

Using the Tool for Adolescent-Responsive Planning to Inform the Development of National Family Planning Strategy in the DRC



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The Tool for Adolescent and Youth Reproductive Health (AYRH)-Responsive Planning (TARP) is a user-friendly digital application for youth advocates—of any age—to analyze family planning and reproductive health (FP/RH) plans and budgets to determine how responsive they are to the diverse needs of young people (ages 15–24) in a particular setting.

This brief provides an introduction to TARP, presents the TARP Theory of Change, developed by the Evidence to Action (E2A) Project, and assesses TARP's effectiveness in relation to the theory of change, drawing on participants' feedback and perceptions of the tool at a TARP training workshop in the DRC.

GETTING TO KNOW TARP

There are four main steps to TARP: (1) Get to know the national, regional, district, or local plan; (2) enter the plan activities; (3) determine if activities align with the needs of youth; and (4) reflect on your results. For more information on each step, refer to *Figure 1*.

Figure 1: Steps in the TARP Process

1 Add a New Activity

For: Sample Plan

Enter an activity number
Enter the activity number as it appears in the plan.

Enter an activity
Enter a brief summary of activity (50 words max).

GET TO KNOW THE NATIONAL, REGIONAL, OR LOCAL PLAN


TARP users begin by familiarizing themselves with the plan's goal, objectives, organization of activities, and budget.

2 Analyze Your Activities

1. Below, consider each activity. Use what you've learned about evidence-informed practices to ask yourself: Does this activity align with one or more EIPs?
2. To answer, select an activity. Then, in the pop-out window on the right, click each of the most relevant EIP icons for your activity. If the activity fully aligns with this EIP, select green. If it partially aligns, select yellow. If it does not align, select red.
3. You do not have to click on each and every EIP icon! If an EIP is not at all relevant to the activity, leave the icon gray and proceed to the next activity.
4. Repeat this process for all activities—and be sure to discuss your decisions with your team.

Once you're done, click **SAVE AND CONTINUE** at bottom right.

Click on the icons indicating the EIPs which your activity meets



ENTER PLAN ACTIVITIES

Users input information about the plan and country. Then, they input all activities, one at a time, as well as the budget amount associated with each activity.

Next, users determine whether the activity is youth-focused and select the domain that best relates to each activity.

DOMAINS THAT INFLUENCE FAMILY PLANNING UPTAKE:¹

Supply refers to any activity that seeks to improve the quality, accessibility, acceptability, and affordability of FP/RH services.

Demand refers to any activity that attempts to increase the demand for family planning services in communities.

Enabling Environment refers to an activity that tries to influence cultural, political, economic, and other actors that affect how FP services function, as well as the social norms around those services.

Coordination involves deliberate and planned collaboration among all the stakeholders involved in supply, demand, and enabling environment to maximize the often-limited resources to achieving desired FP/RH outcomes.

3 Get To Know Your Plan

You've selected a plan to analyze. Now take at least 10 minutes to familiarize yourself with it.

- Is this an AYRH plan or a general FP/RH plan?
- Locate strategic priorities and objectives—you'll spend most of your time here.
- Ask yourself, "How is the budget organized? Does each activity have a certain budget amount?"
- Can't find activities and their budget amounts? Check your plan's annex.

Important: Unfortunately, you won't be able to analyze your budget if...

- Specific activities do not have budgeted amounts associated with them.
- You're assessing an AYRH plan, not a general FP/RH plan.

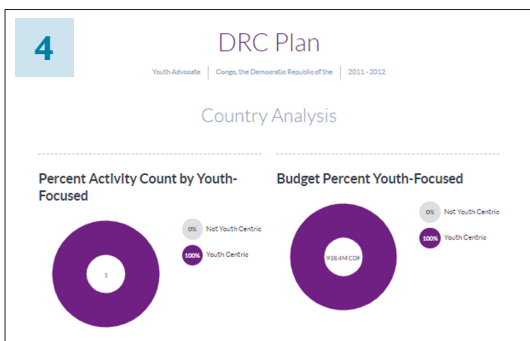
DETERMINE IF ACTIVITIES ALIGN WITH THE NEEDS OF YOUTH

After being provided with information about evidence-informed practices (EIPs) for improving AYRH, users evaluate each activity to determine if the activity fully, partially, or does not align with an EIP.

EIPS

- Make services adolescent- and youth-friendly
- Support contraceptive choice
- Coordinate across sectors
- Create platforms and processes for meaningful youth participation
- Advance family life education
- Foster family and community support
- Promote gender equality

For full descriptions of these EIPs, including why they matter, common features, suggested activities, implementation considerations, and programmatic examples—all available as part of the TARP—visit tarp.e2aproject.org/uploads/EIP-English-Full.pdf



GET AND REFLECT ON RESULTS

TARP provides users with the results of their analysis. The results page shows the proportion of activities and budget devoted to youth in the plan. Data generated through the tool about young people in a country will help users reflect whether proposed activities and budgets are in line with the youth's needs. The results page also generates a graph depicting the degree to which the plan's activities align with EIPs. Finally, using the information on EIPs, users are given the opportunity to revise and strengthen the activities and make recommendations.

TARP provides users with actionable results that can promote discussions and raise awareness about the needs of young people. The concrete information on the results page is intended to be used with policy makers and other stakeholders to advocate for increased investment in AYRH, to lay the foundation for healthier future generations.

