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This study was led by Lina Ghosh and Dr. Christiane Ströh de Martínez. The study team comprised Jan Frölich, Philippine Aubert and Marie Samba. The team also benefitted from the contributions of Noémie Bellot and Jannis Hussain. We are deeply grateful for the field work conducted with so much empathy and expert-knowledge by Saka Mora, Ismath Ali Yerima, Ayouba Sayo and Karimath Baranon (Benin), Marie Charlotte Banthas Bata and Cyriaque Ngombe (CAR), Robert Mba, Moustapha Nsangou, Sylvania Tckakounté, Catherine Nai Anavai (Cameroon), Maphie Tosha and Jean-Paul Ramazani (DRC) and all the insights they contributed to the present evaluation.

Summary and answers to the evaluation questions

Object and scope of evaluation

Jeune S3 is a multi-country programme with the objective of strengthening the capabilities and opportunities of youth (10-24 years) to make responsible choices regarding their sexual and reproductive health and advocate effectively for their rights in this area. The programme's overarching aim is to promote adolescent sexual and reproductive health and rights (AYSRHR) in fragile contexts. Its approach is based on four pathways: youth voice and confidence, access to quality information on sexuality and SRHR, youth-friendly health services, and an enabling environment, including respect for the rights of young people. The programme was implemented in fragile settings in Benin, CAR, Cameroon and DRC from 2016 to 2020.

The present evaluation assesses the programme's effectiveness and derives lessons for similar programmes. It is based on evaluation questions focussing on the overall effectiveness of the interventions, on synergies between different programme pathways, on the quality of collaboration of the involved implementation partners, and on the capacity of the programme to learn and adapt.

Evaluation Team and context of the evaluation

The evaluation team was composed of international consultants based in Germany and country experts based in the programme's regions. The different team members contributed their expertise in evaluation methods, SRHR, design of development interventions, and programme management. Country experts were selected carefully according to their individual profiles and received an intensive and structured training to ensure a standardised evaluation approach in all four countries. Due to the COVID-19 pandemic, the international consultants were not able to travel but accompanied the country teams virtually during field missions.

Methodology

This evaluation follows a theory-based approach, assessing Jeune S3's impact by testing the programme's stated objectives, derived from its Theory of Change (ToC), against qualitative and quantitative data. The evaluation takes the form of a contribution analysis in which the assessment of impact is based on plausible conjecture and guided by the ToC. It should not be regarded as a scientific study, which systematically takes into account counterfactuals when making claims about programme impact. The ToC consists of four distinct, but interrelated, causal chains, one for each of the pathways of the programme. To validate the underlying hypotheses and assumptions for each pathway, the evaluation team collected and analysed relevant qualitative and quantitative data. Based on this analysis, conclusions were drawn regarding achievement of programme objectives, both at the output and outcome levels (Chapter 4.1-4.4). The findings are complemented by an assessment of synergies between programme pathways (Chapter 4.5). Furthermore, Chapter 5 assesses whether the programme has been able to learn and adapt to challenges and establish an effective network of partners. In Chapter 6 we triangulated the relevant findings in order to assess the programme's relevance, effectiveness, efficiency, impact and sustainability ("DAC criteria"¹) and in Chapter 7 we formulate recommendations for similar future programmes.

The team collected qualitative and quantitative data both in the field and virtually. Qualitative and participatory methods provided beneficiaries and programme stakeholders with a safe space to share their opinions. Data collection in the field included structured interviews with individuals, Focus Group Discussion (FGDs) including Social Presencing Theatre (SPT), participatory workshops to assess programme impact at the community level (based on retrospective reflection), site visits and transect

¹ <https://www.oecd.org/dac/evaluation/daccriteriaforevaluatingdevelopmentassistance.htm>.

walks, reflection workshops on collaboration, and validation workshops. The remote data collection included a survey for programme staff, virtual semi-structured interviews with staff members and experts, desk study and a review of relevant literature, as well as online validation sessions with programme and evaluation stakeholders. This data was then analysed, and information obtained through different methods and from different stakeholders was triangulated.

Principal findings

The following section summarises key findings for each of the evaluation questions. These are further elaborated in the main body of the report.

To what extent can Jeune S3 claim to have achieved its outcomes in the four pathways?

1) To what extent has Jeune S3 provided opportunities to young people to make their voices heard and advocate for their rights?

Young People (YP) were given the opportunity to develop their leadership, teaching and associative skills in order to become agents of change for AYSRHR (adolescent sexual and reproductive health and rights) in their communities. In general, the capacities of the selected YP and Youth organisations (YOs) were strengthened across all Jeune S3 countries and self-esteem and perceived self-efficacy of YP, especially among girls, increased as a result of the programme. The programme also had an effect on participating YOs: girls took on more important roles in the organisations and some YO were able to grow their membership due to their increased attractiveness. However, less girls reported that they had influence on important decisions related to the programme than boys. Interventions related to advocacy were particularly effective at the local level (see Chapter 4.1).

2) To what extent do young people have improved access to quality sexuality education and/or SRHR information in and out of school?

The programme offered YP both in- and out-of-school sexuality education and SRHR information that they would not have received otherwise. In DRC and CAR, the programme was able to improve the school curriculum and training of teachers within the official school system by enhancing the training material and establishing a “train the trainer”- mechanism for CSE. Even if there is potential for further improvement regarding the quality of training, this approach scores highly regarding sustainability. In Benin and in Cameroon, the programme did not gain access to the school system despite significant effort². However, in all countries out-of-school CSE was provided by the programme. Quantitative data shows a clear increase of the number of YP having been taught the complete CSE content in- or out-of-school throughout the duration of the programme. As for in-school CSE, interviewed teachers confirmed significant improvements regarding the quality and comprehensiveness of sexuality education. There is evidence of knowledge gains among CSE recipients in particular, reported by the programme participants (YP, parents, teachers, staff) and from operational research, though some gaps remain. While it was reported by different groups that increased knowledge translated into a change of attitudes and behaviours, this attribution could not be clearly confirmed by the available evidence (see Chapter 4.2).

3) To what extent do young people have improved access to quality youth-friendly services?

Young people from the DRC and Cameroon increasingly made use of SRH services in the health centres that were supported by the programme. In CAR, the non-availability of contraceptives limited the effectiveness of the programme interventions, especially for girls in the age of 15-24 years. In Benin, the interventions started too late for the evaluation to be able to measure their effects. Qualitative

² CSE in Cameroon was not part of the curriculum but was conducted as an extra-curricular in schools.

data provided evidence that young people perceived health staff trained by the programme as their biggest ally within their communities in the context of their SRHR (see Chapter 4.3).

4) To what extent have social, cultural, legal, policy and gender barriers around the SRHR of young people and key populations been reduced?

The evaluation revealed that some of these barriers were effectively addressed by the programme and eventually reduced. Religious and traditional leaders, political decision makers and parents felt more informed and confident to speak about issues related to sexuality and to interact with YP in their environment. However, the concept of imposing abstinence on YP as opposed to the concept of freedom of choice is still very present in the traditional norms of parents and even among leaders collaborating with the programme (cf. Chapter 4.4.2.1). In most locations, taboos around particularly controversial subjects such as abortion or sexual orientation remained in place. Parents' (especially fathers') attitudes on SRHR were frequently mentioned by YP as significant barriers. In CAR, DRC and Cameroon, the majority of the addressed parents were addressed during the second half of the programme, whereas in Benin, parents were addressed from the beginning in large numbers (see Chapter 4.4).

5) What unintended effects (both positive and negative) have been observed?

Positive: The programme subsequently incorporated the general promotion of healthy lifestyles in certain implementation sites with positive effects on different domains of YPs' lives. Additionally, some YP mentioned in FGD and interviews that they assigned higher importance to their studies, while others attributed new-found employment to the skills that they acquired through the programme (e.g., journalism). Even though this was not an explicit objective of the programme, several interviewed YP reported that their involvement in the activities of Jeune S3 had an impact on drug use and delinquency. This was especially true for the ambassadors who felt both motivated and obliged to become role models for other YP and therefore reportedly quit drug consumption and refrained from criminal behaviour.

Negative: As described in Chapter 4.2, Jeune S3 sought to improve the treatment of the topic of homosexuality in the didactical CSE material in DRC. However, the negotiations with official representatives did not fully succeed and the programme could not prevent the inclusion of discriminatory statements about LGBTIQ* persons in material used for in-school CSE. This may contribute to the persistence of prejudice against this marginalized group.

6) How are girls, boys and especially 10-14-year-old girls benefitting from the programme?

Generally, the programme benefitted both girls and boys. Some measures, however, were targeted at a specific gender or age group. In general, the programme included girls and boys equally in the implementation of activities (e.g., advocacy, peer-to-peer education). Since girls' voices tend to be marginalized, given the socio-cultural context of the four countries, the equal involvement in the programme can be seen as a contribution to the empowerment of girls (cf Chapter 4.1). Both boys and girls increased their knowledge on SRHR through CSE activities to a certain extent. However, statements by different stakeholders indicate that mixed CSE classes limit the ability of girls to benefit fully from this intervention (cf. Chapter 4.2). Through carefully tailored IEC measures and training material, girls in the age of 10-14 years in particular were able to gain access to essential information on their SRHR (cf. Chapter 4.2). Enhanced youth-friendliness of SRH services was especially relevant for girls in the age of 15-24 years, increasing their freedom of choice if relevant medical products were available (cf. Chapter 4.3). The programme managed to establish a consensus among influential society members (RTL, parents) on the negative impact of child marriage, especially

benefitting girls in the age of 10-14 years. The income-generating activities for teen mothers in DRC were particularly popular (cf. Chapter 4.4).

7) What types of interventions have contributed to the observed success?

Overall, all four pathways can be considered fundamental to programme success. The holistic concept of Jeune S3 proved to be suitable as synergies or even co-dependencies between all pathways were realised. The following effects stood out in the four pathways: Interventions under Pathway 1 led to increased self-esteem and increased capacities of YP to conduct advocacy and communication about the programme. This helped YP take ownership of the interventions and win respect at the community level. Activities under Pathway 2 helped to increase access for YP to improved sexuality education and SRHR information. Evidence was found that knowledge on SRHR also increased. Together with the improved information and knowledge of YP, the higher attention of trained health staff to the needs and the situation of YP likely contributed to higher numbers of YP attending SRH services in Pathway 3. In Pathway 4, the programme identified areas of collaboration with religious and traditional leaders, where existing socio-cultural customs and violations of AYSRHR (e.g., child marriage), were called into question and addressed jointly within the communities. Involving YP in the design and implementation of all these interventions increased their ownership of the programme as well as mutual understanding between stakeholders and beneficiaries.

8) What evidence can be found that the programme contributes to its long-term objective of increased freedom of choice and more respect for YP's SRH rights?

The programme contributed to access to improved CSE and quality SRHR information, thereby providing a basis for YP to make informed decisions. There is evidence from operational research in DRC that YP who received CSE had increased knowledge on certain aspects of SRHR (cf. Chapter 4.2.3.3). Moreover, increasing numbers of YP made use of SRH services which were supported by the programme in most of the Jeune S3 countries (cf. Chapter 4.3.3). Evidence for the programme's contribution to greater respect for SRH rights of youth is less strong. Interviews with religious and traditional leaders indicate that the programme managed to win their support for certain aspects of SRH rights, such as the end of child marriage. However, imposing abstinence as opposed to supporting their freedom of choice remained pervasive among parents and even among leaders collaborating with the programme (cf. Chapter 4.4.2.1). There is no strong evidence that respect for SRH rights of marginalized groups of YP (e.g., teenage mothers, sex workers, YPLWHIV, LGBTQ*) has increased. The evaluators acknowledge the efforts made by the Alliance members to address these rights with their counterparts (e.g., education authorities) in the Jeune S3 countries (cf. Chapter 4.2).

9) Which of the results are substantiated by other stakeholders?

All of the results at the community level were substantiated by statements from various stakeholders including involved youth, youth participating in CSE, parents, teachers, RTL, health staff and local programme staff. Triangulation was not just limited to different stakeholders but also comprise a variety of methods with different strengths (e.g., focus group discussion, interviews, workshops). However, qualitative findings were limited to the locations of the evaluation and could only be related to quantitative data for Pathways 2 and 3.

Some of the findings were mentioned by an especially broad coalition of stakeholders:

- Young ambassadors were known and recognized for their voice and advocacy.
- The implementation mechanism “for the youth by the youth” was implemented well throughout the programme and was perceived as adequate and empowering.

- Trainings contributed to a higher receptiveness of health staff towards YP and their specific needs.
- The programme contributed to building a consensus among RTL, mothers and YP regarding the rejection of the practice of child marriage.
- Access to sexual education and SRHR information in and out of school increased and quality improved.

10) Has the ToC approach helped the programme partners to effectively guide their interventions?

The ToC approach was important for the orientation of the programme and its adaptations, particularly for the creation of synergies between the different pathways. The consciousness about the ToC was more articulated among the decision makers of the alliance members. However, even at the local level, the four pathways and their synergies naturally shaped the orientation of interventions as they corresponded to the needs of the target group. In particular, the ToC was used to orient local (re)programming during participatory meetings (Chapter 5.1.3).

11) Which results have a positive, neutral or negative effect on gender equity?

All the materials developed by the programme and all trainings including values clarification trainings for everyone had a large gender component. Gender norms and stereotypes are deeply entrenched in the four countries. Under these circumstances, it is even more remarkable, that this evaluation found evidence that the programme shifted beneficiaries' mindsets on gender roles. For instance, YP became aware that girls could engage in advocacy and boys could do house chores: Behavioural changes on these topics were also often reported. The programme also had an effect on participating YOs: girls took on more important roles in the organisations and some YO grew their membership due to their increased attractiveness. However, girls reported to have less influence on important decisions within the programme, compared to boys (see Chapter 4.1). Since CSE was partly provided in schools, it was impossible for the programme to teach CSE in separate groups for girls and boys in school. However, there is evidence from this study as well as from external studies on similar interventions, that girls show better learning results, if CSE is taught in separate groups for girls and boys.

12) To what extent and how has the programme succeeded in ensuring meaningful youth participation within the programme itself?

The programme was designed and subsequently implemented "for the youth by the youth" - taking youth as the basis for advocacy activities and involving them in all trainings and activities with adult stakeholders. One example for youth involvement was the "human centred design" implemented in Cameroon. Jeune S3 could have benefited from even more YO involvement in the definition of its strategy and planning of activities. The perceived influence of these youths over the adaptations of the programme strongly varies depending on country and gender. Overall, boys and YP from CAR and Cameroon reported the highest self-perceived influence. The participation of youth and local stakeholders in planning and strategy development improved in DRC and Cameroon after the mid-term review. In Benin, youth organisations successfully participated in the selection of suitable project locations during the inception phase.

13) Are relevant adaptations / adjustments observed?

Relevant changes were made during the programme, such as targeting parents in order to improve the environment of youth or introducing income-generating activities. Relevant modifications were made to the delivery of CSE in and out of school, based on learning during the programme. Most

importantly, parents were included more systematically in the management of CSE. Also, efforts were intensified to more closely mentor and accompany teachers and YOs for the delivery of CSE given the challenges they faced. Jeunes S3 also started a collaborative learning exercise, made videos to support teachers on how to teach CSE, implemented CSE days to link health services, in and out of school CSE and the community. Adaptations made to the TIKO system³ were also effective in increasing its impact. Lastly, the programme intensified outreach to key populations in the last years of implementation. For a discussion of adaptations based on comments of the mid-term review, see question 15).

14) Which lessons are brought about by or in collaboration with other stakeholders and adopted during implementation?

Several programme adaptations resulted from a collaboration between Jeune S3 and different stakeholders. In Cameroon for example, Youth developed a strategy to convince parents to support their children's health center. In Benin, the programme applied lessons learned by implementing stakeholders in other countries during the first year, such as the early and massive involvement of parents. The level of RTL's benefit package was also adapted in collaboration with the beneficiaries. The modification of TIKO point distribution from cell phone to chip card was based on the observation of members of local organisations who pointed out the lack of efficiency of the first system.

15) How well has the programme integrated lessons from the mid-term review or other reflection moments?

Most of the issues brought up by the mid-term review were addressed by improving programming and partially also steering. The involvement of parents was intensified in all countries in the second half of the programme. In DRC, a stronger focus on specific groups, particularly on young girls aged 10-14 years old was recommended and respective activities were conducted from 2019 onwards. Another learning from the mid-term review was the need for Community Based Organisations (CBOs) in DRC to be officially recognized by political authorities, which was achieved thanks to advocacy in 2019. In Cameroon, the programme successfully adapted its strategy in order to attract more YP to health centres. The outreach to young girls was also improved during the second half of the programme. The adaptation capacity of the programme in terms of programming was generally very strong, while observed deficits related to the steering mechanisms were not addressed (e.g., different views on the role of the steering committee, administrative procedures, see also question 19).

16) Were selected partners complementary to the programme partners and to each other?

Alliance members complemented each other with their different expertise and had local partners with longstanding experience in the different project locations. The presence of technical partners with specific missions in the Alliance was complementary and appreciated by other partner organisations. However, it added to the complexity of the programme. Local organisations involved in the programme complemented each other with their different thematic links to SRHR and locations. YAs/CBOs/NGOs contributed their expertise and mobilised their base and networks and were therefore essential to the implementation of the programme.

³ TIKO points were an innovation introduced by the programme to incentivize participation in IEC measures. Participants would receive TIKO points for their participation and could use them to purchase SRH related products and services

17) Do programme partners and stakeholders in the countries observe synergy between the activities/roles of the various partners involved within those countries?

Overall, the programme worked with international and local partners that had specific missions and complementary technical expertise/specialization in a subject regarding SRHR. Interviewed programme staff mentioned this positively. However, organisations did not always have a full overview of the programme and activities of other organizations enabling them to assess synergies between their activities and roles. Some organizations seemed to also lack clarity on the separation of roles within the programme.

It took a long time to foster collaboration and coordination between actors based on a joint understanding of the programme's objectives and each organisations' role and strength. Overall, the programme members expressed their satisfaction with the partnerships and rated them positively. Nevertheless, the communication between partners remained partly unclear both on international and national levels. Delays and difficulties with implementation as well as tensions due to unclear roles were mentioned by interview partners on different levels of the Alliance. Competition between partnering organisations and members led to discontent among certain CBOs.

18) Has support (from Cordaid or others) allowed local partners to strengthen their capacity as an organisation and/or in advocacy on SRHR?

The programme reinforced the internal functioning and capacities of the partner organisations and enabled the sharing of experiences between different stakeholders. For instance, some of the CBO were formalised or created federations. Furthermore, the programme enhanced capacities of individual members and leaders of the YOs (particularly young ambassadors). The programme's intervention also had an effect on gender equity within the youth organisations: When asked about the changes in their organisations, involved YP mentioned the fact that they were more welcoming to girls and allowed them to take on positions of leadership.

19) Are the methods for planning, reporting and reflection adequate according to the programme partners?

Delays in payments and procurement of material were mentioned as a significant source of tension in all countries by different programme members. Similarly, planning of activities at the local level displayed structural weaknesses. Stakeholders from all countries complained about the late announcement of activities and a lack of coordination of overlapping activities was partly reported in DRC and Benin. Stakeholders at the global level perceived reporting and feedback as insufficient between the local and the national level. From the perspective of members of local organisations, more feedback opportunities would have been valued.

20) Have conflicts between partners been prevented or addressed and solved appropriately and with respect for all parties involved?

Conflicts have been addressed and often solved at the local, national and global level, but a more transparent approach would have benefitted the programme. In general, it was difficult to obtain fully reliable information on the success of conflict resolution within the programme (see Chapter 3.8 - Study limitations). Examples of both well-managed, but also unaddressed conflicts were reported. In some cases, it was mentioned that conflict resolution could have benefitted from more communication and transparency with other stakeholders. At the global level, different views on the tasks and responsibilities of the steering committee were reported as unaddressed. Some conflicts that led to the departure of several organisations from the Alliance were reflected on later but could not be solved despite mediation efforts (Chapter 5.2.6).

Conclusions

The conclusion is structured along the DAC criteria for the evaluation of development programmes⁴. Each DAC criterion is evaluated according to the official definition on a six-point rating scale.⁵ Additionally, in the overall assessment, contextual circumstances are considered and contribute to the final evaluation result. Based on the findings of this evaluation the scores for the DAC criteria were determined by the evaluation team as follows: Relevance - “very high (1)”, Effectiveness - “satisfactory (3)”, Efficiency - “satisfactory (3)”, Impact - “good (2)” and Sustainability - “good (2)” (see Chapter 6).

Considering the very difficult and fragile context of Jeune S3, our overall evaluation result for the programme is “good” (level 2 - good result, fully in line with expectations and without any significant shortcomings).

Recommendations

The following suggestions are lessons learnt from the evaluation regarding both the programme’s strengths and its weaknesses. They may be useful for donors considering funding similar programmes as well as implementing partners.

1. Increase the impact of AYSRHR interventions by assessing the potential and feasibility of upscaling for each activity.
2. Adapt the programme design to its geographical scope: either focus interventions on a more limited area or capitalise on synergies of the multi-country approach more consistently.
3. Adapt the complexity of the implementation structure to the duration of the intervention to limit time invested in setting up complex agreements between a large number of parties.
4. Give adequate consideration to fragility and weak health systems in the implementation design to ensure effectiveness and sustainability of interventions.
5. Recalibrate certain interventions to the needs of specific groups of beneficiaries.
6. Involve both local stakeholders and international experts closely in programme and content design to improve buy-in and adaptation to local circumstances.
7. Develop robust practices for improving communication and management within future projects.
8. Focus the remaining efforts of Jeune S3 on consolidation of success & knowledge management to ensure sustainability and sharing of successful practices and learning.

⁴ <https://www.oecd.org/dac/evaluation/daccriteriaforevaluatingdevelopmentassistance.htm>.

⁵ 1 = very good/high, 6 = no or negative results (compare Chapter 6)

Preface

The present evaluation was conducted under the conditions of the COVID-19 pandemic. We are very grateful to our country experts for their insights and commitment to the intense field work. We are equally thankful to all stakeholders and beneficiaries of Jeune S3 from the local to the global level for sharing their perceptions with us and taking time and effort to support this evaluation.

We are grateful to everyone making this evaluation possible despite the adverse conditions - and we hope readers gain important insights from our findings.

