific youth-related outcomes, of the PYD domains and outcomes defined in this paper for positive and negative behavioral health, education, and economic outcomes has yet to be demonstrated in LMICs. Future research into the longitudinal relationship between PYD outcomes and long-term positive and negative outcomes could help inform PYD interventions to focus on the domains and outcomes most protective or promotive of PYD in LMICs.

Second, this review does not address the cost-effectiveness of implementing PYD programs, including in comparison to non-PYD programs. In large part, this omission is due to a lack of cost data. As such, future cost data and value-for-money analyses would be a welcome addition to inform funders, researchers, and practitioners about the value of PYD approaches. This cost information should not be taken in isolation, but rather contextualized with data on the impacts of PYD programs across a range of outcomes of interest.

This review demonstrates the current reach and potential of PYD programs in LMICs, providing timely insights into the breadth and quality of these programs. Though unanswered questions remain, the team hopes that this research provides an important contribution to the field and that these findings and recommendations will lead to evidence-based program improvements across the world.



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# APPENDICES



## APPENDIX I

### SEARCH TERMS USED FOR THE SYSTEMATIC REVIEW

The search terms are grouped in four categories; target population, intervention-related terms, type of intervention, and type of study. These four categories were linked by the connector “AND” in the search. The search terms were refined using the seminal papers listed in Appendix 2 using two search engines, Scopus and Pub Med.

- Target population: youth\* OR adolescen\* OR teen\* OR young adult\* OR early adult\*
- Intervention: (positive AND behavi\*) OR positive OR (\*social AND skills) OR social\* OR (social\* AND development) OR pro-social OR (moral AND development) OR self-determination OR agency OR strengthening OR self-efficacy OR (strength\* AND competenc\*) OR (strengths AND development) OR (social\* AND competence) OR (mental health) OR psycho-social OR (life AND skills) OR resilienc\* OR (problem AND solving AND skills) OR (health\* AND belief\*) OR coping OR (coping AND behavior) OR (coping AND strategies) OR (social AND change) OR (protective AND factor\*) OR mentor\* OR risk-taking OR at-risk OR crim\* OR gang\* or food\* OR educ\* OR employ\* OR repro\* OR hiv OR vih OR particip\* OR inclusi\* OR polit\* OR well-being
- Type of intervention: intervention\* OR program\* OR project\* OR trial\* OR (preventive AND medicine) OR (health AND services)
- Type of Study: evaluation OR impact OR outcom\* OR result\* OR stud\* OR randomiz\* OR (cluster AND analysis) OR research OR controlled OR development OR logistic OR model\* OR framework\* OR review OR strateg\* OR proj\* OR prog\*

## APPENDIX 2

### SEMINAL PAPERS

The seminal papers were selected by the team of project advisers from the YouthPower Learning project. These papers were instrumental in refining the search terms described in Appendix 1. These papers are foundational in the field of PYD. They present frameworks of analysis and results of evaluations of innovative PYD programming.

1. Catalano, R. F., Gavin, L. E., & Markham, C. M. (2010). Future directions for positive youth development as a strategy to promote adolescent sexual and reproductive health. *Journal of Adolescent Health, 46*(3 Suppl), S92-S96. doi:10.1016/j.jadohealth.2009.12.026
2. Catalano, R. F., Hawkins, J. D., Berglund, M. L., Pollard, J. A., & Arthur, M. W. (2002). Prevention science and positive youth development: Competitive or cooperative frameworks? *Journal of Adolescent Health, 31*(6 Suppl), 230-239.
3. Clark, L. F., Miller, K. S., Nagy, S. S., Avery, J., Roth, D. L., Liddon, N., & Mukherjee, S. (2005). Adult identity mentoring: Reducing sexual risk for African-American seventh grade students. *Journal of Adolescent Health, 37*(4), 337.e331-337.e310. doi:10.1016/j.jadohealth.2004.09.024
4. Flay, B. R., Graumlich, S., Segawa, E., Burns, J. L., & Holliday, M. Y. (2004). Effects of 2 prevention programs on high-risk behaviors among African American youth: A randomized trial. *Archives of Pediatrics & Adolescent Medicine, 158*(4), 377-384. doi:10.1001/archpedi.158.4.377
5. Gavin, L. E., Catalano, R. F., David-Ferdon, C., Gloppen, K. M., & Markham, C. M. (2010). A review of positive youth development programs that promote adolescent sexual and reproductive health. *Journal of Adolescent Health, 46*(3 Suppl), S75-91. doi:10.1016/j.jadohealth.2009.11.215
6. Haggerty, K. P., Skinner, M. L., MacKenzie, E. P., & Catalano, R. F. (2007). A randomized trial of Parents Who Care: Effects on key outcomes at 24-month follow-up. *Prevention Science, 8*(4), 249-260. doi:10.1007/s11121-007-0077-2
7. Patton, G., Bond, L., Butler, H., & Glover, S. (2003). Changing schools, changing health? Design and implementation of the Gatehouse Project. *Journal of Adolescent Health, 33*(4), 231-239.
8. Patton, G. C., Bond, L., Carlin, J. B., Thomas, L., Butler, H., Glover, S., Bowes, G. (2006). Promoting social inclusion in schools: A group-randomized trial of effects on student health risk behavior and well-being. *American Journal of Public Health, 96*(9), 1582-1587. doi:10.2105/ajph.2004.047399
9. Patton, G. C., Glover, S., Bond, L., Butler, H., Godfrey, C., Pietro, G. D., & Bowes, G. (2000). The Gatehouse Project: A systematic approach to mental health promotion in secondary schools. *Australian and New Zealand Journal of Psychiatry, 34*(4), 586-593. doi:10.1046/j.1440-1614.2000.00718.x
10. Prado, G., Pantin, H., Briones, E., Schwartz, S. J., Feaster, D., Huang, S., Szapocznik, J. (2007). A randomized controlled trial of a parent-centered intervention in preventing substance use and HIV risk behaviors in Hispanic adolescents. *Journal of Consulting and Clinical Psychology, 75*(6), 914-926. doi:10.1037/0022-006x.75.6.914

## CHECKLIST FOR BLUEPRINT PROGRAM EVALUATION

The team used the checklist for the Blueprint Program Evaluation to guide the quality assessment of the evidence identified in the program reports reviewed. Studies received a score of 1 point for each criterion they met. The Blueprint checklist used assigns the same weight to all the following elements:

1. Study used an experimental design (randomized controlled trial—RCT).
2. The sample was clearly described. This variable summarizes a range of conditions, including clarity describing the size and the representativeness of the sample as well as other characteristics of the sample.
3. The reliability or validity of tests and measures was described.
4. The study used intention to treat analysis.
5. The analysis was done at the proper level. This refers to a range of steps in the analysis. It may refer to whether data were analyzed using the correct instrument—for example, using the correct type of regression analysis when the dependent variables are nominal, ordinal, or intervalar. It could also refer to whether the interpretations of analysis were based on the correct unit of analysis or level of such analysis. For example, if a sample was taken in a rural area alone, the statements in the analysis should not suggest the study took place in rural and urban areas.
6. The analysis controlled for baseline outcome measures.
7. The analysis demonstrated baseline equivalence between conditions. This refers to the analysis conducted to determine if two groups are similar enough that one can be used as an “intervention” group and another as a “comparison” group in experimental studies. This analysis typically involves comparing the two groups during baseline.
8. The study demonstrated that attrition is below 5% or unrelated to group assignment, sociodemographic characteristics, and baseline measures of the outcomes.

Studies with evaluation results were divided into the following four categories, according to study design and quality score: high-quality experimental studies, high-quality quasi-experimental studies, lower-quality experimental studies and lower-quality nonexperimental studies.

Program Name \_\_\_\_\_

- \_\_\_ 1. *Does the study have a high-quality design?* A randomized trial is ideal, but two or more studies with quasi-experimental designs may be sufficient. Report on the use of randomization or the nature of the quasi-experimental design.
- \_\_\_ 2. *Does the study clearly describe the sample size at each stage of data gathering?* Report the number of subjects at each stage, including the N at baseline and the Ns and percentages of the baseline sample remaining at post-test and each follow-up.
- \_\_\_ 3. *Are the measures reliable and valid?* Report the information provided by the study (e.g., interrater reliability, Cronbach's alpha).
- \_\_\_ 4. *Does the study use an intent-to-treat analysis?* The study should attempt to follow and analyze all subjects as assigned to their original condition.
- \_\_\_ 5. *Is the analysis done at the proper level?* Report on whether the analysis matches the level of the intervention. (For example, if schools are randomized, the analysis should compare schools, not persons, or use multi-level statistical methods that adjust for clustering).
- \_\_\_ 6. *Does the analysis control for baseline outcome measures?* Report on the use of change scores, baseline outcomes as covariates, or group-by-time interactions.

- \_\_\_7. *Does the analysis demonstrate baseline equivalence between conditions?* Report on whether a test was performed, non-equivalent findings, and potential adjustments.
- \_\_\_8. *Does the study demonstrate that attrition is below 5% or unrelated to group assignment, sociodemographic characteristics, and baseline measures of the outcomes?* Report on whether a test was performed, evidence of significant differential attrition, and potential adjustments.

## APPENDIX 4

# INFORMATION ABOUT PROGRAMS IDENTIFIED THROUGH NONEXPERIMENTAL STUDIES

### All Three Sectors

Ten nonexperimental studies addressed outcomes in all three sectors: Health, Democracy and Governance, and Educational Development and Education.

Four of the programs had components primarily focused on sexual and reproductive health (SRH) (Edmeades, Hayes, & Gaynair, 2014; Mathur, Mehta, & Malhotra, 2004; Jewkes, Wood, & Duvvury, 2010; Curtain, 2009), two on violence prevention (Jewkes et al., 2014; Namy, Heilman, Stich, & Edmeades, 2014), two on vocational skills (Edmeades et al., 2014; Mercy Corps, 2015), one on livelihood support and educational participation (Zuilkowski & Alon, 2015), one on reducing risky behaviors (Orpinas et al., 2014), and one on improving livelihoods for youth affected with human immunodeficiency virus (HIV) (Encore Employment, 2012).

Positive outcomes reported included changes in knowledge, attitudes, and behavioral intentions. For example, the Young Men Initiative implemented in Bosnia, Herzegovina, Croatia, Serbia, and Kosovo led to changes in attitudes toward gender roles and violence (Namy et al., 2014); the Familias Fuertes study implemented in Bolivia, Colombia, and Ecuador reported statistically significant increases in positive parenting and reductions in parental hostility (Orpinas et al., 2014); and the Stepping Stones program implemented in South Africa led to changes in work stress and depression symptoms in men (Jewkes et al., 2014). The TESFA program in Ethiopia reported changes in contraceptive use and HIV testing (Edmeades et al., 2014), and the Stepping Stones program also reported increases in earnings, receiving a grant, and decreases in theft due to lack of food or money (Jewkes et al., 2014). Other studies reported positive changes such as increase in access to health services (Mathur et al., 2004) and increased school attendance (Zuilkowski & Alon, 2015). None of the studies in this group reported on longer-term outcomes.

### Health AND Democracy and Governance OR Economic Development and Education

Ten studies addressed Health AND either Democracy and Governance (Andrade et al. 2009; Posner et al. 2009; Al-Iryani et al. 2011; Erulkar and Tamrat 2014) OR Economic Development and Education (Ma & Shek, 2010; Luk, Leong, & Au, 2012; Network-Brasil, 2012; Luk, Chan, & Hu, 2013; Visser, Zungu, & Ndala-Magoro, 2015). Of the five that addressed Health AND Democracy and Governance, three were in SRH and involved education, skill-building, participatory activities (including peer education), and community engagement. All reported positive effects, ranging from improvements in knowledge about HIV and menstruation (Posner et al., 2009) to self-reported use of contraception (Andrade et al., 2009). *Stepping Stones*, already discussed, was also counted in this section because of the program's evidence on improvements in communication skills, conflict management, and peer relations (Jewkes et al., 2014). A program in Ethiopia that involved skills training and microfinance opportunities reported beneficial effects on financial outcomes, communication, and integration with other community members (Erulkar & Tamrat, 2014).

Five programs addressed Health AND Economic Development and Education. One was a Brazil-based program targeted to females in schools, community organizations, and universities that focused on employability training, skills development, and mentoring (Network-Brasil, 2012). The evaluation demonstrated improvements in skills, professional network-building, and (in a subset of participants) secondary education completion and enrollment in continuing education, as well as increased insertion in the job market.

The ISBINDI program—which aimed to improve physical and psychosocial well-being of orphans and vulnerable children in South Africa and involved home visits, life skills training, career guidance, and access to health services—showed improvements in HIV risk, family support, and problem solving (Visser et al., 2015).

Three studies discuss the P.A.T.H.S.: Positive Adolescent Training through Holistic Social Programs in China, Macau and Hong Kong. (Luk et al., 2013; Luk et al., 2012; Ma & Shek, 2010)

## **Democracy and Governance AND Economic Development and Education**

Three nonexperimental studies met the criteria for the sectors of Democracy and Governance AND Economic Development and Education. These studies included a Youth for the Future program in Jordan (International Youth Foundation, 2014), a gender equity intervention in Indian schools (Achyut et al., 2011), and the Roots and Shoots program for environmental protection and youth political engagement (Johnson, Johnson-Pynn, & Pynn, 2007).

The Youth for the Future program involved community-level action plans, grants to community-based organizations (CBOs), and capacity-building for the Jordanian Ministry of Social Development (International Youth Foundation, 2014). The program reported improvements in participation in education, employment, and self-reported confidence, communication skills, and relationships with parents. The gender equity intervention involved role-plays and discussion and led to improvements in attitudes toward gender issues. The China-based program involved activities including caring for the natural environment and for other community members (Johnson et al., 2007). Survey results showed improvements in perceptions of civic and social responsibility.

## **Health Alone**

### ***HIV and SRH***

Of the nonexperimental studies under the Health sector, eleven addressed HIV and SRH, including three in China (Educational Research Institute of Harbin Normal University & Institute of Population and Labor Economics–Chinese Academy of Social Sciences, 2005; Shanghai Institute for Planned Parenthood Research, 2005; Tianjin Municipal Research Institute for Family Planning & Institute of Population and Labor Economics, Chinese Academy of Social Sciences, 2005), one in Yemen (Al-Iryani et al., 2011), one in Belize (Kinsler, Sneed, Morisky, & Ang, 2004), one in Nigeria (Ajuwon & Brieger, 2007), one in Botswana (Daniels, 2007), one in Rwanda (Betancourt et al., 2014) and three in South Africa (Baptiste et al., 2006; Bhana et al., 2014; Mukoma et al., 2009). Other than the program in Rwanda, which was implemented in healthcare facilities, all were primarily implemented in schools. These programs focused on provision of information and skills training. Most programs showed beneficial effects on knowledge, attitudes, self-efficacy, and behavioral intentions. Participants in the Nigeria program also reported decreases in risky sexual behavior. Two of the programs reported improvements in parent-child communication (Tianjin Municipal Research Institute for Family Planning & Institute of Population and Labor Economics, Chinese Academy of Social Sciences, 2005; Betancourt et al., 2014), which was the focus of the intervention. Among these, VUKA (Bhana et al., 2014) is based on the CHAMP program developed in the United States and was piloted in Trinidad and South Africa, although no strong evidence on the effects of VUKA on youth populations in low- and middle-income countries has been published.

