

**World Health Organization Regional Office for the Western Pacific Region
Healthy Cities Recognition 2016**

**Out-of-School Youth:
Innovative strategies for promoting health, well-being and development**

Background

New data from the United Nations Educational, Scientific and Cultural Organization's Institute for Statistics show that the number of children and young adolescents not enrolled in school is rising. According to 2013 data, there are 124 million out of school youth between the ages of 6 and 15. This is higher than the 122 million in 2011. For example, in the Philippines, there are at least 1 million out-of-school youth. This negatively impacts several Sustainable Development Goals (SDGs) such as SDG 4 on universal education; SDG 1 on ending poverty; SDG 3 on ensuring healthy lives; and SDG 10 on reducing inequality among others.

Youth may be out of school because of financial difficulties. Parents may be unable to afford costs associated with attending school (e.g. school uniform, supplies and food allowance) and prefer children to either seek employment or stay at home to do household chores. Youth may also have family problems such as parental separation, neglect and abuse. Other reasons could be lack interest and motivation to stay in school, which may be associated with poor quality education, crowded classrooms and irrelevance of what is taught in school with their livelihoods.

Out of school youth may have a higher level of health risk as they may experience a greater pressure to engage in crime, illegal drug use, to have unprotected sex, and to smoke. To achieve the SDGs, programmes that focus on promoting health and development of out of school youth and preventing dropouts are essential.

Recognition of Best Practice

Recognition is given to cities who have documented proven improvement to the health, well-being or development of most (more than 50%) out-of-school youth.

** For cities who have not met the criteria, we would still be interested to hear from you.*

Submission format

Please use the attached template for submission.

For further information, please contact:

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**World Health Organization Regional Office for the Western Pacific
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Call for Applications for Best Practice

Title Page

- a. **Thematic area**
- b. **City and Country name**
- c. **Full title of the project**
- d. **Contact details**
 - i. Responsible person submitting the proposal
Please provide contact details (name, title, affiliation, email, address, telephone, fax)
 - ii. Additional contact person
Please provide contact details (name, title, affiliation, email, address, telephone, fax)

***[Note: Please keep to the word limits as that will be taken into account in the scoring process.]**

1. Executive Summary (300 words)

Please describe the rationale, who is the target population, what was done (strategies or activities), when was it implemented, and the achievements.

2. Background (350 words)

- a. Please describe why this project or intervention was proposed. Please describe the results from surveys, situation analysis, interviews, focus groups, needs assessment or consultation conducted to identify the problem/need being addressed.
- b. Please describe the problem being addressed.
- c. Please describe other existing programmes, challenges and impact.
- d. Please describe the social and cultural context in relation to the problem.

3. Objectives

Please specify the proposed objectives (i.e. the anticipated outcome) and the period/timeline of the project.



4. Planning structure (Maximum 1 page)

Please describe the core planning team; the settings where the project was carried out; the target population; and the activities, tasks, milestones, timeline, budget and source of funding.

5. Multi-stakeholder collaboration (300 words)

a. **Community participation:** Please describe how the collaboration with community members including the target population, took place in the planning, implementation and/or evaluation phase of the initiative.

b. **Other stakeholders (e.g. other government agencies, NGOs, private sector):** Please describe how the collaboration with other sectors took place in the planning, implementation and/or evaluation phase of the initiative. Please also describe whether resources were shared (i.e. financial or technical).

6. Equity (200 words)

Please provide evidence of the participation of marginalized and/or vulnerable groups (e.g. female or youth) during the planning and/or implementation/evaluation processes; and/or describe interventions that target them.

7. Replicability or Scalability (300 words)

Please describe how the programme (activities, expertise and resources) can be scaled up and be applied and adapted to other settings or sites.

8. Effectiveness or impact assessment (350 words)

a. Please provide evidence of programme achievements in relation to proposed objectives (e.g. improvement in health status, adoption of new law or policy). If possible, show or describe changes from baseline to the current status in 2016. Please provide supporting documents where available.

b. Please describe how evaluation, surveys, data or routine monitoring were utilized to assess progress and outcomes.

9. Measures for sustainability (300 words)

a. Please describe how the programme is or will be sustained. For example, through city ordinance, city government commitment, community ownership, regular budget allocation, etc.

10. Bonus (Optional): Theoretical basis (200 words)

Please describe how theories of change (i.e., theories of behaviour change, policy development, social marketing, etc) have been utilized for programme development and implementation.