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List of abbreviations

ABMS	Association Béninoise de Marketing Social
ACMS	Association Camerounaise de Marketing Social
ARO	Australian Relief Organisation
AYSRRH	Adolescent Sexual and Reproductive Health and Rights
BEN	Benin
CAM	Cameroon
CAR	Central African Republic
CBO	Community based organizations
CCC	Communication pour le Changement de Comportement
Cordaid	Catholic Organization for Relief & Development Aid
COVID-19	Coronavirus Disease 2019
CSE	Comprehensive Sexual Education
DAC	Development Assistance Committee
DRC	Democratic Republic of the Congo
DSSR	Droits et santé sexuelle et reproductive
ESC	Education sexuelle complète
FGD	Focus group discussion
FGM	Female genital mutilation
FP	Family Planning
HC	Health Centre
HE	Healthy Entrepreneurs
HIV	Human Immunodeficiency Virus
HIV+	Seropositive to Human Immunodeficiency Virus
I+	I+Solution
IDP	Internally displaced people
IEC	Information Education Communication
IGA	Income Generating Activities
IPPF	International Planned Parenthood Federation
IST	Infections sexuellement transmissibles
JS3	Jeune Santé Sexualité Sécurité
KfW	Kreditanstalt für Wiederaufbau
Kobo	Kobotoolbox
M&E	Monitoring and Evaluation
MIS	Management Information Systems
MSM	Men having Sex with Men
NGO	Non-Governmental Organisation
OECD	Organisation for Economic Co-operation and Development
RCA	République centrafricaine
RTL	Religious and Traditional Leaders
SRH	Sexual and reproductive health
SRHR	Sexual and reproductive health and rights
STI	Sexually Transmitted Infection
SW	Sex workers
Swiss THP	Swiss Tropical and Public Health Institute
ToC	Theory of Change

UN	United Nations
UNESCO	United Nations Educational Scientific and Cultural Organization
UNFPA	United Nations Fund for Population Activities
UNICEF	United Nations Children’s Fund
YA	Youth ambassadors
YFS	Youth friendly services
YM	Young men
YMCA	Young men Christian Association
YO	Youth organisations
YP	Young people
YW	Young women
YPLHIV	Young People Living with HIV

1 Purpose and scope of the evaluation

1.1 Learning from Jeune S3

Jeune Santé Sexualité Sécurité (Jeune S3) was a multi-country adolescent sexual and reproductive health and rights (AYSRHR) programme, carried out by the Jeune S3 Alliance in Sub-Saharan Africa. It had the objective of strengthening the capabilities and opportunities of youth (10-24) to make responsible choices regarding their sexual and reproductive health and advocate effectively for their rights in this area. The programme was implemented in Benin, CAR, Cameroon and the DRC from 2016 to 2020 with the overarching aim of promoting AYSRHR in fragile contexts.

The Jeune S3 Alliance has commissioned this evaluation of Jeune S3 to promote accountability and learning. To that end, the report provides detailed information and analysis regarding the effects and the impact of this ambitious programme as well as its internal set-up. It also derives recommendations for implementing partners and the wider (A)SRHR community. To share the key findings, reflection sessions were carried out with the target communities as well as local implementing organisations. An additional reflection session with the Steering Committee is also foreseen.

The Terms of Reference for this evaluation set out three main areas of focus:

1. **Achievement of results:** Assessment of Jeune S3's ability to achieve the expected results in each of the programme's pathways and the extent to which the pathways were mutually reinforcing.
2. **Learning and adaptive capacity:** Assessment of the changes and adaptations that were made during programme implementation. This includes the programme's adaptation to the difficult context and incorporation of lessons learned in order to achieve high levels of effectiveness.
3. **Local partnerships:** Assessment of the relevance and effectiveness of chosen partners and methods of collaboration to achieving programme objectives (see ToR in Annex 1).

1.2 Outline of the study

Chapter 2 summarises the objectives and the context of the programme. Subsequently, Chapter 3 provides a description of the evaluation and data collection methodology. Chapter 4 constitutes the core of the evaluation and contains an in-depth analysis of the outputs and outcomes of the programme along the Theory of Change. This analysis is structured according to the four pathways of the programme and also addresses potential synergies between them. The other key evaluation questions on learning as well as adaptive capacity and partnerships are addressed in Chapter 5. Chapter 6 evaluates the programme along the criteria for development evaluations by OECD/ DAC and Chapter 7 concludes with the recommendations of the study. The table below provides an overview of the individual chapters of the study addresses which evaluation question and theme.

Table 1: Chapters of the study addressing evaluation questions and themes

Themes	Addressed in Chapter	Questions from the ToR (translated from French)
Results achieved: General Questions	Chap.4; Chap.6.4	1) To what extent can the Jeune S3 programme claim to have achieved its objectives in the four pathways?
	Chap.4	2) Which type of interventions contributed to observed successes?
	Chap.4	3) Which results are confirmed by other stakeholders? (triangulation)
	Chap.6.4	4) What unintended effects (positive and negative) have been observed?
	Chap.4; Chap.6.4	5) What benefits do girls, boys and especially girls aged 10 to 14 derive from the programme
	Chap.4; Chap.6.4	6) What evidence shows that the program contributes to its long-term objective according to which young people living in fragile contexts should gain respect for their sexual and reproductive rights and have the opportunity to make informed choices in this regard?
Results achieved: Pathways	Chap.4.1	7) To what extent has Jeune S3 offered young people the opportunity to make their voices heard and defend their rights?
	Chap.4.2	8) To what extent do young people have improved access to sexual education and/or high-quality information on SRHR, both in and outside school?
	Chap.4.3	9) To what extent can and do youth have the opportunity to use SRH services adapted to young people? (Or more simply: to what extent do young people have improved access to high-quality youth-friendly services?)
	Chap.4.4	10) To what extent have social, cultural, legal, political and gender barriers to SRHR of youth and key population decreased? In other words, to what extent has the environment become more favourable?
Ability to learn and adapt	Chap.5.1.3	11) Has the ToC approach helped programme partners to efficiently orient their interventions?
	Chap.6.4	12) Which results have a positive, neutral, or negative effect on gender equality?
	Chap.4.1; Chap.5.2.1	13) To what extent and how has the programme ensured meaningful participation by young people in the program itself?
	Chap.5.1.2	14) Are relevant adaptations/adjustments observed?
	Chap.5.1.2	15) What lessons are being learned by or in collaboration with other stakeholders and adopted during implementation?
	Chap.5.1.2	16) To what extent has the programme incorporated lessons learned from the interim evaluation or other moments of reflection?
Local partners	Chap.5.2.2; Chap.5.2.3	17) Were the selected partners complementary to the programme partners and complementary to each other?
	Chap.5.2.3	18) Have stakeholders and programme partners in each country observed synergies between the activities/roles of the different partners involved in these countries?
	Chap.5.2.8	19) Has the support (from Cordaid and others) enabled local partners to build their organisational capacity and/or their advocacy capacity on SRHR?
	Chap.5.2.5	20) Do program partners feel that planning, reporting and reflection methods are adequate?
	Chap.5.2.6	21) Have conflicts between partners been avoided or managed and resolved appropriately and with respect for all parties involved?

Source: ToR Evaluation Externe Jeune S3

2 Objectives and context of the programme in the four countries

2.1 Regional context: AYSRHR in fragile settings

Significant challenges regarding AYSRHR in Benin, Cameroon, CAR and DRC explain the high relevance of implementing a programme such as Jeune S3 in these countries. The rate of contraception use among young girls in each of the four countries is below 25%, while the level of HIV infections among YP and the prevalence of teenage pregnancies are both very high. Specifically, the proportion of young women aged 20-24 who had a child before the age of 18 amounts to 23% in Benin, 23,3% in CAR, 26.7% in DRC and 30% in Cameroon (UNFPA, n.d.). Moreover, in the specific programme regions, early pregnancies are linked to negative consequences for young girls (school dropouts, excommunication, beating, health risks etc. (Plan International, 2018). In these regions, transparent communication on sexual and reproductive health is often culturally “not acceptable”, leading to false beliefs and myths around sexuality and puberty. Gender-based violence is extremely common in Cameroon where almost 80% of young girls (15-19) think that wife beating can be justified. This figure stands at 73.3% in South Kivu, 63.2% in North Kivu and higher than 50% in the Extreme North of Cameroon (UNFPA, n.d.). In Benin, the aggregate figure of GBV is lower but remains high in specific regions. For instance, 54% of girls were married as children in the project location Alibori province in 2018 (see also joyn-coop, 2020 Chapter 2.3).

The insecure context in DRC, Cameroon and CAR aggravates problems related to AYSRHR. YP in CAR have been subjected to armed conflict, terrorist attacks and displacements for most of their lives. In Cameroon’s Extreme North, fragility can be mainly attributed to the presence of Boko Haram and the resulting influx of Internally displaced persons (IDPs) and refugees from Nigeria. YP from DRC’s Kivu regions are also affected by political instability, remnants of war and attacks by armed groups.

Despite the fragility in the targeted regions, members of the Alliance saw an opportunity to make a difference. Indeed, Cordaid and Swiss TPH have longstanding experience of working in DRC, while PSI has a strong presence in Benin and Cameroon through their network members. Cameroon-based ACMS (Association Camerounaise pour le Marketing Social) gained experience working on youth programmes with the project “100% Jeune” and Benin-based ABMS (Association Béninoise pour le Marketing Social et la Communication pour la Santé) has been active in AYSRHR since 1996 with their programme “Amour & Vie”. This experience and the partnerships with faith-based, community-based and traditional organizations were a great asset in the implementation of the programme, even more so since some of the partners worked in SRH or youth empowerment before the programme began.

An important exogeneous factor which negatively impacted the implementation of the programme was the COVID-19 pandemic. Depending on the respective local restrictions, the implementation of the programme had to be postponed or adapted in its final year.

2.2 Jeune S3 programme

Jeune S3 programme partners implemented a programme with a comprehensive approach to sexuality education, empowerment, and promotion of health seeking behaviour and contributed to the improvement of health services. The aim was to educate YP on their SRHR in order to

empower them to protect themselves, develop healthy sexual behaviour, seek health counselling and services when needed, and defend their sexual and reproductive rights and health.

The initial Jeune S3 alliance members were Cordaid, PSI-Europe, Swiss TPH, and the Worldwide YWCA, although the latter left the programme at the end of 2017. In addition, there were 5 Technical Supporting Agencies: I+ Solutions, Healthy Entrepreneurs (left in 2018), Free Press Unlimited, IPPF ARO and Triggerise. Their roles and responsibilities are summarised in Table 2.

Table 2 : Overview of the Alliance Partners

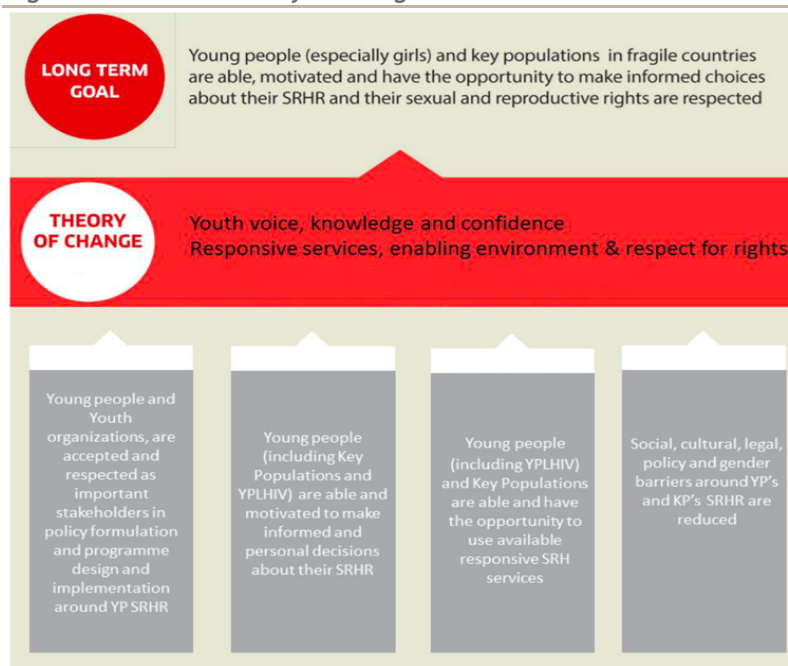
Alliance Members	
Cordaid	<ul style="list-style-type: none"> - Leader of the Alliance - Overall management, M&E - Coordination of technical capacity building and communications - Country coordinator and technical implementation in CAR and DRC - Communication with the MoFA - Responsible for advocacy
Swiss TPH	<ul style="list-style-type: none"> - Operational research - Base- and end-line evaluation - Implementation of CSE in and out-of-school in DRC, guidance in Cameroon
PSI Europe	<ul style="list-style-type: none"> - Global advocacy - Access to services and information for YP through social marketing and communication campaigns - Country coordinator in Cameroon and Benin (with 2 NGOs of the PSI network)
World YWCA Left end of 2017	<ul style="list-style-type: none"> - Global advocacy on girls' rights - Mobilization of girls and young women at national and local levels to support empowerment and capacity building in DRC and Cameroon
Technical Partners	
I+	<ul style="list-style-type: none"> - Supply chain assessment in DRC - Improvement of the supply chain
HE Left mid-2018	<ul style="list-style-type: none"> - Promotion of contraceptives and SRHR information/services through a social entrepreneurial approach
FPU	<ul style="list-style-type: none"> - Radio programs in DRC and CAR - Trainings on Youth participative radio programming and journalism in DRC and CAR
IPPF ARO	<ul style="list-style-type: none"> - Youth empowerment voice - Implementation in CAR and Benin
Triggerise	<ul style="list-style-type: none"> - Introduction of MOVERCADO technology (YES pilot) - Insight in client preferences - Assessment of health centres - In DRC and started in Cameroon in 2018

Source: Jeune S3 program documents

To reach the long-term goal of Jeune S3, four pathways were developed to affect a sustained shift towards improved SRHR for young people in fragile countries. The Theory of Change of the programme is shown in Figure 1, with the following four pathways structuring the work of Jeune S3:

- 1) Youth voice and confidence.
- 2) SRHR knowledge and skills.
- 3) Responsive SRH services.
- 4) Enabling environment and respect of rights.

Figure 1: Jeune S3 Theory of change



Source: Cordaid programme document: p.7

While all programme pathways are important by themselves, there are also crucial complementarities between them. As YP are at the centre of all programme activities, Pathway 1 is directly incorporated into all other pathways. Pathway 4 is important for enabling Pathways 2 and 3 since the socio-political environment limits conversations on CSE and access to SRH-related services. In addition, Pathway 4 produces important synergies with Pathway 1 as the trained Youth Ambassadors (YA) perform joint advocacy with religious and traditional leaders.

The programme's main implementation mechanism was training and capacity development for YP and other stakeholders related to AYSRHR. The peer-to-peer approach was a core feature of Jeune S3's strategy. The programme carried out a varied range of activities to implement the four pathways:

- Through **Pathway 1**, the programme provided training sessions for Youth Ambassadors (YA) and other involved YP on the topics of advocacy, journalistic writing, radio programme production, leadership, project management and social media. The programme also enabled the trained YA to participate in meetings with authorities and in international conferences, thus allowing them to engage with the authorities, launch advocacy initiatives, and organize activities to sensitize their peers (Pathway 2) and community members (Pathway 4). Additionally, YP, together with adults, participated in all training activities carried out in Pathways 2, 3 and 4.
- In order to improve SRHR knowledge and skills through **Pathway 2**, the programme focused on two main channels, namely in-school and out-of-school CSE trainings. For in-school activities, members of the Alliance trained inspectors from education ministries, who then trained teachers to teach CSE in class. The programme advocated for the implementation of CSE in school curricula in Cameroon and supported education ministries in the production of CSE manuals (CAR and DRC). For out-of-school CSE, the Alliance trained members from local partner institutions who in turn trained and supervised peer educators. The programme also supported, supervised, and monitored out-of-school activities. To that end, it produced its own manuals and peer educators for CSE worked alongside YA in their sensitisation campaigns (radio programmes, fairs) directed at a wide audience (YP, parents, RTL, deaf and mutes, etc).

- To create responsive health services through **Pathway 3**, the programme organized trainings for health staff, created youth-friendly spaces in health centres and provided Health centre (HC) with didactic material, commodities, contraceptive items and other relevant supplies.
- Through **Pathway 4**, Jeune S3 aimed to create a favourable environment for the support of AYSRHR. To that end, the programme implemented trainings for key religious and traditional leaders (RTL) and parents on CSE, who were then supposed to share what they had learned during training to their communities and their children. In some countries, Jeune S3 encouraged interreligious dialogue by collaborating with an interfaith association. Moreover, the programme supported advocacy campaigns by RTL aimed at parents, YP, and local authorities. It also addressed political authorities directly, calling for better AYSRHR through measures such as prevention of child marriage or improvement of health services. Jeune S3 also organized workshops and community dialogue on SRHR, created listening clubs and “safe spaces” and implemented a voucher system to facilitate child-parent dialogue on SRH issues.

3 Methodology: approach and limitations

3.1 General approach, context, and standards

This evaluation assesses Jeune S3's impact by testing the programme's stated objectives, derived from its ToC, against qualitative and quantitative data. The ToC consist of four distinct but interrelated causal chains, one for each of the pathways of the programme. To validate the underlying claims and assumptions for each, the evaluation team collected and analysed relevant qualitative and quantitative data. Based on this analysis, conclusions were drawn on the achievement of programme objectives, both at the output and outcome levels (Chapter 4.1-4.4). The findings are complemented by an assessment of synergies between programme pathways (Chapter 4.5), before a final conclusion is reached on the overall impact of Jeune S3 in Chapter 6. Furthermore, Chapter 5 assesses whether the programme has been able to learn and adapt to challenges and establish an effective network of partners. In general, this evaluation takes the form of a contribution analysis in which the assessment of impact is based on plausible conjecture and guided by the ToC. It should not be regarded as a scientific study, which systematically takes into account counterfactuals when making claims about programme impact.

The Evaluation mainly draws on qualitative data collected by the evaluation team, since the programme's own collection of quantitative data suffered from COVID-19 restrictions. Originally, the plan was to use the representative baseline and endline data collected by the programme itself for a quantitative analysis of programme impact. However, due to restrictions related to COVID-19, Cordaid and its partners were only able to collect and submit very limited endline data to the evaluation team. The evaluation thus relies mainly on comprehensive data collection conducted in the field and online. As a result of COVID-19 restrictions, the joyn-coop team was not able to travel and therefore relied on country experts to conduct fieldwork, accompanying them closely virtually (see Annex 2.1). This qualitative data was complemented with an analysis of the existing quantitative data from the programme, including operational research from DRC, as well as a review of the scientific literature.

The present evaluation and associated data collection follow established international standards, namely:

- **DeGEval (Gesellschaft für Evaluation) Evaluation Standards** on usefulness, viability, fairness and accuracy set by the (German) Evaluation Society (DeGEval, 2008).
- **OECD/DAC Evaluation Quality Standards and Principles** on impartiality and independence, credibility, usefulness, and participation (OECD, 2019).

3.2 Study location

While all activities implemented by the project are taken into account, the evaluation focuses on the most prominent pathways in each project region. The foci are summarized in Table 4. Particular attention was paid to the synergies between the pathways and the collaboration between partners (see Annex 2.2 for the detailed selection criteria).

Table 3: Locations of the field work and pathway-focus

Country	Region	Location	Focus
DRC	South Kivu North Kivu	Katana, (Bukavu) Goma	All pathways CSE in school
Cameroon	Extreme-North Est	Bertoua, Mandjou Maroua, Douggoi	Pathway 1 and 2 CSE out-of-school
CAR	Bangui	Bangui	1 and 3
Benin	Alibori	Banikoara Kandi	1 and 4

Source: joyn-coop

3.3 Study questions and themes

For each pathway of Jeune S3, the evaluation team defined and analysed relevant assumptions and risks. The detailed ToC elaborated during the inception phase includes assumptions and risks related to the programme’s results (see Annex 3), which formed the basis for developing the main questions on these issues (see Annex 4). Subsequently, these were then detailed for each stakeholder in specific questionnaires for both field and remote research. Therefore, questionnaires used in interviews and focus group discussions contain both questions on the results of Jeune S3 (comprising input, output and outcome levels as well as synergies) and on the related risks and assumptions. Additionally, a specific workshop format was used to assess the effects and impact at community level (MAPP, see Annex 2.5). An overview and further analysis of the findings can be found in Chapter 4.

In order to address questions related to learning and partnerships, the evaluation team also assessed the set-up of the project and its further evolution. The second and third objectives of the evaluation were to evaluate the ability of the programme to adapt as well as the quality of collaboration of different actors. These topics were also part of the questionnaires for interviews and focus group discussions with beneficiaries, implementing partners and other relevant stakeholders. Additionally, a customised workshop format assessed the collaboration among partners (Reflection Workshop on Collaboration, see Annex 2.5 and 8). The analysis of the related findings can be found in Chapter 5.

3.4 Study participants

The consultancy team ensured that all stakeholders involved in the programme could participate in the evaluation through customised methods. Methods were adapted for each of the main questions of the evaluation and for each target group type and targeted specific objectives (see Inception report, Annex 3, joyn-coop, 2020). As different methods were designed for different purposes, many of the stakeholders participated in multiple evaluation formats. Annex 2.3 lists the final numbers of participants in both field and remote data collection activities and provides a list of interviewed program staff and experts.

3.5 Data collection

The country teams, under guidance of the joyn-coop team, used tailor-made qualitative and participatory methods to collect and validate the required information. The country teams were trained in the relevant methods through tutorials and training workshops and received a comprehensive manual (see [joyn-coop, 2020](#), Field package for country experts). The following methods were applied:

- **Structured interviews** provided participants with a safe space to share their personal perspectives.

- **Focus group discussions**, with elements of **Social Presencing Theatre (SPT)** (Brendel, 2020), provided an opportunity to address delicate subjects in a homogeneous group setting.
- The elaborate **workshop format MAPP** (Method for Impact Assessment of Programmes and Projects⁶) was used to develop a detailed view of the community's overall perception of the programme and its contribution to improving ASHRH (with the impact being measure based on disaggregated retrospective reflection).
- **Site visits of health centres and transect walks** enabled country consultants to gather contextual information about program locations.
- **Reflection workshops on collaboration** allowed implementing organisations to jointly assess their partnerships.
- In each field study location, **validation workshops** provided local stakeholders with opportunities to comment on the preliminary results from field studies.