### ***Mental Health***

Of the nonexperimental studies that fell under the sector of Health only, four addressed mental health, including a positive psychology intervention targeted to tertiary students in South Africa (Van Zyl & Rothmann, 2012), a school-based mindfulness program implemented in Hong Kong (Lau & Hue, 2011), and YOMI-VIDA, a school-based program implemented in Colombia (Hernández Ramírez, 2010). Outcome measures varied, but all reported some improvements in mental health and well-being.

## **Democracy and Governance Alone**

Three nonexperimental studies addressed the Democracy and Governance sector alone, one of which aimed to change gender norms and involved three months of weekly two-hour educational sessions (Lundgren, Beckman, Chaurasiya, Subhedi, & Kerner, 2013). Results showed changes in rejection of traditional gender norms. Another program, a violence prevention program implemented in Mexico, involved teacher-led workshops (Romero, Pick, Parra-Coria, & Givaudan, 2010). This program led to changes in knowledge about and attitudes toward violence. The other nonexperimental study was related to the Parivartan program<sup>1</sup> (Das et al., 2015).

<sup>1</sup>This report reviewed more than one evaluation of the Parivartan program. These studies used different-quality designs.

## Economic Development and Education Alone

Two studies addressing Economic Development and Education alone were evaluated with nonexperimental designs. These included the *Social Safety Net* program implemented in Colombia (Rosas-Shady, 2006) and a risk-prevention program implemented in Belize (Muhammed, N.). The Colombia program involved vocational training activities and internships. The evaluation reported improvements in employability, job retention, job quality, and self-esteem. The Belize program involved educational activities, art classes, mentoring, and a summer program. The evaluation reported reductions in contact with police and improvements in employment and school retention.

## APPENDIX 5

# STUDIES TABULATED BY QUALITY AND PYD DOMAINS AND CONSTRUCTS

	High-quality experimental studies* n=18, 17% of total	Lower-quality experimental studies n=18, 17% of total	Non-experimental studies n=43, 41% of total	No outcome evaluation n=26, 25% of total
Any Assets	18 (17%)	18 (17%)	42 (40%)	26 (25%)
Any Agency	12 (11%)	22 (21%)	37 (35%)	20 (19%)
Any Contribution	5 (5%)	10 (10%)	24 (23%)	13 (12%)
Any Enabling Environment	17 (16%)	15 (14%)	37 (35%)	21 (20%)

\*including one high-quality quasi-experimental study

## APPENDIX 6

### STUDIES WITHOUT EVIDENCE

Intervention name	Implementer	Funder	Age range	Sex target population	Country	Project goals	Activities
A Ganar Alliance: Using Sport to Impact Youth Employment and Youth (Partners of the Americas, 2015)	Partners of the Americas	USAID	16–24	Female	Dominica, Dominican Republic, Guatemala, Honduras, Jamaica, St. Kitts and Nevis, St. Vincent and the Grenadines, and Suriname	Positively impact youth employment and youth engagement using sport	<p>Comprehensive package of activities. Four major program phases:</p> <ul style="list-style-type: none"> <li>Phase 1: Employment skills enhancement with a strong focus on building market-driven transferable skills.</li> <li>Phase 2: Vocational skills training that adds market-driven technical, entrepreneurial, or vocational skills.</li> <li>Phase 3: Internship to give participants a chance to put the lessons learned in phases 1 and 2 into practice in a professional environment. Matched with local businesses or work sites so that youth gain valuable work experience.</li> <li>Phase 4: Follow-up support helps youth take their first steps after the program, assisting them with the challenges of job placement, developing a business, or reintegration into school.</li> </ul>
A Rights-Based Approach to Adolescents and Youth Development in Ethiopia (Collins, T., Yusuf, Y., Tesfahun, H. M., & Dejene, S., 2013).	UNICEF & United Nations Population Fund (UNFPA)	Royal Norwegian Embassy	10–24	Both	Ethiopia	To improve development of adolescents and young people, as well as the protection and promotion of rights relating to HIV/AIDS, sexual and reproductive health and livelihoods in Ethiopia.	<p>Key strategies:</p> <ul style="list-style-type: none"> <li>Involvement of young people in program interventions</li> <li>Enhancing the capacity of government and non-governmental institutions to fulfil their responsibilities as duty bearers</li> <li>Working through all structural levels to engage a range of relevant sector offices and youth-led organizations to mainstream responses to HIV, adolescent sexual and reproductive health, gender awareness, and community development through capacity-building activities for young people and communities</li> </ul>
Commune Youth Group Project (Ruiz, H. R., 2011)	Cooperation for Development of Cambodia	UNICEF	Unknown	Unknown	Cambodia	To provide young people with opportunities to conduct their own youth planning, review their activities, and share information as well as understanding of the process of democracy	Main activities: Vocational and life skills training, community activities or services, and participation in community development planning

Intervention name	Implementer	Funder	Age range	Sex target population	Country	Project goals	Activities
Core Education Skills for Liberian Youth (CESLY) (Evans, D., Jackson, M., Rodriguez, L., & Yalley, B., 2011)	Education Development Center, in partnership with the Liberian Ministry of Education, Research Triangle Institute, and Young Men's Christian Association Liberia	USAID	10–35	Both	Liberia	To increase equitable access to quality informal basic education	Two complementary interventions: The Accelerated Learning Program (ALP) and the Nonformal Education program. ALP represents a condensed primary school curriculum for grades 1–6 and is organized into three levels: Level 1 (equivalent to grades 1 and 2); Level 2 (equivalent to grades 3 and 4); and Level 3 (equivalent to grades 5 and 6). ALP learners attend school in either ALP-Regular or ALP-Youth programs. ALP-Regular serves learners who are older (10–18 years) than primary school age, while ALP-Youth serves significantly older (18–35) learners. The CESLY Nonformal Education program targets youth aged 15–35 years but does not observe a strict cap on the upper age.
Entra 21 (Lasida, J., & Rodriguez, E., 2006).	International Youth Foundation	Multilateral Investment Fund, USAID, Lucent Technologies, Nokia, Microsoft, Merrill Lynch	16–29	Both	El Salvador, Peru, Paraguay, Panama, the Dominican Republic, and Bolivia	To improve the employability of disadvantaged youth in Latin America and the Caribbean and place them in decent jobs	All six implementing agencies offered short-term training based on studies of labor market needs, particularly in the area of information technology. Youth received training over a five- to nine-month period in an information technology-related technical area and life and job-seeking skills, followed by an internship. Some youth received remedial training in basic skills and managing their own microenterprise. Job placement services were also provided.
Entra 21/ Tourism and Social Responsibility Project (Villar, R., 2006).	Instituto de Hospitalidade (Hospitality Institute / International Youth Foundation	Brazil Ministry of Tourism, International Youth Foundation, Multilateral Investment Fund of the Inter-American Development Bank, USAID	16–29	Both	Brazil	To train low-income youth from public schools and to place them in jobs in the tourism sector	Created a bridge between businesses in the tourism sector and youth who previously had no access to these businesses. Instituto de Hospitalidade successfully integrated a social effort into the core operations of the companies and enlisted their support throughout the project.

Intervention name	Implementer	Funder	Age range	Sex target population	Country	Project goals	Activities
Karamoja Youth Empowerment Project (Muzaki, S., Dennis, T., Bewayo, C., & Kitutu, D., 2013).	Uganda Youth Network (UYONET)	UNDP Democratic Governance Thematic Trust Fund	Unknown	Unknown	Uganda	The project sought to foster linkages between the traditional justice and administrative system and the national local governance system by supporting Karamoja youth to identify effective and sustainable development interventions, advance their concerns to local and national leaders, and be empowered to contribute to sustained socio-economic development.	The project strategy was focused on four thematic output areas: <ul style="list-style-type: none"> <li>• Conducting a baseline survey on needs of youth in Karamoja and an audio-visual documentary (Eye on Karamoja) on the sociocultural dimensions of the Karamojong;</li> <li>• Contributing to the development of a sustainable civil society platform to act as a primary forum for collecting and sharing the views of youth and advocating for a youth-oriented Karamoja socioeconomic development policy;</li> <li>• Empowering youth to engage in alternative livelihood and ongoing Millennium Development Goal initiatives and alternative productive activities through tailor-made skills and knowledge trainings, provided in cluster groups as identified in the project geographical areas;</li> <li>• Strengthening institutional capacity of UYONET for effective project delivery.</li> </ul>
Love Bugs (Heard, E., Auva, L., & Pickering, C., 2015)	Love Bugs was a health promotion initiative implemented at the National University of Samoa	The National University of Samoa	College students in Samoa	Both	Samoa	Love Bugs was a health promotion initiative aimed to increase awareness of STIs, promote healthy sexual relationships, develop personal communication skills and effective condom use, and provide access to sexual health resources, including condoms, for students at the National University of Samoa.	Varied activities, such as showcasing messages on a large billboard in the site of the intervention; distributing lollypops carrying the ABC message (A—abstinence, B—be faithful and have only one partner, and C—condoms); and staff—including a range of health promotion practitioners from the university, government sectors, and NGOs—engaging participants in conversation, answering questions and offering further information. The program also referred participants to the Samoa Family Health Association for further services; provided social activities with music; and made condoms and contraceptive kits freely available. Love Bugs engaged 100 students from the schools of arts, education and carpentry in the styling, promotion, and installation of the dispensers enhanced student ownership of the project. These students also participated in sexual health workshops that provided information on STIs and healthy relationships and offered brief counselling and question time.

Intervention name	Implementer	Funder	Age range	Sex target population	Country	Project goals	Activities
MEMA kwa Vijana (MkV) (Hayes, R. J., Changalucha, J., Ross, D., Gavyole, A., Todd, J., Obasi, A. I., ... Grosskurth, H., 2005).	Tanzanian National Institute for Medical Research, the African Medical and Research Foundation, the London School of Hygiene and Tropical Medicine, and the Ministries of Health and of Education & Culture of the Government of Tanzania	European Commission, Development Cooperation Ireland, The Joint United Nations Programme on HIV/AIDS and the UK Department for International Development	12–18	Both	Tanzania	To reduce the incidence of HIV, other STIs, and unwanted pregnancy among adolescents	Four components: a teacher-led, peer-assisted primary school program, training of health workers to encourage youth friendliness, youth condom promotion/ distribution, and community mobilization.
POMMAR At-Risk Youth Program (Partners of the Americas, 2003).	Partners of the Americas	USAID	7–18	Both	Brazil	To contribute to the development of competent and responsible citizens: children and youth who develop into confident, healthy, and productive adults, able to meet their individual needs and contribute to society	<p>Program Areas:</p> <ul style="list-style-type: none"> <li>• Education: Access to quality public education and complementary educational activities. Techniques in arts education have been central to this area. There was also emphasis on information, communication technologies and digital inclusion expansion.</li> <li>• Vocational training &amp; employability: Development of job and life skills applicable to the workplace, along with specific market-related abilities. Emphasis on innovative areas.</li> <li>• Child labor: Prevention and eradication of the worst forms of urban child labor; targeting street vendors, commercial sexual exploitation, domestic servants, and garbage pickers.</li> <li>• Sexual violence and trafficking for sexual exploitation: Combating sexual violence (“child prostitution”) through prevention, counselling and legal aid services, as well as advocacy networks and service coalitions.</li> </ul> <p>HIV/AIDS: Prevention of HIV/AIDS targeting youth, ages 13–24, and assistance (community-based care) targeting children ages 0–12 living with HIV/AIDS directly and/or working through their families.</p>

Intervention name	Implementer	Funder	Age range	Sex target population	Country	Project goals	Activities
Prepara Ami ba Servisu –PAS– Program (Education Development Center, Inc., 2009).	Education Development Center	USAID	16–30	Both	Timor Leste	<ul style="list-style-type: none"> <li>• Offer participants opportunities to learn for work/training</li> <li>• Offer participants opportunities to learn FROM work/training</li> <li>• Build the capacity of local institutions to support coherent work readiness training</li> </ul>	<p>Phase I:</p> <ul style="list-style-type: none"> <li>• Youth engage in hands-on training in a variety of work settings</li> <li>• Youth engage in classroom-based, remedial, non-formal education and work readiness skills training to become competent workers.</li> <li>• Participants will develop increasingly advanced abilities in four key skill component areas: leadership and life skills, work readiness, financial and entrepreneurial skills, and technical skills. Participants will have an opportunity to apply the skills they have learned in the classroom in a “hands-on” way in a variety of work site/training settings.</li> </ul> <p>Phase II:</p> <p>During this phase, participants take their next steps toward the world of work. Each young person selects one of three livelihood pathways (small business, job/internship, or formal education and training) according to his/her interests and then receives coaching and mentoring along the way. To improve work readiness, each youth participant first works with Training Partner staff to identify his/her development goals. Training Partners then assist participants in taking the next step in their development. Finally, Training Partners mentor or “accompany” youth participants in the second phase of the program, in order to ensure the integration of the formal instruction and the on-the-job training components of the program and determine how well the youth can apply the lessons learned in Phase I as they proceed into Phase II.</p>

Intervention name	Implementer	Funder	Age range	Sex target population	Country	Project goals	Activities
Samata (Beattie, T. S., Bhattacharjee, P., Isaac, S., Davey, C., Javalkar, P., Nair, S., ... . Heise, L., 2015)	STRIVE	Department for International Development (DFID) (UK)	13	Female	India	The overall goal of Samata is to improve the quality of life of adolescent girls from vulnerable and marginalized communities in the Bijapur and Bagalkot districts of north Karnataka by supporting entry and retention of adolescent girls in secondary education and by delaying age at marriage and entry into sex work. Specifically, the intervention aims to bring levels of these outcomes among low-caste girls in line with those of all girls in Karnataka.	<p>Low-caste adolescent girls:</p> <ul style="list-style-type: none"> <li>Identify all low caste (scheduled tribe/scheduled caste) girls every year and track their situation.</li> <li>Develop individual plans for outreach and follow-up</li> <li>Establish safe spaces in which girls meet, receive life skills training, and gain leadership skills</li> <li>Encourage attendance at special tutoring sessions designed to meet the needs of girls, particularly those who have fallen behind their peers</li> </ul> <p>Low-caste families of adolescent girls:</p> <ul style="list-style-type: none"> <li>Outreach workers conduct home visits and family meetings to sensitize parents around girls' education, early marriage, and gender socialization</li> <li>Map vulnerability in each low-caste family</li> <li>Link low-caste families to government schemes that provide material and financial incentives for educating girls</li> </ul> <p>Adolescent boys:</p> <ul style="list-style-type: none"> <li>Recruit and train local mentors to deliver "Parivartan," a sports-based life-skills and empowerment program encouraging critical reflection on gender norms, including attitudes around violence against women and sexual harassment/abuse of girls</li> <li>Form Parivartan boys groups in each village and implement activities</li> </ul> <p>Village communities and leaders:</p> <ul style="list-style-type: none"> <li>Use community meetings and street theatre to sensitize local communities to the importance of girls' education and the consequences of early marriage</li> <li>Develop local champions to encourage communities to take action to retain girls in school</li> </ul> <p>School staff and governing committees:</p> <ul style="list-style-type: none"> <li>Train and equip school staff and school development and management committee members to conduct gender analyses of the school environment and to design and implement plans to make schools more "girl friendly".</li> <li>Train staff and committee members to track school attendance of adolescent girls</li> <li>Support and train school staff and committee members to develop leadership and career counselling programs for girls</li> <li>Support and train school staff to develop policies that ensure the safety and participation of girls in school</li> </ul> <p>Policy makers and policy implementers:</p> <ul style="list-style-type: none"> <li>Advocate with local government to support the project by briefing them regularly</li> <li>Share project findings and learnings to advocate for replication of key strategies</li> </ul>