1 For more on domains, please see <https://tarp.e2aproject.org/activity-type-info/2>

THE EVOLUTION OF TARP

PILOTING A PAPER-BASED VERSION

Several years before the development of the digital TARP tool described above, E2A created a paper-based resource to help governments and advocates review and assess costed implementation plans (CIPs) and other national strategies and plans. CIPs represent the concretization of a country’s commitment to advance FP through their FP2020 action plan, and E2A designed this original version of TARP to assess the degree to which the CIPs included evidence-based practices (EIPs) aiming to improve young people’s access to and use of quality contraceptive services. This paper-based tool supported countries to identify opportunities for: strengthening the development or implementation of these plans; reinforcing activities that specifically target adolescents and young people; and promoting the inclusion of adolescents and young people in activities that were not originally targeted at them (e.g., promoting age segmentation in a social and behavior change campaign targeted at the general population of people of reproductive age).

PRE-TEST WORKSHOPS

E2A organized two workshops with donors and partners—one in Burkina Faso in May 2017 and one in the DRC in August 2017—to test the paper-based version of TARP. Country teams, which included youth activists, ministry of health representatives, and civil society organizations, met to consider how their CIPs could better incorporate EIPs to meet AYRH needs. Based on this experience, E2A developed a digital, web-based version of TARP to make TARP more widely accessible and dynamic.

DIGITIZING TARP

To enable the dissemination and utilization of TARP, E2A staff developed a training curriculum and an informational resource on validated EIPs for AYRH. E2A piloted the digital tool and supporting resources in Burkina Faso in October 2018. Results from this pilot

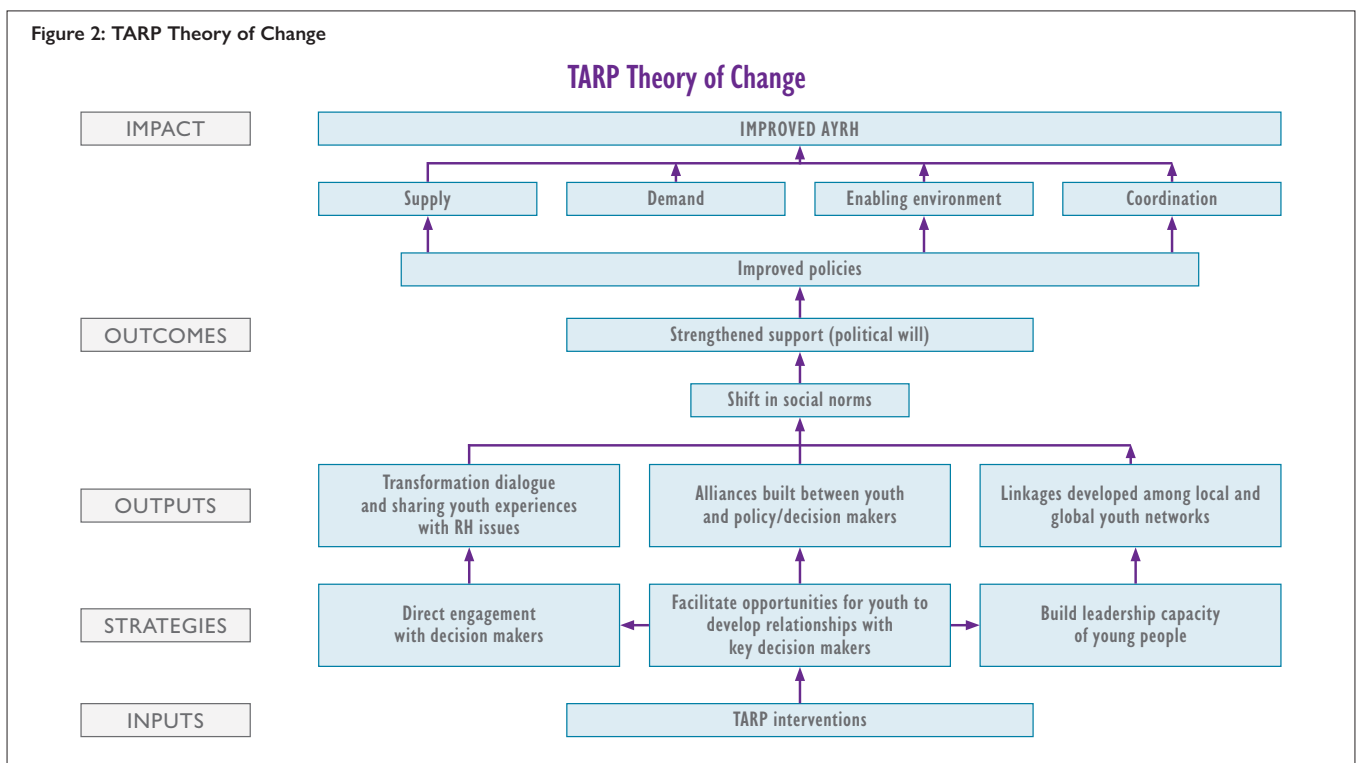
prompted two additional rounds of modifications and refinements, after which the digital TARP was ready to be used to assess DRC’s national adolescent strategy.

The digital version of TARP enables a participatory and interactive process. When planned strategically, the TARP process can create a forum for collaboration and participatory analysis between youth advocates and decision makers, facilitating opportunities for youth to develop relationships with key decision makers and build their leadership capacity. These opportunities can lead to strengthened alliances between youth and decision makers and strengthened linkages among youth networks, thereby resulting in a shift in social norms, strengthened support for youth-responsive strategies, and policies to improve AYRH.