Each activity took place in a safe space and hygiene measures were respected. The joyn-coop team virtually participated in the activities of the country teams whenever possible and the data collected was transmitted via Kobotoolbox⁷. Further details on the collaboration between the joyn-coop team and country teams are available in Annex 2.6.

The team also collected data remotely in areas where study participants could be reached virtually. To that end, the following methods were used:

- An **online survey** invited all staff members in the four programme countries and at the global level to share their perspectives.
- With **virtual semi-structured interviews**, the evaluation team collected perspectives on learning and partnerships within Jeune S3, thereby deepening its understanding of the programme.
- A **desk study** was carried out to review all documentation provided by the programme and conduct an analysis of relevant literature.
- **Virtual validation workshops** were held during the inception and the final phase of the study with the Scientific Advisory Group of the evaluation and the Steering Group of Jeune S3.

A comprehensive description of all field and remote methods and their implementation is provided in Annex 2.4. For each method, participants were selected randomly among representatives from the different indirect and direct target groups (if feasible⁸).

The following list provides an overview of interviewed individuals and groups as well as methods used and serves as a reference for quotation throughout the report. In addition to citing the Kobo source, we always mention the respective target group in the main text to improve the readability of the report (see Annex 5 to access questionnaires and interviews).

Kobo 1.1 = Parents participating in FGD
Kobo 1.2 = Girls (17-24) participating in FGD

⁶ MAPP was developed by Susanne Neubert, Deutsches Institut für Entwicklungspolitik (DIE), as a participatory method for the empirical analysis of program impacts. MAPP offers a logical sequence of tools for data collection and interpretation within an elaborate workshop formate (Neubert, 2010)

⁷ Kobotoolbox is a toolkit designed for field data collection that allowed the evaluation team to create different surveys for each type of interviewed groups and individuals. Questionnaires were completed directly online by some of the respondents (i.e programme staff) or by the interviewers (country experts) based on the notes and photos they took during workshops, interviews, and focus groups. The tool is accessible via the following link: <https://www.kobotoolbox.org/>

⁸ For some target groups or stakeholder, only specific representatives existed, in some cases, only selected locations could be accessed due to security reasons or logistic limitations (inaccessible locations).

Kobo 1.3 = Boys (17-24) participating in FGD
Kobo 1.4 = Girls (12-16) participating in FGD
Kobo 1.5 = Representatives of KP participating in FGD
Kobo 2.1 = Interviewed political decision-makers
Kobo 2.2 = Interviewed RTL
Kobo 2.3 = Programme staff interviewed on site
Kobo 2.4 = Interviewed health staff
Kobo 2.5 = Interviewed involved YP
Kobo 2.6 = Interviewed teachers
Kobo 2.7 = Interviewed out-of-school educators
Kobo 3.1 = Participants of the collaboration workshops
Kobo 3.2 = Participants of the MAPP workshops
Kobo 4.1 = Surveyed programme staff

3.6 Data analysis

Contextualisation: The data collected in the field was complemented with observations and insights from country teams and other relevant stakeholders. Besides regularly reporting their findings back to the evaluators, the country experts also offered their assessment of the context and quality of the information received. This included observations regarding the honesty of participants, the veracity of their accounts, and whether their views were widely shared within their respective communities. The familiarity of country experts with the cultural context was a particular asset in this regard. In addition, interviews with the programme's country coordinators provided background information, which helped put the field data into perspective. Overall, contextualising information in this manner enabled the evaluators to appraise the veracity of the gathered information and assign it the appropriate levels of relevance and significance.

Triangulation: Information from different sources was contrasted with each other to gain a holistic understanding of the programme and validate the strength of individual findings. In accordance with Flick (2008), the following types of triangulation were applied: 1) triangulation of methods and different information sources, 2) triangulation of data sources, 3) triangulation of different stakeholders' perspectives and 4) triangulation of findings by different investigators/consultants (see Annex 2.6). In general, the primary source of information was the large body of qualitative data gathered in the field, which allowed the consultants to identify the opinions of key stakeholder groups and contrast them with each other. For example, the information provided by YP from the target group could be compared to the accounts given by parents and RTL in the same project location in order to confirm their veracity. If possible, the findings derived from this principal data source were then contrasted with the available quantitative data (MIS and other), though its limited availability did not always allow a comparison to be drawn. A third source of information were annual and other reports provided by the programme. In case of conflicting information provided by these different data sources, national programme coordinators were consulted for clarification and the relevant findings were discussed openly within the evaluation team. This triangulation process is reflected throughout the report: Assessments are presented with a level of confidence that corresponds to the evidence they are based on and the source of each finding is flagged in footnotes. In addition, tensions between different sources of information are openly discussed in the report.

3.7 Ethical considerations

Transparency, impartiality, and independence: The Evaluation was conducted in compliance with Cordaid's relevant standards. All team members adhered to the principles of impartiality and independence and faced no conflict of interests. Furthermore, it was ensured that the evaluation approach and methods were transparent and easily accessible and understandable for all stakeholders. The country teams were sensitised to the need to ensure confidentiality and consent of

the beneficiaries. Photos and information collected were only used after informed consent of the participants (or their parents in the case of minors) was obtained and the team ensured that contributors remained anonymous. The team was also granted ethical clearance by the national authorities of each country and took care to comply with all associated requirements for this evaluation.

Open expression in a sensitive setting: Qualitative and participatory methods conducted by local experts provided beneficiaries and programme stakeholders with a safe space to share their opinions. Gender differentiation and gender sensitivity were considered in the composition of the country team and in the design of interviews, FGD and workshops. Country experts were recruited from the specific programme regions of Jeune S3. Special attention was also paid to ensure the sensitive treatment of young girls and other vulnerable key target groups of the programme, both in terms of interview settings and questions posed (see Annex 2.7).

3.8 Study limitations

The limitations of this evaluation result from its scope and methodology, but also from unforeseen circumstances such as the outbreak of COVID-19. The evaluation follows a theory-based approach, in which the programme impact is assessed based on limited evidence and plausible conjecture. The study displays the following limitations:

- **Impartiality:** The entire evaluation team including national experts held no stake in the programme and was therefore unbiased. In contrast, it is possible that interviewees displayed a positive bias in their answers in case they were hoping to receive renewed funding as a result of a positive evaluation. Alternatively, interviewees may have also been frustrated by the end of the programme, leading them to give a more negative assessment. In general, such response patterns were not reported by the country experts which is why their significance is deemed to be marginal.
- **Lack of quantitative data to corroborate qualitative findings:** Initially, the evaluation team had planned to use the detailed quantitative data collected by the project (baseline and endline, with control groups) to corroborate the qualitative findings. However, due to COVID-19, only a limited amount of quantitative data was collected and made available. The lack of quantitative information meant that many qualitative findings could not be triangulated to the extent, which was initially foreseen, and that especially the assessment of overall programme impact was compromised.
- **Extrapolation:** Since only qualitative data was collected, the evaluation team had to draw conclusions about the entire programme based on a limited sample size. In the selection of locations for data collection, the evaluation applied a most different systems design, choosing the locations with maximally different characteristics in order to assess programme impact under divergent circumstances and cover well all pathways. Participants in the evaluation formats were selected randomly whenever possible. Nevertheless, security concerns and logistic limitations as well as limited access to programme participants posed constraints to this sampling methodology. The evaluation team analysed the reports made available to them; however, it might be that due to the large number of documents produced during the five years of Jeune S3 not all reports were studied in-depth. The extrapolation of findings is therefore necessarily associated with the risk of limited validity of findings.
- **Reliability:** Considering that the joyn-coop team had to rely on country teams to gather field data, the process of data collection could not be entirely supervised. However, the careful selection and training of country teams as well as the wealth of collected data adds to the

reliability of this source of information. Virtual representation in interviews and focus groups provided additional security regarding the accuracy of the data collected. Even without complications caused by COVID-19 limitations, a certain reliance on country experts with knowledge of local languages would have been necessary. In fact, the investment in training, empowerment and supervision of country experts was likely higher due to the adverse circumstances, thereby positively influencing the reliability of the data collected.

- **Equal representation of all stakeholders:** Due to the COVID-19 pandemic, the results from participatory methods applied by country experts constituted an important part of the findings. Country experts did not have the same comprehensive understanding of the larger programme as the international consultants. International consultants engaged in accompanying the field research and intense exchange with country experts. Still, it might be that more emphasis was given to youth and other local stakeholders/beneficiaries in the final analysis than to programme staff (and others that knew more about the intervention strategies).
- **Irregular reporting across countries:** Quantitative output data - in particular the numbers of sensitised or trained parents - were not collected using the same methodology across countries by Jeune S3 and are therefore not comparable. According to interviewed programme staff, some health centres did not transfer data to the MIS regularly, thus skewing results.
- **Limited information about internal conflicts:** Conflicts between programme stakeholders seemed to be sensitive topic. Country experts reported that participants in evaluation formats were unwilling to speak about them in detail. The evaluation team was therefore not fully able to gain a comprehensive perspective on this issue.
- **Limited information from third parties:** Since the evaluation was conducted remotely, it was difficult to reach out to interview partners such as ministry officials or other donors who were not connected to the implementation partners to some degree. Hence, most of the twelve interviewed policymakers and officials were from the local and regional levels, only one representative belonged to the national level. These additional opinions would have been of value as an independent outside perspective on the programme.
- **Timing:** The evaluation took place during the last weeks of the implementation phase or right after. Clearer evidence on sustainability of the interventions could have been found, if the evaluation would have taken place later, because it would have been obvious for example which activities continued and which ones did not. For the present evaluation, the evaluation of the continuity of the programme's interventions had to rely on prognostics and statements of the stakeholders.

4 Analysis of the Theory of Change

The present chapter provides an in-depth analysis of the effects of Jeune S3 by pathway. This analysis is based on the Theory of Change of the programme and additionally assesses synergies between the different pathways.

4.1 Pathway 1 - Youth Voice and Confidence

The Theory of Change of pathway 1 aims to make the voice of youth and their organisations heard and thereby support them in their advocacy for improved AYSRHR. It improves both the strength of individual young people as well as their organisations (see Figure 2).

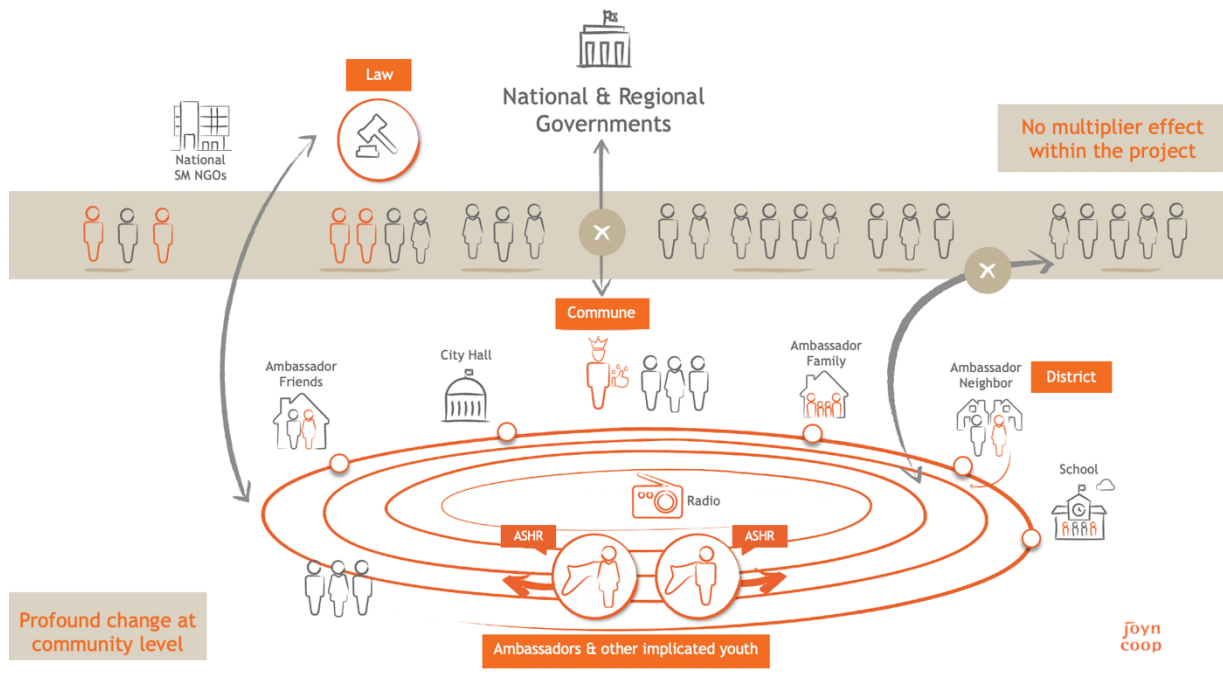
Figure 2: ToC of pathway 1



Source: Programme document 2016-2020, p 9

Pathway 1 aimed to empower YP to be agents of change in relation to AYSRHR in their communities by strengthening their leadership, teaching and associative skills. As a programme implemented “by the youth”, Jeune S3 trained selected YP - known as youth ambassadors - in advocacy, CSE, project management, social media animation and/or journalistic writing. Programme staff supported these YA in the conception and implementation of their projects (advocacy campaigns towards political authorities and community, editing a newspaper, organisation of public sensitisation sessions, creating a radio programme, etc.). Additionally, Pathway 1 empowered YP at an organisational level through the inclusion of youth organisations in programme implementation. Figure 3 summarises Pathway 1 with the ambassadors and their direct interaction with community members being at the heart of Pathway 1. All the elements marked in orange represent changes initiated by the programme.

Figure 3: Essence of Pathway 1 - Youth voice and confidence



Source: joyn-coop

4.1.1 Achievement of outputs - To what extent did Jeune S3 strengthen the capacity of YP and YOs to mobilize and advocate for their SRHR and the right to participate in decision making?

Overall, the capacities of the selected YP and YO were strengthened in all JS3 countries. The most significant positive effect of the program, highlighted by participants in focus groups and interviews, was an increase in self-esteem and perceived self-efficacy of involved YP. The active participation of girls in the implementation of programme activities contributed to a fairer gender balance within YOs. Since youth ambassadors came to be seen as “important persons” at the community level, YO participating in the programme became more attractive to YP and partly increased their membership. Effective capacity building of YO was particularly visible in Benin.

4.1.1.1 Qualitative data analysis

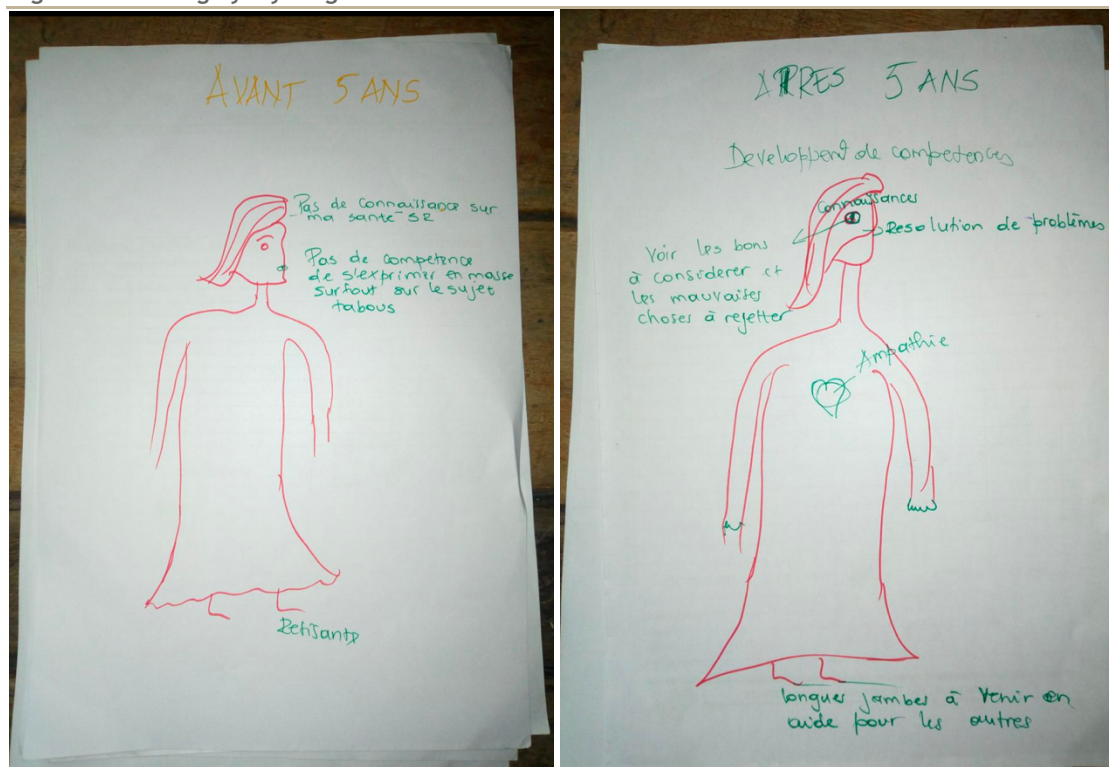
Involved YP were very positive about the trainings and the profound changes they attributed to them. YA received several intense five-day training courses. It was not possible to determine whether the methodology and quality of trainers was adequate since participants’ feedback was not available. However, responses and testimonies of involved YP⁹ indicate that the YA and other involved youths witnessed positive changes within themselves, which they attributed both to the trainings and their own role in implementing programme activities.

Changes experienced during the past five years also illustrate that these go beyond increased knowledge. Since personal change is a very intimate topic, the consulting team applied methods that allowed for more intuitive responses, such as drawing or gestures in order to give interviewees the opportunity to express their feelings. Drawings by involved youths about changes experienced during

⁹ Kobo 2.5: Interviewed involved YP, all countries

the past five years also illustrate that these go beyond increased knowledge and include an improved capacity for decision-making, a proactive attitude to resolving problems, as well as increased empathy.

Figure 4: Drawing by a young interviewee from Bertoua



Source: Involved YP, Kobo 2.5, Cameroon

In the training material for YA, the topic of gender was addressed meaningfully with a particular emphasis on female empowerment. The training material exposed the social barriers faced by women in leadership roles and not only insisted on equality as a matter of principle, but also demonstrated benefits associated with women in leadership roles. Beyond the training material, the programme stressed that it was important to ensure that female YA were included and felt welcome to take on leadership roles. Statements made by interviewed involved YP confirmed an important shift in gender roles and behaviour among participants with female ambassadors answering they were taking on important roles in the programme and their organisations. When asking the interviewees about changes in their organisations, a change in this regard was stressed by 5 out of 22 respondents.¹⁰ They described that female members used to hold no important positions in the organisations but were now able to access these posts and develop their full potential. This change strengthened both their roles and the organisations.

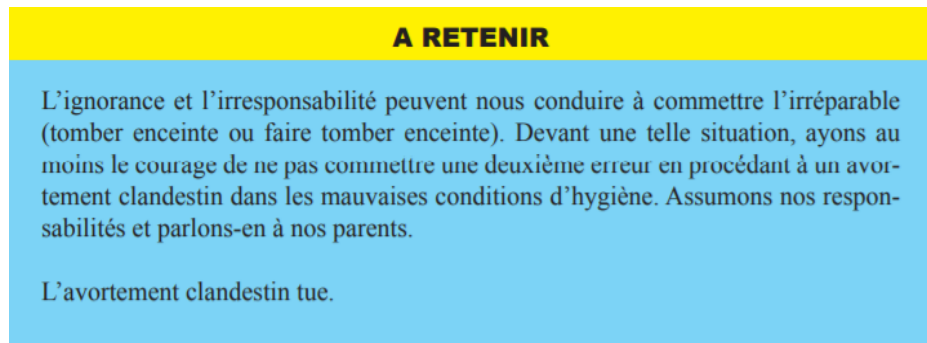
In a training guide in DRC, abortion was clearly addressed but, in a moralising, and guilt-inducing manner which does not correspond with relevant international guidelines. The programme used a training guide in DRC¹¹ developed by UNICEF and RACOG to train involved YP. This guide covered numerous relevant SRHR aspects and was complemented by a rights section by IPPF and Swiss TPH. As Figure 5 shows, texts about abortion, however, were not written in a way that could give YP neutral scientific information about abortion. The example in Figure 5 exemplifies this problem. Victims of

¹⁰ Kobo 2.5.13: Interviewed involved YP, all countries

¹¹ It remained unclear whether this guide was only used in DRC or as well in other countries

GBV, for instance, are likely to suffer severely if exposed to barely concealed accusations when considering an abortion. Clandestine abortion is addressed with the aim of deterring YP from aborting, but safe abortion is not even mentioned. An alternative approach to the topic has been published by one of the key partners of the programme, IPPF (UNFPA, 2012). Similarly, the guidelines used by the programme in CAR were more reflective of international guidelines on this issue than those used in other programme locations. According to programme staff the mentioned UNICEF/RACJ guide was the best existing training material in DRC and a more feasible alternative to developing a completely new manual.

Figure 5: Extract from the peer educator's guide on abortion



Source: Guide du pair éducateur RACJ.

In Benin, local youth organisations united around AYSRHR subjects and strengthened their organisational capacities through the programme. The participating youth organisations in Benin gathered in federations for each location respectively, called “J3”. The federations have a charter and employees, and the youth called their new organisation J3. According to the participants of the “workshop on collaboration”, the cooperation is working well and enables the youth organisations to work effectively with the local administration. While they are united under the topic of AYSRHR, they nevertheless maintain different specific interests.¹² Involved YP reported that communication between their organisations had improved as a result of trainings and information from Jeune S3.¹³

Participating organisations grew their membership and became more professionalised. According to interviewed staff of implementing agencies in DRC, the programme increased the attractiveness of the organisations and led new members to apply who wished to participate in activities of the programme and obtain information.¹⁴ Some of the involved YP from other countries reported improved management, administration and advocacy capacities related to the interventions of the programme (Kobo 2.5.13).

Instances of malpractice were reported confidentially to the evaluation team. Some concrete examples of malpractice, such as junior staff of Community based organisations (CBOs) being deprived by their superiors regarding travel allowances or per diem payments were reported confidentially to the evaluators. In such situations, junior staff would stop implementing activities as a form of protest and thus jeopardise the goals of the programme. For cultural reasons, publicly denouncing a superior was not accepted. Consequently, programme staff was not informed and could not take action against such malpractice. It also remains unclear how common such behaviour actually was within the programme (cf Chapter 5.2).