Intervention name	Implementer	Funder	Age range	Sex target population	Country	Project goals	Activities
Skills and Knowledge for Youth Employment (SKYE) (De García, D., Jones, S. E., Pucilowski, M., Fraites, A. Kawaii, R., McIntosh, E., Chuck-a-Sang, R., 2014).	Education Development Center	USAID	15–24	Both	Guyana	To reduce crime by enhancing skills and increasing opportunities for at-risk youth	Two primary elements which work to aid this population: Most prominently, the program provides training in work skills and life skills. The training is paired with a mentorship component, which works to link youth to educational and/or employment opportunities. The second program component focuses on the institutional system surrounding youth criminal offenders and their reintegration. Working through the judicial system, the program advances alternative sentencing as a legal option for nonviolent youth.
Somali Youth Leaders Program (Nicholls, M., & Hassan, A., 2014)	Mercy Corps, CARE International, Save the Children International; local partners are Somaliland National Youth Organization (SONYO) and Mudug Development Association Network	USAID	15–24	Female	Somalia	<ul style="list-style-type: none"> <li>Fair and equitable secondary education services improved for at least 50,000 Somali youth, community members, and education officials</li> <li>At least 15,000 youth are more economically self-reliant with supportive systems</li> <li>100,000 Somali youth empowered to participate in and contribute positively and productively to society</li> </ul>	<ul style="list-style-type: none"> <li>Construction and/or rehabilitation of classrooms and other structures (latrines, water tanks, girl-friendly spaces)</li> <li>Teacher training: in-service to existing teachers and pre-service to gain teaching qualifications</li> <li>Development of teaching and learning materials</li> <li>Capacity-building of regional education offices</li> <li>Involvement in curriculum reform</li> <li>Strengthening of community education committees</li> <li>Establishment of school-based youth clubs and Girls Empowerment Forums offering: <ul style="list-style-type: none"> <li>workforce development training</li> <li>nonformal education training in literacy and numeracy skills</li> <li>rehabilitation of technical vocational and education training centers</li> </ul> </li> <li>Vocational Qualification Framework standardization, certification, and implementation</li> <li>business skills training and start-up grants</li> <li>support for youth-owned businesses</li> </ul> <p>Linkages with private-sector and support networks through internship or apprenticeships.</p> <p>Civic education training through Mercy Corps' Global Citizen Corps curriculum, sports for change, community action events, advocacy training, creating task forces among youth leaders, and promoting youth participation in local government decision-making were also provided</p>

Intervention name	Implementer	Funder	Age range	Sex target population	Country	Project goals	Activities
Support for Kosovo's Young Leaders (SKYL) (Mercy Corps, 2012).	Mercy Corps and three local NGO partners: Centar za Razvoj Zajednica, Kosovo Center for International Cooperation, and Mundësia	USAID	15–26	Unknown	Kosovo	<p>The overall goal is to help young people from Kosovo's diverse communities become active participants in building a viable shared future for themselves and their communities through the realization of three objectives:</p> <ul style="list-style-type: none"> <li>• Help youth gain the job skills, experience, and support needed to find future employment.</li> <li>• Help youth gain the confidence and skills they need to play a more active leadership role in community and public life on issues that directly affect them.</li> <li>• Help youth build inter-ethnic reconciliation/tolerance and work together on concrete projects that advance shared interests.</li> </ul>	<p>Phased approach.</p> <ul style="list-style-type: none"> <li>• In Phase 1, all young participants learned basic life skills, then self-selected into one of two activity streams: jobs/entrepreneurship or civic engagement. In each track, participants built work skills, developed a commitment to participate in their own lives and the well-being of their communities, raised community confidence, and realized the tangible benefits of their efforts.</li> <li>• In Phase 2, emerging Kosovo Albanian and Serb young leaders received advanced training, planned joint projects, and sought community support for their implementation.</li> </ul>

Intervention name	Implementer	Funder	Age range	Sex target population	Country	Project goals	Activities
The EJEMPLAR Project (Alianza Heartland Mexico/Heartland Alliance International, 2015).	Alianza Heartland Mexico (AHM) and Villas Asistenciales (VA)	USAID	6–18	Both	Mexico	<ul style="list-style-type: none"> <li>• Low-income families of pre-adolescent children prevent school desertion and promote healthy lifestyles.</li> <li>• Teenagers develop productive alternatives to gang membership.</li> <li>• Youth affected by gang and domestic violence receive context-specific, replicable, and effective community psychosocial services.</li> </ul>	<ul style="list-style-type: none"> <li>• Youth ages 6–14 learn nonviolence and community responsibility and strengthen academic skills.</li> <li>• Provide after-school activities for youth ages 6–14 through social, moral, recreational, literary, computer and art education modules that support positive and proactive change.</li> <li>• Facilitate monthly visits for youth ages 6–14 to universities, sports clubs, and TV and radio sets.</li> <li>• Help parents actively participate in and promote a safe environment for their children and delegitimize organized criminal violence.</li> <li>• Provide monthly weekend meetings with parents of youth ages 6–14 enrolled at the Villas.</li> <li>• Engage youth ages 12–18 in youth leadership activities focusing on alternatives to gang membership.</li> <li>• Provide training for youth ages 12–18 on the role and use of traditional and new media in a participatory society.</li> <li>• Each enrolled youth completes 20 hours of approved community service work.</li> <li>• Each Villa youth program produces at least one radio public service announcement per quarter, focusing on community responsibility and nonviolence.</li> <li>• Facilitate youth ages 12–18 networking with each other through the project's Web venues for learning, communication, and collaboration.</li> <li>• Develop online platform for youth communication.</li> <li>• Develop social networking platform to bring together youth from all Villas.</li> <li>• Assess the consequences of gang and domestic violence on youth and develop specific interventions and psychosocial processes to address them.</li> <li>• Conduct a qualitative study of the psychological consequences of gang and domestic violence on youths, including a comparison of boys and girls.</li> <li>• Develop and validate psychological assessment tools based on qualitative study.</li> <li>• Conduct a baseline screening and measurement process using validated tools.</li> <li>• Develop mental health and psychosocial interventions.</li> <li>• Improve the capacity of mental health professionals to provide trauma-informed services to teenagers and parents.</li> <li>• Train elementary and middle school faculty and social workers in group psychosocial interventions.</li> <li>• Provide youth and parents with better access to community psychological services.</li> <li>• Help youth ages 6–18 participate in group and/or individual mental health and psychosocial services.</li> <li>• Provide psychosocial services to parents of youth enrolled at in the Villas.</li> </ul>

Intervention name	Implementer	Funder	Age range	Sex target population	Country	Project goals	Activities
UNV Support to Strengthen Youth Volunteerism in Kyrgyzstan (Sterland, B., 2007).	UNV Kyrgyzstan	Japanese Government, UNDP	14–25	Both	Kyrgyzstan	<p>To mobilize youth (aged 14–25) in all oblasts (regions) to contribute to community-based development and poverty alleviation through volunteerism at the local level.</p> <p>During implementation, the following specific objectives were defined and refined as the project evolved:</p> <ul style="list-style-type: none"> <li>• To increase the number of effective youth volunteer centers</li> <li>• To build the capacity of Youth Initiative Groups to implement community development projects in rural areas</li> <li>• To develop an effective and vibrant national youth network</li> <li>• To increase the number of opportunities for youth to participate in discussions of policy issues which affect them</li> </ul>	<p>Capacity-building of youth initiative groups; support for development of youth-related public policy; capacity-building of volunteer centers; national activities to mark Global Youth Service Day; volunteer community service camps; youth elections project; summer volunteer program for university students; training in information and communication technologies</p>
Youth Economic Empowerment in Yemen (YEEP) (Bahnassi, K.A., 2016)	UNDP and several national bodies and NGOs	Embassy of Japan and Embassy of South Korea	18–30	Both	Yemen	<p>The project's ultimate goal is to see youth earning a sustainable income that can significantly contribute to improving their livelihoods (health, education, etc.).</p>	<ul style="list-style-type: none"> <li>• Introduce youth to employment and access to finance through a 3x6 approach. This approach uses three phases (inclusiveness, ownership and sustainability) that achieve 6 components (engaging, generating income, savings, business venturing, investing and accessing markets)</li> <li>• Secure employment through a job placement scheme</li> <li>• Promote a culture of youth entrepreneurship</li> </ul>

Intervention name	Implementer	Funder	Age range	Sex target population	Country	Project goals	Activities
Youth Engagement to Promote Stability (YEPS) (Stine, K., 2015).	Search for Common Ground Timor Leste	USAID	Unknown	Unknown	Timor Leste	To transform the way in which youth engage with government and community leaders to promote peace and reconciliation and prevent election-related violence	<p>A youth mapping exercise to identify target youth organizations and individuals.</p> <ul style="list-style-type: none"> <li>• Eight regional civic leadership trainings and three civic education seminars in youth-relevant issues at five separate universities.</li> <li>• Three national youth forums and four regional-youth forums.</li> <li>• A training on radio talk shows and a training on radio station management for a network of youth radio reporters. This was followed by substantial mentoring of community radio staff and managers by Search for Common Ground in the field.</li> <li>• Production of 24 radio magazine shows for the show Babadok Rebental which recruits youth reporters to produce stories on youth issues, offering youth as reporting subject, reporting participants, and participants in finding solutions. Radio drama production of 25 new episodes for the show Karau Dikur ba Dame.</li> </ul> <p>A large publicity campaign and a series of listening groups across all 13 districts.</p> <ul style="list-style-type: none"> <li>• Comic books for good governance and peace-building.</li> <li>• A five-day art class and exhibition led by Arte Moris Cultural Center in four regions.</li> </ul>
Youth for Change Project (also known as "Youth at Risk" project) (Guillemois, D., Mohamed, M. S., & Mohamed, M. I., 2012).	UNDP, International Labour Organization, UNICEF & local NGOs	DFID	18–35	Both	Somalia	The project was designed as a pilot phase to address insecurity in Somalia, linking numerous actors together at the community and aid organization levels. One of the key objectives was to reach youth at risk of violence at community level.	Unknown
Youth Participation in Local Governance (Knox, R., n.d.)	UNDP, UNV	UNDP's Democratic Governance Thematic Trust Fund	15–30	Both	Jordan	The objective is to increase youth political participation and civic engagement in local governance.	<p>Setting up a new youth portal to provide access to information on why and how to participate.</p> <p>A mapping study of existing youth initiatives to provide content for the portal and identify partnerships.</p> <p>Second phase: Within the portal, development of a two-way communication channel, with a game launched, a white paper written on the reasons for young people's apathy towards meaningful participation and engagement in local governance, and a risk management plan.</p> <p>Third phase: internship opportunities at offices of local council members, volunteerism in youth local councils, skills-building opportunities with project partners, etc.</p>

Intervention name	Implementer	Funder	Age range	Sex target population	Country	Project goals	Activities
Youth Social Inclusion for Civic Engagement in Ukraine (Voloșeych, I., 2011).	Ministry of Ukraine Youth and Sport	UNV, UNDP, Intel	8-35	Both	Ukraine	<ul style="list-style-type: none"> <li>• Support local youth activities and capacity-building events;</li> <li>• Build “peer-to-peer” networks;</li> <li>• Focus efforts for increasing sustainability of youth centers</li> <li>• Provide youth with computer literacy, knowledge of basic office applications, and the ability to use them to develop and implement social mini-projects;</li> <li>• Support youth to develop critical thinking, the ability to independently and gradually solve a problem;</li> <li>• Support youth to develop cooperation skills and ability to work effectively together;</li> <li>• Instruct youth to use Internet resources for finding information on career guidance, career observation, choice of studies, and future career;</li> <li>• Help youth to become adaptable to rapidly changing conditions of life, development of their own educational and life trajectories.</li> <li>• Develop a collection of oral stories by young people from the lives of older generations.</li> </ul>	<p>Output 1: Increased organizational management and gender capacity of youth centers and volunteer involving organizations. According to the evaluation report 595 events were supported. The main types of events were:</p> <ul style="list-style-type: none"> <li>• Capacity development activities (trainings in project management, fundraising, PR management, team building etc);</li> <li>• Educational direction (volunteer schools and trainings, social skills, leadership and communications skills, ICT skills);</li> <li>• Ecological education and activities;</li> <li>• Sport activities;</li> <li>• Health orientation activities;</li> <li>• Culture and leisure activities.</li> </ul> <p>Output 2. Developed social competencies and skills of youth. Activities included:</p> <ul style="list-style-type: none"> <li>• Trainings for teachers, evaluated by monitoring visits (every new trainer was visited at least 1 time) and polling of the teachers who passed the trainings (the polling takes place immediately after passing the training and after finishing the first course). The trainers are informed about the results of the monitoring visits and polling;</li> <li>• Trainings for pupils, evaluated by analysis of pupil's works and social projects prepared within the course, monitoring visits (the new teachers and the teachers with unsatisfactory results of analysis of pupil's work are visited in the first turn) and polling of teachers at the end of each course. The teachers are informed about the results of the monitoring visits. The pupils were experimentally surveyed only once within Computer Technologies and Future Profession course.</li> <li>• The Project launched Knowledge Portal <a href="http://molodistua.org">http://molodistua.org</a></li> </ul> <p>Output 3. Strengthened social solidarity among generations. The historical and social component of the Project named Living Heritage is aimed at the creation of a collection of oral stories by young people from the lives of older generations.</p>

Intervention name	Implementer	Funder	Age range	Sex target population	Country	Project goals	Activities
Youth Start Plan (YSP) (Valiant Consulting Group, Ltd., 2001).	Youth Start Plan Limited (an executing agency set up for the project)	Government of Belize, Inter-American Development Bank	16–29	Both	Belize	<ul style="list-style-type: none"> <li>Implement an efficient labor market brokerage system that could be replicated within the vocational training system in the country</li> <li>Evaluate and execute strategies, methodologies, and procedures to help young people enter productive life, providing them with the specialization and skill levels that the private sector demands.</li> </ul>	Training courses on skills for audio technicians, barbers, auto mechanics, monitor and personal computer repair people, culinary artists, hospitality managers, diesel mechanics, and skills in survival, small business management, construction, daycare, broadcasting, TV/video cassette recorder repair, computer networking, and entrepreneurship.
Youth Theater for Peace (YTP) (IREX, 2014).	International Research and Exchange Board (IREX)	USAID	Unknown	Both	Kyrgyzstan	<p>Promote sustainable conflict prevention and a culture of peace at the community, regional, and national levels</p>	<ul style="list-style-type: none"> <li>Facilitate lasting attitudinal and behavioral change among young people and mentors from adversarial groups. Activities under this objective included a participatory program assessment, training of trainers, and theater camps.</li> <li>Engage the wider community in drama for conflict transformation activities, the formation of 22 school-based drama clubs and a drama club microgrant competition and a theater tour grant competition.</li> <li>Promote long-term sustainability through investments in community institutions. Activities under this objective included a sustainability workshop and sustainability grants program that helped existing clubs to support the creation of 15 new drama clubs in neighbouring schools and communities and a cross-border exchange with drama clubs in Tajikistan.</li> </ul>
Youth TV Bureau (Ruiz, H. R., n.d.).	Support Children and Young People	UNICEF	Unknown	Both	Cambodia	To provide opportunities for children and youth to exercise their participation right and to engage them in media advocacy	Execute the “Youth Today” TV programme which usually runs for 30 minutes using a TV magazine format with discussion of issues and presentation of a 10- to 15-minute documentary prepared by young TV production teams on various issues on children and youth.