TARP THEORY OF CHANGE

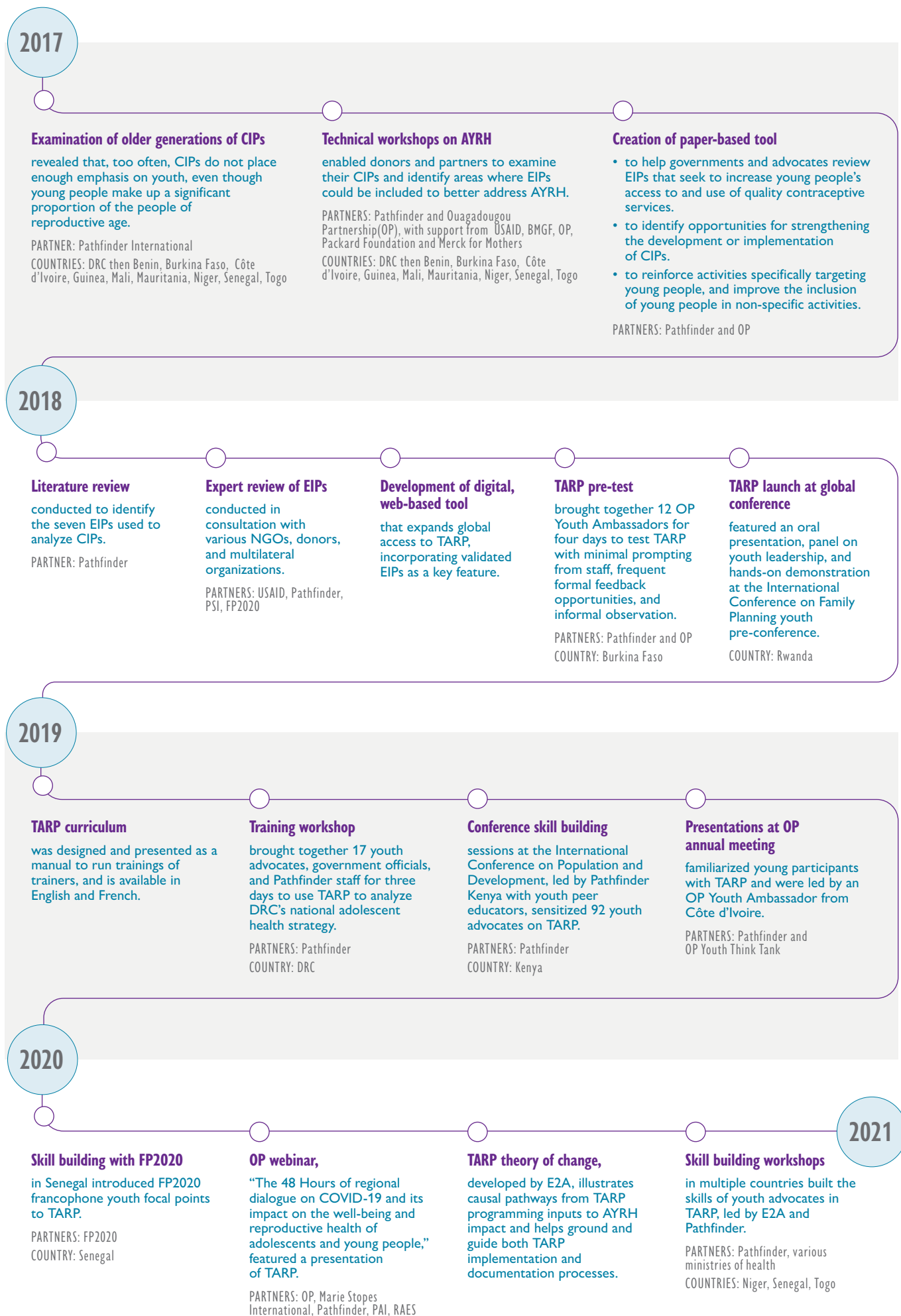
To help ground and guide both TARP implementation and documentation processes, E2A developed a theory of change (TOC) that illustrates causal pathways from TARP programming inputs to AYRH impact (See Figure 2). By providing TARP to a wide range of youth leaders and advocates for youth, E2A believes TARP can help amplify youth voices and facilitate meaningful participation of youth in national planning and policy development. Building on existing advocacy and policy theories,² E2A posited that creating opportunities for youth to develop relationships with key decision makers, facilitating direct youth engagement, and building the leadership capacity of young people in the process would lead to the following outputs: transformational dialogue and sharing youth experiences with RH issues, strengthened alliances between youth and policy/decision makers, and strengthened linkages among local and global youth networks. This, in turn, would result in shifts in social norms, strengthened political will, and improved policies. These outputs would ultimately result in improved AYRH.

2 S. Stachowiak, *Pathways to Change: 10 Theories to Inform Advocacy and Policy Change Efforts* (Center for Evaluation Innovation, ORS Impact: October 2013). Accessed at: <https://www.evaluationinnovation.org/wp-content/uploads/2013/11/Pathways-for-Change.pdf>.



For more details on the evolution of TARP, see Figure 3: E2A’s Timeline for Building, Refining, and Using TARP.

Figure 3: E2A's Timeline for Building, Refining, and Using TARP





DOCUMENTING THE USE OF TARP TO INFORM THE DRC'S NATIONAL ADOLESCENT HEALTH STRATEGY

To assess TARP's effectiveness in facilitating the integration of youth voices into national strategies and plans, and ensure plans respond to youth needs, E2A set out to document the real-world implementation of TARP. To this end, E2A took a systematic approach to documentation. Guided by a documentation protocol, E2A began with a workshop in DRC, aiming to capture key learnings from training national stakeholders and to identify opportunities for future use of TARP at the country level to develop and analyze plans, engage youth and government decision makers in the process, and facilitate relationships between the two.

E2A originally planned to document the development of the new national adolescent health strategy and the role of TARP in this process. However, the COVID-19 pandemic delayed the national writing workshop. As a result, documentation of E2A's TARP experience in DRC is limited to this initial training workshop and participant feedback. Even so, these results are a valuable resource that will help guide other countries' adoption and use of TARP and provide key recommendations for implementers to better use TARP at a national level and lead to greater engagement between youth advocates and decision makers, ultimately resulting in greater AYRH impact.