¹² Kobo 3.1: Participants of the collaboration workshops, Benin.

¹³ Kobo 2.5: Interviewed involved YP, Benin; Kobo 1.5: Representatives of KP participating in FGD

¹⁴ Kobo 2.3: Programme staff interviewed on site, DRC.

4.1.1.2 Quantitative data analysis

The number of YP involved per country varied strongly, also due to different implementation strategies. Table 4 shows the quantitative programme output in terms of the number of YP and YO involved in the training activities of the programme, drawn from annual reports¹⁵ made available to the evaluation team. Especially the large variation between countries is striking. Presuming that the data correctly reflects programme activities, Benin and DRC have benefitted considerably more from trainings than CAR and Cameroon. However, it would not be correct to draw premature conclusions from this data on the effectivity of the programme in the four countries. For example, in the DRC, YO were engaged in the implementation of the out of school CSE. As a result, many more youth were active in the programme.

Table 4: Programme implementers on the ground: Overview on involved youth

	Benin	Cameroon	CAR	DRC
Number of YP representative trained in advocacy techniques and sensibilization	122	43	58	192
Number of YP representative trained in radio programming and journalism	20	23	59	122
Number of YP representatives trained in management of YO	49	-	-	-
Number of girls involved in SRHR activities	327	283	566	2986
Number of boys involved in SRHR activities	358	256	644	1571
Number of YO involved in Jeune S3	18	14	46	80

Source: Quantitative indicators of the programme (country-level data sheets).

The programme had an important impact on the perception of rights of girls and young people with HIV among members of YO. A quantitative analysis of interview responses of involved YP provided insights on their changes of attitude with respect to this topic. In question n°21 of the questionnaire for involved YP¹⁶, interviewees from all countries were asked if they thought that members of their association would approve of or reject the following statements¹⁷. Several answers were possible:

- “A girl has the same rights as a boy.”
- “A person living with HIV can (is allowed to) have children.”
- “A boy has the right to show his feelings.”
- “In certain circumstances abortion should be allowed.”
- “If my brother would tell me that he was gay, I would accept that.”

The first statement was approved by the vast majority of interviewed YP involved in the implementation of the programme (100% in Benin and DRC), but opposing views were voiced by some

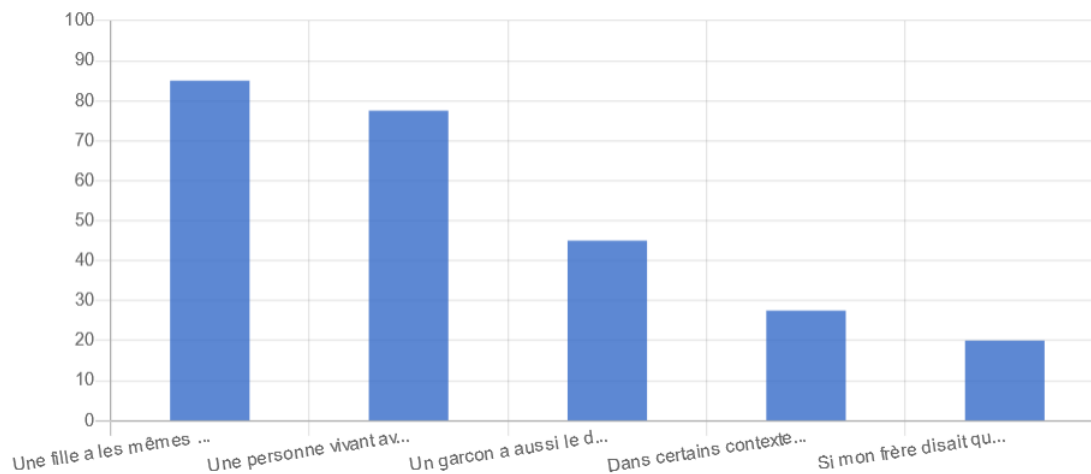
¹⁵ Quantitative annual reports: (ACABEF, 2020; ACABEF & IPPF, 2020; Cordaid, 2020; ACMS, 2020)

¹⁶ Kobo 2.5: Interviewed involved YP, all countries.

¹⁷ The intention behind this indirect question style was to prevent the interviewees from “wishfull answering” and instead give a more realistic image of their perceptions of common attitudes.

male and female respondents from Cameroon and CAR. A surprising result was the low approval for the statement that boys had the right to show emotions: Only 45% of interviewed YP confirmed this as a shared value within their organisation. Interviewees from DRC and Benin showed the highest degree of approval of this statement (75% in favour) while those from CAR were particularly opposed to the statement (100% opposed). Respondents from Cameroon also mostly rejected the statement (73% opposed). In general, girls approved of the statement more frequently (60% in favour) than boys (37,5% in favour). Regarding the right of people living with HIV to have children, the approval rating stood above 70%, while disapproval was voiced almost exclusively by interviewees from Cameroon.

Figure 6: % of interviewed young people agreeing to the statements



Source: Kobo 2.5.21

Acceptance of homosexuality among YP involved in the programme was rather low, as was acceptance of voluntary abortion. Only 20% of respondents affirmed that members of their organisations would accept a homosexual sibling with large variations between countries: In DRC, 100% of interviewees voiced disapproval, while in CAR only 40% shared this opinion. In Cameroon and Benin, 70-75% reported non-acceptance of homosexuality among the members of their YO. While difference between female and male respondents were small, girls estimated a slightly higher acceptance than boys. For the question related to abortion the approval rating was very low. Respondents from Benin were the only group that leaned in favour of access to abortion services under certain circumstances (62,5%). There was no difference between age groups regarding any of these statements.

4.1.1.2 Additional evidence from external research

Empirical studies on similar interventions as those implemented by Jeune S3 confirm that they strengthen YPs' capacities at the individual level. The suggested causal pathways correspond to the findings above, suggesting that such programmes contribute to enhanced confidence and a greater sense of responsibility (Kesterton & Cabral de Mello, 2010; Austrian, 2020).

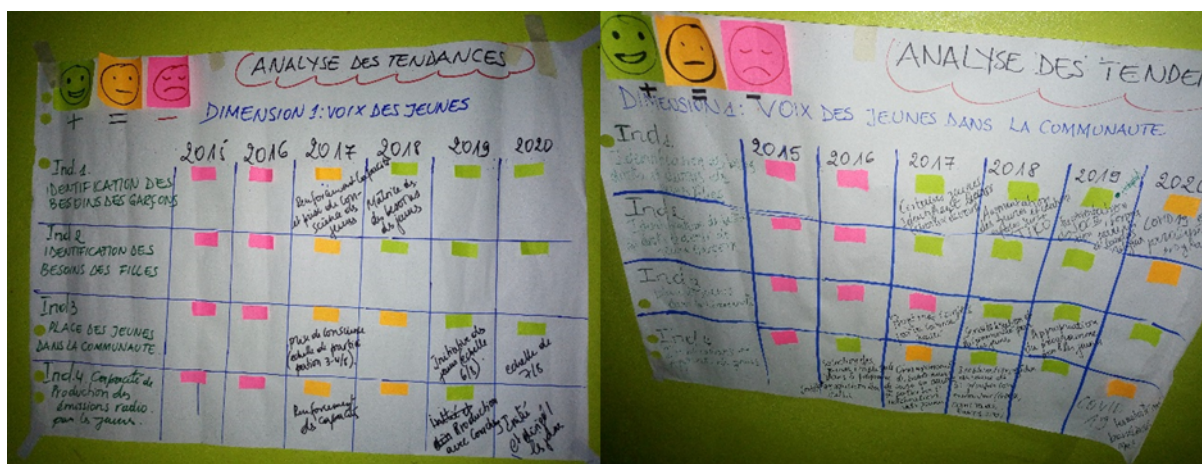
4.1.2 Achievement of outcomes (short-term & intermediate) - To what extent did YP and YOs engage in policymaking and programme implementation around youth SRHR and are they accepted and respected as important stakeholders in policy formulation and program design and implementation?

Overall, the approach of programme implementation by the youths can be considered successful. Involved YP were able to increase their visibility and influence at the local level and actively engaged in policymaking on AYSRHR in all countries. Successful advocacy reported in interviews was mostly directed at local authorities and decision makers, while higher-level advocacy endeavours were rarely mentioned in the testimonies of interviewees and participants in workshops and FGD. Regarding participation in decisions related to shaping the programme, boys more often evaluated their influence as high than girls.

4.1.2.1 Qualitative data analysis

While initially low, acceptance for the programme’s activities has increased over time. According to participants of the MAPP workshops, the programme is currently recognized and approved of in all the communities where it is active (MAPP all countries, Annex 6). Nevertheless, it was initially not well understood and received in some countries. In Ciranga/RDC, the programme was interpreted as “incitement to sexual vagrancy” by the community. Therefore, trained YP initially had to conduct their activities secretly (MAPP RDC Ciranga, Annex 6.3).

Figure 7: Flip Charts on evaluation of Pathway 1- DRC



Source: Country Expert DRC

Involved YP from all countries reported more open discussions of sexuality with leaders at the local level. Asked about observed changes within their communities, they reported more openness for the topic of sexuality and mentioned “that some community leaders would talk about sexuality more often and defend the rights of the youth”¹⁸.

¹⁸ Kobo 2.5.13.5: Interviewed involved YP, “Description of the changes in your neighbourhood/village”, CAR.

The most prominent change was the new role and recognition of ambassadors at the local level. Many interviewees, especially ambassadors, reported that they now held different positions in their communities and were consulted on AYSRHR-related topics by other youths and adults. In some reported cases, their advice was sought in case of unwanted teenage pregnancies in which case they were able to initiate a dialogue between parents and the pregnant girls.¹⁹

— “ —
In my neighborhood I am considered a model for the education of others about sexuality and I am very much “comm[unity]”. (Interviewed Involved YP, Cameroon). — “ —

— “ —
In my neighborhood everyone knows that I am in the program, often, 12-year-old girls approach me to tell me that they have their periods and do not know what to do. They have not told their mothers because they are ashamed. The same goes for young people with STIs. I refer them to the health centre. (Interviewed Involved YP, DRC) — “ —

— “ —
They have a great advocacy force they have for example managed to get a field for a socio-educational center here at Banikoara (Political decision-maker, Benin). — “ —

In Benin, YA participated in policy making via newly created platforms and were able to achieve tangible improvements related to AYSRHR. According to participants of the MAPP workshops in both Banikoara and Kandi, “awakening platforms” brought together the most important actors around AYSRHR to jointly work on the subject (municipality, police, religious leaders, parent associations, women associations, national social services, health agents and education professionals). The ambassadors of the programme and local politicians were also part of this platform. An example for an advanced advocacy campaign is the finalised communal decree in Banikoara to encourage parents and religious leaders to enforce the provisions of the code on marriage in the Republic of Benin (binding parents to authorize marriages after verification of the age of the future spouses on the basis of birth certificates and obtaining the informed consent of the girl and the boy). However, the decree has not been signed yet. According to interviewed political decision-makers and other sources, budget lines (around 600.000 FCFA/ year) was dedicated to the work of YOs on AYSRHR by the local governments.²⁰ According to participants of the MAPP workshop, local authorities in Banikoara granted SRH services for YP free of charge in the local HC (Atelier MAPP - Benin - Banikoara - Analyse des tendances). The commune of Banikoara also supported the evaluation team by making the high-quality meeting room of the local administration available at no cost (discussion with country experts, bookkeeping joyn-coop).

In Benin, youth voice, access to local authorities, and power at the local level increased. Interviewed YP from Benin described themselves as famous and influential due to the programme. Some even saw themselves as local celebrities.²¹ This self-perception was also shared by boys participating in the FGD.²² In Banikoara, ambassadors were in direct contact with the local authorities

¹⁹ Kobo 2.5: Interviewed involved YP, all countries.

²⁰ Field research in Kandi and Banikoara; Annual Report ABMF ABPS 2019; Kobo 2.1: Interviewed political decision makers, Benin; discussion with country experts).

²¹ Kobo 2.5: Interviewed involved YP, Benin.

²² Kobo 1.3: Boys (17-24) participating in FGD, Benin.

and in Kandi, they participate in the municipal council (reported by country experts) and reportedly achieved with their advocacy efforts that SRH services were free of charge for YP.

In CAR, youth advocacy activities united local actors against early and forced marriage. Advocacy towards community leaders yielded remarkably positive responses in CAR: 32 Young ambassadors and other involved YP decided to include neighbourhood and traditional leaders in their campaign against early and forced marriage. This resulted in an unexpected involvement from community leaders who formed a “group of allies”, signed a memorandum which was given to the prefect, and actively started to denounce cases of early and forced marriage (ACABEF, 2019).

In DRC, YO were recognised by local authorities and effectively advocated for AYSRHR. According to interviewees, their YO obtained official recognition (CBO) from local state authorities. The ambassadors also reported that in response to their advocacy authorities took concrete steps to comply with the government’s commitment to the Maputo Protocol, for instance by enabling children to visit the health centres without the presence of a parent.²³

— “ —
Young people are equipped and assert their rights. (Political decision-maker, DRC)

— “ —
In Cameroon, participation of YP in diverse advocacy activities was reported by ACMS. An advocacy campaign towards religious and traditional leaders on SRH sensibilization was supported by 25 local authorities (ACMS, 2019). Collaborating with another ACMS-led programme (“Députés Juniors”), YP trained by Jeune S3 participated in a parliamentary session in 2019 (ACMS 2019). Young ambassadors from Cameroon also participated in a few international conferences over the course of the programme, including the annual conference on AIDS in Ivory Coast in 2017 (ACMS, 2018). However, there is no evidence that this led to any political measures or promises. Having participated in international conferences was referred to as an important experience by the YP involved and it also reportedly strengthened their legitimacy within their environment.²⁴

YP trained in journalism used their abilities to make their voices heard in public in Cameroon. Radio broadcasts in Cameroon took off quickly thanks to a pre-existing programme led by ACMS called “100% Jeune”, which already provided YP with the opportunity to prepare and broadcast a programme live on local radio. In these radio broadcasts, trained YP advocated for the prevention of unwanted pregnancies and respect for the sexual rights of youths. As mentioned in the interviews with involved YP, they felt empowered by the ability to make themselves heard on the radio.²⁵

The effectiveness of the cooperative multi-stakeholder approach with direct youth involvement in advocacy activities was recognised. When asked for the success factors in interviews, both involved YP and RTL²⁶ stressed the importance of the trainings and the cooperation with the local stakeholders for the observed changes related to AYSRHR (cf ABMF & ABPF, 2019).

The programme has not built a channel for advocacy at the regional or national level, although single advocacy campaigns in DRC and CAR were successful. Both the organisations and their members came from specific programme locations and were not part of regional or national organisations. Except for CAR, the work of Jeune S3 was furthermore conducted in very remote locations with additional difficulty to reach out to national decision makers. When asked about factors influencing policy formulation on SRHR in interviews, these decision makers mentioned

²³ Kobo 2.5: Interviewed involved YP, DRC.

²⁴ Kobo 2.5: Interviewed involved YP, Cameroon.

²⁵ Kobo 2.5: Interviewed involved YP, Cameroon.

²⁶ Kobo 2.5: Interviewed involved YP, all countries and Kobo 2.2: Interviewed RTL, all countries.

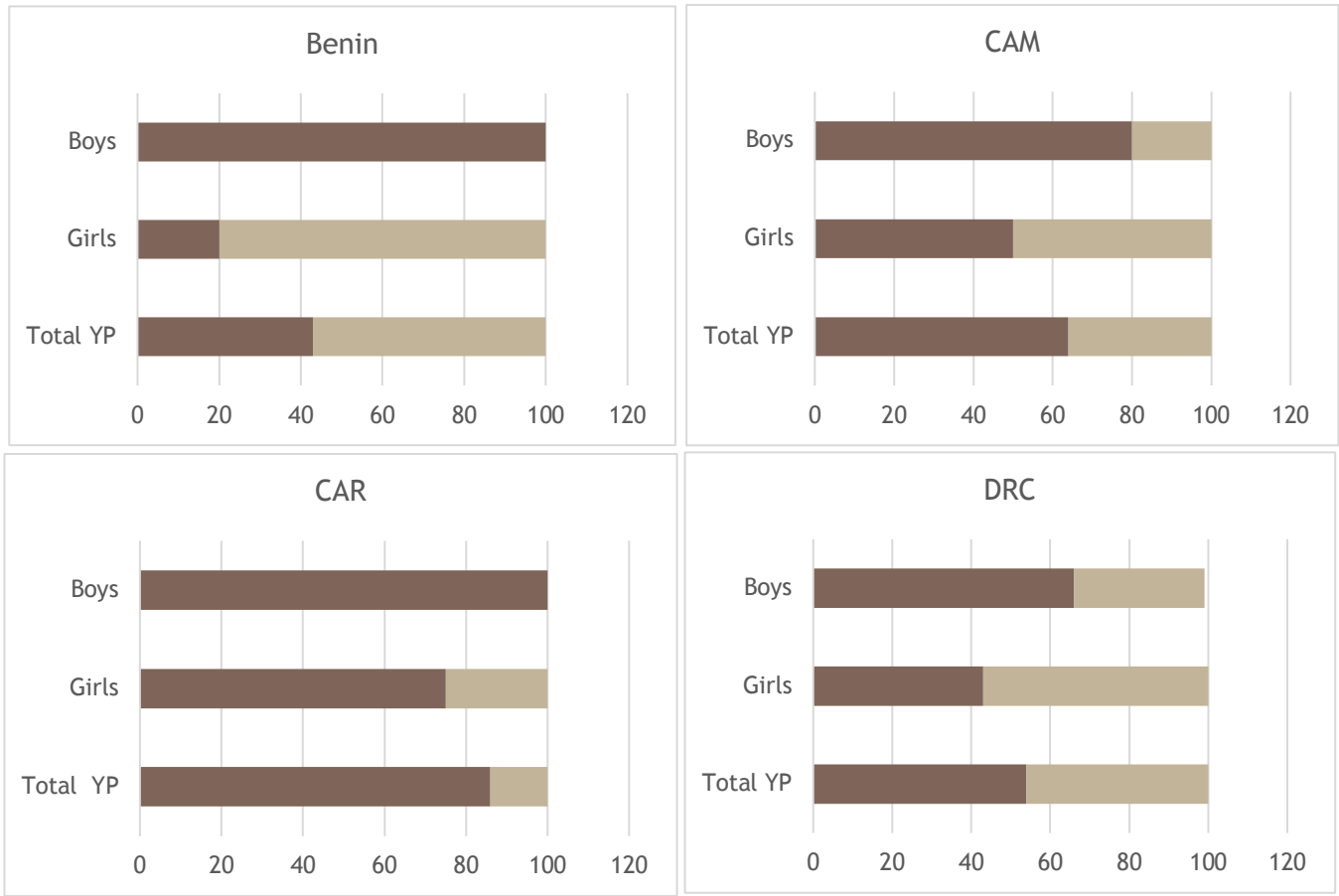
“recommendations from organisations of beneficiaries” in fourth place after “statistical data”, “recommendations from donors” and “recommendations from health staff”.²⁷ More than 90% of interviewed political decision-makers knew of the programme. However, the sample was very small (12 interviewees from all countries) and only one representative from the national level was interviewed. It was also difficult to reach out to high-level decision makers for interviews who were not connected to the implementation partners to some degree.

While YP generally felt that they were able to influence decisions on adaptations made to the programme, there were strong differences in perception across gender and countries. To enhance ownership of beneficiaries for the programme and in order to increase acceptance of possible changes, it is a good practice to involve them into decision making. For this reason, the evaluators included a question in the interviews with involved YP on the extend of self-perceived influence on decisions regarding adaptations of the programme. When asked to evaluate their influence on adaptations of the programme, the majority of YP interviewed confirmed that they had this influence, with 57,5% stating that they had some or strong influence on decisions. However, a significant share of 37,5% stated that their influence was not very high or that they even had no influence at all.²⁸ A remarkable observation regarding gender relations was that all interviewees stating that they had no influence at all were female, while 64% of interviewed YPs who stated that they had strong influence were boys. This indicates that meaningful participation in decision making of girls has been achieved in some contexts, in others there are still visible differences between girl’s and boy’s self-perceived ability to participate in decisions, regardless of the cultural shift in YO reported earlier. In Benin, no respondent claimed to have strong influence, while 62,5% of girls stated that they had no influence at all. In Cameroon 45,5% of respondents stated that they had strong influence (only boys) and only 18% estimated that they had no influence at all (only girls). In CAR, 86% of respondents had the impression that they had at least some influence on adaptations. In DRC, 54% of respondents stated that they had least “some” influence, while the rest felt they had “limited” or “no” influence.

²⁷ Kobo 2.1: Interviewed political decision makers, Interviewees were given 7 options including “other”.

²⁸ Kobo 2.5.25: Interviewed involved YP, all countries

Figure 8: Perceived self-influence of involved YP over the adaptation of the programme



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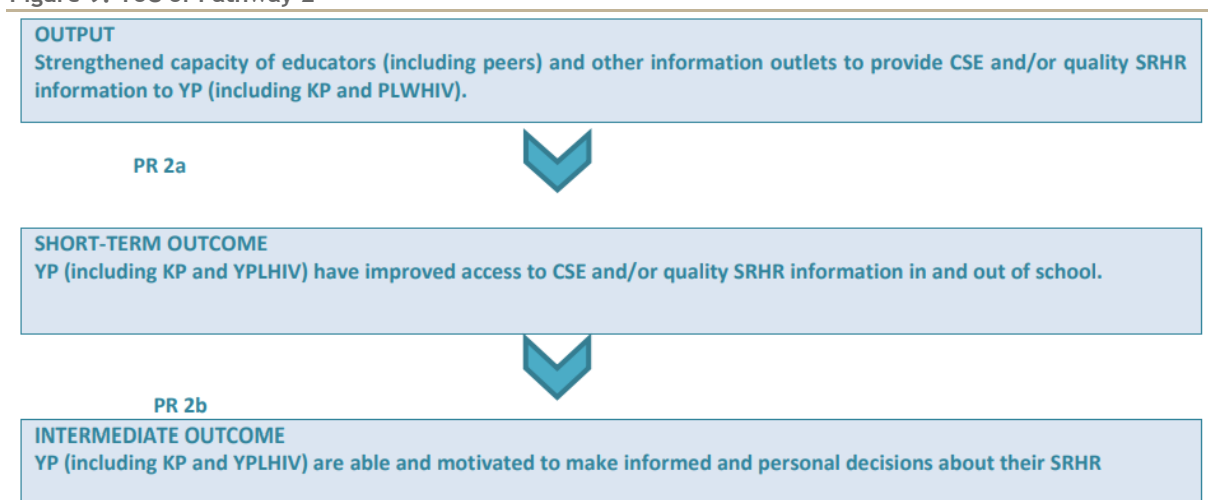
- Strong or some influence
- No or little influence

Source: Interviews with Involved YP

4.2 Pathway 2 - SRHR knowledge and skills

The objective of Pathway 2 was that young people (including key populations) should be able and motivated to make informed and personal decisions about their SRHR.