Intervention name	Implementer	Funder	Age range	Sex target population	Country	Project goals	Activities
YUWA (YUWA, 2014).	YUWA, Sparking Youth led Change in India	Self-funded	Unspecified: seems to be 8–16	Female	India	Create a safe space where girls can learn about their bodies, their health, their community, and their rights.	<ul style="list-style-type: none"> <li>• Community soccer team</li> <li>• Skills-building program: Life skills workshops are interactive and discussion-based, designed individually for each team of 10–20 girls based on their age and number of years in YUWA. Girls are encouraged to ask questions and share stories.</li> <li>• Academic Bridge program: This includes dynamic workshops about the importance of education and provides assistance transferring to a better school, remedial math and science classes, daily English classes, an intensive summer school, personal tutoring, and computer classes.</li> </ul> <p>Leadership programs:</p> <p>Coaches training: YUWA coaches (who are senior YUWA players) participate in at least three intensive, multiday football coach training clinics each year. Clinics are led by licensed or professional coaches from India and abroad.</p> <ul style="list-style-type: none"> <li>• Professional development: Professional women visit YUWA to share their work experiences and lead soft skills training. Volunteers have been an inspector general of police, an editor, a midwife, and a human resources specialist.</li> <li>• Teacher training: Older YUWA girls have the opportunity to receive training to become tutors for their peers, younger students, and women in the village who want to learn how to read and write. Once teacher training is completed, girls can earn money as tutors in math, English, and Hindi.</li> </ul>

## APPENDIX 7

# STUDIES TABULATED BY QUALITY AND TOPICS AND SUBTOPICS

	High-quality experimental studies* (n=18, 17% of total)	Lower-quality experimental studies (n=18, 17% of total)	Non-experimental studies (n=43, 41% of total)	No outcome evaluation (n=26, 25% of total)
<b>Health</b>	17 (16%)	13 (12%)	34 (32%)	17 (16%)
HIV/acquired immunodeficiency syndrome (AIDS)	11 (10%)	5 (5%)	23 (22%)	8 (8%)
Sexual and reproductive health	8 (8%)	2 (2%)	23 (22%)	7 (7%)
Mental health	2 (2%)	7 (7%)	15 (14%)	2 (2%)
Smoking and alcohol and drug use	5 (5%)	2 (2%)	8 (8%)	5 (5%)
Suicide	0 (0%)	1 (1%)	1 (1%)	1 (1%)
Obesity	1 (1%)	0 (0%)	0 (0%)	0 (0%)
Resilience	1 (1%)	5 (5%)	9 (9%)	2 (2%)
Breastfeeding	0 (0%)	0 (0%)	0 (0%)	0 (0%)
Hepatitis	0 (0%)	0 (0%)	0 (0%)	1 (1%)
Nutrition	1 (1%)	0 (0%)	1 (1%)	0 (0%)
Asthma	0 (0%)	0 (0%)	0 (0%)	0 (0%)
Physical fitness	1 (1%)	0 (0%)	0 (0%)	1 (1%)
Child maltreatment	1 (1%)	2 (2%)	3 (3%)	3 (3%)
<b>Democracy and Governance</b>	2 (2%)	7 (7%)	21 (20%)	16 (15%)
Violence	1 (1%)	5 (5%)	11 (10%)	11 (10%)
Youth capacity-building and civic engagement	1 (1%)	3 (3%)	11 (10%)	13 (12%)
Child marriage	0 (0%)	1 (1%)	4 (4%)	4 (4%)
<b>Economic Development and Education</b>	2 (2%)	6 (6%)	20 (19%)	20 (19%)
Education	1 (1%)	3 (3%)	10 (10%)	11 (10%)
Workforce readiness and employability	1 (1%)	4 (4%)	10 (10%)	15 (14%)
Bullying	0 (0%)	0 (0%)	2 (2%)	3 (3%)
Environment	0 (0%)	0 (0%)	1 (1%)	0 (0%)

## APPENDIX 8 HIGH-QUALITY EXPERIMENTAL STUDIES

Intervention name/description (Citation)	Implementing organization	Funder	Age range	Sex	Country	Setting	Intervention activities	Statistically significant outcomes	Longer-term impact
<b>All three sectors</b>									
Stepping Stones: adolescent sexual and reproductive health (ASRH) (Jewkes et al., 2006)	Planned Parenthood Association of South Africa	National Institute of Mental Health (NIMH), the South African Medical Research Council, and Guggenheim Foundation	16–23	Both	South Africa	Community organization	Facilitators training (3 weeks), a single 3-hour education session, community mobilization, access and consent processes	Participants risk of herpes simplex 2 acquisition was lower by one-third after over two years of intervention for both men and women. Men showed improvements in self-reported intimate partner violence, casual sex, and problem drinking. No such effects for women.	All effects were reported at 12 and 24 months follow-up.
<b>Health only</b>									
<i>HIV and ASRH</i>									
Peer-led education program for HIV/AIDS (Ibrahim, Rampal, Jamil, & Zain, 2012)	University Putra	University Putra Malaysia and the Malaysian Health Promotion Board	17–24	Unknown	Malaysia	University	Eight education and skills development sessions lasting five hours each	Improvements in knowledge, attitudes, and substance risk behaviors	None described

Intervention name/description (Citation)	Implementing organization	Funder	Age range	Sex	Country	Setting	Intervention activities	Statistically significant outcomes	Longer-term impact
Community-based ASRH intervention (Aninanya et al., 2015)	Navrongo Health Research Centre	The Rockefeller Foundation	10–17	Both	Ghana	School healthcare facility	School-based SRH education and out-of-school peer outreach, community mobilization, health workers' training in youth-friendly health services	Increases in utilization of STI/HIV services, perinatal and antenatal services	None described
School-based, peer-led HIV/AIDS prevention program for children of migrant workers (Li et al., 2010)	Shanghai Jiaotong University and Shanghai Key Laboratory of Children's Environmental Health	Shanghai Key Laboratory of Children's Environmental Health	13–15	Both	China	School	Education sessions integrated within regular school health education schedule (one session every two weeks).	Improvements in self-efficacy, knowledge, attitudes, and protection methods	None described
Let Us Protect Our Future: HIV risk reduction (O'Leary et al., 2012)	University of Pennsylvania	NIMH	9–18	Both	South Africa	School	Education and skills development	Improvements in self-efficacy and self-reported risky behaviors	None described
Supporting Adolescent Orphan Girls to Stay in School as HIV risk prevention (Hallfors et al., 2011)	Pacific Institute for Research and Evaluation.	National Institute of Child Health and Human Development	10–16	Female	Zimbabwe	School	Provision of supplies (food, fees, uniform, etc.), school-based helpers, and support solving girls' problems to enhance attendance. Educational support.	Reduction in school dropouts and early marriage, stronger school bonding, better future expectations, more equitable gender attitude, and more concerns about consequences of sex	None described

Intervention name/description (Citation)	Implementing organization	Funder	Age range	Sex	Country	Setting	Intervention activities	Statistically significant outcomes	Longer-term impact
Exploring the World of Adolescents: ASRH (Pham et al., 2012)	Khanh Hoa Provincial Health Services and Ha Noi Medical School	National Institutes of Health (NIH)	15-20	Both	Vietnam	Community organization	Adolescent, parental and health provider education. Intervention included 10 two-hour sessions for adolescents, six two-hour sessions for parents, and two-day training workshop for providers	Changes in knowledge, attitudes, self-efficacy, and perceived vulnerability to HIV	Improvements in knowledge sustained at 12 months
HIV/STD risk reduction intervention (Jemmott et al., 2010)	University of Pennsylvania, USA	NIMH	Grade 6 (~12 years old)	Both	South Africa	School	Two six-session interventions based on behavior-change theories	Reductions in self-reported risky behaviors	The result was sustainable after one-year follow-up.
Wake Up: Sexual behavior risk reduction (Heeren, Jemmott, Ngwane, Mandeya, & Tyler, 2013)	University of Pennsylvania, USA	NIMH	18-24	Both	South Africa	University	Education and skills development	Improvements in knowledge, attitudes, and self-reported risky behaviors at 12 months	None described
The Life Skills and HIV/AIDS Education Program (James, Reddy, Ruiters, McCauley, & van den Borne, 2006)	KwaZulu-Natal Department of Education	United States Agency for International Development (USAID)	12-21	Both	South Africa	School	20-week education and skills development sessions led by trained teachers (one session per week)	Improvements in knowledge scores. Students who received full program also showed improvement in perceptions of sexual behavior and perceived social support.	Long-term impacts on knowledge, attitudes, and perceived social support (10-month follow up) and on sexual behavior (less condom use at six-month follow-up) for the full implementation group

Intervention name/description (Citation)	Implementing organization	Funder	Age range	Sex	Country	Setting	Intervention activities	Statistically significant outcomes	Longer-term impact
<b>Mental health</b>									
I (Yo) Think (Plenso), Feel (Siento), and Act (Actuo): mental health intervention to reduce depression symptoms (Araya et al., 2013)	University of Bristol, UK, and Universidad de Chile	Welcome Trust	13–15	Both	Chile	School	Eleven one-hour weekly sessions and two booster classroom sessions of a cognitive behavioral therapy-based intervention	Reductions in anxiety at three months (not considered clinically relevant difference)	No significant effects at three- and 12-month follow-up
<i>Substance use prevention (including tobacco)</i>									
Keepin' it REAL: substance use prevention (Marsiglia et al., 2014)	Arizona State University, Guadalajara, and Mexican Social Security Institute, Guadalajara, Mexico	Arizona State University and NIH	Early adolescence	Both	Mexico	School	10-week education and skills development	Statistically significant difference in alcohol frequency ( $\beta = -0.22$ ) and cigarette amounts ( $\beta = -0.18$ ), and marginally significant differences ( $p < .10$ ) for cigarette frequency ( $\beta = -0.15$ ) in the treatment group when compared to the control group. Pretest frequency and the amount of use predicted post-test frequency and amount of use for each substance. In addition, offers of alcohol or cigarettes predicted a significant increase in the use of these substances. Parent education and gender were not significant predictors of changes in substance use at posttest. Compared to females in the control group, females in the treatment group reported a relative reduction in the frequency of alcohol ( $\beta = -0.28$ ) and cigarette use ( $\beta = -0.25$ ) and in the number of cigarettes smoked in the previous 30 days ( $\beta = -0.22$ ).	None described in this paper:

Intervention name/description (Citation)	Implementing organization	Funder	Age range	Sex	Country	Setting	Intervention activities	Statistically significant outcomes	Longer-term impact
Substance use prevention program (Guo, Lee, Liao, & Huang, 2015)	National Taiwan Normal University	Gov't of Taiwan	12-14	Both	Taiwan	School	Ten 45-minute sessions delivered over 16 weeks and homework exercises to be completed in the following eight to 10 weeks during the summer vacation. The two booster interventions were performed at six and 12 months after completion of the main program.	Improvements in attitudes, perceived behavioral control, life skills, and behavioral Intentions	None described
Romanian peer-led smoking prevention program (Lotrean, Dijk, Mesters, Ionut, & DeVries, 2010)	Aer Pur Romania	Royal Netherlands Embassy in Romania/ Union Against Cancer	13-14	Both	Romania	School	Video, peer-led strategy	Improvements in knowledge, self-efficacy, and smoking behaviors	None described
<i>Diet and physical activity</i>									
ACTVITAL: School-based intervention for diet and physical activity (S.Andrade et al., 2015)	Universidad Cuenca, Ecuador	VLIR-UOS and Nutrition Third World	12-15	Both	Ecuador	School	Educational package organized at classroom level, workshops with parents, social events at school, and school environment modifications	Improvements in some physical activity tests and the percentage of students who met the physical activity recommendation	None described

Intervention name/description (Citation)	Implementing organization	Funder	Age range	Sex	Country	Setting	Intervention activities	Statistically significant outcomes	Longer-term impact
<b>Health AND Economic Development and Education</b>									
Shaping the Health of Adolescents in Zimbabwe (SHAZI) (Dunbar et al., 2014)	Pangaea Global/AIDS Foundation, Oakland, CA	National Institute of Child Development	17–19	Female	Zimbabwe	Health care facility, community organization, homes	<ul style="list-style-type: none"> <li>• Health screening and treatment for sexually transmitted infections (STIs) and minor ailments</li> <li>• Contraceptives free upon request</li> <li>• Referral for HIV+ participants</li> <li>• Life skills education and home-based care training</li> <li>• Livelihoods intervention, micro-grants</li> <li>• Integrated social support</li> </ul>	Decreases in food insecurity and number of participants receiving their own income (two-year follow-up)	Decreases in food insecurity and number of participants receiving their own income (two-year follow-up)
<b>Health AND Democracy and Governance</b>									
Program to improve the mental health and psychosocial outcomes of war affecting young people (O'Callaghan et al., 2014)	Solidarity and Integral Assistance to Distant People (SAIPED) a nongovernmental organization (NGO)	Anonymous donor	7–18	Both	Democratic Republic of Congo	Faith-based organization	Thrice-weekly, two-hour, group-based sessions. Eight total on manualized, psychosocial intervention	Improvements in post-traumatic stress disorder symptoms	None described

Intervention name/description (Citation)	Implementing organization	Funder	Age range	Sex	Country	Setting	Intervention activities	Statistically significant outcomes	Longer-term impact
<b>Democracy and Governance only</b>									
Parivartan: program to improve adolescent males' gender attitudes and increase positive bystander behaviors (Miller et al., 2014)	University of Pittsburgh	Nike Foundation	10– 16	Male	India	School	Three-day workshop, led by a male instructor, and biweekly workshops for cricket coaches to learn how to deliver the program to young male cricket players	Improvement in gender-related attitudes	None described

## APPENDIX 9

### LOWER-QUALITY EXPERIMENTAL STUDIES

Intervention name/description (Citation)	Implementing organization	Funder	Age range	Sex	Country	Setting	Intervention activities	Statistically significant outcomes
<b>Health only</b>								
<i>HIV and ASRH</i>								
The Vietnamese Focus on Kids Program for HIV and STI prevention (Kaljee et al., 2005)	The University of Maryland at Baltimore School of Medicine and Khanh Hoa Provincial Health Service	Fogarty International	15–20	Both	Vietnam	School	Eight sessions, plus two sessions for community project development and delivery, with activities including stories, scenarios, role plays, and games and factual information on HIV and STIs	Improvement in HIV/AIDS knowledge of severity and vulnerability, perceptions of self-efficacy, response efficacy for condom use, significant difference in response cost of condom use (immediately and six months post-intervention), in addition to increase in intention to use condoms in possible future sexual encounters
Impact of peer intervention on the knowledge and attitudes about HIV/AIDS in adolescents (Aramburú et al., 2012)	Fundación Amaneceres, Panama	Secretaría Nacional de Ciencia y Tecnología	High school (on average 15 years old)	Both	Panama	School	12 interventions, divided into four different modules: theatrical representations, group dynamics, lectures, and videos, which were dictated by a group of adolescents who were previously trained	HIV knowledge test scores: ES = .63 in private school, .52 in public school comparisons <sup>***</sup> ; risk related to having unprotected sex: 1% increase <sup>*</sup> ; attitude towards knowing the HIV serological status of their sexual partner: 8% increase; discrimination toward people who live with HIV: 18% increased acceptance <sup>*</sup> ; possibility of being friends with a person who lives with HIV: 15% increase; teenagers said that they would not be embarrassed by purchasing a condom: 12% increase; # of students who said, in open-ended question, abstinence was a way to prevent HIV: 40% increase <sup>*</sup>

Intervention name/description (Citation)	Implementing organization	Funder	Age range	Sex	Country	Setting	Intervention activities	Statistically significant outcomes
School-based teenage education program (STEP) II for HIV and alcohol use prevention (Chhabra et al., 2010)	Albert Einstein College of Medicine and local NGOs	National Institute of Alcohol Abuse and Alcoholism (NIH)—India	13–16	Both	India	School and community organization	10 weeks; information about HIV/AIDS and alcohol abuse; skill building (social skills, assertiveness training, and coping skills for negotiating safer environments)	Improvement in girls' communication skills and self-efficacy and reductions in risky behavior
<i>Mental health</i>								
The Hong King Health School Award resilience program (Wong et al., 2009)	Faculty of Medicine, Chinese University of Hong Kong / University of Australia/ Education and Health Promotion Foundation	Hong Kong Special Administrative Region Government	8–12	Both	China	School	Two-hour in-depth discussion with each teacher-in-charge; interactive workshops with parents and teachers.  “Capability-Building Framework for Promoting Resiliency” to address the challenges of underachievement, poor social-emotional well-being, and capability-building in the community, school, home, and student contexts.	The control primary school parents had positive changes in eight dimensions before and after the intervention, but none were statistically significant. The intervention primary school parents showed positive changes in all dimensions, with the exceptions being “school pressure” and “view community as a source of support and dimension.” Positive changes in “School goals and objectives” were found to be statistically significant. All control secondary school teachers showed negative changes in all the constructs (except “physical environment”) before and after intervention, whereas all intervention secondary school teachers showed positive changes with the magnitude in all dimensions ranging from 0.20 to 0.60, with statistical significance except for “work connection” ( $p = 0.023$ to $0.001$ ).
Life Skills Education in Schools for mental health promotion (Srikala & Kishore Kumar, 2010)	Department of Public Instruction and National Institute of Mental Health & Neuro Sciences	Department of State Educational Research and Training, Bangalore	14–16	Both	India	School	Educational materials, train-the-trainer workshops, teacher training, and implementation of the life skills program in secondary schools once a week for an hour (12–20 sessions per academic year)	Better self-esteem, perceived adequate coping, better adjustment generally (and specifically with teachers, in school, and regarding pro-social behavior). Randomly selected 100 life skill educator-teachers also perceived positive changes in the students' classroom behavior and interaction.

