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[Archives: CF/NYH/SP/SUM; Folder: S0355.] Contents: Section 1: Members of the Planning Committee - Schedule of (remaining) meetings and activities; Section 2: Schedule and Programme of the World Summit for Children; Section 3: Draft Declaration of the World Summit for Children - Draft Plan of Action; Section 4: Report of Meetings: - 1st, 2nd, 3rd Meetings of the Planning Committee - Meetings of the Working Group on Format - Meetings of the Working Group on the Declaration - Statement of Agreement of the six Initiating Governments -

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Adolescents

Participation, Development, Protection and Survival

**Discussion Paper prepared for the
Technical Team Leaders Meeting for UNICEF's
Global Agenda beyond the Year 2000**

13-17 July, 1998, New York

This discussion paper has been specifically drafted for the technical team leaders meeting. It is the product of a number of processes (see Section 6). It does not attempt to follow the outline that has been provided for the Global Agenda technical papers, although an outline-following paper is in draft. Instead, this discussion paper aims to raise a number of questions and issues that require discussion and feedback from this technical team leaders meeting in order for a paper on *"Adolescents"* to be useful to the overall Global 2000+ process. It attempts to synthesise a range of ideas and concerns that are being raised within UNICEF and by many of our key technical and operational partners about programming with/for adolescents.

ADOLESCENTS

.... the next decade for the next millennium

1.   Introduction

To start, some definitions: *Adolescents*: 10-19 years; *Youth*: 15-24 years; *Young People*: 10-24 years (an inclusive definition of adolescents and youth). The age-definition of youth is the one that has been adopted by the UN, and the other two definitions are those being used by WHO, UNICEF, UNFPA, UNDCP, UNHCR, UNAIDS and many NGOs. These words may have quite different meanings in countries, particularly the concept of "youth" (defined in Uganda, for example, as 18-35 years). While age is an easily measurable divide within the life cycle, it is only one of the factors that increases vulnerability and defines a cohort that are significantly different from small children and adults, that constitute a large segment of the population (young people: 30%; adolescents 20%), and that are an increasingly distinct group in most countries, with specific problems that require specific approaches in terms of policies and programming.

UNICEF needs to focus on all young people: adolescents because they are mostly "children" in their second decade of life, and youth because of the influence that they exert on adolescents, the impact of what happens during these years on child and maternal health, and the fact that they are a key resource in families and societies, for the present and for the future.

This discussion paper will, however, focus on *adolescents*, who are usually the most vulnerable group of young people. Most of them are still "children" in terms of the *Convention on the Rights of the Child*, which is an important point because, even if they don't want to be referred to as children, it reminds us that adolescents remain dependant on adults to meet many of their needs/rights to education, health and development, despite their growing responsibilities and their changing roles and relationships. It is this age group that are generally most different from small children and adults and who are most vulnerable to exploitation and abuse.

The case for a focus on adolescents is being made with increasing clarity and conviction, by governments, by many UN agencies, by NGOs, Foundations, bilateral donors, the private sector, and by adolescents themselves. The case is being made from a range of perspectives (demographic, public health, rights, democracy and economics -- for present, future and of course past investments), and it is based on a spectrum of concerns (from HIV/AIDS to the creation of democratic societies, from drugs to child soldiers, from gender equity to tobacco use, from not-good-enough parenting to violence and abuse, from suicide and accidents to discrimination based on sex and race, etc.). There are many reasons for the recent accelerating focus on adolescents, including the dramatic improvements in child survival, the fact that a distinct period between childhood and adulthood is a relatively new but growing phenomenon in many countries, and concern about 21st century pandemics, many of which have their roots in adolescence (eg. HIV

and tobacco).

There is also a growing realisation that what happens during these years of rapid physical and psychosocial development has implications for adolescent's health, capacities and opportunities as adults, for the health and development of their children, for their capacity to be caring and supportive parents and spouses, and for their ability to be productive and responsible members of civil society and democratic processes. There is a growing sense that investing in adolescents will be central to the economic and social progress and stability of communities and countries, and a growing capacity to move beyond the complexities of this period of rapid physical and psychosocial development and identify discrete programmable interventions that have an impact -- the decreasing HIV statistics in Uganda and the children-against violence being but two topical, encouraging examples.