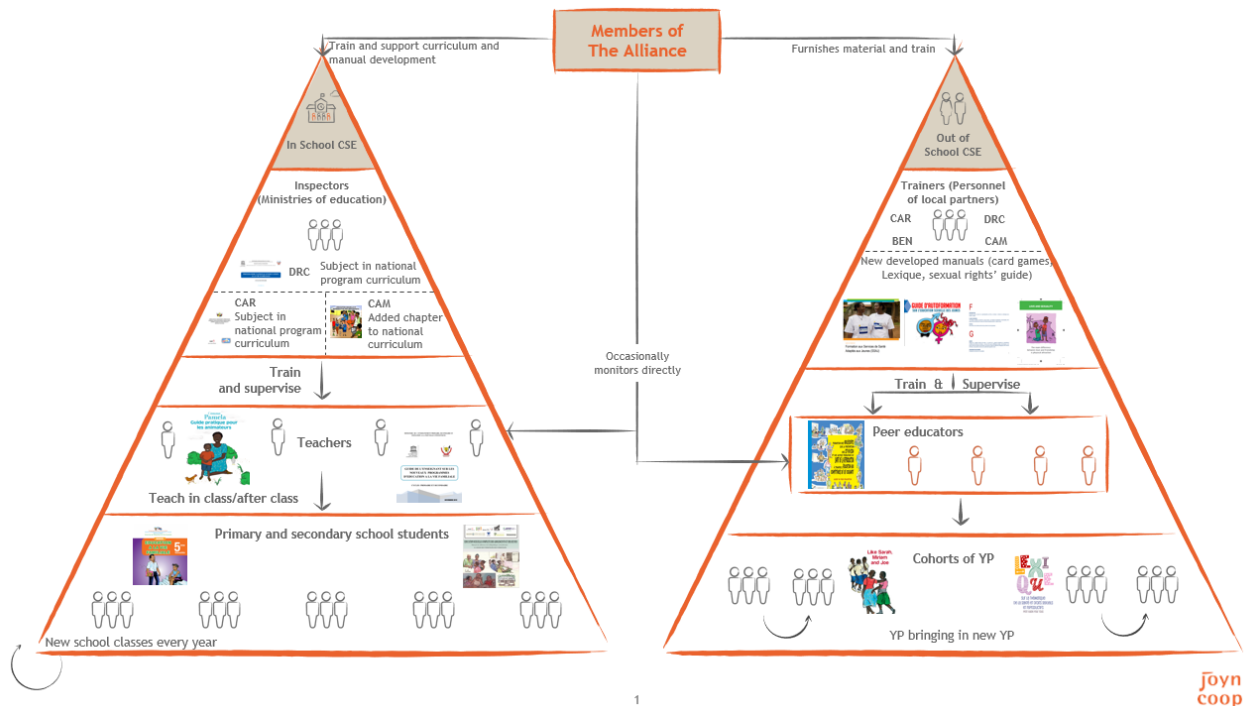
Figure 9: ToC of Pathway 2



Source: Programme document 2016-2020

Through Pathway 2, the programme provided comprehensive sexuality education to YP, either in school or in the community. Activities of Pathway 2 were divided into the two branches of in-school and out-of-school CSE. The inputs of the programme included trainings of trainers (ToT), provision of didactic materials and supervision of activities. The in-school activities took place in DRC, CAR and Cameroon. The programme trained inspectors from the relevant education ministries who in turn trained teachers from schools targeted by the programme to teach CSE in class. CSE was implemented as part of the national curricula in DRC and CAR and as an additional module in Cameroon (for example after class or within a biology chapter). The Alliance provided support for the development/improvement of school material and the national CSE. For the out-of-school activities, the Alliance trained local partners in the four countries who in turn trained peer educators. Peer educators were supervised by their trainers and given didactic tools developed by the Alliance and/or by local partners. Figure 10 shows how the training activities for both in-school and the out-of-school activities cascade down from decision makers and Training of trainers (ToT) providers to the teachers and trainers reaching out to young people with CSE.

Figure 10: Overview of Pathway 2 - SRHR knowledge and skills



Source: joyn-coop

4.2.1 Achievement of outputs - To what extent has Jeune S3 strengthened information outlets and educators' capacities to provide CSE and/or quality SRHR information to YP.

The programme was able to set up a comprehensive training system for both schoolteachers and peer educators, providing them with the required educational material. This strongly improved their individual capacity to provide better quality CSE, and also positively impacted the overall capacity of the out-of-school and in-school CSE system. The evaluation team applied a broad definition of “capacity strengthening”, considering not only skills development and material support, but also all other aspects that had an influence on the (perceived) capacity of CSE providers to provide quality CSE. Some limits of the programme were nevertheless identified: teachers found it difficult to cope with conflicts with other stakeholders (especially parents and religious leaders) and the needs of girls to be separated from the other sex for at least parts of the CSE could not always be addressed appropriately. Moreover, technical equipment and manuals for teachers were not sufficiently available and peer educators reported that they were not always paid on time.

4.2.1.1 Qualitative data analysis

About strengthened teaching capacities

Teachers and peer-educators reported that they felt capable to provide CSE thanks to the trainings, supervision and didactical material provided by the programme. All these inputs were considered an improvement to the status quo before the intervention.²⁹ Regarding the new curriculum, several interviewed teachers mentioned that it allowed them to address a broader range

²⁹ Kobo 2.6: Interviewed teachers, DRC and Cameroon.

of topics and that the better illustration of training materials was helpful.³⁰ They either directly or indirectly expressed that they felt more comfortable and qualified to talk about sexuality with their students since their training on CSE.³¹ This can be illustrated by the following two quotes.

— “ —
In the EVF course, there is more material and images, new themes that talk about sexuality, human life, and relationships with others. (Interviewed Teacher, RDC) — “ —

— “ —
We were unable to talk about sexuality. Today we have learned a lot and are able to name the organs of the reproductive system. It is no longer a taboo. (Interviewed Teacher, RDC) — “ —

In some cases, conflicts with parents were identified as difficulties for teachers/peer educators providing CSE. While most teachers/educators did not report any conflicts, those who did most frequently cited those with parents who oppose CSE. They did not mention to have received any specific remedies/programme adaptations for that problem, however more detailed evidence is missing.³²

Relevant modifications were made to the delivery of CSE in and out of school based on learning during the programme. Most importantly parents were included more systematically in the management of CSE. Also, efforts were intensified to more closely mentor and accompany teachers and YO's for the delivery of CSE given the challenges they faced. Jeunes S3 also started a collaborative learning exercise, made videos to support teachers on how to teach CSE, implemented CSE days to link health services, in and out of school CSE and the community.

About strengthened information outlets (in particular teaching materials)

Both the in-school and out-of-school curricula and educational material generally conformed to international standards³³, were comprehensive, and were oriented towards practical questions. However, while certain topics were covered in detail, more sensitive issues were not always addressed as comprehensively.

Most materials³⁴ addressed the major CSE key subjects recommended by the main international guidelines³⁵. The topics selected and simple language/visual presentations were adapted to the age group they targeted (e.g., YP from 10-14). In particular, the material aimed to make YP reflect on their personal experience and transmitted basic knowledge on gender inequalities, relationships and violence, sexual and reproductive health (e.g., menstruation, hygiene products, contraception etc.) Some of the materials³⁶ also provided a broader perspective on youth rights and health by addressing

³⁰ Kobo 2.6: Interviewed teachers, DRC and Cameroon, Half of the interviewees from Cameroon confirmed improvements from new curriculum. However, to our understanding, there was no new CSE curriculum in Cameroon.

³¹ Kobo 2.6: Interviewed teachers, all countries.

³² Kobo 2.6: Interviewed teachers, 2.7. Interviewed peer educators, all countries.

³³ The categories in the table were developed based on IPPF Framework, UN International Technical Guidance on Sexuality Education and UNFPA Operational Guidance for Comprehensive Sexuality Education.

³⁴ Like Sarah, Miriam and Joe. Lexique Jeune S3 DSSR. Manuel d'initiation aux droits et à la santé sexuelle et reproductive. Vrai ou faux DSSR Swiss TPH

³⁵ We compared with the following documents: IPPF Framework, International Technical Guidance on Sexuality Education and UNFPA Operational Guidance for Comprehensive Sexuality Education

³⁶ Manuel ESC (Dr Aboubakar) and curriculum ESC RCA

themes such as drugs, alcohol, and the importance of education. Moreover, some of the instructor guides also recommend separating personal values from the role as an instructor insisting on the importance of informing YP what choices were available for them despite any personal judgments.

The topic of sexual orientation was not always addressed in a fact-based manner. Hereby, it needs to be considered that homosexuality is criminalized in Cameroon by law and even if it is not formally illegal in in DRC/CAR/Benin - strong discrimination in all domains persists.³⁷ Against this background this was a very difficult topic to address with adequate material and there seemed to have been a lack of clarity on how to treat this topic. In the majority of training materials sexual orientation was not treated explicitly. Nevertheless, the programme made efforts to treat the topic of homosexuality also in its participatory approach towards the development of new training material that included different stakeholders. The programme conducted different values clarification workshops on the topic. Still, it must be mentioned that the national curriculum and teaching material in DRC that were supported³⁸ by the programme did not comply with international standards. The programme gave feedback on the material but could not have a stronger influence. One of the educational goals of the national curriculum in DRC for the third year of high school is titled prevent deviant sexual practices and lists homosexuality. And the corresponding manual of the fifth grade explains that homosexuality is the consequence of emotional deprivation:

Figure 11: Extracts from the curriculum and manual in DRC

Définition du concept :

- **L'identité** : c'est l'ensemble des caractéristiques qui permettent de reconnaître un individu ou un groupe d'individus et qui les font différents ou semblables. Les caractéristiques de l'identité sont aussi biologiques. Reconnaître l'identité d'un individu à partir de son sexe. Il existe une pratique qui consiste à rechercher le plaisir sexuel.
Entre individus du même sexe, très souvent, l'homosexualité est pratiquée par ceux qui souffrent de carence affective due à un choc occasionné par la personne de l'autre sexe : violence, viol, déception, parfois, ce groupe d'individus n'est pas accepté dans sa communauté : l'homophobie.
- **Orientation sexuelle** : pour éviter cela, nous devons adopter une bonne éducation sexuelle. Les enfants ont le droit d'être informés sur leurs organes sexuels et leur fonctionnement sur les transformations que subissent leurs corps à un certain âge (la puberté) sur les maladies sexuellement transmissibles et la conception, sur les perversions sexuelles ou pratiques sexuelles dites dangereuses et leurs conséquences.
Comme la sexualité est un tabou dans notre milieu de vie, les enfants risquent de tomber sur de fausses informations. Il faut relever le défi celui d'apporter l'information qui manque dans leur éducation pour mieux se conduire sexuellement.

<ul style="list-style-type: none"> - Prévenir les comportements sexuels déviants. 	<p>9.6. Les comportements sexuels déviants</p> <ul style="list-style-type: none"> - L'homosexualité - Le cunnilingus et la fellation - Le sadisme et le masochisme - La prostitution. 	<p>Discussion dirigée : les élèves analysent certaines pratiques sexuelles pour dégager leur caractère déviant.</p>
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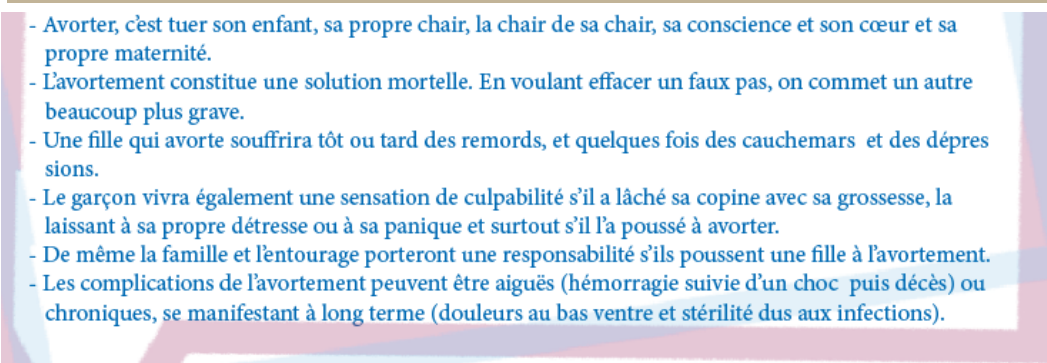
Source: EVF Manual and curriculum, DRC

³⁷ Homosexuality is criminalized in Cameroon by law, but not in DRC/CAR/Benin - where nevertheless strong discrimination persists (https://ilga.org/downloads/ILGA_Sexual_Orientation_Laws_Map_2019.pdf)

³⁸ The manuals were issued by the government of DRC but different NGOs including the JS3 programme supported the development of the content and the print. Thus, the logos of UNESCO, UNFPA, CARE and SwissTPH feature on the manuals. JS3 informed us that they had opposed the presentation of homosexuality in their feedback to the Ministry but were not able to change it.

The topic abortion was explicitly not a focus of the programme; however, as it is not possible to treat ASRHR without mentioning abortion, it is still treated in most of the material/courses. Abortion is mainly treated in fact-based manner, however some of the materials was too moralising and intimidating. Generally, abortion is illegal in all four programme countries with the exception of certain circumstances in some countries and unsafe abortions contribute significantly to maternal death rates. The issue has therefore to be addressed in the manuals adequately, at least informing YP about the legal constraints, exceptions and alternatives as well as existing support for pregnant women as it was the case in the in-school material in CAR or in the out-of-school material developed by Racoj. However, in different educational material in DRC and Cameroon the tone with which abortion is treated seeks to intimidate YP, especially young girls:

Figure 12: Extracts on abortion from manuals in DRC and Cameroon



➤ **L'avortement :**

L'avortement est une expulsion spontanée ou provoquée du fœtus du ventre de la femme. Cependant, provoqué comporte de grands risques en l'occurrence le cas de décès, des fausses couches à répétition, des grossesses ou des accouchements difficiles et plus tard des enfants mal formés. En définitif, il faut combattre tout avortement provoqué.

Sur le plan psychologique : l'on entre dans un champ de remords, après avoir eu l'impression d'être libérée, on passe ainsi d'un sentiment de soulagement à celui de culpabilité et là on n'est pas sorti de l'auberge. La jeune fille est en proie à d'énormes regrets, à la perte de l'estime en elle, aux cauchemars, à la dépression, aux insomnies, à la détresse dans les cas les plus extrêmes au suicide. Ces troubles émotionnels s'apparentent à un traumatisme et peuvent durer plusieurs années tant que le deuil de l'enfant avorté n'est pas totalement fait par la fille. C'est le poids de la conscience !

Source: Manuel d'EVF 5ème, DRC & Guide d'autoformation sur l'éducation sexuelle des jeunes, DRC & L'éducation sexuelle et reproductive des adolescents, Cameroon.

4.2.1.2 Quantitative data analysis³⁹

Interviewed teachers reported an increased intensity of CSE classes. 100% of interviewed teachers stated that the intensity (time dedicated to CSE and topics addressed) of CSE increased of whom 73% even reported a strong increase⁴⁰. 91% of the interviewed teachers felt that teaching CSE had become easier or much easier since the programme was launched.⁴¹ They mentioned for instance that through

³⁹ The answers of the interviewed out-of-school educators did not allow for a quantitative analysis, therefore this section focuses on in-school CSE.

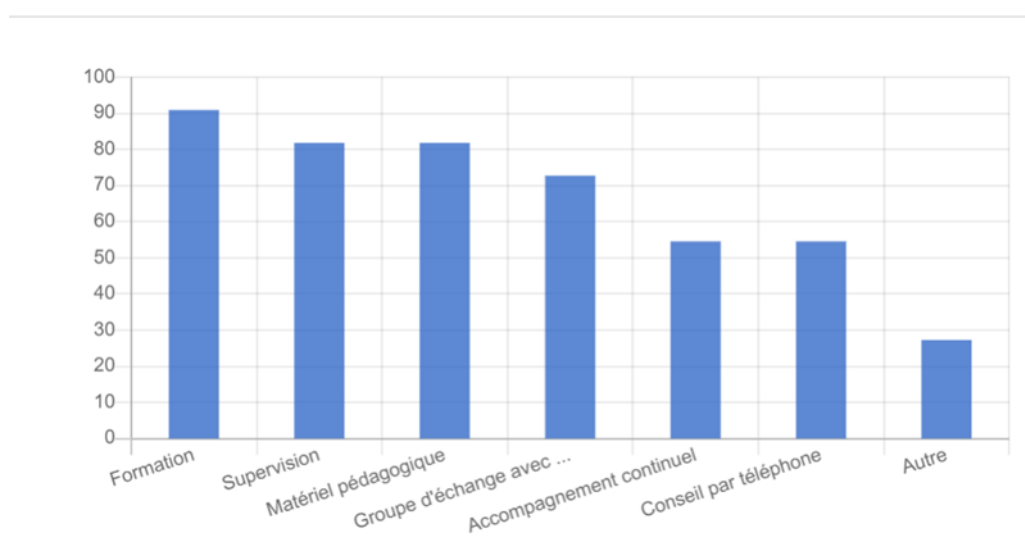
⁴⁰ Kobo 2.6: Interviewed teachers, Cameroon, DRC, Benin.

⁴¹ Kobo 2.6: Interviewed teachers, Cameroon, DRC, Benin.

the trainings they received by the programme, they could improve their facilitation methods and become closer to the children, and the teaching material was helpful for the content.

Almost all interviewed teachers received programme inputs. Figure 11 shows the percentage of interviewed teachers who confirmed that they had received the respective inputs. While training, supervision and pedagogical material was received by more than 80% of respondents, groups exchanges, continuous follow-ups and advice via telephone was less frequently mentioned by interviewed teachers. For DRC, it should be noted that even though the first version of the CSE curriculum already existed since 2013, teachers and schools did not have any information, material and support for it before the programme arrived. Therefore, this comprehensive support by the programme was a very important step for the implementation of the CSE in schools.

Figure 13: Responses to the question 2.6.17.1: Have you, as a teacher, received support to improve your sexual education classes?



Source: Kobotoolbox question 2.6.17.1

Teachers noted changes to the CSE curriculum and evaluated them positively. 81% of interviewed teachers took note of changes and 100% evaluated these changes as positive (of which 45% rated them as very positive). For instance, it was mentioned by several teachers that in their opinion the previous curriculum was strongly focussed on the topic of sexuality only and that the language was not always appropriate for children while the adapted curricula ensured a more balanced and comprehensive approach towards different aspects with regard to the individual child, their family and society as well as more adequate terminology.⁴²

Nevertheless, interviewed teachers identified a lack of support, especially concerning teaching materials. Despite the overwhelmingly positive general perception of the programme's interventions, the majority of interviewed teachers in all countries (64%) felt that support provided by the programme was in certain regards insufficient. Among those interviewed teachers who identified lacking support, most (~50%⁴³) expressed a need for better didactical material, manuals for CSE modules and didactical IT equipment (tablets, etc.). Only one interviewed teacher found training to be insufficient. These answers, however, should not diminish the important achievements that the programme has made in providing support and materials to the teachers (see previous two

⁴² Kobo 2.6: Interviewed teachers Cameroon and DRC.

⁴³ The majority of interviewed teachers did not choose one of the preformulated answer options but described the missing support individually. Therefore, a strictly quantitative analysis was not possible.

paragraphs). Instead, they reflect the interest of teachers to receive more and more innovative/modern material and support and that they would perceive this as helpful. It seems that in certain areas innovative improvements to the material were made (North Kivu), which was however not mentioned by the interviewed teachers.⁴⁴

— “ —

[We are missing a] course manual. We have a program and guides but there are no modules for the courses. (Interviewed Teacher, RDC)

— “ —

4.2.2 Achievement of short-term outcomes - To what extent YP have improved access to CSE and/or quality SRHR information in and out of school?

Access to sexual education and SRHR information in and out of school improved due to the programme in all countries. The data from operational research in DRC and Cameroon especially shows a clear increase of CSE completion rates. While teachers confirmed that the quality and comprehensiveness of sexual education had increased, interviews with programme staff and an assessment of training material revealed the need for further improvements.

4.2.2.1 Qualitative data analysis

The programme supported in-school and out-of-school CSE activities to provide broad access to CSE and SRHR information. The programme trained schoolteachers (except for Benin) for in-school CSE as well as community peer educators to teach children outside of school through a multi-layered system. In CAR and DRC, the programme was able to anchor in-school CSE as it had a direct influence on the training and supervision system of teachers, school curricula and material. In Cameroon and Benin this was not possible, and some stakeholders criticized that efforts spent on it in vain.⁴⁵ The out-of-school CSE was freer to address sensitive topics (e.g., LGBTQ+) and seems to have benefitted from more genuine interest from the target group as participation was voluntary. Overall, the combination enabled addressing both **in school and out of school youth in the community.**

For out-of-school activities, the YP were responsible for recruiting new participants. While the accessibility in the surroundings of the YP was thus increased, it might have been limited to the immediate environment of the YP.⁴⁶ The TIKO system was reportedly an important argument for peer educators to convince YP to come to their classes in those countries where it was applied.⁴⁷

Interviewed teachers and peer-educators mentioned that access to CSE provided by the programme varied according to certain criteria. Gender, age groups and social backgrounds of YP can have an influence on the success of CSE. However, the analysed information did not result in a clear picture as some interviewees did contradict each other (e.g., some mention that girls and poor YP had better access while other said that boys and wealthier YP had better access).

Interactive exercises and participatory methods improved the accessibility of the CSE. Classes included participatory methods and interactive exercises such as role plays, open discussions of

⁴⁴ Comment by programme staff.

⁴⁵ Interview with programme staff

⁴⁶ Some of the local consultant teams had the impression that outside of the immediate surroundings of the young people the activities were not well known (Observation from transect walks DRC). However, this information could not be triangulated with quantitative data or other information sources.