Intervention name/description (Citation)	Implementing organization	Funder	Age range	Sex	Country	Setting	Intervention activities	Statistically significant outcomes
Life Skills Training (suicide prevention) (Jegannathan, Dahlblom, & Kullgren, 2014)	Center for Child and Adolescent Mental Health, Chey Chumneas Hospital, Takhmau, Kandal Province, Cambodia	Swedish International Department Cooperation Agency—Department for Research Cooperation	Students in secondary school	Both	Cambodia	School	Education and skill-building. Six weekly sessions of 90 minutes.	Girls showed improvement in human relationship, health maintenance, and the total life skills dimensions. Boys with high-risk behavior improved on human relationship, purpose in life, and total life skills dimensions. Among high-risk individuals, boys had a small to moderate effect size from intervention on withdrawn/depressed, attention problems, rule-breaking behavior, aggressive behavior, and externalizing syndrome.
Girls First Resilience Curriculum (Leventhal, et al., 2015)	CorStone	David & Lucile Packard Foundation	Mean age 12.99 sd=1.17	Female	India	School	Peer facilitators trained over five days to deliver educational sessions integrating methods like positive psychology, social-emotional learning, and life skills.	There was a small, statistically significant negative effect on anxiety (though not likely clinically significant); emotional resilience: 0.46***; self-efficacy: 0.58***; social-emotional assets: 0.45***; psychological wellbeing: 0.18***; social well-being: 0.17***; anxiety: 0.15* (intervention increased anxiety vs. controls)
Teaching Recovery Techniques for mental health promotion (Qouta, Palosaari, Diab, & Punamäki, 2012)	Islamic University Gaza, Palestine	The Finnish Academy of Science	10–13	Both	Gaza, Palestine	University and school	The Teaching Recovery Techniques intervention aims at creating safety and feelings of mastery. It incorporates trauma-related psychoeducation, cognitive behavioral therapy methods, coping skills training, and creative-expressive elements, such as dream work and drawing. Families are involved in children's recovery through their homework, such as training in sleep hygiene and writing dream and emotion diaries.	The intervention reduced both the symptom level and proportion of clinical post-traumatic stress syndrome among girls who had a low level of peritraumatic dissociation. The results have implications for risk-specific tailoring of psychosocial interventions in war conditions.  For boys, the intervention significantly reduced the proportion of clinical post-traumatic stress syndrome.

Intervention name/description (Citation)	Implementing organization	Funder	Age range	Sex	Country	Setting	Intervention activities	Statistically significant outcomes
<i>Substance use prevention</i>								
Keepin' it REAL (substance use prevention) (Marsiglia, Kulis, Booth, Nuño-Gutierrez, & Robbins, 2015)	Arizona State University	Arizona State University, Instituto Mexicano de Seguro Social, and NIH	Early adolescence	Both	Mexico	School	Education and skills training	Long-term desired intervention effects were found for alcohol and marijuana use but not for cigarettes.  Alcohol frequency: -0.19*, but gender interaction shows significance for females only. Marijuana amount: 0.04ns, but gender interaction shows significant for females only.
<b>All three sectors</b>								
The Empowerment and Livelihood for Adolescents program (Bandiera, 2012)	BRAC	unknown	14–20	Female	Uganda	Community organization	Community clubs for young women where vocational and life skills trainings are conducted. Clubs also host popular recreational activities, such as reading, staging dramas, singing, dancing, and playing games. Clubs serve as a protected local space for adolescent girls.	Statistical significant change in self-employment: .056***, pregnancy knowledge: 0.48**, HIV knowledge: 0.471***, if sexually active, always uses condom: 0.132***, married or cohabitating: -68***  Statistically significant negative change in reporting having sex unwillingly in the past year: -0.58**, has children: -0.29***
The Bangladeshi Association for Life Skills, Income, and Knowledge for Adolescents (BALIKA) project (Amin, Ahemd, Saha, Hossain, & Haque, 2016)	The Population Council	Kingdom of the Netherlands	12–18	Both	Bangladesh	School and community organization	Education: Girls received tutoring in mathematics and English (in-school girls), and computing or financial training (out-of-school girls); gender-rights awareness training; livelihoods skills training; and community engagement.	Impact on reduction of child marriage across all three intervention types, ranging from 0.69 to 0.767***; increase in out-of-school status: across all three intervention types: 0.86*; increase in love marriages in gender awareness intervention: 0.623***; increase in girls' desire to marry among gender awareness intervention: 0.664*; increase in private tutors among all three intervention types, ranging from 0.84 to 0.86*; increase in youth experience in working for pay among gender awareness and livelihoods interventions: 1.48*** and 1.43**, respectively; increase in social visits with friends among those treated in the education intervention: 1.27***

Intervention name/description (Citation)	Implementing organization	Funder	Age range	Sex	Country	Setting	Intervention activities	Statistically significant outcomes
Questscope nonformal education for skill-building and reduction of psychosocial difficulties (Morton & Montgomery, 2012)	Questscope for Social Development in the Middle East, and the Jordan Ministry of Education	Foundation Open Society Institute (Zug.)	13–21	Both	Jordan	School and community organization	Group-based intervention, with learning activities (e.g., math, science, religion, and English) oriented around an educational curriculum. All sessions include recreational or cultural activities, and some sessions include vocational activities.	Higher level of empowerment appeared related to more positive outcomes. Analyses did show a significant, positive intervention effect on behavioral problems; effects were mostly attributable to changes in the younger (13–15) age group.
<b>Health AND either Democracy and Governance OR Economic Development and Education</b>								
Responsible, Engaged, and Loving (REAL) Fathers Initiative Intervention (Georgetown University Institute for Reproductive Health, 2015)	Institute for Sexual and Reproductive Health, Georgetown University; Save the Children	USAID	Fathers aged 16–25	Male	Uganda	Community organization and homes	Mentoring and a community poster series. A core activity of the Responsible, Engaged and Loving (REAL) Fathers Project is mentoring. Mentors are men whom young fathers identify as those they admire and relate to, and work with young fathers in a non-judgmental, open and proactive way. Through individual conversations with each young father once a month for six months and group discussions, Mentors offer young fathers the opportunity to reflect on and practice positive communication and conflict-resolution skills, as well as provide specific ways to be supportive partners. Young fathers' wives are engaged through two mentoring visits and one group meeting. Mentors use a structured Mentor Visit Protocol for home visits and group meetings. The Mentor Training Curriculum aims to prepare Mentors through a five-day training. - Retrieved from: <a href="http://irh.org/resource-library/real-fathers-mentor-curricula/#sthash.DVI00B73.dpuf">http://irh.org/resource-library/real-fathers-mentor-curricula/#sthash.DVI00B73.dpuf</a>	Improvement in communication skills at endline and follow-up: 2.6***; spending more time with the child: 2.2*; positive parenting: 2.1***; attitudes rejecting physical punishment: 1.6*; confidence in ability to use nonviolent discipline: 2.2***

Intervention name/description (Citation)	Implementing organization	Funder	Age range	Sex	Country	Setting	Intervention activities	Statistically significant outcomes
Child Resilience curriculum project (Ager et al., 2011)	Save the Children	Oak Foundation	7–12, with a mean age of 10.23 (sd = 1.61)	Both	Uganda	School	15 highly structured one-hour sessions delivered over the course of five weeks, addressing issues of safety and control, self-esteem, thoughts and reactions during danger, resource identification, and coping skills. The community service component included helping the sick and elderly, digging boreholes, and planting trees. The parental engagement component was principally implemented through periodic discussion meetings with parents facilitated by Save the Children in Uganda.	Child well-being: Self-reported (b= 1.7*, se = .07), teacher-reported (b= 3.0**, se = .08), parent-reported (b= 4.4**, se = 1.1). The interaction term between group and time in the models provides the clearest evidence of the influence of the intervention in this context of recovery. This term was significant for both self-reported and parent-reported child well-being, indicating greater increases on these measures over time for children receiving the intervention (b = 5.4, se = 1.1, p < .001; and b = 4.0, se = 1.5, p = .01, respectively).
P.A.T.H.S.: Positive Adolescent Training through Holistic Social Programs (Shek, Lee, Sun, & Lung, 2008; Shek & Ma, 2012)	Department of Applied Social Sciences, The Hong Kong Polytechnic University	Hong Kong Jockey Club Charities trust	12–14	Both	China	School	There are two tiers of programs in this project. The Tier 1 Program is a universal positive youth development (PYD) program designed for Secondary 1 to 3 students. There are 10 and 20 hours of training for the core program and full program in each school year for each grade, respectively. The Tier 2 Program is specifically designed for students who display greater psychosocial needs at each grade (i.e., selective prevention). The design of the program can be seen in the publications of the project reports.	Statistical significant of: <ul style="list-style-type: none"> <li>Chinese Positive Youth Development Scale (CPYDS) - 15 F=6.66*</li> <li>CPYDS F=8.23**</li> <li>CPYDS-11 F=64.06***</li> <li>KEY15 F=14.94***</li> </ul>

Intervention name/description (Citation)	Implementing organization	Funder	Age range	Sex	Country	Setting	Intervention activities	Statistically significant outcomes
<b>Democracy and Governance AND Economic Development and Education</b>								
Juventud y Empleo program to improve the labor market entry of youth between 16 and 29 years of age who did not complete high school (Ibarrarán, Ripani, Taboada, Villa, & García, 2012)	Outsourced to private training institutions by Ministry of Labor	Inter-American Development Bank	16– 29	Both	Dominican Republic	Workplace	Job training courses and internships	<p>Labor market outcomes of statistical significance:</p> <p>Employed with written contract, 0.0183*</p> <p>Employed with written contract (men), 0.0430**</p> <p>Employed with health insurance (men), 0.0423*</p> <p>(natural log) Ln monthly earnings, 0.0866**</p> <p>Ln monthly earnings (women), 0.1425**</p> <p>Duration of unemployment (weeks), 2.6994**</p> <p>Duration of unemployment (weeks) (men), 3.4542**</p> <p>Hours job seeking in last working day, 0.0620**</p> <p>Hours job seeking in last working day, 0.0901**</p> <p>Outcomes related to youth behavior and life style, perceptions, and expectations:</p> <p>Pregnancy (all women), -0.0226**</p> <p>Pregnancy (women ages 16–19), -0.0492*</p> <p>Considers having very good health (%) (all), 0.0386**</p> <p>Considers having very good health (%) (women), 0.0382**</p> <p>Considers having very good health (%) (men), 0.0533*</p> <p>Expectations: Having a better education level (all), 0.0577*</p> <p>Expectations: Having a better education level (women), 0.1021***</p> <p>Expectations: Living in a better neighborhood (women), 0.1077**</p> <p>Expectations: Owning a business (women), 0.0968**</p> <p>Expectations: Completing professional aspirations (all), 0.0684**</p>

Intervention name/description (Citation)	Implementing organization	Funder	Age range	Sex	Country	Setting	Intervention activities	Statistically significant outcomes
<b>Democracy and Governance AND Economic Development and Education (continued)</b>								
								<p>Expectations: Completing professional aspirations (women), 0.0911***</p> <p>Expectations: Having a better life in 20 years (all), 0.0543**</p> <p>Expectations: Having a better life in 20 years (women), 0.0590*</p> <p>Expectations: Wealth position in 10 years (all), 0.0677**</p> <p>Expectations: Wealth position in 10 years (women), 0.1057***</p> <p>Measurements of socioemotional/life skills:</p> <p>Total Cognitive Performance Scale (CPS) Score, (all) 0.1025***, (women) 0.0888**, (men) 0.1364**</p> <p>CPS: Leadership, (all) 0.0862**, (men) 0.1425**</p> <p>CPS: Behavior in situations of conflict, (all) 0.1049***, (women) 0.1017**, (men) 0.1128*</p> <p>CPS: Self-esteem, (all) 0.0719**, (men) 0.1265**</p> <p>CPS: Order and self-organization, (all) 0.0966***, (women) 0.0875**, (men) 0.1124*</p> <p>Rosenberg's Scale, (men) 0.1087*</p> <p>Total Grit Scale, (all) 0.0750**, (women) 0.1019**</p> <p>Grit: Persistence of effort, (all) 0.0757**, (Women) 0.0996**, (men) 0.0209</p> <p>Grit: Ambition, (all) 0.0686*, (women) 0.0791*, (men) 0.0241</p>

Intervention name/description (Citation)	Implementing organization	Funder	Age range	Sex	Country	Setting	Intervention activities	Statistically significant outcomes
<b>Democracy and Governance only</b>								
Violence prevention (Ekhtiari, Shojaeizadeh, Foroushani, Ghofranipour, & Ahmadi, 2012)	Tehran University of Medical Sciences	unknown	12th grade senior, third grade high school	Female	Iran	School	Education, discussion, and skill-building for students, information for parents, training for school counselors, and coordination with counseling services	Mean preventive behavior score immediately after and two months after the intervention was higher in the intervention group: Before the intervention: 18.27 ± 2.97 Immediately after intervention: 21.02a ± 3.31 Two months after intervention: 23.03b ± 3.77 P < 0.001
<b>Economic Development and Education only</b>								
Akazi Kanoze youth livelihoods program (Alcid, 2014)	Education Development Centre	USAID	14-35	Unknown	Rwanda	Community organization	100-hour work readiness curriculum that included topics such as personal awareness, communication, professional conduct, financial literacy, personal health, and rights and responsibilities	<ul style="list-style-type: none"> <li>Higher % of youth were employed in the treatment group—62%, compared to 49% in control group, significant at the p&lt;.01</li> <li>Increase in the ability to apply for a job (70%, compared to 48.9%)</li> <li>Can develop a business plan (55.1%, compared to 38.9%) and understand marketing techniques and attracting customers (76.1%, compared to 58.8%)</li> <li>Increase the likelihood of having savings (59%, compared to 44%)</li> </ul> <p>p&lt;.001 (p. 42)</p>