Adolescents provide a great opportunity for UNICEF to make a key contribution to a programming area that is growing rapidly and to influence the global agenda; to work in a new way, across sectors (there are fortunately few sectoral "interests") and problems (in a way that is difficult for most other UN organisations which tend to focus primarily on specific sectors, such as WHO and UNESCO, or specific problems, for example UNDCP and UNFPA); to fill in a gap in the life cycle and to build on interventions in other periods of the life cycle (eg. primary education, safe motherhood); to break some vicious cycles that undermine child and maternal health (eg. low birth-weight, stunting, poor maternal nutrition, low birth weight); and to make a key contribution to families and communities in the next century.

The most important thing about having "adolescents" on the agenda of this technical team leaders meeting is that it provides UNICEF with an opportunity to move towards some consensus on priorities and on a framework for programming with/for children in their second decade of life (in the way that ECCD is doing for smaller children). It provides us with another opportunity to move towards an integrating, life-cycle approach to programming that ensures that the **adolescent** is the focus for all the categorical resources that are available for this phase of the life cycle (eg. HIV/AIDS, drugs, adolescent pregnancy, violence, gender disparities, parenting, the environment, protection, etc). It also provides us with an opportunity to discuss the integrating programme elements that make the linkages between the first and second decades, such as schools and parents/care givers.

2.   Let's be clear -- this is not a new issue/target group!

Adolescents/adolescence are not a new focus for UNICEF. There is currently extensive programme mobilisation and support by UNICEF Country and Regional Offices around the world for a range of programmes that focus on and/or involve adolescents, with the engagement of a range of sectors (eg. health and nutrition, education, child protection, communications, WES).

Adolescents were explicitly mentioned in UNICEF's original mandate. Country Offices have a long track record of "CEDC" projects and programmes that include a focus on adolescents. There have been numerous Executive Board decisions relating to adolescents/youth, and adolescents are explicitly included in the global commitments made during a range of International Conferences over the past decade, including Rio, Beijing, Cairo, Stockholm, Oslo, Machel, etc.

Adolescent health and development was one of the substantive topics discussed during the recent WHO/UNICEF/UNFPA Coordinating Committee on Health (CCH). Adolescents are a central thread to UNICEF's response to HIV/AIDS, they were the focus for the round table on demand reduction that UNICEF and UNDCP organised for the Special Session on Drugs during the recent General Assembly, they are an important focus for growing collaboration with WHO in the fight against tobacco and they have been an important aspect of our collaboration with UNFPA and with our co-sponsors in UNAIDS.

A focus on several aspects of adolescents have been included in PRO 98-003 (education, health, protection), and they are an important focus for a range of on-going programmes (eg. WES, AIDS orphans, Communication, Gender, Protection). All of the issues identified by the Tarrytown Group will have important programming implications for adolescents (including ECCD, since the parents most likely to be in need of support for early childhood care will, in many societies, be those parents who are still children themselves).

At UNICEF NYHQ there is an Inter-Divisional Working Group on Young People, which was initiated out of a desire among the growing number of Sections/Units that are working with/for young people to work more collaboratively, and the paper that this group prepared for the planning group of the forthcoming World Conference of Ministers Responsible for Youth is available for review.

In addition to the PD "Issues Briefs" on Young People's Health and Development, Child Protection, Education and School Health, all of which include a focus on adolescents, there are a range of Publications that outline UNICEF's programme approaches and support for adolescents, including those dealing with health (see, for example, the listings in the CCH paper on Adolescent Health -- Annex II), nutrition, disability, young people's participation, development education, peace education, life skills -- not to mention those developed/supported by Country Offices. We have Voices of Youth at <www.unicef.org> and a Knowledge Network focusing on young people's health and development at <www.unicef.intranet.org>

SO, the question is not really whether UNICEF should have a focus on adolescents -- this question has already been answered. The question is what we should be doing in the future, and how, in terms of programme content and programme support (and of course -- where to draw the limits of engagement). While the content and focus of programming will differ to some extent between and within regions (as exemplified by the RMT papers prepared for this meeting), the broad approaches, strategies and programming principles are likely to be similar throughout the organisation.

3. FAQCs (frequently asked questions and comments) about Programming for/with Adolescents

UNICEF can't afford to go into yet another new area of programming

First, this is not a new area (see above). Secondly, a focus on adolescents will be important for the current agenda, reaching and sustaining the WSC goals, for a number of the PRO 98-003 priorities, and for all of the issues raised for consideration by the Tarrytown Group. UNICEF cannot afford not to focus on adolescents!