TARP TRAINING WORKSHOP IN DRC

Building on E2A's 2017 support to create youth-responsive annual operating plans, DRC's National Adolescent Health Program (*Programme National de Santé de l'Adolescent [PNSA]*) expressed interest in using TARP for the country's next adolescent and youth national strategic plan (2021–2025). In an effort to create a pool of TARP users and trainers who could enable an evidence-informed review of the current national adolescent health strategy and

BOX 1: AYRH IN DRC³

- Percentage of youth (15–19 years) in the DRC: 43.2%
- Percentage of women aged 15–19 using modern methods of contraception: 15.9%
- Percentage of women aged 20–24 using modern methods of contraception: 19.4%

recommend more responsive youth interventions in the new plan, E2A conducted a three-day workshop in Kinshasa in September 2019. The workshop was attended by 17 participants from four categories:

- **Youth Representatives:** 6 youth representatives from the national level, including the FP2020 focal point (4 young men and 2 young women).
- **Ministry of Health Staff:** 6 Ministry of Health stakeholders from PNSA and the National Reproductive Health Program (*Programme National de Santé de la Reproduction [PNSR]*).
- **Pathfinder DRC Non-E2A Staff:** 2 participants from Pathfinder DRC working on other projects (USAID's Integrated Health Project [IHP+] and the Packard Foundation-funded sexual and reproductive health project that responds to sexual and gender-based violence in Kinshasa).
- **Pathfinder DRC E2A Staff:** 3 E2A/Pathfinder DRC staff.

³ Sources: UN, Department of Economic and Social Affairs, Population Division (2019). *World Population Prospects: The 2019 Revision* USAID, The DHS Program (2018). STAT Compiler.

STEPS 1 AND 2

Participants were split into four groups. To maximize the didactic impact, these groups were carefully chosen to facilitate openness and sharing among participants. To ensure youth participants were comfortable and participating fully, one group consisted of equal numbers of male and female youth leaders mixed with E2A/Pathfinder staff, one group consisted of male youth leaders mixed with E2A/Pathfinder staff, and two groups consisted of ministry of health representatives mixed with Pathfinder staff. No groups contained both youth and ministry of health representatives.

Each group familiarized themselves with the national adolescent health strategy and entered activities and corresponding budgets from the plan into TARP. Then, the groups determined whether the activities were youth-focused, and to which domain of FP the activities belonged (See Figure 1).

STEP 3

Referencing [information provided in the tool](#), and through their small group discussions, participants learned about EIPs and determined to what extent individual activities were aligned with EIPs.⁴ Participants not only drew from the information they learned about EIPs, but also on their own experiences as implementers, activists, and even recipients of services. These discussions served as a prime opportunity for participants to share their knowledge. During this process, participants were also given the opportunity to use the new information they learned about EIPs to propose improvements to the technical content or approach of each individual activity.

Due to the considerable length of the plan (the current national adolescent health strategy) and the limited time available in the three-day workshop, participants were able to enter only about a quarter of the plan's 118 activities and sub-activities into TARP. However, this offered sufficient information on which to provide a basis for analysis and further reflection.



STEP 4

After entering data and analyzing plans, participants accessed the results page. Under each result, TARP provided participants with a series of thoughtful questions that prompted them to discuss what proportion of activities were youth-focused, how many of these activities were evidence-informed, and how to interpret the TARP results to facilitate reflection during the interpretation phase.

During the session, participants in DRC brainstormed how to improve activities—either in specificity, formulation, or technical approach—to make stronger evidence-based plans. At the end of the results section, participants were invited to make more general recommendations that were not activity-specific (e.g., “The plan should focus more on gender equity, issues of inequity, or marginalized populations”) and initiate additional discussions among peers or policymakers. (Figures 4 and 5 are illustrative examples of select TARP results from this exercise.)

By the end of the workshop, participants had produced quantitative analyses of budget allocations, used the results page to interpret how well the current strategy aligned with EIPs, and formulated recommendations for how to improve the 2021–2025 Adolescent Health Strategy.

⁴ [EIP resource](#) and full [training curriculum](#) are available at [TARPe2aproject.org](#).

Figure 4: The TARP results page, showing the amount and percentage of the total budget dedicated to each activity type, and the count and percent of activities by activity type