## APPENDIX 10 NONEXPERIMENTAL STUDIES IN HEALTH AND DEMOCRACY AND GOVERNANCE AND ECONOMIC DEVELOPMENT AND EDUCATION

Intervention Name/description (Citation)	Implementing organization	Funder	Age range	Sex	Country	Setting	Intervention activities	Significant outcomes
Program to improve youth reproductive health (YRH) (Mathur et al., 2004)	International Center for Research on Women (ICRW) and Engender Health	Andrew W. Mellon Foundation	14–21	Both	Nepal	School, healthcare facility, and community organization	Adolescent-friendly services, peer education and counselling, an information and education campaign, adult peer education, youth clubs, street theater on social norms, efforts to improve livelihood opportunities, and teacher education	<p>Availability of and access to services increased at both the control and study sites. Findings indicate some additional qualitative benefits at the sites where the participatory approach was implemented. Both the system in which the providers function and young people's understanding of how to best use the options available to them improved more substantially at the study sites. The participatory approach was substantially more effective in improving reproductive health antecedents and outcomes that are especially relevant in the Nepali context, including age at marriage, initiation of childbearing, prenatal care, institutional delivery, and increased male awareness of the reproductive health needs of women. From baseline to endline, a number of fundamental contextual changes were evident at the study sites. These included:</p> <ul style="list-style-type: none"> <li>• Increased secondary schooling for girls and more social spaces for young men and, in particular, young women.</li> <li>• Higher demand for information and services and better, more specific, in-depth understanding of reproductive health issues among both youth and adults at the study sites.</li> </ul> <p>By the end of the project, youth at the study sites were recognized for their abilities to coordinate, organize, and lead social and development activities, and a number of structures indicative of community initiative, mobilization, and commitment with regard to YRH were in place.</p>

Intervention Name/ description (Citation)	Implementing organization	Funder	Age range	Sex	Country	Setting	Intervention activities	Significant outcomes
Young Men Initiative to help male youth overcome a culture of violence and align themselves to a more peaceful, equitable, and healthy masculinity (Namy et al., 2014)	CARE International Balkans, local implementing organizations	Norwegian Ministry of Foreign Affairs, CARE Norway	14-18	Male	Bosnia and Herzegovina, Croatia, Serbia, Kosovo	School	Eight- to 10-hour-long sessions, led by trained facilitators integrated into the regular class schedule over the academic year, with a focus on four key program areas: gender attitudes; violence; sex, health, and well-being; and alcohol and drug use. The program includes an optional residential retreat and a "Be a Man" lifestyle campaign.	The program positively contributed to critical reflection on attitudes about gender in society as follows: <ul style="list-style-type: none"> <li>• Participants disagreeing with the statement, "A woman's most important role is to take care of her home and cook for her family": Prishtina = +15%*, Sarajevo = +5%*, Zagreb = +6%*</li> <li>• Participants disagreeing with the statement, "It is okay to hit or kick a gay person if he flirts with me": Prishtina = +17%*, Sarajevo = +13%*</li> <li>• SRH knowledge: Average number of correct responses (out of six questions): Prishtina = +0.9*, Sarajevo = +0.6%*, Zagreb = +0.4%*, Sarajevo = +13%* SRH</li> </ul>
Trusting in Youth in Zimbabwe (TYZ) (Mercy Corps, 2015)	Mercy Corps	USAID	18-35	Both	Zimbabwe	Multiple locations	Business skills training; vocational training, e.g., fence making, organic farming, horticultural training, livestock production and management; training in life skills and psychosocial support; awareness on gender-based violence workshop; community service; participation in advocacy and leadership community organizations	Decrease in measures of "recent binge drinking" (six drinks) or risky behavior, such as alcohol drinking, drug abuse, and transactional sex
Palestinian Adolescents: Agents of Positive Change (Curtain, 2009)	UNICEF	Norway Ministry of Foreign Affairs	10-18	Both	Jordan, Syria, Lebanon	Refugee camps	Life skills training ASRH information	None reported

Intervention Name/ description (Citation)	Implementing organization	Funder	Age range	Sex	Country	Setting	Intervention activities	Significant outcomes
Bantwana program to improve socioeconomic status, psychosocial functioning, and educational participation (Zuilkowski & Alon, 2015)	World Education, Inc.	Unknown	Children (under 18)	Both	Uganda	Community organizations and homes	Participating families received three program components: livelihood support, psychosocial support services, and child protection services.	<ul style="list-style-type: none"> <li>• Comparative increase in socioeconomic status</li> <li>• Increase in meeting the basic needs</li> <li>• Decrease in hardship</li> <li>• Psychosocial functioning</li> <li>• No change in connections with adults/ caregivers</li> <li>• Increase in the current school enrolment level until graduating</li> <li>• Increase in the highest grade (** completed)</li> </ul>
Familias Fuertes to increase positive parenting and reduce parental hostility (Orpinas et al., 2014)	Pan American Health Organization (PAHO)	The European Union and the Royal Norwegian Embassy helped fund this evaluation.	10–14	Both	Bolivia, Colombia, Ecuador	Schools	Seven weekly two-hour sessions for parents/ caregivers and children in the family aged 10–14 years	<p>(Statistical significance reported using “**”)</p> <p><u>Bolivia:</u></p> <ul style="list-style-type: none"> <li>• Positive parenting**</li> <li>• Parental hostility**</li> </ul> <p><u>Colombia:</u></p> <ul style="list-style-type: none"> <li>• Positive parenting**</li> <li>• Parental hostility**</li> </ul> <p><u>Ecuador:</u></p> <ul style="list-style-type: none"> <li>• Parental appreciation***</li> <li>• Parental warmth***</li> <li>• Parental hostility***</li> <li>• Parental involvement***</li> <li>• Consistent discipline***</li> <li>• Parental monitoring***</li> <li>• Parental communication against high-risk behaviors*</li> </ul>

Intervention Name/description (Citation)	Implementing organization	Funder	Age range	Sex	Country	Setting	Intervention activities	Significant outcomes
TESFA program to empower participating girls by encouraging them to take part in income-generating activities, provide health information and services, and reduce early and forced marriage (Edmeades et al., 2004)	CARE Ethiopia	Nike Foundation and Packard Foundation	10-19	Female	Ethiopia	Healthcare facility	Education on economic empowerment, SRH, and significant community engagement (village elders, religious leaders, and health workers)	<p>The greatest change was in the sexual and reproductive health and combined groups.</p> <ul style="list-style-type: none"> <li>For instance, in the former, 78% of the girls were using family planning by the end of the program, an increase of 27%.</li> <li>By the end of the project, 70% of the girls in the SRH group and 60% and 65% of those in the economic empowerment and combined groups, respectively, had been tested for HIV, compared to around 50% at the onset of the project.</li> <li>Increase in the use of modern family planning methods by 27% in the SRH group and 15% among girls the combined group, far outstripping the relatively modest 5% gain in the comparison arm (<math>p &lt; 0.0001</math>).</li> </ul>
Stepping Stones and Creating Futures programs for behavioral and structural health promotion and HIV and violence prevention (Jewkes et al., 2014)	Project Empower (NGO)	Joint Gender Fund, Norwegian Agency for Development Cooperation, Swedish International Department Cooperation Agency, and the South Africa Medical Research Council	18-34, with most under 30	Both	South Africa	Out-of-school settings	<ul style="list-style-type: none"> <li>Stepping Stones: Ten three-hour sessions, HIV and violence prevention program that aims to build more gender-equitable relationships</li> <li>Creating Futures: 11 three-hour sessions with participatory learning activities that enable participants to reflect on and critically analyse their livelihoods and develop skills for strengthening them</li> </ul>	<ul style="list-style-type: none"> <li>Men's mean earnings in the past month increased by 247%, from R411 (~\$40) to R1015 (~\$102), and women's by 278%, from R174 (~\$17) to R 484 (about \$48) (trend test, <math>p &lt; 0.0001</math>).</li> <li>There was a significant reduction in women's experience of the combined measure of physical and/or sexual intimate partner violence in the prior three months, from 30.3% to 18.9% (<math>p = 0.037</math>). This was not seen for men.</li> <li>However, both men and women scored significantly better on gender attitudes, and men significantly reduced their controlling practices in their relationships. The prevalence of moderate or severe depression symptomatology among men and suicidal thoughts decreased significantly (<math>p &lt; 0.0001</math> and <math>p = 0.01</math>).</li> </ul>

Intervention Name/ description (Citation)	Implementing organization	Funder	Age range	Sex	Country	Setting	Intervention activities	Significant outcomes
Alternative Livelihoods for Youth Affected and Infected by HIV & AIDS through Skill Development and Youth Volunteering (Encore Employment, 2012)	Mary Joy Development Association	Unknown	15-29	Both	Ethiopia	Community organization	Skills training, provision of training materials and allowances, arranging linkages with microfinance institutions, experience sharing visits, as well as provision of start-up capital	<ul style="list-style-type: none"> <li>Income improved after enrollment in program: 52%</li> <li>Improved feeling of financial security: 74%</li> <li>Improved; ability of family to eat better: 65%</li> <li>Improved ability to afford better housing: 30%</li> <li>Improved capacity to afford medical costs: 44%</li> <li>Improved family saving capacity: 52%</li> <li>Improved communication and integration with the rest of the community: 93%</li> </ul>

# APPENDIX II

## NONEXPERIMENTAL STUDIES ADDRESSING DEMOCRACY AND GOVERNANCE AND ECONOMIC DEVELOPMENT AND EDUCATION

Intervention name/ description (Citation)	Implementing organization	Funder	Age range	Sex	Country	Setting	Intervention activities	Significant outcomes
Youth for the Future (formerly known as Youth: Work Jordan) (International Youth Foundation, 2014)	International Youth Foundation & Government of Jordan	USAID	15–24	Both	Jordan	Community organization	Community-level action plans; two- year grants to three national “Coordination” NGOs; capacity-building from International Youth Foundation grants to 22 smaller CBOs within targeted communities; capacity-building for the Ministry of Social Development	<p>Twenty-seven youth (8%) stated that they are currently enrolled in an education program: 14 in universities, five in schools, four in vocational trainings, two in college, one in an internship, and one “other.” Of the 27 youth who are currently pursuing their education (less than 10% of those sampled), 78% have been enrolled for more than three months, and the remaining six for less than a month or this school year.</p> <ul style="list-style-type: none"> <li>• Among the 352 participants surveyed by phone, 47% are currently employed.</li> <li>• Among the 167 employed participants surveyed, 38% are employed in hospitality and 25%, in retail.</li> <li>• Among 321 participants who completed life skills training, 94% reported that they benefited, and 86% claim that it has been useful/very useful.</li> <li>• Among the 17 life skills dimensions youth were asked to identify as having a positive impact on their lives, over 90% cite 11 dimensions, including self-confidence, an increased sense of responsibility, assertiveness, commitment, motivation, conflict management skills, communication skills and better relationships with parents.</li> </ul>

Intervention name/description (Citation)	Implementing organization	Funder	Age range	Sex	Country	Setting	Intervention activities	Significant outcomes
Gender Equity Movement in Schools (Achyut & Singh, 2011)	ICRW, in partnership with the Committee of Resource Organizations for Literacy & the Tata Institute for Social Sciences	MacArthur Foundation, Nike Foundation	12–14	Both	India	School	Participatory methodologies, such as role plays, games, debates, and discussions, to engage students in meaningful and relevant interactions and reflection about key issues	Percentage change of girls who oppose gender discrimination after complete intervention: 42%; percentage change of girls who understand boys better after complete interventions: 49%; percentage of girls who play more with boys after complete intervention: 28%; odds ratio of students who oppose violence after complete intervention: 2.4*

## APPENDIX 12

# NONEXPERIMENTAL STUDIES ADDRESSING HEALTH AND DEMOCRACY AND GOVERNANCE

Intervention name/ description (Citation)	Implementing organization	Funder	Age range	Sex	Country	Setting	Intervention activities	Significant outcomes
Not stated. HIV information and skills-building (Al-Iryani et al., 2010)	Unknown	UNICEF	Youth	Both	Yemen	Community organization	<ul style="list-style-type: none"> <li>• Advocacy sessions with religious leaders, local councils, district directors, and traditional leaders</li> <li>• Building partnerships with CBOs and NGOs</li> <li>• Creating community committees consisting of representatives of local councils, NGOs, CBOs, and the National AIDS Programme</li> <li>• Youth peer educator training</li> <li>• Peer educator sessions.</li> <li>• HIV voluntary counselling and testing services</li> </ul>	Copied from paper: "There was a clear positive effect of the community-based peer education intervention on the life skills of peer educators and community focal points. Community focal points' roles in mobilizing communities was crucial in this community-based peer education."

Intervention name/description (Citation)	Implementing organization	Funder	Age range	Sex	Country	Setting	Intervention activities	Significant outcomes
Roots and Shoots program to promote resilience and facilitate engagement in community and civic life (Johnson et al., 2007)	Jane Goodall Institute	unknown	15–24	Both	China	University, school	Program activities of Chinese Roots & Shoots clubs expressed care and concern for the natural environment, animal welfare, and the human community. Common activities in the schools included waste management, such as recycling rubbish, electronic parts, and paper. Activities focusing on the human community included taking disabled children to the zoo, visiting sick children in hospitals, and sending them cards made from recycled materials. Animal welfare projects consisted of animal conservation, birdhouse construction, and public education about the humane treatment of pets and zoo animals.	Program coordinators, teachers, and members praised the educational, social, and service experiences. Survey results (self-reported) supported these findings, indicating a moderate program impact across most areas, with a large program impact in some areas. Overall, the highest ratings for program impact were in the area of civic and social responsibility. Self-efficacy: 53.8% indicated large success in carrying out projects, 41% showed medium success, and only 5% showed small change; 41% showed large success in their belief that they can make a difference, 46.2% showed medium results, 10.3% showed small results, and only 2.6% showed no results.
Stepping Stones to equip participants to build better, safer, more equitable gender relationships (Jewkes et al., 2010)	Gender and Health Research Unit, Medical Council	National Institute for Mental Health	15–21	Both	South Africa	Community organization	Thirteen three-hour sessions complemented by three meetings of male and female peer groups and a final community meeting. There were 50 hours of intervention, held over six to eight weeks. Activities included critical reflection, drama, and other participatory learning approaches to equip participants to build better, safer, more equitable gender relationships.	Men reported being better able to deal with conflict at home. Improvements in participants' communication skills were evident in the interviews. Participants reported changes in their peer relations, the sharing of new knowledge and attitudes, new confidence in their ideas and ability to communicate these, and improved knowledge about HIV/AIDS and condom use.