OK then, why don't we limit ourselves to advocacy

UNICEF's advocacy is only as strong as its capacity to help demonstrate that what needs to be done CAN be done, to some reasonable scale in a reasonably sustainable way. While there is of course a need to generate more political interest/commitment and increase the resources that are allocated to adolescents, in general the challenge is to move beyond generating affective concern and support the implementation of effective action, to demonstrate that the growing consensus about what needs to be done is do-able (and that countries should be asking themselves "why?" if they are not doing it). Of course there is an on-going need for advocacy, but we also need to help demonstrate, through partnerships, that we can make a difference to the lives of adolescents (which has a number of positive inter-generational knock-on effects).

Well, let's just focus on a few issues then, for example AIDS, tobacco, violence or participation

There is a tendency to focus on problems, to be concerned, for example, about violence, adolescent pregnancy, HIV/AIDS, drugs or tobacco (all important causes for concern). Most of these problems grow from a common soil and are inter-related in terms of cause and effect. This has important implications for programming.

In addition, there is a growing body of research (albeit mostly from the "North") that is exploring the question: "how come, with all these problems surrounding young people, most of them do just fine .....?". A number of factors have now been identified that increase adolescent's resiliency and protect them from a range of high-risk behaviours, factors such as connectedness with parents, having access to an adult that is caring and supportive (which may or may not be a parent), having a safe and supportive learning environment, having opportunities for community service, and having a spiritual dimension to their lives. There is also growing evidence that interventions such as helping girls stay at school and providing part-time employment opportunities have a significant impact on a range of high-risk behaviours (eg. adolescent pregnancy), and there is increasing interest in supporting programmes that move beyond the individual problems towards identifying programme goals that focus on the positive and protective aspects of adolescent development (see for example the International Youth

Foundation's focus on the 4C's -- confidence, character, connectedness and competence).

Of course, we will need to continue to be aware of the problems (after all, this is what most of the $$ is currently allocate to!): the negative repercussions of unwanted and unsafe sex; substance abuse (including alcohol and tobacco); accidents and violence; poor nutrition and common endemic diseases (both physical, such as tuberculosis, and psychological, for example depression and suicide); illiteracy and gender disparities; and specific vulnerable groups and settings (for example adolescents in need of special protection). It is usually these problems that concern politicians. Focusing on a range of problems helps us make a more compelling case for action, and promoting a set of strategies that are of relevance to a number of problems helps ensure that the available resources are used in a more cost-effective and sustainable way. In some ways, the tendency to focus programatically on different problems (the AIDS among streetkids approach to programming) creates the conditions for duplication and overlap ......

Focusing on a range of problems gives UNICEF a seat at more tables where we can promote a coherent rights-based approach to programming. But focusing on resiliency and development provides us with an opportunity to think positively and concentrate on the solutions/rights which are common to a range of problems that undermine adolescents' health, and that prevent them from being able to fulfill their potentials.

All right, then let's just focus on a few particularly disadvantaged groups

The essence of the shift from "CEDC" to "Child Protection" has been to move beyond specific groups (eg street kids) and to focus more on the conditions and circumstances that give rise to vulnerability and disadvantage (eg. lack of family and community care/support). At the same time, there is a growing appreciation that while the Child Protection categories may contribute to our conceptual clarity and understanding of the issues, in reality the boundaries are far less distinct -- there is clustering of the antecedents as there is a clustering of the problems and high-risk behaviours.

In addition, it is clear that while we need to focus on the most disadvantaged, if we want to decrease the pool of disadvantaged and vulnerable adolescents we will need to deal with prevention -- we will need to strengthen and develop our programming responses for/with adolescents *before* they become particularly disadvantaged and vulnerable. We will also need to continue to focus on rehabilitation (the public health analogy for prevention, putting up a fence at the top of the cliff rather than providing an ambulance at the bottom for the people who fall over, does not fully reflect the choices and challenges of programming for/with adolescents ...... for adolescents, the cliff is more like a slippery slope with an increasing gradient, and we need to help adolescents get back up to the top in addition to building the fence to stop them falling over in the first place).