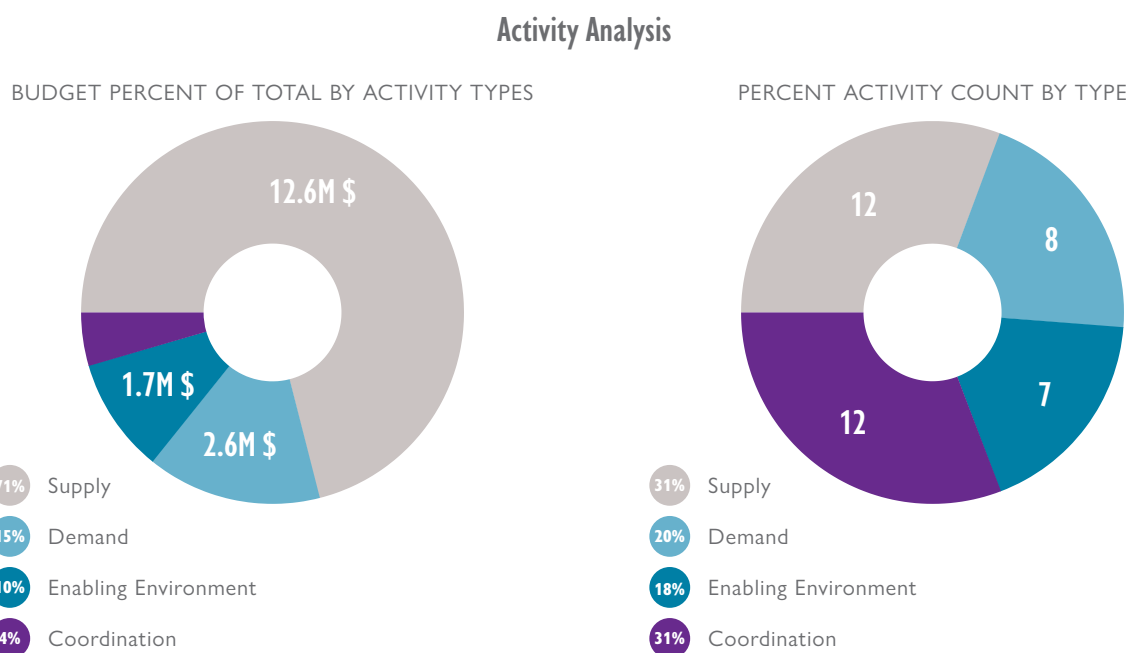


Figure 5: The TARP results page, showing which of the youth-focused activities are evidence-informed, by type of activity



NEXT STEPS

At the close of the workshop, PNSA organized a follow-up committee, consisting of representatives from PNSA, PNSR, E2A/ Pathfinder, and two youth associations to ensure the recommendations generated in the workshop would be included in the next adolescent health strategy. This group has met several times to discuss planning the writing workshop for the next national AYRH strategic plan (which is currently on hold due to the COVID-19 crisis).

The TARP training workshop demonstrated the practical use of the tool to produce clear analyses and enable participants to draft recommendations to strengthen national plans and processes. The workshop also created a pool of users and trainers who can carry out capacity building activities in DRC, which will enable other youth activists to effectively use TARP to develop recommendations that support the elaboration of a more youth-responsive plan.

DOCUMENTATION METHODOLOGY

Guided by the TARP TOC (See Figure 2), in September 2019, the E2A facilitators took detailed notes of the TARP training workshop in DRC, collected participant lists, and gathered participant evaluations. Participants' analyses of the national plan and their suggested recommendations for the future strategy were gathered in the TARP tool and collated manually. The mixed-method participant evaluations, in which participants responded to closed-ended questions on a Likert scale⁵ and provided open-ended qualitative responses, were collected on the last day of the workshop and analyzed in Microsoft Excel.

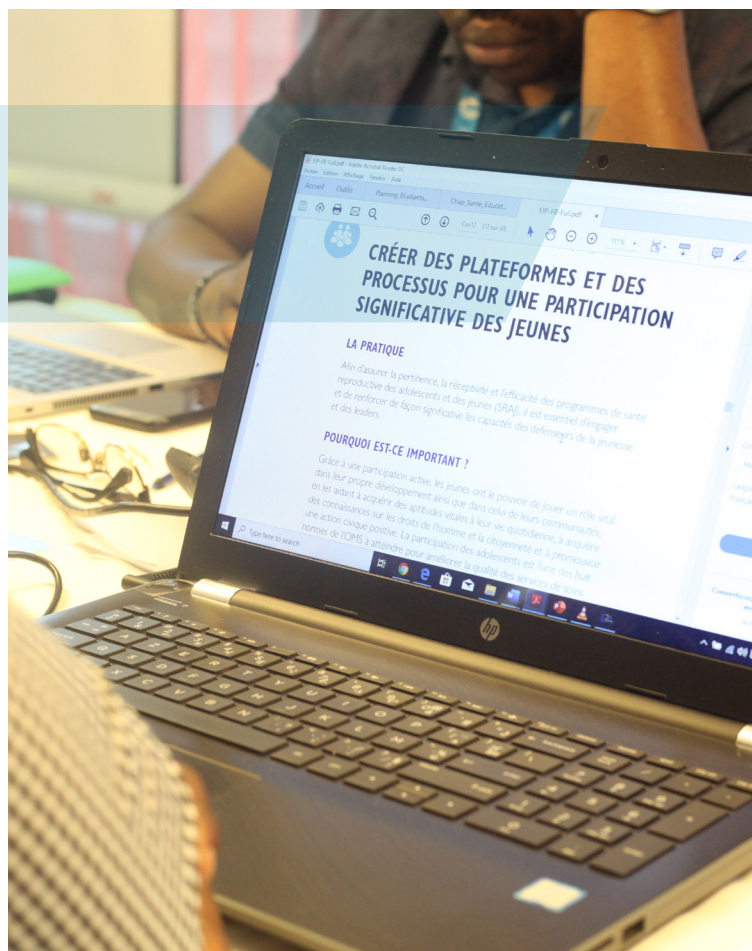
In April 2020, E2A sent an online questionnaire to all 17 participants with follow-up questions structured around the outputs in E2A's draft TOC. These qualitative responses were exported to Excel and analyzed manually. A total of 11 responses were received (a 65% response rate). Attendance and response rate by cadre is detailed in Table 1.

Table 1: Number of Workshop Attendees and Follow-Up Responses

CADRE	NUMBER OF RESPONSES	NUMBER OF ATTENDEES	RESPONSE RATE
Youth	4	6	66.7%
Ministry of Health I PNSR (National Reproductive Health Program)	0	2	0%
Ministry of Health II PNSA (National Adolescent Health Program)	4	4	100%
Pathfinder staff	1	3	33.3%
Pathfinder/E2A staff	2	2	100%
TOTAL	11	17	64.7%

The E2A team planned to continue documenting the development of the new national adolescent health strategy and to what extent, if any, the TARP process helped PNSA to implement recommendations derived from the training and ensure that activities were based in evidence and responsive to youth. Then, using the TOC for TARP implementation as a guide to its overall documentation approach, E2A planned to collect information from the TARP activities that would be supported by the project during the development of DRC's 2021–2025 National Adolescent Health Strategy. The COVID-19 pandemic delayed the national strategy writing workshop, but E2A hopes the lessons learned and recommendations shared here can be used to advance the national plan once it is safe to do so, as well as to guide other future users of TARP.