Intervention name/description (Citation)	Implementing organization	Funder	Age range	Sex	Country	Setting	Intervention activities	Significant outcomes
Programa de Educación Afectivo Sexual Belgo, an ASRH program (H. H. Andrade et al., 2009)	Belgo Foundation	Departments of Education and Health of the State of Minas Gerais & the Odebrecht Foundation	10–19	Both	Brazil	School, community organization	Systematic training of education and health professionals. Following training, teachers helped the adolescents to elaborate several projects related to the themes of sexuality and reproductive health through educative, participatory, and preventive actions. Following presentation of the projects, each school received a kit containing specific information.	Improvement in the consistent condom use with casual partner Odds Ratio (OR) 2.19*; and the use of modern contraceptive at last intercourse OR 1.68*
Putting Learning Into Action program to strengthen leadership, self-efficacy and collective efficacy among girls/ASRH Action (Posner et al., 2009)	The Center for Development and Population Activities and World Education	USAID Nepal and USAID ACCESS	11–24	Female	Nepal	Community organization	Peer educators led weekly sessions for groups of eight to 20 participants. The program also involved wide-ranging community awareness activities (household visits, group talks, and public events to raise community awareness about HIV/AIDS transmission as it relates to male migration and sex trafficking, and to confront menstrual prohibitions and superstitions).	From baseline to endline, there was a change in LSE, .06***; CE, .04***; HIV knowledge, .15***; and menstrual restrictions, .99***.

## APPENDIX 13 NONEXPERIMENTAL STUDIES ADDRESSING HEALTH AND ECONOMIC DEVELOPMENT AND EDUCATION

Intervention name/description (Citation)	Implementing organization	Funder	Age range	Sex	Country	Setting	Intervention activities	Significant outcomes
Programa Para o Futuro – Young Women in Action program to improve employability knowledge and skills, gender awareness, life skills and voice, girl-friendly environment, and professional networks (Network-Brasil, 2012)	Academia para o Desenvolvimento da Educação Brasil	Nike Foundation	15–24	Female	Brazil	University, school, community organization	Employability training curriculum that integrated the following four broad areas of learning and skills development: basic education skills; information and communications technology technical skills; social and life skills; and employability skills; as well as eMentoring — connecting young women to active professionals who could provide them with advice, guidance, and at times support in securing employment opportunities for mentees.	The strongest quantitative gains were demonstrated in outcome measures of information and communications technology skills and professional networks. More modest improvement was shown in terms of employment upon program completion. However, follow-up surveys from a subset of graduates indicate positive rates of secondary education completion and enrollment in continuing education, as well as increased job insertion and a tendency in favor of quality employment. Testimonies of profound impact on others were shared by family members and mentors.

Intervention name/description (Citation)	Implementing organization	Funder	Age range	Sex	Country	Setting	Intervention activities	Significant outcomes
ISIBINDI ("strong heart") program to promote physical and psychosocial well-being of orphans and vulnerable children in South Africa. (Visser et al., 2015)	National Association of Child Care Workers	United States Presidents' Emergency Plan for AIDS Relief and Department of Social Development	Under 18	Female	South Africa	Homes, community organization	<ul style="list-style-type: none"> <li>• Home visits to address the physical, educational, and psychosocial needs of orphans and vulnerable children younger than 18 years of age and to strengthen family bonding and community support</li> <li>• Life skills training and career guidance</li> <li>• Home visits and family support</li> <li>• Personal guidance and counselling</li> <li>• Access to a safe park</li> <li>• Help with their study program/tuition/homework</li> <li>• Help with further education and training, scholarship application, job skills, career guidance</li> <li>• Participation in life skills training, young men and women's job empowerment program</li> <li>• Access to health care and treatment</li> </ul>	Significant improvement in problem-solving skills <sup>***</sup> , family support <sup>*</sup> , and reduction of HIV risk <sup>*</sup>

Intervention name/description (Citation)	Implementing organization	Funder	Age range	Sex	Country	Setting	Intervention activities	Significant outcomes
P.A.T.H.S.: Positive Adolescent Training through Holistic Social Programs (Luk et al., 2013)	Kiang Wu Nursing College of Macau	Education and Youth Affairs Bureau of the Macau Government	13–19	Both	China	School	The Tier 1 Program is a universal PYD program in which students in Secondary 1–3 participate, normally with 20 hours of training in the full program or at least 10 hours of training in the core program in each grade.	Linear changes from Year 1 to Year 2 to Year 3 were significant for total score for CPYDS life satisfaction, school adjustment, and behavioral intentions, but examination of means shows trends were not linear and sometimes changes were in the wrong direction. Significant improvement in Year 3 from before to after intervention paired t-test no control variables: •Total CPYDS***, resilience*** •Emotional competence**, cognitive competence**, behavioral intentions** •Social competence*, moral competence*, positive identity*, prosocial norms*, self-determination*, life satisfaction*
P.A.T.H.S. (Luk et al., 2012)	Kiang Wu Nursing College of Macau, Education and Youth Affairs Bureau of the Macau Government	Education and Youth Affairs Bureau of the Macau Government	12 to >16 : Secondary 2 students in Macau	Both	Macau Special Administrative Region of the People's Republic of China	School	Tier 1 program is a universal PYD program in which students in Secondary 1 to 3 participate in normally 20 hours, or at least 10 hours, of training of the core program during each academic year.	

Intervention name/description (Citation)	Implementing organization	Funder	Age range	Sex	Country	Setting	Intervention activities	Significant outcomes
P.A.T.H.S. (Ma & Shek, 2010)	The Hong Kong Polytechnic University, Department of Education Studies, Hong Kong Baptist University; Department of Applied Social Sciences; Department of Sociology, East China Normal University, Shanghai; Kiang Wu Nursing College of Macau	The Hong Kong Jockey Club Charities Trust	Unknown	Both	Hong Kong	School	Tier 1 program is a universal PYD program in which students in Secondary 1 to 3 participate in normally 20 hours, or at least 10 hours, of training of the core program during each academic year.	<ul style="list-style-type: none"> <li>• Results based on several one-way between-subjects analysis of variance indicated that there were no significant differences in the views of program, views of workers, and perceived program effectiveness across three school bandings (students with different levels of academic achievement).</li> <li>• Results of independent-samples t-test also indicated that there were no significant differences in these three variables between schools adopting the 10-hour core program mode and schools adopting the 20-hour full program mode. None of the results are statistically significant because of the methods limitations.</li> <li>• The quantitative findings are presented in this paper. There are several observations that can be highlighted from the findings: <ul style="list-style-type: none"> <li>• More than two-thirds of the respondents perceived the program in a positive manner. For example, 84.97% of the students indicated that the program objectives were very clear; 82.78% felt that the activities were carefully planned.</li> <li>• A high proportion of the students had a positive evaluation of the instructors; 89.74% of the respondents indicated that the instructors were very involved; 89.13% of the respondents perceived that the instructors encouraged the students to participate.</li> </ul> </li> </ul>

Intervention name/description (Citation)	Implementing organization	Funder	Age range	Sex	Country	Setting	Intervention activities	Significant outcomes
P.A.T.H.S. (Ma & Shek, 2010) <i>continued</i>								<ul style="list-style-type: none"> <li>• Roughly four-fifths of the respondents perceived that the program promoted their development, including social competence (83.18%), emotional competence (82.45%), ability to resist harmful influences (83.84%), ability to distinguish between the good and the bad (85.35%), competence in making sensible and wise choices (84.02%), and overall development (84.36%).</li> <li>• While about four-fifths of the participants would recommend the program to their friends if they have similar needs, only a simple majority of them (69.02%) would join similar programs in the future.</li> <li>• Finally, more than four-fifths of the respondents indicated that they were satisfied with the program. Regarding the degree of program adherence estimated by the workers, the mean level of adherence was 86.91%, with a range from 50% to 100%.</li> </ul>

## APPENDIX 14

# NONEXPERIMENTAL STUDIES ADDRESSING DEMOCRACY AND GOVERNANCE

Intervention name/ description (Citation)	Implementing organization	Funder	Age range	Sex	Country	Setting	Intervention activities	Significant outcomes
Choices program to enable very young adolescents to transform their thinking about gender norms (Lundgren et al., 2013)	Save the Children	Not stated	1–14	Both	Nepal	Community organization	Weekly two-hour sessions over a three-month period. Implementation was overseen by a team of trained 18- to 20-year-old child club graduates from the community, one male and one female per club. The curriculum was designed to stimulate discussions between boys and girls in which they could reflect on topics relating to power and gender.	<ul style="list-style-type: none"> <li>• According to gender roles scale (from 0 to 1), acceptance of gender roles increased from 0.330 to 0.824, by participant group.</li> <li>• Rejection of traditional gender norms increased from 0.493 to 0.858.</li> <li>• There was no significant change in control.</li> </ul>
Parivartan program to improve adolescent males' gender attitudes and increase positive bystander behaviors (Das et al., 2015)	Parivartan was developed by ICRW, in collaboration with Apnalaya, People's Associate for Training and Health, Mumbai School Sport Association, and Breakthrough.	Nike Foundation	13–14	Both	India	Home	Training and capacity-building of the organizations involved, identification and training of coaches/mentors, and four-month periods of regular weekly sessions with athletes occurred in 2010. In 2011, a public education campaign and tournaments reinforced the messages from the program.	Topics discussed with child in the past year: relationships 1.26*, pregnancy 1.93***, contraception 3.5***, HIV prevention*** 1.41

Intervention name/description (Citation)	Implementing organization	Funder	Age range	Sex	Country	Setting	Intervention activities	Significant outcomes
Yo Quiero, Yo Puedo (I want to, I can) program to prevent violence (Romero et al., 2010)	Instituto Mexicano de Investigación de Familia y Población	Unknown	Children in the last grade of primary and the first three grades of secondary school	Both	Mexico	School	<p>Stage 1: Teachers participated in workshops.</p> <p>Stage 2: Teachers replicated the workshops with their students.</p>	<p>Students' results:</p> <ul style="list-style-type: none"> <li>• Knowledge about violence, pre-post and control versus intervention: <math>F(1, 1636)=6.17, p&lt;.013</math></li> <li>• Knowledge about discrimination and rejection, pre-post and control versus intervention: <math>F(1, 1639)=15.544, p&lt;.000</math>; intervention group pre-post <math>t(956)=5.15, p=.000</math></li> <li>• Knowledge of children and adolescent rights, significant difference between control and experimental group, pre and post: <math>F(1, 1356)=6.85, p&lt;.010</math>; psychosocial skills <math>F(1, 1649)=9.109, p&lt;.003</math></li> </ul>

## APPENDIX 15

# NONEXPERIMENTAL STUDIES ADDRESSING ECONOMIC DEVELOPMENT AND EDUCATION

Intervention name/description (Citation)	Implementing organization	Funder	Age range	Sex	Country	Setting	Intervention activities	Significant outcomes
Social Safety Net Program/ Youth Worker Training; Jóvenes en Acción program to improve job opportunities (Rosas-Shady, 2006)	Government of Colombia; National Coordination Unit under the Administrative Department of the Presidency	Inter-American Development Bank and World Bank	18–25	Both	Colombia	State-owned training institute	Vocational training activities (basic social skills and work habits and a module on remedial work in mathematics and literacy skills); internship in a private firm lasting three months	<ul style="list-style-type: none"> <li>• After training, beneficiaries increased their employability, especially males, those with higher levels of education, and those who interned in small and medium private firms.</li> <li>• The participants who interned in private firms had higher probabilities to keep their jobs than those who interned in public institutions.</li> <li>• The quality of the jobs that were offered to the beneficiaries after the training was also higher.</li> <li>• The evaluation also mentions that Jóvenes en Acción increased the self-esteem of the beneficiaries.</li> </ul>
Youth at Risk program to enhance self-esteem, increase self-discipline, and expand awareness (Mohammed, 2001)	St. John's College and Belize Police Department	unknown	6–14	Both	Belize	University	<p>Phase 1: Participants were involved in karate classes, individual computer lessons, creative art classes, puppetry, discussion groups, sports, and educational trips.</p> <p>Phase 2: Pairing with a mentor for a one-year period</p> <p>Phase 3: A two-week follow-up summer session, with the activities during this phase including steel band lessons, computer classes, educational visits, and an overnight environmental camp</p>	<ul style="list-style-type: none"> <li>• Parents/guardians reported observable changes in their youth during these two phases.</li> <li>• Excitement and enthusiasm were two most noted attitude changes, but the child's displaying a sense of discipline was also mentioned.</li> <li>• Fourteen (80%) of the participants have had no contact with the police since the program, and 20% have had only minor contact, such as being stopped and cautioned during routine police surveillance. Forty percent are employed or going to school.</li> </ul>

## APPENDIX 16

# NONEXPERIMENTAL STUDIES ADDRESSING HEALTH

Intervention name Citation	Implementing agency	Funder	Age	Sex	Country	Intervention Goal	Main Activities
Community-based peer education intervention for HIV prevention among Yemeni young people (Al-Iryani, B., Al-Sakkaf, K., Basaleem, H., Kok, G., & van den Borne, B., 2010)	No information	UNICEF Yemen Country Office	Youth	Both	Yemen	To equip young people residing in four poor targeted communities with HIV information and skills	To create an enabling environment through advocacy sessions with religious leaders, local councils, district directors, and traditional leaders; building partnerships with CBOs and NGOs in these communities; creating community committees consisting of representatives of local councils, NGOs, CBOs, and the National AIDS Programme; and a 10-day training workshop on life skills and peer education, followed by two days of pre-field training. After the end of the second session, participants received leaflets with key messages about HIV transmission and hats and T-shirts with a message: "Protect yourself with Abstinence and Knowledge." Workers mobilized young people and families through home visits to encourage families to allow young people, especially adolescent girls, to participate.  The outreach peer education activities were conducted in homes, especially during Qat (or Khat) chewing sessions, in motels, hotels, beauty parlors, bus stops, and Qat markets. (Qat is a plant that is a mild stimulant with amphetamine-like properties.)
A Positive Psychological Intervention (PPI) (Van Zyl, L. E., & Rothmann, S., 2012)	Optentia Research Programme, Faculty of Humanities, North-West University (VTC), Vanderbijlpark, South Africa	unknown	19–25	Both	South Africa	To nurture the development of positive emotions, cognitions, and behaviors	Participants were presented with the first self-administered intentional activity. A three-day workshop was then scheduled for three consecutive Saturdays. A post-test was administered one month after the self and group development workshop. The workshop was followed by six individual coaching/development sessions for each candidate.

Intervention name Citation	Implementing agency	Funder	Age	Sex	Country	Intervention Goal	Main Activities
China Youth Reproductive Health (YRH) Project implementation in Harbin City (Educational Research Institute of Harbin Normal University & Institute of Population and Labor Economics—Chinese Academy of Social Sciences, 2005)	Educational Research Institute of Harbin Normal University	Bill and Melinda Gates Foundation	10-24	Both	China	To improve adolescent sexual and reproductive health, including: <ul style="list-style-type: none"> <li>• Increasing adolescents' self-esteem, awareness of positive gender and human rights values, and safer sexual practices.</li> <li>• Increasing adolescents' access to and utilization of high-quality sexual and reproductive health services and counselling (youth-friendly services)</li> <li>• Creating a safe and supportive environment for programming at the national, community, and school levels.</li> <li>• Improving the national-level response to ASRH issues by building the capacity of CFPA and other agencies to advocate for, plan, implement, and evaluate innovative health interventions for adolescents.</li> </ul>	Life-planning skills training to youth. Additional components of the project's strategy include policy and advocacy, youth-friendly services, monitoring and evaluation, media involvement, and informational materials.
China Youth Reproductive Health Project - Shanghai (Shanghai Institute for Planned Parenthood Research June, 2005)	CFPA and PATH	Bill and Melinda Gates Foundation	15-24	Both	China	Increase respondents' sexual and reproductive health knowledge	The project includes three main components. The first is providing life-planning skills training and youth-friendly services to adolescents. The second is advocating for and providing training courses to adults, such as parents, teachers, peer educators, family planning staff, health care providers, and shopkeepers who sell contraceptives, who can provide SRH education and services for young people. The third approach is advocating for such services among decision-makers and government leaders at different levels as well as leaders of relevant departments, such as health, education, and family planning.