In terms of vulnerability, while it is important to identify those who are most vulnerable, directing resources only to the vulnerable groups is clearly not the only thing that needs to be

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done. For example, it is widely recognised that in many countries adolescent girls are particularly vulnerable. However, it is extremely unlikely that we will be able to respond to the problems of adolescent girls if we do not also respond to the problems of adolescent boys, both for the present and also for the future.

Its much too complicated ......!

The essence of what UNICEF and its partners have been doing for the past five years is to try to make it simple (even if it isn't!) and to be clear about what is doable -- to focus on "can" rather than "should". Among other things, this requires us to have a clear and simple conceptual framework for understanding levels of causation. It is therefore important to differentiate between the *basic factors*, such as poverty, rapid social change and disparities, which are important: (i) as a challenge for long-term programmes (that will need to include the involvement of and a focus on adolescents), and (ii) to help identify particularly disadvantaged/vulnerable adolescents; *the underlying factors*, such as lack of information/skills, lack of opportunities to participate, and environments that are neither safe nor supportive -- these are likely to provide us with an indication of those programme areas where we are most likely to have some relatively rapid and measurable results; the *high-risk behaviours* (eg. unwanted and unsafe sex, substance abuse, etc.) which give rise to the health and development problems that generate the interest and concern of communities and politicians (AIDS, adolescent pregnancy, child and maternal mortality, delinquency, disability, etc.).

The bulk of our programme support resources need to be directed to the underlying factors (which are all violations of children's rights).

The actions that are being proposed are much too fuzzy

Adolescents need many things if they are to successfully make the transition from childhood to adulthood. They need love and hope in the future; they need respectful and supportive relationships with their parents, peers and service providers; they need a safe and enabling environment (including policies and legislation, and the social values and norms of behaviour that surround them); they need to have access to information and opportunities to develop life and livelihood skills, so that they can take advantage of the opportunities that surround them (limited though these are for many adolescents); they need access to a range of adolescent-friendly services, including education, health and nutrition, recreation and leisure, and criminal justice; and they need opportunities to participate in decision that effect their lives (which is most decisions!). This is a big list. But there is growing evidence that while we are still not very good at programming for all of these needs (love, for example), we **are** able to help meet some of the basic rights that are fundamental to adolescent development.

The CRC provides us with a strong programming framework. It provides us with a set of values in an area of programming that is fraught with value judgements and (frequently well intentioned but ill-informed) preconceptions. The following matrix is at the heart of the current programming

approaches to adolescent health and development:

Meeting Adolescents Rights to:	Programming strategies/channels				
	Policies and planning	Schools	Adolescent-friendly Services (eg. health)	NGOs/CSOs, peers and parents	The news and entertainment media
Information and life skills					
Learning, health, recreation & justice					
A safe and supportive environment					
Opportunities to participate & contribute					

Programming for adolescents it is not simply a question of a single intervention (eg. providing information through schools) -- it needs to focus on meeting a set of rights, and promote strategies that do this through a range of channels.

But we (UN organisations, governments, CSOs) can't stretch our limited resources and capacity any further!

Well, first of all, young people *are* a resource (they are not merely passive beneficiaries). Secondly, investing resources in adolescents is likely to save resources in the future (eg tobacco addiction, illiteracy, violence). Since community service makes an important contribution to adolescent's resiliency, we need to be identifying ways to involve adolescents in a wide range of activities (malaria control, for example), and to involve them in ways that contributes to their development -- that help them develop skills, take responsibility and improve their self esteem (ie. beyond the "lets get the Scouts to help those women bring their children for immunisation next Wednesday" approach).

Adolescents are confronted by many problems, particularly when they are surrounded by rapid social change and inequities of money and power, or when they are living in situations where they lack the family and community care and support that is so essential for their development

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and protection. However, as Carol Bellamy recently said, young people are not the problem. The problem is that their rights are not met. More often than not young people, with their energy and ideas, will be a key resource in terms of identifying and implementing solutions to the problems (and we need to remember that in terms of resources, money may not be the major obstacle to accelerating progammes that meet adolescent's rights to participation, development, protection and survival)

But you have no goals ...... if you can't set goals how can we make them a global priority?