⁵ A Likert scale is composed of individual items or statements that respondents are asked to evaluate by giving it a numerical value on any kind of subjective or objective dimension. The level of 'agreement/disagreement' is a commonly used dimension.





RESULTS OF THE DRC EXPERIENCE

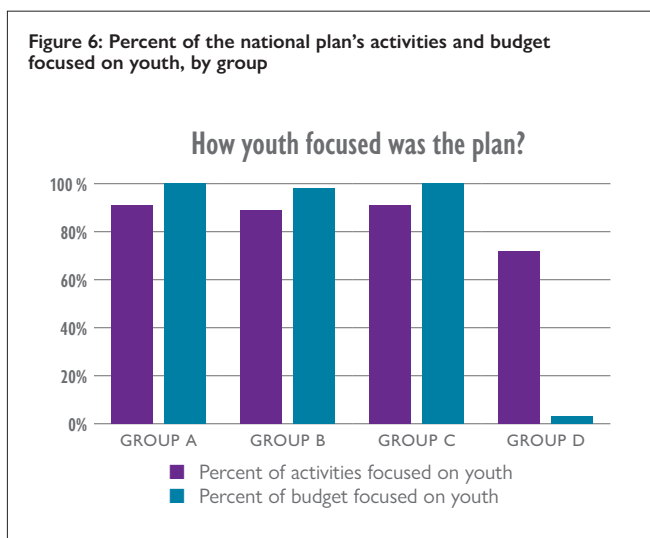
Analysis of DRC's 2016–2020 National Adolescent Health Strategy

One of E2A's baseline assumptions was that TARP enables users to analyze the content and quality of youth-focused activities in plans and strategies. Examination of the four groups' TARP results showed that they were all able to effectively use TARP to analyze the strategy as planned. For example, in analyzing the national adolescent health strategy, the four separate groups found, on average, that 85% of activities and 98% of the budget were focused on youth (See Figure 6). These high percentages were expected, given that the entire plan was focused on adolescent health. All groups also found the activities to be highly evidence informed, with almost every activity aligning with at least one EIP (See Figure 7). The groups found greatest alignment in the domains of demand and enabling environment, and more variation in activities belonging to the supply and coordination domains.

All four groups drafted recommendations for the next iteration of the national adolescent health strategy and said the next plan should include marginalized adolescents and youth, including youth experiencing homelessness, young people living with HIV and AIDS, those with physical and mental disabilities, sex workers, and youth who inject drugs. One group suggested including postabortion care in the next plan, and another group suggested including activities to promote gender equality and combat practices that are harmful to girls and young women.

Participants reported positive overall feelings about the tool and the ability it gave them to analyze the quality and quantity of activities implemented. However, some participants reported facing challenges in defining the domain for each activity, determining an appropriate budget level for each activity or domain, and understanding what was meant by certain activities due to vague or confusing wording in the plan. These challenges led to variation in the analyses, primarily from Group D, which found a lower percentage of budget allocated to youth-focused activities and a lower percentage of activities aligned to EIPs. Groups C and D consisted of youth participants and E2A/Pathfinder staff, but several of the youth in Group D had less formal training in health and less familiarity with frameworks such as the domains of family planning. This group spent more time discussing each activity than other groups and, while they analyzed fewer activities, they were able to understand and use TARP more easily by the end of the training. In this instance, the inclusion of youth voices with diversity of backgrounds in FP/RH led to a richer discussion and more varied points of view.

Figure 6: Percent of the national plan's activities and budget focused on youth, by group



* Group D mis-entered budget information and found that only 3% of the budget was allocated to youth-focused activities; this result is presented in the graph but not the overall average.

Figure 7. Percent of the national plan's activities aligned to EIPs, by group and FP domain



PARTICIPANT FEEDBACK ON TARP AND THE TARP TRAINING

Transformational dialogue and sharing youth experiences with RH issues

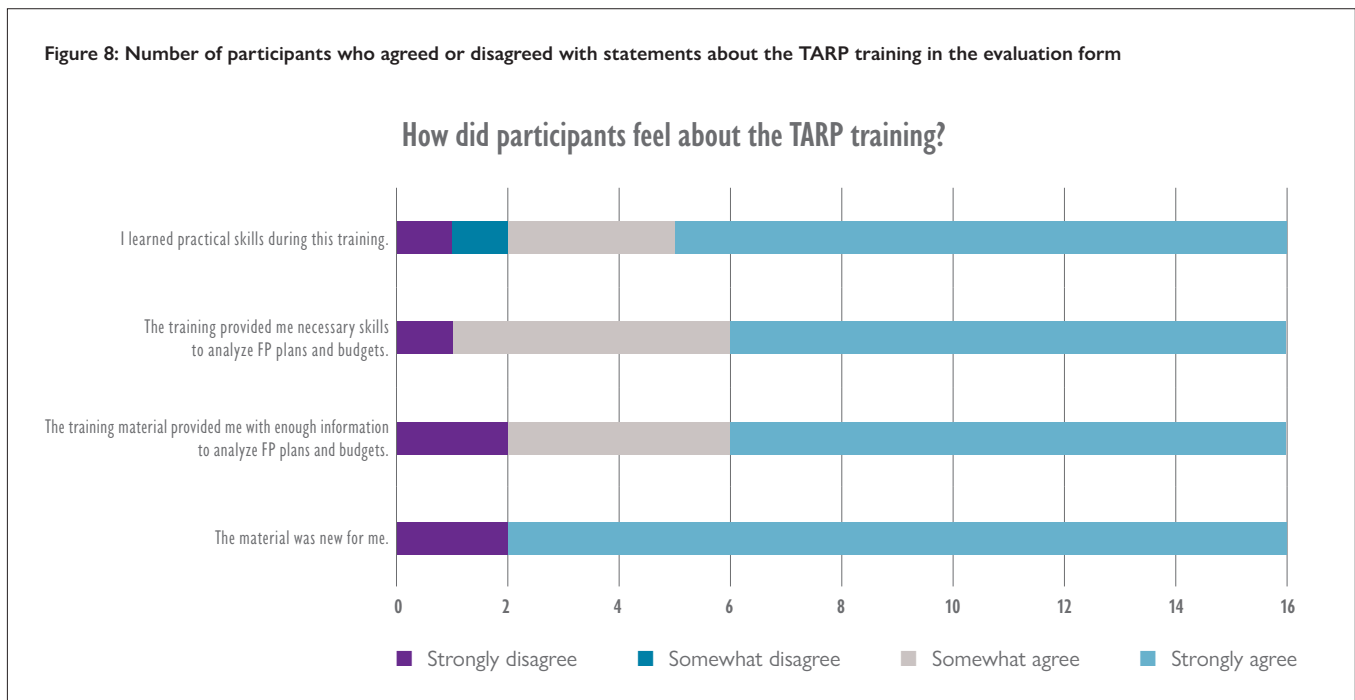
The TARP TOC posits that direct engagement of youth advocates with decision makers will lead to transformational dialogue and sharing youth experiences related to RH issues. This can be measured by the extent to which youth advocates are able to share their experiences and policy/decision makers listen to and become aware of youth experiences. During the TARP training workshop in the DRC, young people were comfortable to share stories from their youth-focused organizations in group discussions. Most of the young participants saw themselves as advocates with a mission to share their respective stories, concerns, and needs of their peers, as reflected in the following quote:

“As a leader and representative of other young people, I decided to participate in this training to acquire new knowledge that can allow me to better hold and organize advocacy activities for my young peers with decision makers ... in order to make their voices and concerns heard.”

At the end of the training, all groups included a recommendation that the next strategic plan respond to the needs of a diverse range of young people. In their post-training surveys, the government representatives all noted that working with the other participants, including the youth advocates, had helped them better understand and respond to youth needs. As one government participant said:

“Analyzing the adolescent and youth health plan through a participatory process with all the actors working in the field [allows us] to meet the real needs of the beneficiaries.”

Figure 8: Number of participants who agreed or disagreed with statements about the TARP training in the evaluation form



An important component of youth advocates' comfort with sharing their ideas and opinions with decision makers rests on their ability to analyze FP/RH and other health plans and budgets. In the post-training workshop evaluation, all participants reported that the TARP module provided the skills necessary to analyze FP/RH plans and budgets (See Figure 8). The majority (88%) of participants said they agreed or strongly agreed that they learned practical skills in the training workshop and that TARP's content provided sufficient information to analyze plans and their budgets. As one participant noted:

“We were used to evaluating our plan, our activities, by just simply writing down the number of activities planned versus the number of activities implemented—but with TARP, we now realize we are not digging enough. [TARP] is more than a tool—it's eye opening.”

The TARP workshop provided a space for young advocates to share their experiences and concerns—and a forum for decision makers to hear them. Crucially, it also gave them a common language to do so. Government participants said the advantage of TARP was the ability to quantitatively analyze plans with a high-quality digital tool, better prioritize activities “objectively,” and to improve future plans. All youth participants said the advantage of TARP was the ability to “lead effective advocacy based on evidence.” Through TARP, the youth were able to conduct quantitative analyses and rely on EIPs, to use the same language as the ministry of health, and more effectively advocate for their needs. Improving the skills of youth advocates in such a training workshop enabled the youth to interact with the government representatives as equals and build their credibility, capacity, and confidence. As one participant explained:

“As a youth structure, we are invited to contribute to advocacy for AYRH in DRC, and to do this it is important for us to be able to improve our own work [as well as] the development of AYRH policies.”

Strengthened alliances between youth and decision makers

E2A also theorized that facilitating interactions between youth advocates and government representatives would lead to strengthened alliances between young people and policy/decision makers, measured by the partnerships and continued working relationships that were formed during the training workshop. In the post-training workshop survey, some youth participants reported on their already established relationships with PNSA, with Pathfinder, and with other youth. They did not report having made any new connections with additional government representatives, although representatives from PNSA and PNSR were present at the TARP training. Conversely, government participants reported that they had made connections with youth organizations, which included those they encountered for the first time at the TARP training workshop.

The youth participants also indicated their desire or plan to work together in the future, which may indicate the possibility of sustained access to decision makers after project support ends. While all participants expressed a general desire to work together, few had made specific plans. Several youth advocates expressed interest in continuing to work with E2A/Pathfinder to expand TARP trainings to their organizations and networks, but did not express plans to work with the government. However, the government representatives said they intended to work together with the youth, and the PNSA director explicitly said that they had “made a commitment to invite them [all participants] to the development of our 2021–2024 strategic plan.”

In an open-ended question in the post-training workshop survey, participants were asked what words they would use to describe the dynamic between the youth and decision makers. The youth used words that expressed a sense of community and openness, such as “complementarity,” “trust,” “tolerance,” and “participation.” One young person said:

“What impressed us was the honesty of the Ministry representatives ... during the analysis performed with the tool. They were objective, and that encouraged participation.”

The government representatives noted active participation of the young people in the analysis and discussion, using words such as “participation,” “partnership,” “youth engagement,” and “collaboration.” Some government participants were impressed by the critical and analytical capacity of the youth, saying:

“What surprised me was that the participants recognized the weaknesses of the strategic plan; their critical reading [will] contribute to its improvement.”