⁴⁷ Kobo: Interviewed peer educators 2.7.

practical questions as well as brainstorming sessions and two-sided debates. Teachers/educators and YP mentioned that these tools made participants reflect and also better understand the need of YP in order to adapt their inputs (on CSE but also on other pathways especially 3 and 4).⁴⁸

According to different study respondents a stronger focus on separated classes could have improved access to CSE, particularly for young girls. For most activities, YP were not separated by gender, in particular in schools. The reasons provided for teaching mainly mixed gender groups were related to practical considerations (such as not enough participants, not enough capacities etc.) Teachers and educators had a mixed opinion on teaching mixed gender groups (some described it as difficult while others did not perceive it as a problem).⁴⁹ However, young girls mentioned difficulties in asking questions to male teachers/ educators and international research also recommends separating genders (please refer to chapter 4.2.2.4)

Listening clubs/radio programmes were perceived very positively and almost all interviewed study groups reported that a more consistent use of digital media could have contributed to even better access. Radio programmes were seen as a major source of information by YP and parents.⁵⁰ The perceived importance of internet based SRHR information stands in contrast to the low importance of this medium for the programme's Information and education communication (IEC) measures. Teachers, health staff, parents and YP of all age groups and gender in the FGD mentioned the internet and social media as major sources of information about SRHR⁵¹. The programme did not develop any visible offers for CSE or SRHR information on these channels. Therefore, potential gains in increasing access to quality SRHR information were possibly foregone.

4.2.2.2 Quantitative data analysis

Available quantitative data from the programme's own reporting shows that a significant number of youths were reached. According to the programme's reporting, 89,370 youths were reached by CSE activities in schools and 54,561 by those outside of schools. If compared with the overall population of the respective regions, this means that the CSE activities reached about 3.6% of the total number of YP in the two regions of Cameroon (East & Extreme North regions), 2.5% of YP in North Kivu, 2.7% of YP in South Kivu, 9.6% of YP in Alibori and 21.7% of YP in Bangui urban area (Annual reports-quantitative data; UNFPA, n.d.). Proportionally, more YP were reached in urban areas than in rural areas. Hereby, it needs to be considered that many of the areas within the programme regions, areas that are classified as "urban" are in an international context still quite fragile/remote and with very low development levels.

Between 2018 and 2019, the completion rates for in-school CSE increased while they decreased for out-of-school CSE. As Figure 14 shows, the completion rates for the in-school CSE courses in Cameroon and DRC increased over time, especially for girls which suggests that YP got improved access thanks to the improved capacities. As stated in the programme's report this can also be explained because teachers were busy with planning and acquiring skills in the first year of CSE so they could not always provide the full course. At the same time, the figure shows that the out-of-school completion rates slightly decreased between 2018 and 2019 for all three countries, which

⁴⁸ Kobo: 1.3. Boys (17-24) participating in FGD, 2.6. Interviewed teacher, 2.7 Interviewed peer educators, 3.2. Atelier MAPP, 4.1 Survey among programme staff, all countries.

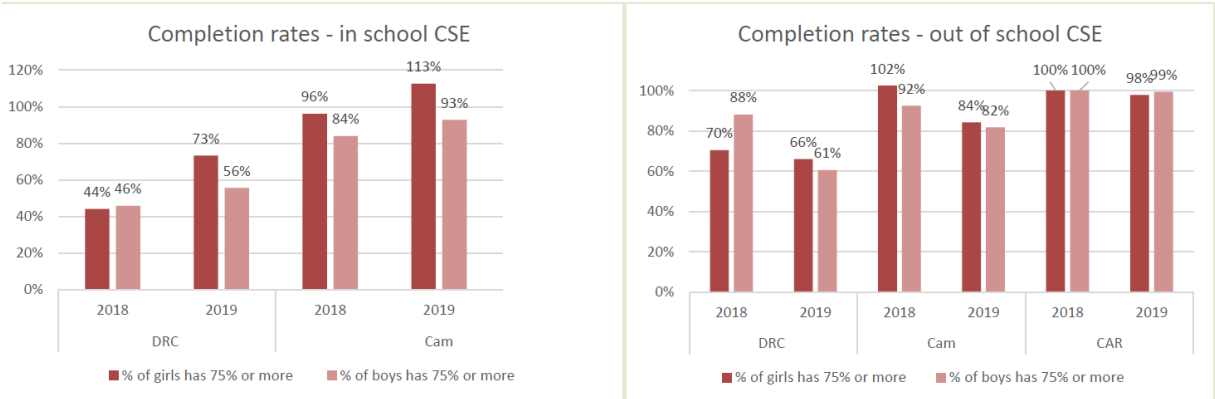
⁴⁹ Kobo 2.6 Interviewed teacher, Kobo 2.7. interviewed peer-educators, all countries.

⁵⁰ Kobo: 1.1: Parents participating in FGD; Kobo 1.2: Girls (17-24) participating in FGD; Kobo 1.3; Boys (17-24) participating in FGD; Kobo 1.4: Girls (12-16) participating in FGD; Kobo 1.5: Representatives of KP participating in FGD all countries.

⁵¹ Kobo: 1.1: Parents participating in FGD; Kobo 1.2: Girls (17-24) participating in FGD; Kobo 1.3; Boys (17-24) participating in FGD; Kobo 1.4: Girls (12-16) participating in FGD; Kobo 1.5: Representatives of KP participating in FGD; Kobo 2.4: Interviewed health staff; Kobo 2.5: Interviewed involved YP
Kobo 2.6: Interviewed teachers.

suggest that the improved capacities did not translate into improved access. One reason could be deterioration of the security situation in many programme areas. However, in both cases no data is available on the period before programme implementation. Therefore, a valid conclusion on the programme’s contribution to improved access to CSE cannot be based on these figures.

Figure 14: CSE completion rates



Source: Annual Report 2019 p.15-16

Numbers of YP participating in other IEC measures amounted to around 75% of the initial target in all countries. In addition to CSE lessons, another 485,564 YP participated in “SRHR activities” (Benin: 50,700, CAR: 53,574, Cameroon: 42,002; DRC: 339,288) according to the programme’s reporting. The Jeune S3 programme was able to reach its quantitative targets with regard to the number of YP reached to different degrees in the different countries: out of the targeted YP it reached 98% in Benin, 77% in CAR, 84% in Cameroon and DRC. These numbers reflect the component of the short-term outcome objective “access to quality SRHR information”.

Interviewed teachers perceived an improved quality of CSE classes. 100% of interviewed teachers stated that the quality of CSE had increased, while 73% out of the interviewed teachers even stated that quality of CSE increased a lot (Kobo 2.6).

4.2.2.3 Operational research analysis

According to the Jeune S3 operational research in DRC, YP in the intervention zone increased their CSE attendance significantly. The study compared YP in the intervention area of the programme with YP living in a control zone in 2016 and 2020. Regarding CSE attendance, the results of the study show a clear increase of the percentage of YP who have received sexual education over the past 12 months. The figure grew from 43,2% to 52,6% in the intervention zone, while it only increased from 45,4% to 47,5% in the control zone.

4.2.2.4 Additional evidence from external data

Research on effectiveness of similar interventions reveals differences between in-school CSE and CSE delivered by peers on behavioural change. Evidence from systematic review studies of previous interventions show that both in and out of school-CSE improve beneficiaries’ knowledge and are able to change behaviour of YP regarding SRHR. According to scientific findings, CSE taught in schools seems to perform better and more reliably with regards to preventing unintended early pregnancies and other SRHR indicators than CSE delivered by peers. (Harden, Oakley & Oliver, 2016; Medley et al., 2009) (see Annex 7).

Boys benefit more from mixed CSE classes than girls, according to international studies. Qualitative and quantitative studies show that mixed classes may be seen as an unsafe environment for girls and a stimulating environment for boys. Girls are inhibited by the social constraint of not appearing too knowledgeable on SRH as they risk being stigmatized as vulgar. On the other side, boys have been proven to be more attentive in class if they are around girls. Furthermore, if the teacher is male, the quality of the SRHR information may be lower for girls as male teachers often want to avoid talking about menstruation. (Strang, Oakley & Forrest, 2003; Jannemiek & Miedema, 2018) (see Annex 7) Hence, both approaches have their advantages, but it seems that boys benefit more from mixed CSE than girls.

4.2.3 Achievement of intermediate outcomes - To what extent are YP able and motivated to make informed decisions about their SRHR?

The programme aimed to improve the knowledge and attitudes of YP in order to enable and motivate them to make informed decisions about their SRHR. Different groups of stakeholders confirmed in qualitative interviews and FGD that the programme contributed to increase knowledge regarding SRHR among young people. Beside this purely informational aspect, YP expressed their motivation to make use of the new knowledge and reported changes in their SRHR-related behaviour. Operational research from DRC confirms that YP who had received CSE, displayed both increased knowledge and changes in attitudes.

4.2.3.1 Qualitative data analysis

Programme beneficiaries as well as different programme stakeholders reported a significant improvement of YP's knowledge regarding SRHR across age groups and gender thanks to activities implemented by the programme. Girls and boys of all ages as well as key populations⁵² attribute knowledge gains to activities implemented by the programme. YP of all study groups participating in FGD explicitly mentioned programme activities such as CSE in and out of school, radio programmes, hotlines, youth clubs, speaking groups and sensitisation campaigns as having increased their knowledge and corrected misinformation gained from other sources⁵³. Similar statements were made in the MAPP workshops in all four countries. Parents in FGD and interviewed teachers in all four countries also mentioned that they had noticed the improved knowledge of the children/students.⁵⁴ 76% of the interviewed health staff thought that YP had more complete knowledge now (of which 18% thought they had much more).⁵⁵ There was no significant difference between the four countries with regard to the perception of improved knowledge of YP.

The key learnings that were reported in the FGD by the different study groups varied: Girls in the age of 12-16 years most frequently mentioned learnings about their menstruation and less often about the use of condoms in order to have protected sexual intercourse. As the quote shows, learnings about gender stereotypes were also reported.⁵⁶ Girls in the age of 17-24 years most frequently reported having acquired knowledge about contraception methods and the prevention of HIV and other sexually

⁵² Young mothers, YPLWHIV, LGBTQ, Men having sex with Mens, and Sex workers.

⁵³ Kobo 1.2: Girls (17-24) participating in FGD, Cameroon, Benin, DRC; Kobo 1.3: Boys (17-24) participating in FGD, all countries; Kobo 1.4: Girls (12-16) participating in FGD, Cameroon, Benin, DRC; Kobo 1.5: Representatives of KP participating in FGD, all countries.

⁵⁴ Kobo 2.6: Interviewed teachers, Cameroon, Benin, DRC; Kobo 2.4: Interviewed health staff, CAR, Benin, DRC; Kobo 2.1: Interviewed political decision-makers, all countries.

⁵⁵ Kobo 2.4.31: Interviewed health, CAR, Benin, DRC.

⁵⁶ Kobo 1.4: Girls (12-16) participating in FGD, Cameroon, Benin, DRC.

transmitted infections (STIs).⁵⁷ Boys in the age of 17-24 years reported having learned about the importance of consent between sex partners and the risks of STIs.⁵⁸ Among the FGD participants belonging to key populations, reported learnings varied according to their specific situations: Young people living with HIV (YPLHIV) reported knowledge about the role of healthy nutrition and alcohol abstinence on their well-being. Sex workers (SW) and Men having sex with Men (MSM) mentioned that they had changed their perception of health centre visits and participation in STI tests, regarding them as positive behaviour instead of feeling ashamed of them⁵⁹. Based on the available data, no significant difference with regard to key learnings could be identified between the four countries.

— “ —

We have already informed, and we know how our body works and how to protect ourselves. There is no work for girls and boys. (FGD Girls (12-16), RDC)

— “ —

YP and other stakeholders attributed SRHR-related changes in attitude and behaviour to the programme while also reporting further changes beyond the SRHR sphere. This evidence is subjective to the interviewed groups and might not always represent actual changes in behaviour. YP of all study groups participating in FGD claimed to have realized how their sexual decisions could impact their future and thus changed their behaviour by making more responsible choices regarding their sexuality.⁶⁰ The reported behavioural changes included delaying the first sexual intercourse, abstention, having only one sexual partner, using condoms for protection against HIV and other STIs, and using family planning methods to prevent undesired pregnancies. Those behavioural changes were also noticed by interviewed teachers, peer educators and parents participating in FGDs.⁶¹ Girls in the age of 12-16 years participating in FGD reported rather vague behavioural changes, such as “more self-control”, better performance at school or better relations with their parents.⁶² Girls in the age of 17-24 years participating in FGDs reported that they now decided themselves about the use of preventive methods instead of only relying on men’s decisions or that they felt more confident saying “no” in the context of proposed sexual intercourse⁶³ Boys in the age of 17-24 years participating in FGD focused on STI prevention practices as a major behavioural change. Lower promiscuity and alcohol consumption were other changes mentioned by them. YP belonging to other key populations mentioned other specific behavioural changes, such as more solidarity with other group members⁶⁴ (LGBT representatives), higher frequentation of health centres⁶⁵(YPLHIV), or higher use of condoms⁶⁶ (sex workers). In all FGDs, the ability to speak about sexuality was highlighted frequently as a very important progress. Based on the available data, no significant differences with regard to key learnings could be identified between the four countries.

⁵⁷ Kobo 1.2: Girls (17-24) participating in FGD, Cameroon, Benin, DRC.

⁵⁸ Kobo 1.3: Boys (17-24) participating in FGD, all countries.

⁵⁹ Kobo 1.5: Representatives of KP participating in FGD, LGBTQ and Sex workers, CAR.

⁶⁰ Kobo 1.2: Girls (17-24) participating in FGD, Cameroon, Benin, DRC; Kobo 1.3: Boys (17-24) participating in FGD, all countries. Kobo 1.4: Girls (12-16) participating in FGD, Cameroon, Benin, DRC; Kobo 1.5: Representatives of KP participating in FGD, all countries.

⁶¹ Kobo 1.1: Parents participating in FGD, Cameroon, Benin, DRC; Kobo 2.6 Interviewed teachers, Cameroon, Benin, DRC; Kobo 2.7: Interviewed out-of-school educators, Cameroon, Benin, DRC.

⁶² Kobo 1.4: Girls (12-16) participating in FGD, Cameroon, Benin, DRC.

⁶³ Kobo 1.2: Girls (17-24) participating in FGD, Cameroon, Benin, DRC.

⁶⁴ Kobo 1.5: Representatives of KP participating in FGD, LGBT, CAR.

⁶⁵ Kobo 1.5: Representatives of KP participating in FGD, YPLWHIV, Cameroon and DRC.

⁶⁶ Kobo 1.5: Representatives of KP participating in FGD, Sex workers, CAR.

— “ —

...Girls can no longer agree to sleep with boys without condoms and even some boys offer condoms... (FGD Girls (17-24), RDC)

— “ —

4.2.3.2 Analysis of quantitative data

Quantitative data on behavioural change will be discussed in Pathway 3. In order to measure changes to behaviour quantitatively, the evaluation team analysed available data on SRH services frequentation and use of SRH services from the programme's reporting. As both relate to SRH services, the results will be discussed in Chapter 4.3. Other dimensions of behavioural change were not quantitatively measurable.

4.2.3.3 Operational research analysis

An increase in SRHR-related knowledge could be identified after the relevant threshold of a test was lowered. The Jeune S3 operational research in DRC shows less improvement of knowledge for the intervention group. YP participating in the study were asked to answer nine questions on SRHR. According to the study, the percentage of respondents who answered 9/9 questions correctly did not increase significantly for the intervention group. However, it considered all 9 questions to represent basic SRHR knowledge. By lowering the target to 7-9/9, an increase of knowledge can be identified among the intervention group. Their share rose from 34,9% to 48,9%, while for the control group the increase was smaller (40,9% to 46,0%). Another indicator measure was the knowledge of where to find SRH services. Both YP from the intervention zone and YP from the control zone (>94%) scored very high on this indicator. Increases in these figures were not obviously attributable to the programme.

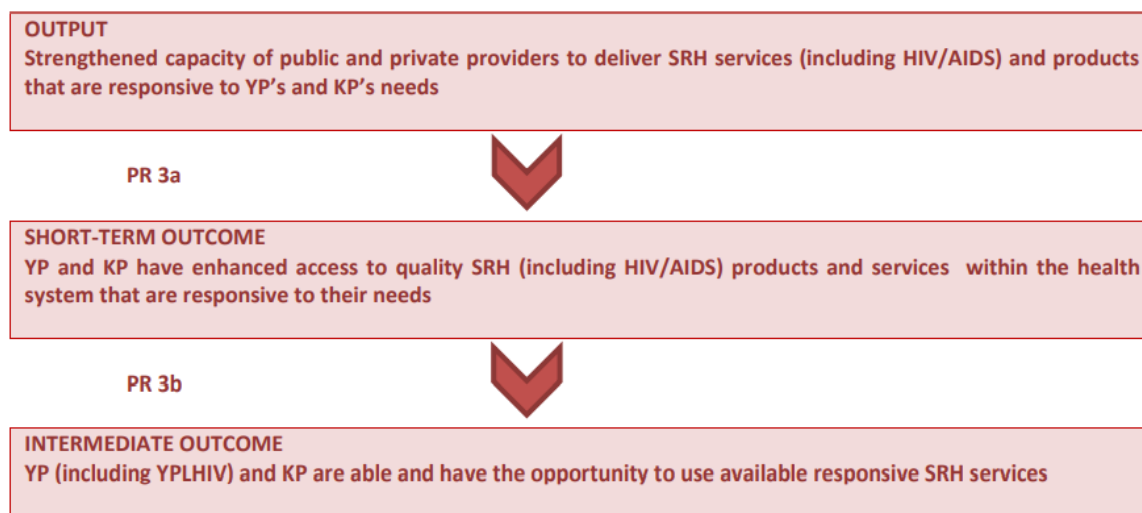
Support for gender-based violence (GBV) decreased among the YP in the intervention zone and in the control zone. The Jeune S3 operational research in DRC also included a question on GBV, asking whether a woman sometimes deserves to be beaten. The share of YP from the intervention zone agreeing with this statement decreased significantly. However, this was also the case for the YP from the control zone.

Results from the operational study from DRC show certain achievements in terms of increased knowledge, but less changes in attitudes. Jeune S3 conducted an operational study with students in DRC following up on their knowledge and attitudes per topic during the implementation phase of the programme and comparing them to the results of a control group. Its main conclusion is that the programme led to an important change in YP's knowledge (on the topics "knowledge of the body", "sexuality, hygiene and fertility" and "sexually transmitted infections") but little or no improvement in attitudes (on the topics "my rights and duties", "social construction of gender"). This shows that the improved knowledge did not always translate into changes in attitude and behaviour. Overall, the results varied depending on the gender (more significant results among girls), geography (better results in North Kivu) and topic.

4.3 Pathway 3 - Responsive SHR services

The objective of Pathway 3 was to improve the access of young people (including YPLHIV) and key populations to responsive SRH services.

Figure 15: ToC of Pathway 3



Source: Programme document 2016-2020

In Pathway 3, the programme invested in the youth-friendliness of selected SRH services. Training of health personnel, provision of didactical material and (basic) material support for health centres were the main interventions. The health centres were intended to become more welcoming to young people and different key populations. The evaluators focused their attention on CAR, DRC and Cameroon since interventions in Benin were still quite recent and were unlikely to have produced tangible outcomes yet.

4.3.1 Achievement of outputs - To what extent has Jeune S3 strengthened the capacity of public and private actors to provide SRH services and products that are responsive to YPs' needs?

Jeune S3 strengthened the capacities of SRH services regarding their responsiveness to the needs of YP. Especially human capacity development appeared to be effective in creating an alliance between YP trained in Pathway 1 and trained health personnel. These effects are based on strong qualitative evidence from different stakeholders.

4.3.1.1 Qualitative data analysis

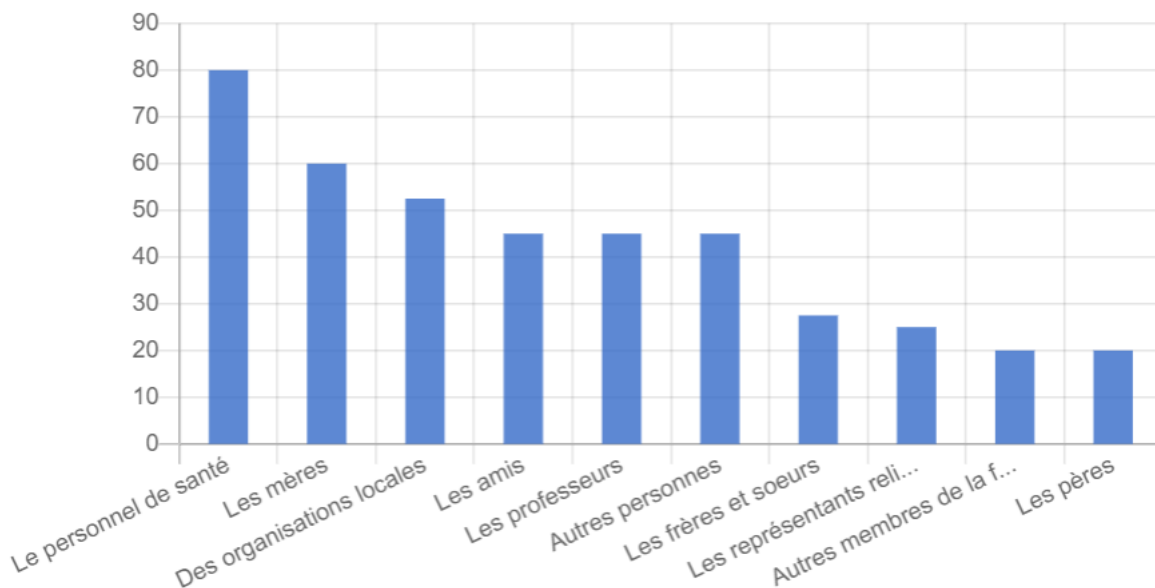
Both interviewed health staff and YP perceived the training of health staff as the most important contribution towards improved responsiveness of SRH services. The programme provided training to health staff, support to create youth-friendly spaces, didactical material, consumables, reagents and light equipment with the aim of improving responsiveness of SRH services for the needs of YP including key populations. The evaluation study assessed the value of these inputs by interviewing health staff and YP involved in the implementation of the programme. 94% of interviewed health

staff⁶⁷ mentioned “training” as the most relevant input which the programme delivered in their opinion. This ranking is confirmed by interviews with involved YP⁶⁸, who, when asked about perceived changes in their health centres, predominantly reported changes related to the attitude and responsiveness of health staff. Some even referred directly to trainings that health staff received as a cause for this positive change in attitude. A typical statement of YP in this context was:

— “ —
“With the project we are closer to the nurses, we talk to them as if they were young people.”
(Interviewed Involved YP). — “ —

The training of health staff did not only contribute to more responsive health services, but health personnel was subsequently also perceived as more supportive to the cause of AYSRHR. The most impressive sign for effectiveness of training of health staff might be the fact that 80% of YP involved in the implementation of the programme stated in their interviews that health staff was their biggest “ally” in the context of SRHR (cf Figure 17). No other group of stakeholders was perceived as positively by the interviewed YP⁶⁹. Numerous individual testimonies confirm the good collaboration between involved YP and health staff.