Developing goals will of course be essential, and there are a number of processes currently underway to develop clarity and consensus. However, the goals that we set ourselves will depend on what we are trying to achieve, and this is true for the international community, for countries and of course for UNICEF (do we want to know how many adolescents smoke tobacco or how many adolescents feel that they have at least one adult that they can turn to in times of crisis?). Is the focus on decreasing HIV/AIDS, substance abuse, violence, etc.; is it on ensuring that a set of rights that are fundamental to their development are protected/met; is it to focus on certain key components of resiliency, for example supporting parents and providing opportunities for community service? Do we want to focus on impact, or on the coverage and quality of key interventions that meet children's rights (as we have done with immunisation and education, for example). We need to have goals that relate to the entry points and community concern, but we also need to develop goals and targets that help us use categorical resources in a more holistic/comprehensive way. There is a real opportunity here to do things differently ....

It will also be important to consider how to define goals that meet the needs for global advocacy and mobilisation and also national programming based on a situation analysis and opportunistic entry points.

By the way, what's all this business about adolescent participation?

Apart from it being a right ......? Well, there is now wide-ranging consensus about the need for adolescents to be placed at the centre in this area of programming -- there is strong agreement from all our key partners (including adolescents) about the need for adolescents to be meaningfully involved in assessment, analysis and action, and we have a growing number of examples of this being done (in ways that move beyond the tokenism that is unfortunately more often the norm than the exception).

Of course adolescents also need to be participating much more widely than programmes that focus on adolescents. They have a key contribution to make to a wide range of decisions and action in civil society ... and again there are growing examples of this being done. However, in view of the somewhat ambivalent attitudes of adults (including politicians) towards adolescents (and the issues in society that they force us to confront), it is important to provide a clear purpose and context for the participation that is promoted and supported (and we need to remember that it is not just a question of adolescents' participation --facilitating and nurturing respectful

relationships between adolescents and adults is also important, for both groups).

UNICEF has gained extensive experience of working with small children and promoting and supporting the participation. The growing focus on adolescents is likely to pose new challenges and require new skills -- from a developmental perspective, they are increasingly capable of reflective thought ..... from an interaction perspective, adults have to be able to listen and let go!

Why don't we let the others UN organisations focus on adolescents?

They already are, with each one making a different contribution (in general, there is extremely good collaboration between the UN organisations). However, they are often restricted by their their sectoral linkages (eg. WHO, UNESCO) or their focus (UNDCP's focus on illicit drugs, for example, not even the legal drugs that more seriously undermine individuals, families and communities, in the present, eg. alcohol, and the future, eg. tobacco). Few UN organisations have any serious capacity in countries to support programming and few of them are in a position to strongly promote a developmental rights-based framework for programming (although WHO is a strong advocate).

UNICEF is good at taking very specific interventions to scale -- what are the immunisations for adolescents?

UNICEF has proven to be good at helping to be clear about what is do-able and effective, and then helping to make it happen through advocacy, mobilisation, programme support, etc. In child health we could do this primarily through specific focused interventions. Unfortunately, there are no immunisations for the problems that undermine adolescent's health and development. UNICEF has a good track record in the area of survival with "magic bullets", but when development becomes more important than survival, the problems need to be dealt with in a different way. The "immunisations" for adolescents are information, skills, safety, etc., and we will continue to focus on issues of coverage and quality in relation to advocating for/programming these interventions. Perhaps in the same way that it made such a key contribution to accelerating the implementation of specific focused interventions in the 80's/90's for child survival, it can help pioneer a more integrated approach in the next millennium for child development (which is likely to be more triple A than Vitamin A)

Working with/for adolescents is too politically sensitive

Yes, this will be a challenge. We will never be able to deal with adolescents without touching on politically sensitive issues. But dealing with politically sensitive issues will be a challenge for whatever UNICEF does in the next century, as it increasingly has been in the last decade of this century.

4. Decision Time! Challenges and Choices -- Strategies and Programming Priorities

What to focus on?

This will be one of the most important decisions that we take during the next two years. Should we focus on the problems (eg. decreasing HIV, substance abuse, violence), on the solutions (eg. coverage and quality of information, learning, safe spaces), or on cross-cutting outcomes (eg. gender equity, participation, etc.) ...... or on a combination? Should we focus on a set of inter-related problems, promote a programming framework that meets the rights of children in their second decade of life, or focus more explicitly and positively on the factors that contribute to adolescent development and that protect them against the problems? Do we want to deal with all the discrete "vertical" issues, or invest our resources for this age group in a different way, focusing on a set of processes (which would be different from the way that we have approached small children and, for the most part, women).