Both groups were surprised by the other’s openness and willingness to work together. These reactions suggest that youth do not always feel that government officials are honest and open to criticism, while government representatives do not always feel that young people are able to critically analyze and contribute meaningfully to planning. This experience showed the participants that all parties were valuable contributors to the development of plans and strategies that affect adolescent and youth health, and that their counterparts may be more open to collaboration than they had assumed. However, the balance of power still seems to rest with the government representatives, as they subsequently initiated contact with the youth associations—not the other way around.

Strengthened linkages among local and global youth networks

According to the TARP TOC, building leadership capacity of young people will lead to strengthened alliances among youth networks. In the post-training workshop survey, youth participants reported that they had, indeed, made connections with other youth. Two participants reported that they had already invited other youth to their organizations' meetings and had drawn on each other's complementary strengths to help with the implementation of activities related to their respective areas of focus (e.g., gender roles and adoption of healthy FP/RH practices and attitudes). As one participant said:

“One of the objectives implied when taking part in this kind of training is also ... to create new links and connections with other partners and participants to work together synergistically. [Together] we can ... boost our chances to change the situations of adolescents and young people.”

Youth participants reported that they wanted to use TARP to advocate for change in their country by disseminating the tool and learnings to their networks. All youth respondents said they found the tool relatively simple to use and would be comfortable training others on the tool. Following the joint TARP analysis experience, one participant, in his role as youth focal point for FP2020, led a session on TARP with E2A/Pathfinder staff at the DRC National Conference for Family Planning in December 2019. With E2A/Pathfinder staff, he demonstrated the tool and explained its importance to participants at the youth pre-conference. He described his role in the conference as follows:

“My role is to advocate for the participation of young people in all decision-making bodies ... not token representation, but rather real representation ... to show donors and members of the government how important it is to invest in young people.”

Participants had a clear desire to work together, and the linkages that existed between these groups was strengthened, which resulted in some concrete actions. However, most participants pointed out that there were several youth groups missing from the training, including organizations based in the provinces and serving marginalized young people. They felt that to truly strengthen and expand the network of young people involved in participatory decision making, under-represented youth needed to be included, as they observed that many similar capacity building and advocacy activities repeatedly engaged the same participants.





INSIGHTS FROM THE DRC POINT THE WAY FORWARD

The observations and participant feedback from the TARP training workshop in DRC show that conducting mixed trainings and workshops with youth advocates and government representatives leads to greater sharing and strengthened linkages between the two groups. As seen in previous sessions pre-testing and disseminating TARP, young people of all genders are consistently able to use TARP. Including young people in policy and planning leads to stronger discussions and the questioning of assumptions about young people's needs.

TARP provides an opportunity and a common language for youth to share experiences with government representatives and have them listen. Findings also imply that government stakeholders, when given the opportunity, are receptive to youth feedback and appreciate the perspective young people can provide. The creation of a follow-up committee also provides an opportunity to maintain the relationship between youth advocates and government decision makers, suggesting that these relationships can be sustained after the training workshop. However, while the balance of power remains in the hands of the government, E2A hopes that with sustained engagement, youth advocates will be able to provide input into government plans and budgets, as well as participate in government-initiated and youth-led activities. TARP can also provide an opportunity to strengthen alliances among and between youth networks that are involved in many similar activities. Reaching more diverse networks requires more time and concerted effort to reach under-represented groups, which should remain a goal of youth engagement activities.

Based on E2A's analysis of participant feedback, the TARP training workshop in the DRC contributed to the outputs posited in the TOC, suggesting that the subsequent outcomes—including a shift in social norms among youth advocates and key decision makers, as well as strengthened support and improved policies for AYRH—can also be achieved with continued TARP dialogue, implementation, and follow-up (e.g., using the results of the TARP analysis to inform the development of the new national adolescent health strategy). Due to delays in the elaboration of the adolescent health strategic plan in DRC, E2A is not yet able to measure the achievement of outcome level changes but hopes participants will resume use of the TARP findings to complete the national adolescent health plan when it is safe to do so. In addition to determining whether TARP helped to

make the plan more evidence based, E2A will be interested to see whether social norms within the advocacy sphere have shifted to allow for the meaningful inclusion of youth voices and, ultimately, a final version of the plan that is more responsive to the diverse needs of youth.

PROGRAMMATIC RECOMMENDATIONS

Based on E2A's experience with TARP in the DRC, E2A proposes the following recommendations to implementers, youth advocates, and government stakeholders using TARP at a national level—to contribute to greater youth engagement and AYRH impact:

1. Create opportunities for youth advocates and key decision makers to develop and evaluate plans together, while making space to accommodate different knowledge levels. In selecting groups, be cognizant of different baseline knowledge of AYRH, policy, planning, and budgeting so that young people, and especially young women, feel comfortable asking questions and sharing information in a smaller group before addressing the larger training cohort.
2. Ask participants to consider how they will continue working together and using TARP results to generate self-identified mechanisms for sustained collaboration.
3. Encourage youth advocates to articulate strategies to government representatives.
4. Ensure diverse youth voices are represented. In addition to gender parity and diverse demographic and ethnic representation, consider geographical representation to ensure plans reflect needs in different settings across countries.
5. Ask youth associations to reach out to their networks to plan subsequent trainings and workshops—and to become facilitators themselves—so trainings and workshops do not repeatedly target the same participants and so alliances among youth networks are strengthened.
6. Consider using TARP for a range of planning documents, including annual operating plans at the national, provincial/state, and organizational level.

The Evidence to Action (E2A) Project is USAID's global flagship for strengthening family planning and reproductive health service delivery. The project aims to address the reproductive healthcare needs of girls, women, and underserved communities around the world by increasing support, building evidence, and facilitating the scale-up of best practices that improve family planning services. The project is led by Pathfinder International, in partnership with ExpandNet, IntraHealth International, and PATH.

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