Figure 16: Responses to question 2.5.17, “Allies: Which type of people is the most supportive of youths regarding their SRHR?”



Source: Kobotoolbox 2.5.17

Youth-friendly spaces were seen as relevant by health staff, but not regarded as the most important input by the programme. 76% of interviewed health staff mentioned “a dedicated space for young people” in terms of infrastructure as one of the top 3 priority needs of YP. Nevertheless, when asked for the most important input of Jeune S3, only 18% mentioned the creation of these

⁶⁷ Kobo 2.4: Interviewed health staff, CAR, Benin and DRC.

⁶⁸ Kobo 2.5: Interviewed involved YP, CAR, Benin and DRC.

⁶⁹ Kobo 2.5: Interviewed involved YP, CAR, Benin and DRC.

youth-friendly spaces.⁷⁰ This could mean that either the health centres already had youth-friendly spaces, did not feel supported by the programme in creating such spaces or felt that other inputs provided by the programme were more important. The creation of a dedicated space in the health centre (“*centre d’écoute*”) was mentioned only once as a relevant change within the health center by an interviewed young person.

Even though health services become more responsive to YP in general, discrimination against certain key populations may have persisted. In interviews, health staff was asked if they perceived certain groups of YP to be discriminated against in SRH services in their country. Addressing discrimination within their own health center had been thought as difficult to ask directly, although this information would have been useful. Interviewed health staff reported that MSM (59%), SW (53%) and girls in general (47%) were suffering from discrimination in health centres. According to the information collected, the training material for health staff included so-called “case studies” for certain specific sub-groups of YP (young married girls, victims of domestic violence, YPLWHIV, and young SW).

Fluctuation of trained health staff was not reported to be a major problem. 65% of interviewed staff stated that the trained staff remained at the HCs team while another 30% stated that at least some of the trained staff was still available.⁷¹ The sample may not have been representative, since 63% of HCs, for which interviews were conducted, were in Bangui, which has some of the best living conditions in CAR. Nevertheless, in other formats of exchange between the evaluation team and beneficiaries and stakeholders, fluctuation of health staff was not mentioned as a frequently encountered problem neither.

Singular cases of conflict among health personnel were reported by health staff in DRC. Some health workers, who did not receive trainings, refused to deliver ASRH services within the health centres as a form of retribution for not having been selected to the training. Trainings are usually popular among health staff, not just because they increase the know-how and enhance the professional status of the trainee, but also because they are often linked to modest financial benefits, such as travel allowances or per diems. In the economic context of the countries in which the programme operated even these modest amounts may cause conflict within a health centre and can have negative effects on the quality of services delivered to beneficiaries.

4.3.2 Achievement of short-term outcomes - To what extent have YP enhanced their access to quality SRH products and services within the health system that are responsive to their needs?

Generally, access of YP to SRH services has improved across project locations. In DRC, YPs’ access to quality SRH services was directly enhanced by the programme interventions. This observation is based on qualitative and quantitative data collected by the evaluation team as well as Jeune S3 operational research in DRC. While less data is available for Cameroon, the existing information does not suggest lower outcomes than in DRC. In CAR, there is evidence that the lack of available contraceptives was a reason for decreasing numbers of YPs visiting SRH services. Financial barriers and discrimination against marginalised groups of YP were mentioned as additional reasons for the limited responsiveness of health services by different groups of interviewed stakeholders.

⁷⁰ Kobo 2.4: Interviewed health staff, CAR, Benin and DRC.

⁷¹ Kobo 2.4: Interviewed health staff, CAR.

4.3.2.1 Qualitative data analysis

Across project locations, health staff confirmed that youth increased their attendance at health centres. Interviews with staff ⁷² revealed that girls in the age of 15-24 years were the group of YP for whom frequentation of SRH services increased most significantly. 82% stated that frequentation for this group increased and 18% stated even that it increased by a lot. Boys of the same age also made use of SRH services HCs often, although to a smaller degree: 59% reported increased frequentation and 18% reported that frequentation increased a lot, while another 18% reported no change in frequentation and 6% reported a decrease in frequentation. Visits by girls in the age of 10-14 years also increased more modestly: 53% reported increased frequentation, while 41% reported no change and 6% reported a decrease in frequentation of HCs for SRH services. For CAR the increase of YP attendance of SRH services reported by interviewed health staff represents a contradiction to the numbers reported to the programme (cf. Chapter 4.3.2.2).

Increase in frequentation by girls can be attributed to sensitisation, the openness of trained health staff and parental support. Asked to explain the increase in HC visits by girls in the age of 15-24 years, interviewed health staff almost unanimously mentioned sensitisation for SRHR in and out of school, often explicitly referring to the programme. In addition, the increased capacities of the health centres played an important role according to roughly half of respondents. Concrete changes which supposedly made HC visits more attractive to girls (15-24) included more confidential consultations, a “welcoming” and “open” reception and availability of trained staff. Especially in CAR another important factor of attraction was that services were free of charge, according to interviewed health staff. One interviewee in DRC explicitly referred to TIKO points, while respondents mentioned that parents had changed their mind on their children accessing SRH services. The majority of interviewed health staff also saw sensitisation campaigns as a key reason for the increase in visits by girls aged 10-14. In CAM measures to increase frequentation of ASRH services were developed by YP with the help of Human Centred Design.

— “ —
Girls used to believe that FP services were for married women. With comprehensive sex education, they have learned that it is an open service for them too. (Interviewed Involved YP, DRC)

While sensitisation also played an important role in increasing health centre visits by boys, access to free condoms provided an additional incentive. Most interviewed health staff attributed increased frequentation to sensitisation activities, but also cited the availability of free condoms as important. This was mentioned particularly often in DRC. In contrast, the social stigma associated with accessing SRH services was cited as a barrier for boys visiting HCs by one interviewed health worker from CAR as well as FGDs in Benin.

YP generally confirmed that they were welcomed warmly, but financial barriers to access services and instances of discrimination against particularly marginalised groups were reported by some. FGD with YP of all ages and key populations generally confirmed that the welcoming atmosphere in HCs increased their likelihood of accessing SRH services. However, in DRC, financial barriers to accessing services were reported. For example, a girl from DRC reported that other YP without a “reference paper” (showing participation in CSE activities) were denied free services at the health centre. Since they were unable to pay, they left without being treated.⁷³ A boy (15-24) from DRC reported that during many of his visits condoms were either not available or health staff was not

⁷² Kobo 2.4: Interviewed health staff, CAR, Benin and DRC.

⁷³ Kobo 1.2: Girls (17-24) participating in FGD, DRC.

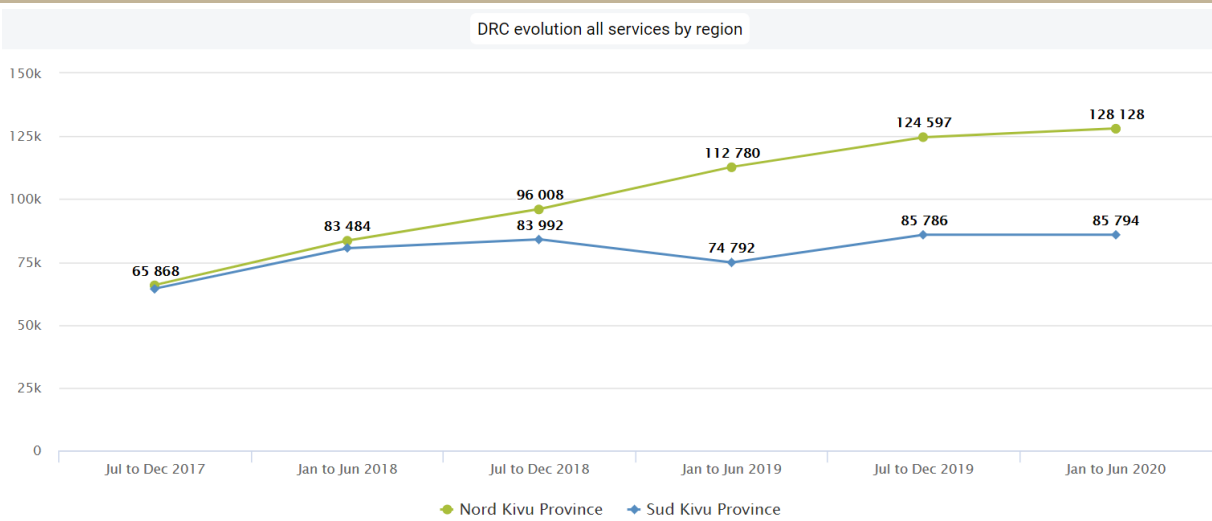
willing to prescribe them. The most negative experience was reported by SW, YPLHIV and MSM in focus group discussion. For example, a participant reported that she and her peers had to lie about their status in order to receive appropriate service.

Ebola in DRC and COVID-19 in all countries reduced the accessibility of SRH services. During the MAPP workshops, interviewed stakeholders reported restricted access to health facilities in 2019 and 2020 due to Ebola and COVID-19 respectively. This external influence reduced the effectiveness of the programme in achieving short- and medium-term outcomes, which is also visible in quantitative data.

4.3.2.2 Quantitative data analysis

In DRC, the number of YP attending SRH services rose across all user groups, which is in line with qualitative findings. According to data from the MIS of the programme, the number of YP attending SRH services increased strongly in North-Kivu and to a lesser extent in South-Kivu (cf Figure 18).

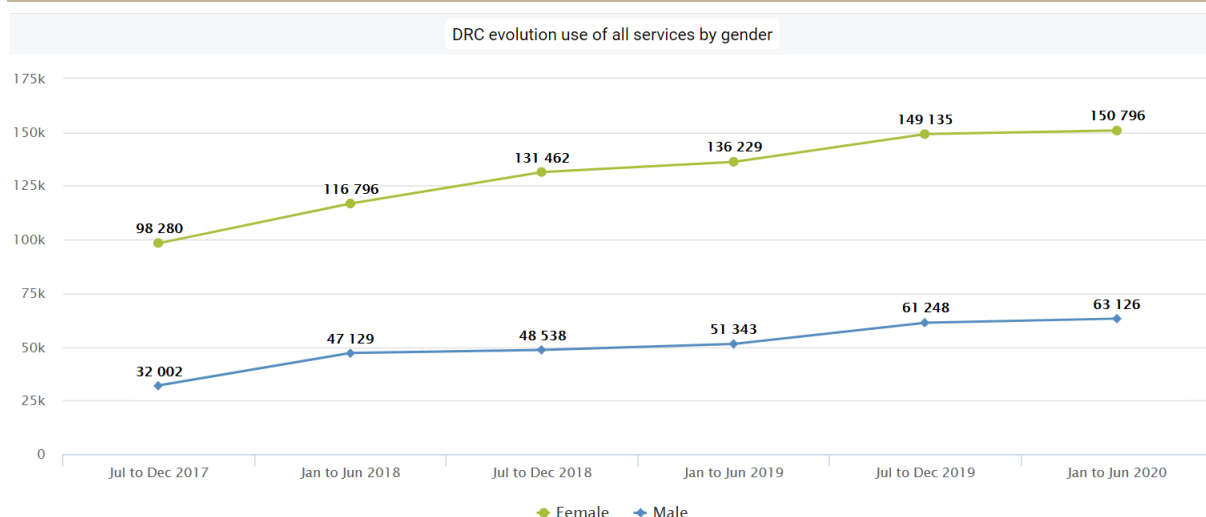
Figure 17: DRC evolution use of all services by region



Source: MIS of Jeune S3

SRH services were generally frequented significantly more often by girls than by boys. However, the number of male users of ASRH services grew by around 100%, while female users’ attendance grew by approximately 50% throughout the implementation phase of the programme (cf. Figure 19).

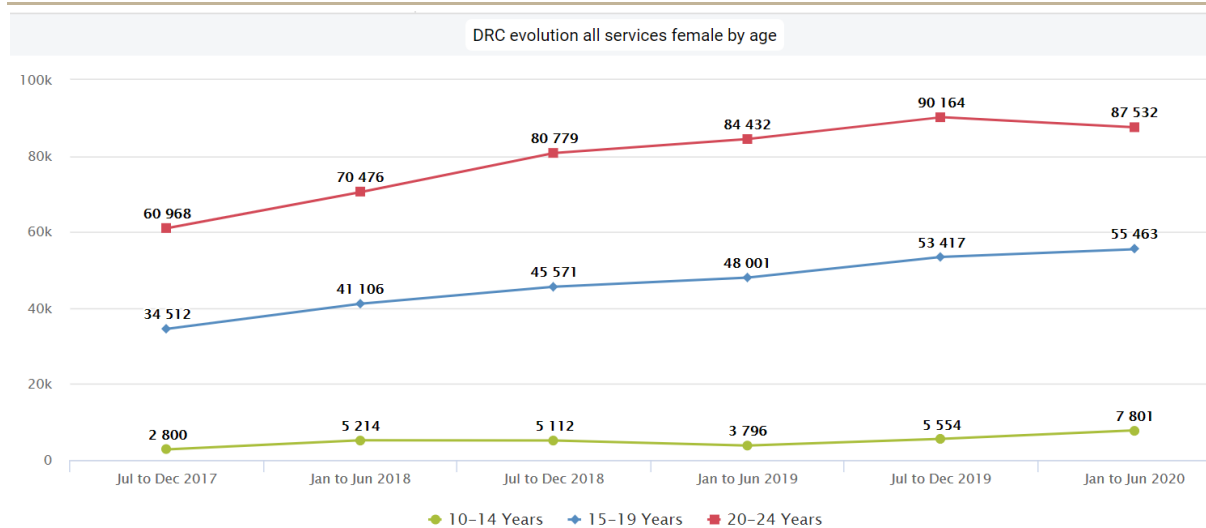
Figure 18: DRC evolution use of all services by gender



Source: MIS of Jeune S3

The number of girls aged 10-14 accessing SRH services almost tripled during the observed period, even though the absolute number remained relatively low (cf. Figure 20).

Figure 19: DRC evolution use of all services by age

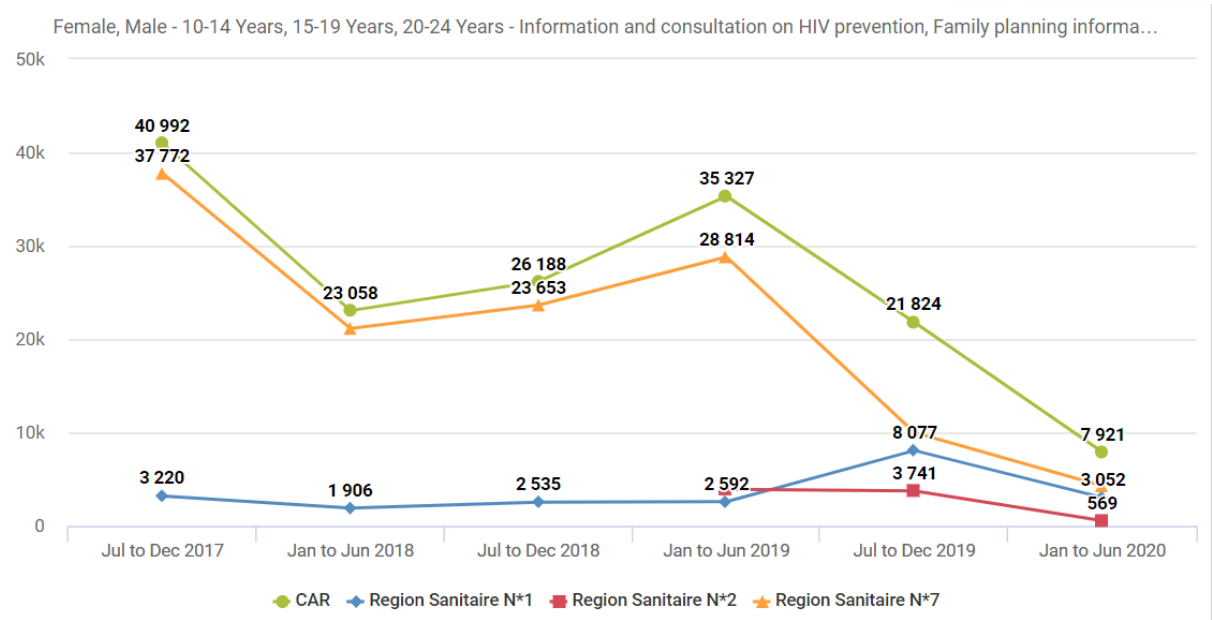


Source: MIS of Jeune S3

In CAR, the number of YP accessing SRH services fell across all user categories in contradiction to qualitative findings (cf. Figure 21). According to the data made available to the evaluators via the MIS, numbers of YP frequenting SRH services declined across all sub-groups (age, gender, region). Generally, data quality was less reliable than in DRC. According to interviewed staff from alliance partners, some health centers did not transfer data to the MIS regularly, thus skewing results. There were also significant peaks interrupting the overall downward trend, caused by high numbers of condoms prescribed and HIV related services delivered at certain times. Importantly, it is unclear whether the number of condoms distributed or the number of recipients is captured by the data. These peaks were often close to World AIDS Day (December 1st) and might be explained by the

associated prevention campaigns. The reason for the contradiction of this data to the statements of interviewed health staff, that frequentation of SRH services has increased (cf. Chapter 4.3.2.1) is unknown to the evaluators.

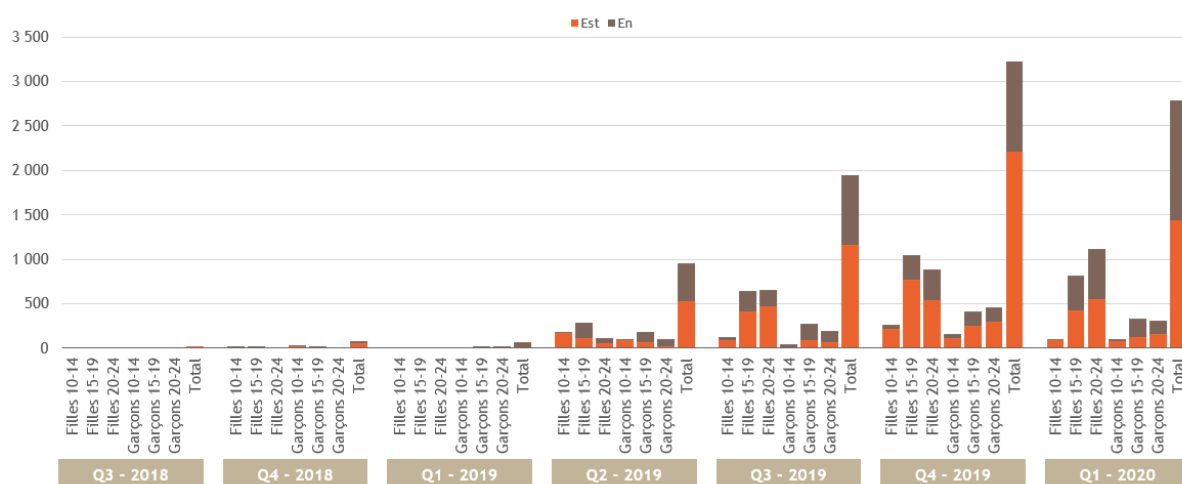
Figure 20: CAR evolution all services (without condoms) by region



Source: MIS of Jeune S3

In Cameroon, the number of FP consultations and HIV tests suggests that an increasing number of YP attended SRH services, which is in line with qualitative findings. For Cameroon, there was no data available in the MIS, so the quarterly reports, which were less detailed, were used as a source. The number of FP consultations with YP was used as a proxy for demand for ASRH services. This number rose by 830% (Q1/2018-Q1/2020) in total across both regions with slightly higher numbers in the Est region. Since boys are less likely to ask for FP consultations, the evolution of their attendance is most likely not well reflected in Figure 22. However, numbers for HIV testing and counselling - services regularly requested by boys as well - also grew in total. Mostly these services were attended in the context of campaigns and events. A remarkable fact reflected in the quarterly reports regarding HIV testing was that positive results were reported almost exclusively in the Est region.

Figure 21: Counselling and visits related to family planning, number of YP



Source: MIS of Jeune S3

For Benin no quantitative data on access to SRH services was available.

4.3.3 Achievement of intermediate outcomes - To what extent are YP able and have the opportunity to use available responsive SRH services?

In DRC, the programme achieved its intermediate goal of providing YP with the opportunity to access adequate SRH services. This is confirmed by both qualitative and quantitative data from this evaluation as well as the results of the Jeune S3 operational research in DRC. While the evidence for a positive impact is less clear for Cameroon, there are at least no findings contradicting the achievement of intermediate outcomes. In CAR, evidence from qualitative and quantitative data indicates that lacking availability of contraceptives within the health system was an important reason for the programme's failure to achieve (short-term and) intermediate outcomes. For Benin, data was too limited to draw meaningful conclusions. The end of the programme in combination with the COVID-19 pandemic coincided with a decline of results at the outcome level.

4.3.3.1 Qualitative data analysis

YP from all countries reported that they had made use of SHR services in accordance with their needs (differing by gender and age). In the FGD with YP in the age of 17-24, some of the participants shared what kind of SRH-related services they used. The testimonies correspond with those of interviewed health staff to a high degree: girls aged 17-24 mentioned STI testing, help with menstrual problems and FP most frequently, while boys mentioned STI testing and condoms. The FGDs with girls in the age of 12-16 years did not address the use of SRH services as concretely.