Overall Goal: *Adolescent Development*

Sub Goals: * Quality and Coverage of Interventions (safe spaces, life skills, etc.)
               * Adolescents Participating in Local/National Development (developing skills and processes)
               * Positive Images of Adolescents
               * Policy Development
               * On-going Reporting Systems about/by Adolescents

Targets: * Development Markers
               * Targets from Global Conferences, etc.

In our concern for the most disadvantaged we will need to be clear about the balance between a focus on the most vulnerable and a focus on the likely-to-become vulnerable. Often this will involve a focus on age (10-15 year olds); sex (of course we need to deal with gender rather than sex), ethnicity, urban adolescents (the proportions and numbers of urban adolescents will be increasingly rapidly during the next 20 years); and disability (mentioned in several of the RMT papers and a topic for discussion at last years focused discussions by the Committee on the Rights of the Child)

We need to identify the points of leverage -- what are people concerned about, what can we do that will have a relatively rapid and measurable impact: safe spaces for all by 2005, schools as a focus for adolescent development, etc.

Concerning all of the above, we should be careful of "either/or" discussions when in reality it is

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more a question of "both/and" (where to draw the line along the spectrum?).

Processes already underway:

* Youth Health --for a Change
* WHO/UNICEF project: Adolescent health and development -- what to measure and how?
* UNICEF's on-going efforts to clarify our approaches to monitoring the CRC
* The pre-Forum workshop -- a focus on discrimination
* The Inter-regional Programming Group on meeting the Health and Development Rights of Young People in Crisis

Developing processes (within UNICEF and with partners) to pull together the strands and work in new ways?

If we want to move beyond sectors and problems we will need to work differently, and adolescents provide us with an opportunity to do this (mostly we are organised in ways that reinforce the very things that we want to change!). This requires investing in new ways of working at NYHQ, in the regions and at country level. It will also require us to think seriously about how to involve young people at global, regional and national levels.

Processes already underway:

* The inter-regional Programming Group on Meeting the Health and Development Rights of Young People in Crisis (bringing together health, education, child protection)
* The Inter-Divisional Working Group, RMT Working Groups, the regional translations/adaptations of Youth Health -- for a Change, etc.

Adolescent's participation

In terms of participation there needs to be a focus on adolescent's participation in programme assessment, analysis and action, in relation to programmes directed at young people (...... the book waiting to be written). They also need to participate in other programmes, and much more widely in civil society, in democratic processes, etc. (...... the other book waiting to be written!)

Processes already underway

* Young people's participation workshop (1997),
* Review and analysis of CO efforts to involve young people (1997)
* Country Offices and partners

New Programming areas that require accelerated development

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There are a number of programming areas that will require additional focus as UNICEF develops its programming approaches to adolescents. These include:

*   strengthening psycho-social support (rapid psycho-social development is one of the key things that differentiates adolescents from small children and adults), which is important for a range of problems, eg. HIV/AIDS, post-conflict, exploitation, etc. -- what is the least that we can do that is useful and that could reasonably be expected to be taken to some reasonable scale? Child Protection are taking a lead on this issue.

*   developing the economic arguments for investing in adolescents

*   strengthening programme communications, in terms of programming more imaginatively through the news and entertainment media (there are some interesting examples in countries) -- this is likely to be increasingly important for reaching both adolescents and adults

*   Parents and adults (in general we need a more focused and life-cycle approach to working with parents ...... "families" is a better conceptual unit than a programming unit)

*   Life and Livelihood skills (as part of our approaches to quality of education/learning)

5.   Actions for Discussion (*with a focus on global activities over the next 2 years*)

Define an overall focus for UNICEF: To take a leadership role (if not, within the UN system who will?); to focus on participation, development, protection and survival (the order is different for the second decade of life); to promote a framework (with other agencies providing support and resources for specific issues -- there is an on-going need to clarify the roles and responsibilities of the respective agencies, although at country level this is likely to depend on a range of factors).

NYHQ

Finalise the Adolescent paper for the Global Agenda beyond the year 2000, based on the discussions/conclusions of the technical team leaders meeting, for wide circulation and feedback prior to the August deadline.