Intervention name Citation	Implementing agency	Funder	Age	Sex	Country	Intervention Goal	Main Activities
Collaborative HIV/AIDS Prevention and Adolescent Mental Health Project (CHAMP) (Baptiste, D. R., Bhana, A., Petersen, I., McKay, M., Voisin, D., Bell, C., & Martinez, D. D., 2006)	University of Chicago, the Human Sciences Research Council and the University of KwaZulu-Natal (South Africa) and, the Family Planning Association of Trinidad and Tobago	National Institute of Mental Health (U.S.)	9–13-year-old adolescents and parents at least 19 years old.	Both	South Africa and Trinidad and Tobago	To adapt and pilot CHAMP in South Africa and in Trinidad and Tobago	<ul style="list-style-type: none"> <li>Linking collaborators from outside and within a setting to design a program</li> <li>Creating a stakeholder advisory group to oversee program activities</li> <li>Designing programs that integrate scholarly and indigenous knowledge and perspectives relevant to a setting to shape prevention messages and activities</li> <li>Using credible messengers, such as those already connected to a setting, to implement interventions in their own neighborhoods</li> </ul>
Mindfulness program (Lau, N. S., & Hue, M. T., 2011)	Not reported	Hong Kong Institute of Education	14–16	Unknown	Hong Kong	Improve the psychosocial condition of adolescents in school settings. In this study, psychosocial condition was mainly conceptualized as promoting well-being, stress reduction, and depression reduction. Designed for Hong Kong adolescents, the program aimed to improve the psychosocial effects of young people by cultivating a state of mindful awareness.	<p>The six-week mindfulness program, which was modified and adapted from the Kabat-Zinn mindfulness-based stress reduction program, was presented to students as a short course to enhance concentration and reduce stress by cultivating moment-to-moment awareness. This program was delivered using a secular approach without any religious terminology. The instructor was experienced with mindfulness-based stress reduction training. The program included four major activities: gentle stretching exercise, which enhances the cultivation of mindfulness through awareness of body movement and sensation; practice with daily activities—including sitting, standing, walking, lying down, and eating—which involves the awareness of body sensations, thoughts and emotions; body scan, which consists of a guided movement of attention throughout the body from the head to the toes while sitting or lying down; and loving-kindness practice, which involves sending well wishes and blessings to oneself and all other people in the world.</p> <p>The practices in the first three activities were aimed at cultivating moment-to-moment awareness.</p> <p>The aim of the loving-kindness practice was to boost positive mindsets by cultivating friendship toward oneself and others. Apart from the six two-hour sessions (12 hours), all the participants were invited to join a full day retreat (7 hours). A tea meditation, a mindful lunch, and outdoor mindful walking were offered in the day retreat. Moreover, the students were encouraged to do daily home practice on a voluntary basis (15 minutes).</p>

Intervention name Citation	Implementing agency	Funder	Age	Sex	Country	Intervention Goal	Main Activities
A school-based HIV prevention intervention among Yemeni adolescents (Al-Iryani, B., Basaleem, H., Al-Sakkaf, K., Crutzen, R., Kok, G., & van den Borne, B., 2011)	Education authorities in Aden, Yemen	unknown	15–17	Both	Yemen	A school-based peer education program for HIV prevention which focused on decreasing the level of stigma and discrimination toward people living with HIV and on increasing the knowledge about modes of HIV transmission and prevention	<p>The education office in Aden selected a team of school coordinators consisting of the director of school supervision, director of school health, director of school social services, a teacher representing the school curriculum supervisory committee, and an expert on training of trainers methodologies. The team was trained in a nine-day workshop (8 hours/day) on youth reproductive health, HIV prevention, life skills, and peer education, and the training package was based on a Jordanian life skills and peer education package supported by the UNICEF Middle East and North Africa Regional Office.</p> <p>Peer educators from 27 high schools were recruited on a voluntarily basis.</p> <p>The school coordinators visited parents of selected peer educators to explain the program and to obtain a signed consent form allowing their daughters/sons to participate. The selected peer educators were trained in a 10-day (8 hours/day) workshop.</p> <p>To ensure support for peer educators at school level, school management teams, which consisted of school principals and vice-principals, were trained during a five-day (7 hours/day) training workshop on peer education methodologies, life skills, and HIV prevention. School coordinators planned with peer educators and management teams the peer activities at their schools. Before implementation, a pre-field, two-day training was conducted. Peer educators conducted educational sessions as an extracurricular activity once a week for 90 minutes in a classroom setting.</p>
Parents' Involvement in the Tianjin Project (Tianjin Municipal Research Institute for Family Planning & Institute of Population and Labor Economics, Chinese Academy of Social Sciences, 2005)	CFFA and PATH	Bill & Melinda Gates Foundation	13-14	Both	China	To increase support from parents about ASRH education and to promote parent-child communication about ASRH	<p>The parent training was designed as three sessions that included content on knowledge of ASRH, discussion about attitudes toward and communication surrounding ASRH, and communication skills.</p>

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Project Light (Kinsler, J., Sneed, C. D., Morisky, D. A., & Ang, A., 2004)	University of California, Los Angeles	NIH-Fogarty and UCLA AIDS Research Center	13–17	Both	Belize	To impact HIV/AIDS-related knowledge, attitudes toward condoms (Theory of Reasoned Action), self-efficacy (Social Cognitive Theory), peer norms regarding sex and condoms (Theory of Reasoned Action), and condom use	Weekly educational sessions were held in a classroom at each of three schools during a designated time period established by school administrators. Peer educators provided basic information regarding HIV transmission and prevention, reviewed barriers and solutions, and assisted youth in resisting peer pressure to have sex. The interactive role-playing exercises, skills-building activities, peer role model testimonials, and other strategies were adapted to the specific concerns of the youth population in Belize.
School-based HIV/AIDS prevention in Sub-Saharan Africa: The SATZ project (SATZ = South Africa and Tanzania) Mukoma, W., Flisher, A. J., Ahmed, N., Jansen, S., Mathews, C., Klepp, K. I., & Schaalma, H., (2009)	Local teams in 3 cities	European Union	14 (average, no standard dev)	Unknown	South Africa and Tanzania	HIV/AIDS prevention	<p>Training topics and activities:</p> <ul style="list-style-type: none"> <li>• Values clarification with regard to adolescent sexuality: student-developed questionnaire for parents/guardians, homework, role-plays, whole class discussion</li> <li>• Self-esteem and sexual decision-making: small group activity, individual activity</li> <li>• How our bodies function reproductively: lecture, single-sex small group activity, homework</li> <li>• Dimensions of sexuality: small group discussion</li> <li>• Boys don't cry! Girls are soft!: role-play, small mixed-group discussion</li> <li>• Responsible decisions for sexual safety: individual activity</li> <li>• Promoting the sexual health of young people: individual, small group, and whole class discussion</li> <li>• How do I handle this?: Single-sex small group activity, role-plays</li> <li>• Situations that carry the risk of sexual intercourse: small group and whole class discussion, role-play</li> <li>• Coercion and violence in romantic relationships: small group discussion</li> <li>• Not for me, not now!: individual activity</li> <li>• How to use condoms: role-play, condom demonstration</li> <li>• Negative consequences of sexual intercourse: role-play</li> <li>• HIV and AIDS and the future: individual activity, small group discussion</li> <li>• Substance use and sexual decision-making: individual or small group activity, role-play</li> <li>• Self-esteem: small group activity</li> </ul>

Intervention name Citation	Implementing agency	Funder	Age	Sex	Country	Intervention Goal	Main Activities
School-based reproductive health education program in rural southwestern Nigeria (Ajuwon, A. J., & Brieger, W. R., 2007)	unknown	unknown	10–25	Both	Nigeria	Improve the reproductive health knowledge, attitude, perceived self-efficacy and sexual practices among secondary schools students in the Ibarapa district of southwestern Nigeria	Schools were randomized into four treatment arms as follows: teacher instructions alone (E1) (Eruwa), peer education alone (E2) (Ilgangan), combination of teacher instruction and peer education (E3) (Igbo ), and control (Lanlate). In E1 students nominated eight teachers; two were nominated from E2 and seven from E3. These teachers were trained for five days on adolescent sexuality, communication, human reproduction, pregnancy prevention, STD/HIV/AIDS, condom promotion and distribution, drug abuse, malaria, guinea worm. Relevant training methods including role-play, group work, discussions, demonstrations, and film. Upon completion of the training, teachers were provided with course materials, educational materials, condoms, and forms to document their activities, and were assigned to various classes based on existing teaching arrangements. However, teachers from E2, where peer education strategy alone was implemented, were not assigned to any class. Instead, they served as supervisors for the peer educators in that school. Similar five-day training programs were organized for each set of the of 22 peer educators in E2 and E3 who were also nominated by their colleagues. In addition, the trained peer educators were provided with condoms, educational materials, and evaluation forms. The form contained information about the nature of intervention carried out and described the gender of the students reached with intervention.

Intervention name Citation	Implementing agency	Funder	Age	Sex	Country	Intervention Goal	Main Activities
The African Youth Alliance partnership program (Daniels, U., 2007)	United Nations Population Fund, PATH and Pathfinder International	Bill and Melinda Gates Foundation	10–24	Both	Botswana, Ghana, Tanzania and Uganda	To improve ASRH, including the prevention of HIV/AIDS, among young people aged 10–24.	<ul style="list-style-type: none"> <li>• Policy and Advocacy component was designed to improve the legal and policy environment by assuring implementation of supportive ASRH policies in order to successfully carry out program interventions. The longer-term objective was to create a sustainable, enabling environment for ongoing work in ASRH. An evaluation of Policy and Advocacy found improved knowledge and supportive attitudes of stakeholders, an increase in commitments and actions supportive of ASRH by stakeholders, and increased resource allocation for ASRH.</li> <li>• Behavior Change Communication component aimed to enable and sustain healthy behavior adoption by building the necessary skills of young people. The implementation of life-planning skills training with both in- and out-of-school young people was a cornerstone of the component. Evaluations and process data from this component demonstrated improvements in ASRH knowledge, perceptions, attitudes, and behaviors among students who received life-planning skills training.</li> <li>• Youth-Friendly Services component made services youth-friendly and available to young people and set the stage for scaling up. African Youth Alliance worked with public health facilities, NGOs, and faith-based organizations to improve quality of services for young people through both static clinic facilities and outreach. Component evaluations determined that the availability of youth-friendly services increased, the quality of and client satisfaction with services improved, and utilization of services increased. In all African Youth Alliance countries, ASRH/Youth-Friendly Services was integrated in pre-service training.</li> <li>• Integrating ASRH into livelihood programs: Supported the integration of ASRH activities into existing livelihood programs for young people, and advocated for increased recognition and funding for livelihood programming. Importantly, life-planning skills training was mandated in the Zanzibar Vocational Education Policy in Tanzania.</li> <li>• Institutional Capacity-Building: Provided technical or material assistance to strengthen one or more elements of organizational effectiveness, with the aim of overall sustainability. The evaluation showed improvements by implementing partners in each country, and several have secured funding to sustain ASRH programming.</li> <li>• Coordination and Dissemination: Ensured effective implementation and integration of program components within African Youth Alliance, as well as externally within government and other important programs. Government structures were supported to ultimately assume this coordination.</li> </ul>

Intervention name Citation	Implementing agency	Funder	Age	Sex	Country	Intervention Goal	Main Activities
The Family Strengthening Intervention (FSI) (Betancourt, T. S., Ng, L. C., Kirk, C. M., Munyanah, M., Mushashi, C., Ingabire, C., . . . . Sezibera V., 2014)	Rwandan Ministry of Health and Partners in Health	National Institute of Health	7–17 and caregivers 30–70 years old	Both	Rwanda	To improve family functioning and caregiver-child relationships, connect vulnerable families to available formal and informal services, and promote emotional and behavioral health among HIV-affected children	<p>Supplementary psychoeducation on genocide-related trauma, and attention to integration of past experiences and present resilience, are delivered via six main modules. The number of sessions required to complete these modules may vary according to a family's needs and family size. (Separate sessions may be held with younger and older children in small groups as needed.) In initial sessions, caregivers and children meet separately with a counsellor; leading up to a family meeting led by caregivers with support from counselors. Intervention content is presented through picture books developed for the intervention, vignettes, interactive activities, and Rwandan proverbs. HIV/AIDS and trauma psychoeducation content were developed with input from a community advisory board and also by drawing from counseling materials used by collaborating organization Partners In Health/Inshuti Mu Buzima (PIH/IMB) and by the Rwandan Ministry of Health (MOH).</p> <p>Counselor selection, training and supervision: Counselors underwent extensive training in the delivery of the intervention by its developers, study investigators, and local and international clinicians. A two-week training period involved role-play-based learning of the central theory and practices of the intervention using a comprehensive intervention manual, as well as discussion of techniques for ensuring parent engagement and strategies for facilitating family conversations via group practice and discussion. Counselors worked in pairs when they first met with their families, and once they were comfortable with the intervention, they worked individually.</p> <p>After initial training, investigators and Boston-based supervisors provided weekly phone supervision that included case presentation, group discussion, problem solving and support. Counselors met with the Rwanda-based program manager at least weekly to review successes and challenges in intervention delivery. An experienced clinical psychologist from the University of Rwanda provided additional local supervision.</p>

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VUKA: "Let's Wake Up" in isiZulu (Bhana, A., Mellins, C. A., Petersen, I., Alicea, S., Myeza, N., Holst, H., . . . McKay, M., 2014)	Not explicit	Not known	10–13 years old and their families	Both	South Africa	To support families in promoting the health and psychosocial well-being of children and adolescents who are HIV positive	<p>The revised intervention retained the overall structure of Collaborative HIV/AIDS Prevention and Adolescent Mental Health Project (CHAMP), multiple child-caregiver pairs, and the use of a cartoon-based story line from CHAMPSA (CHAMP, South Africa), with an altered curriculum to accommodate the unique needs of youth living with perinatal HIV infection. Patient and provider community advisors renamed the intervention VUKA ("Let's wake up" in isiZulu). A new culturally tailored cartoon storyline and curriculum enabled lay counselors supervised by a psychologist to deliver the intervention in an engaging and structured way. The curriculum provides step-by-step guidance for counselors to deliver critical information to facilitate discussions and problem-solving within and between families in multifamily groups.</p> <p>Session topics include AIDS-related loss and bereavement; HIV transmission and treatment knowledge; disclosure of HIV status to others; youth identity, acceptance, and coping with HIV; adherence to medical treatment; stigma and discrimination; caregiver-child communication, particularly on sensitive topics such as puberty and HIV; puberty; identifying and developing strategies to keep children safe in high-risk situations where sexual behavior and drug use are possible; and social support. As with the original CHAMP intervention program, HIV-infected youth and their primary caregiver come together with other affected families for sessions, which include both multiple family group activities and separate parent and child group activities.</p>
YOMI-VIDA (Hernández Ramírez, E. M., 2010)	Corporación Surgir	Universidad de Antioquia	5–13	Both	Colombia	To promote the adoption of healthy lifestyles as a protective strategy for children against their vulnerability to an early start using psychoactive substances	Workshops with teachers, sessions with students and accompanying activities with parents.





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