Convene a Global Advisory Group, that includes young people and represents a range of sectors and organisations, to be responsible for making recommendations to UNICEF on adolescent programmes and policies (the IDWG could provide a secretariat function to this group)

In order to reinforce an inter-sectoral approach, consider placing the IDWG as a hub for programming with-for adolescents -- there would need to be some restructuring, inclusion of regional representation, clarification of roles/responsibilities, at least one additional staff member

and some different ways of working. The IDWG could form the core for intersectoral programming -- with a clear work plan, budget, etc. and regular updates/reporting to the GMT.

Convene a major consultation on Adolescent Development -- to strengthen the rationale for a focus on development (in order to make the case), to synthesise programming experiences and identify programme support tools/resources (existing/needed)

Start gearing up for a major event(s) focusing on adolescents in 2002 -- (some preliminary thoughts-for-planning are available)

Make a serious investment in going after a few marker statistics that could be collected from most countries (with attention to innovative approaches that involve young people..... Gallup are interested, MTV are interested, etc.) ..... with the aim of having something meaningful in PON-type publications, other than statistics relating to adolescents sexual and reproductive health!

Produce the much-needed Handbooks on adolescent participation: in programming, and in civil society

Explore more imaginative links with the private sector and religious networks ....

Accelerate the innovative use of the available information technologies -- UNICEF has a real opportunity to lead something very innovative, with country offices improving the access of young people and youth/youth-serving NGOs/CSOs to the internet coupled with strengthening the capacity and use of Voices of Youth and the PKN (and to place an emphasis of opening this up to other partners)

Continue to support processes for inter-regional peer support, review and learning.

Raise some serious resources (a number of proposals exist) ...... while the problems increase and concern is growing, the resources are pitiful (in comparison say to the resources that were available to UNICEF to develop its programming approaches and capacity in relation to child health and nutrition, where the problems are really so much simpler!)

Regions

Support for Regional: Working Groups focusing on adolescents to be set up (NOT a focal point!!) and strengthen regional linkages with other UN organisations and NGOs -- the process of translating *Youth Health -- for a Change* should contribute to this.

Strengthen regional collaboration with key partners (involve adolescents in the RMTs?)

Strengthen regional capacity to identify, develop and manage technical and advocacy resources

<u>Countries</u>

Included a focus on adolescents in all situation assessments/analyses

Strengthen the focus on adolescents in UN reform processes (we now have some examples of theme groups on adolescents beginning to be developed)

Concerted effort to support the acceleration of action (on-going) .... it will be the Country Offices who help demonstrate that what needs to be done, can be done. All of the above should be in support of this.

6. Processes that have contributed to the preparation of this paper

A number of processes have contributed to this paper.

In effect, UNICEF Country Offices have been contributing to this paper for a number of years. It is based on their experiences, (including a number of country and regional workshops and networks) on those of our key partners, and on a number of meetings/workshops that UNICEF has organised and participated in over the past few years.

In May, when we were still working to the June 7th deadline (!), we had a very rushed/opportunistic meeting of people to brainstorm for a day, very kindly hosted by the Rockefeller Foundation (even though they were not participating): Lesley Miller (Geneva), Anupama Rao Singh (UNICEF Kampala), Jim Sherry (UNAIDS), Judith Bruce (Population Council), Carol Michaels O'Laughlin (International Youth Foundation) and Victoria Rialp. The report from the meeting will be finalised and adapted based on the outcomes of the team leaders meeting.

A number of meeting/workshops/joint projects have contributed to this paper: the joint WHO/UNICEF project on: "Adolescent Health and Development -- what to measure and how?"; UNICEF's Inter-regional Programming Group on Meeting the Health and Development Rights of Young People in Crisis; the discussions during the Combined Committee on Health, which endorsed the WHO, UNICEF, UNFPA Common Agenda for Action on adolescent health and development; and a range of meetings organised in collaboration with WHO (Life Skills, School Health, Adolescent Health and Development) and UNFPA, for example the recent ICPD+5 Round Table on Adolescent Sexual and Reproductive Health, with UNDCP, UNESCO and UNAIDS. Other inputs include Habitat II, the focus on adolescent girls during the recent CSW meeting, and the preparations for the Third World Youth Forum and the World Conference of Ministers Responsible for Youth.

The discussions in the NYHQ Inter-Divisional Working Group on Young People have been central to this paper, and one of the proposals for discussion in this meeting is to provide this Group with a stronger mandate to bring together the various strands and to help ensure that different pieces focus on "*adolescents*".

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