A lack of contraceptives and other medical products in CAR prevented YP from accessing SRH services. Stock-outs were mentioned as a frequent obstacle to delivering adequate services by interviewed health staff and political decision makers. Experts confirmed that contraceptives were only available sporadically during the implementation phase of the programme in the whole country. JS3 supported the public procurement system for contraceptives with technical assistance via I+ Solutions. According to representatives of the Alliance partners, the programme itself was not allowed to fund the procurement of commodities and was depending on other partners. While UNFPA did

provide contraceptives to CAR punctually, these were not sufficient to cover the needs of the population (cf. analysis of quantitative data) and were not available continuously throughout the implementation phase of the programme. Especially girls in the age of 17-24 expressed a need for the scarce health products. The information about lacking contraceptives, confirmed by interviewed health staff, programme staff and political decision makers adds to the credibility of the MIS data (cf. Chapter 4.3.2.2) suggesting a decline of frequentation of SRH services by YP in contrast to the contradicting qualitative statements of health staff suggesting an increase in frequentation (cf. Chapter 4.3.2.1).



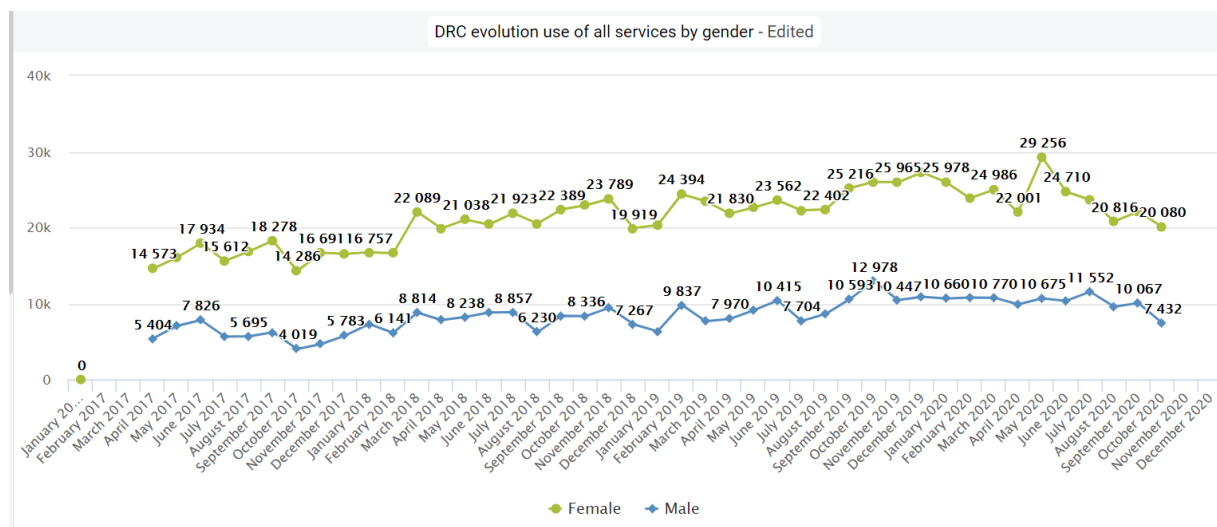
Inputs for free medical care of young people are not available in most health centres. (Interviewed Political decision maker CAR).



4.3.3.2 Quantitative data analysis

With improved access to ASRH services in DRC, the number of YP using health services and products related to SRH also increased. Figure 23 is based on data from the MIS and shows the number of boys and girls in DRC making use of SRH services (excluding consultation). The decline at the end of the series is most probably due to COVID-19 and the end of the programme.

Figure 22: DRC use of services by sex ⁷⁴



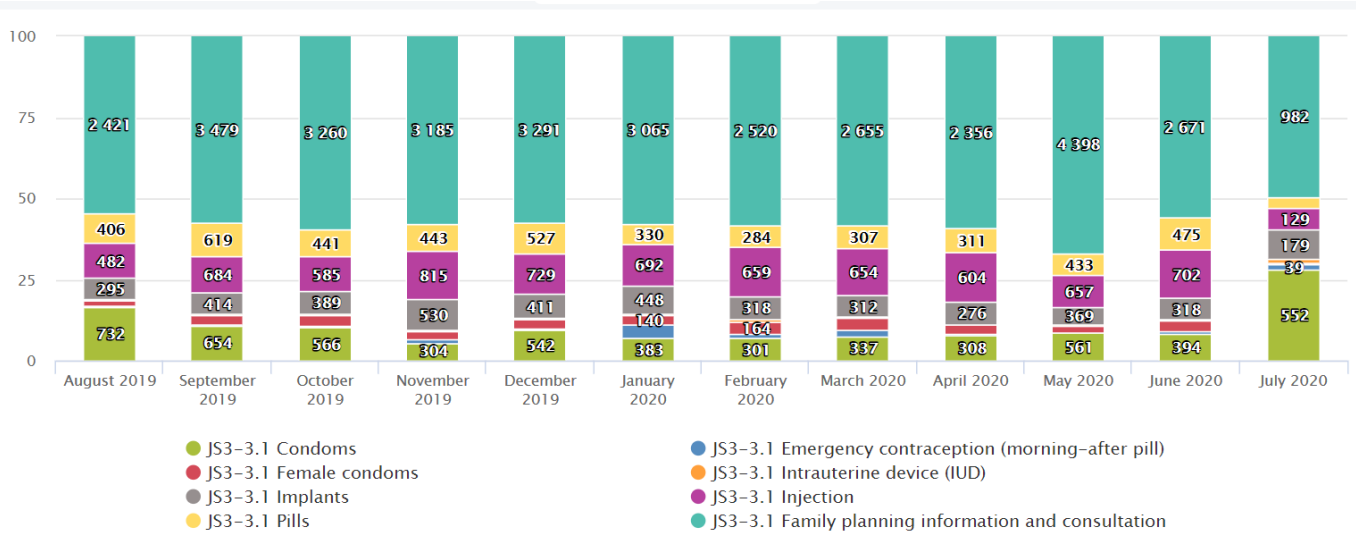
Source: MIS of Jeune S3

In DRC, the number of YP who were prescribed products or tested for STIs grew roughly proportionally to the overall number of YP attending SRH services. This is shown in Figure 24 and

⁷⁴ Age group 10-24 years. Including the following services: Antenatal care, Care and support given to victims of physical or sexual violence, cases of sexual violence referred, Condoms, Delivery Care (women), Emergency contraception (morning after pill) Family planning information and consultation, female condoms, Hiv testing and counselling, intrauterine device (IUD), Implants, Information and consultation on HIV prevention, Including use of condoms, Injections, Pills, postnatal care (women), Pregnancy test (women), RTI/STI testing and treatment.

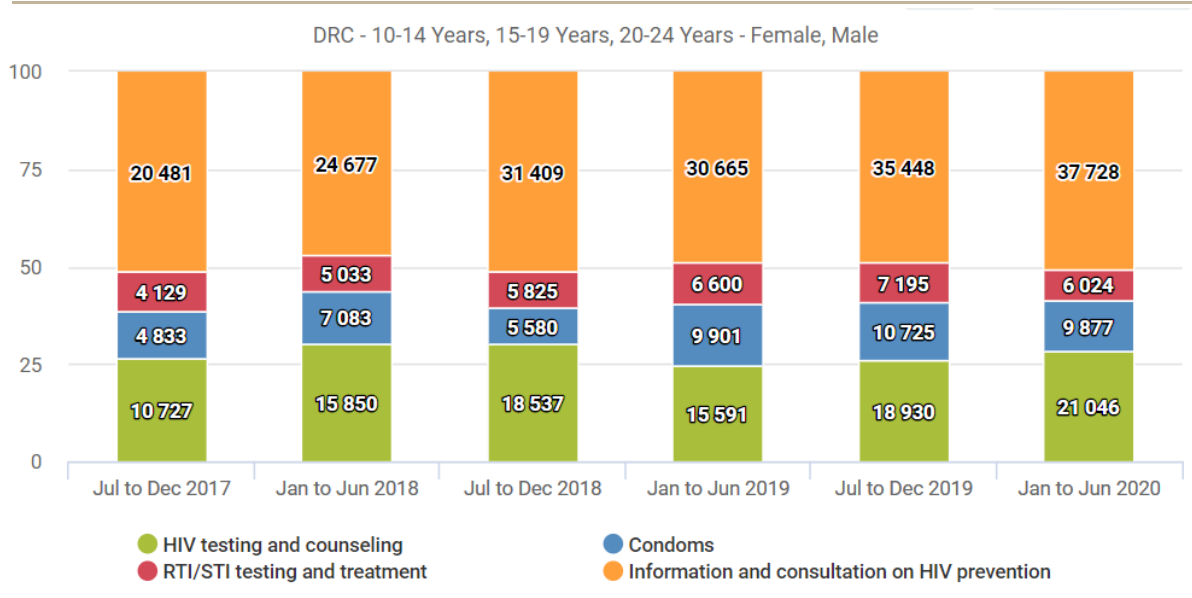
25 for the example of FP (only female) and HIV-related services (male and female). Figures 24 and 25 show the relative composition of services provided. They indicate that the ratio of counselling and information services vs. actual prescriptions or tests remained more or less constant over time, with absolute numbers growing in proportion to overall growth. While injections remained the most popular product, pills, implants and condoms were increasingly requested by girls. The reason for this diversification may include better counselling or improved availability of a diverse product range, but it may also be the result of temporary shortages of injections.

Figure 23: DRC FP services female patients (division by service + absolute numbers)



Source: MIS of Jeune S3

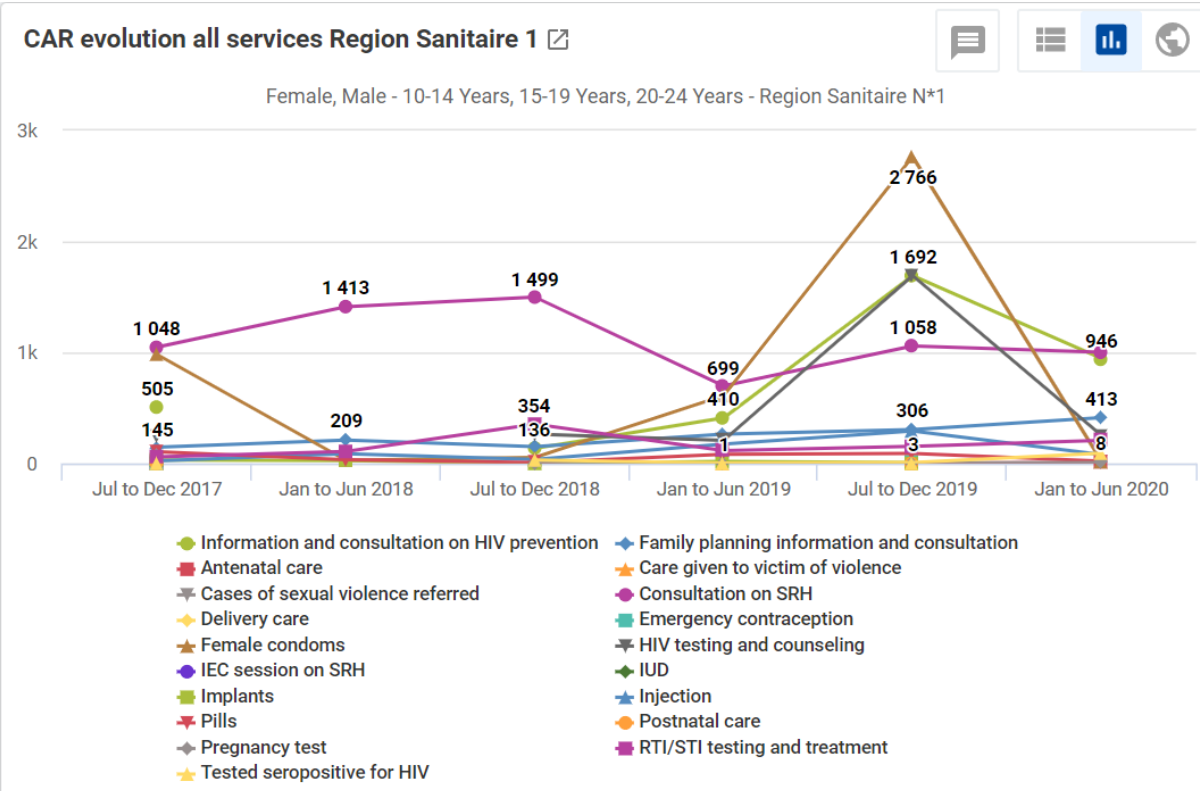
Figure 24: Evolution of HIV-related services male and female, DRC



Source: MIS of Jeune S3

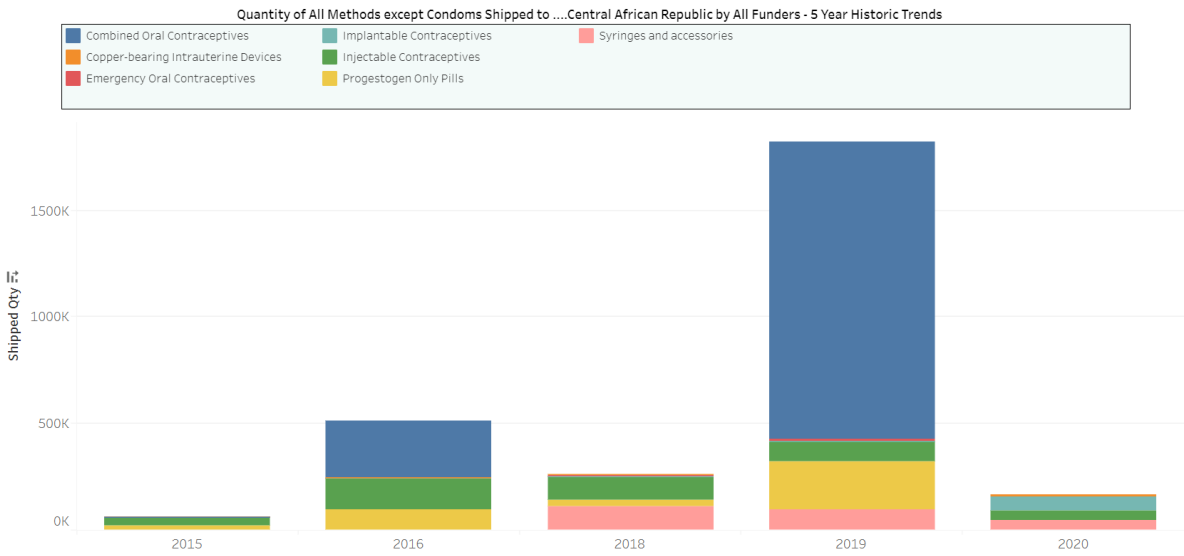
In CAR, outcomes in Pathway 3 were not achieved, mainly due to the lack of SRH products and restrictions faced by Jeune S3 in procuring contraceptives. This is revealed by a joint analysis of programme data and data from UNFPA. As seen in Figure 26, YP attendance fell in CAR with the exception of Region 1 in which a peak (>200%) in attendance was reported in HY2/2019, despite all other regions registering lower numbers. Breaking down the types of services provided in Region 1 (Figure 26) may explain this phenomenon.

Figure 25: Evolution of all services, Region Sanitaire 1, CAR



Source: MIS of Jeune S3

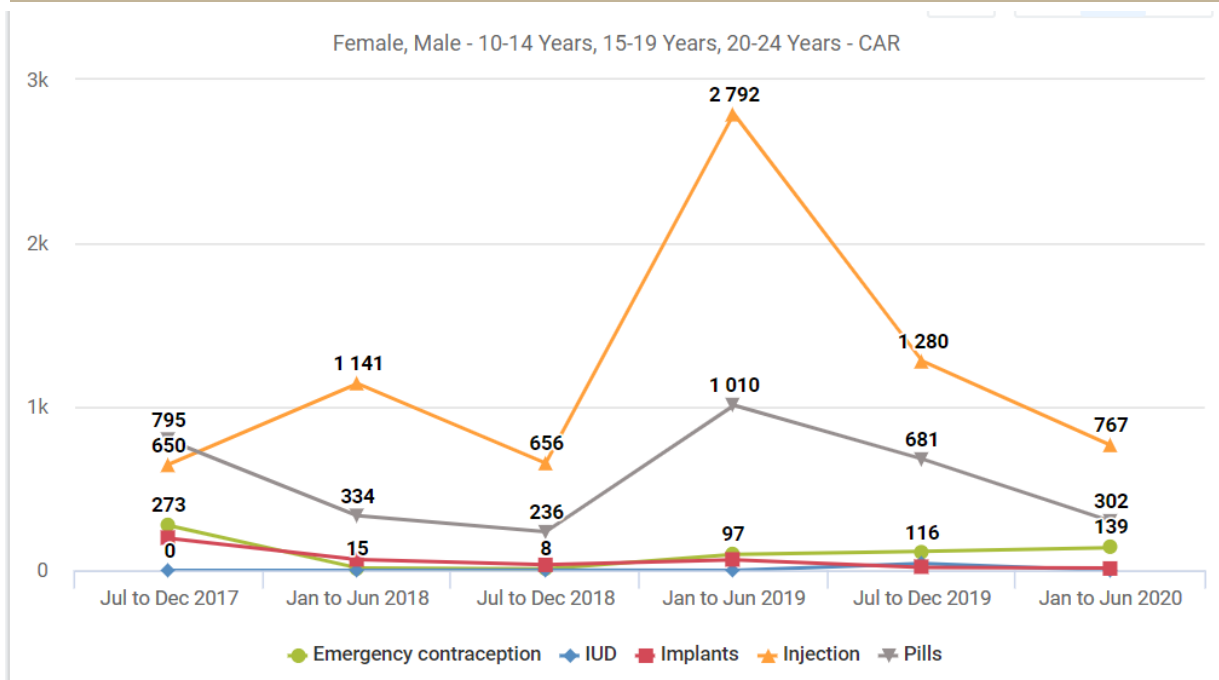
Figure 26: Quantity of contraceptive methods (except condoms) shipped to CAR by all funders



Source: Reproductive Health Supplies Coalition

The sudden increase of service provision in HY2/2019 can be explained by a surge in three particular services: prescription of female condoms, information and consultation on HIV prevention and HIV testing and counselling. Considering the numbers before and after HY2/2019 and the niche role that female condoms usually play as a contraceptive method, the data suggests that the high numbers were due to an extraordinary HIV prevention campaign, possibly around World Aids Day (Dec. 1st), and do not constitute an exception to the negative trend of overall SRH services delivery in CAR. It generally appears that SRH service delivery in CAR was highly dependent on the availability of inputs. According to data from UNFPA Procurement Services (Figure 27), CAR did not receive any shipments of contraceptives in 2017. In late 2018, a new supply of injectable contraceptives (and other products) arrived. Figure 28 shows how this arrival of intrants was correlated with a peak of injectables prescribed in 2019.

Figure 27: CAR FP methods (without condoms and counselling)



Source: MIS of Jeune S3

In addition, the arrival of a large quantity of oral contraceptives in HY1/2019 was mirrored by an increase of +330% of prescriptions for this method in HY1/2019. Based on this data, it can be concluded that the availability of products in CAR and, to a lesser extent, the organisation of specific campaigns (example Region 1) were the most decisive factors influencing an increase or decrease of YP frequenting SRH services. Consequently, the lack of contraceptives contributed to the programme achieving outcomes (both in the short and medium term).

4.3.3.3 Operational research analysis

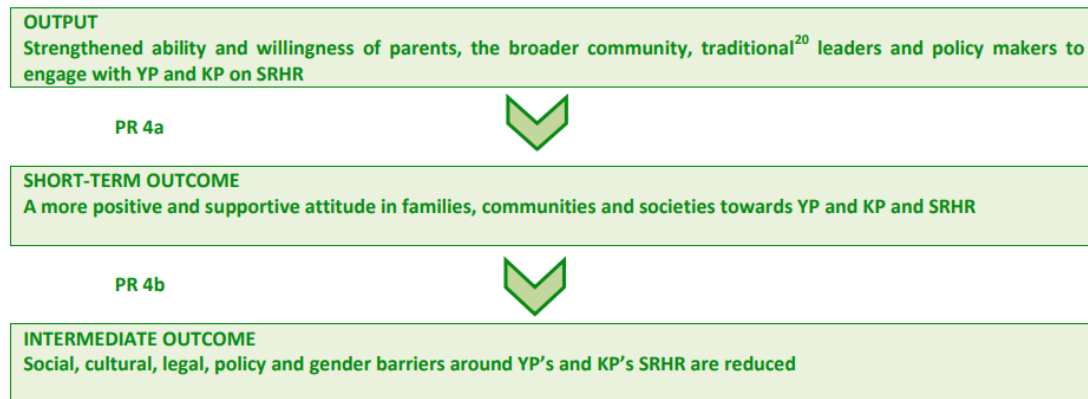
For DRC, the data from the endline study provides evidence that the programme achieved its target outcomes. Only for DRC the endline study was completed when this evaluation took place. The study shows a significant increase in the use of SRH services for the study group in the intervention zone. YP from the intervention zone reported that they had used SRH service more frequently throughout the past 12 months. Furthermore, the number of new users of modern contraception methods (excluding condoms) increased while there was no significant increase for traditional methods. In addition, couple counselling on family planning was used more often by YP from the intervention zone than those in the control zone. Unfortunately, a breakdown of numbers by gender and region was not available at the time this report was written.

Increased use of health services was confirmed for girls in the Jeune S3 operational research in DRC. The use of SRH services only increased significantly for girls in the first round of the survey, while results were not significantly different from the control group in the second round. For boys, no significant differences were identified.

4.4 Pathway 4 - Enabling Environment and Respect of Rights

Pathway 4 aimed to reduce social, cultural, legal, policy and gender barriers around YP's and KP's SRHR.

Figure 28: ToC Pathway 4



Source: Programme document 2016-2020

Through this pathway, the programme aimed to shift views and behaviours on ASRH of people in the YPs' immediate environment. The main objective was to support parents, RTL and political authorities to first accept the programme and subsequently empower them to become actors of change in their communities. To that end, Jeune S3 conducted CSE trainings of RTL and parents, organised public sensitisation sessions, implemented a voucher system, supported advocacy efforts of engaged RTLs and parents and conducted advocacy itself.

4.4.1 Achievement of outputs - To what extent did Jeune S3 strengthen the ability and willingness of parents, community, traditional leaders and policy makers to engage with YP on SRHR?

Religious and traditional leaders, political decision makers and parents felt more informed and confident to speak about issues related to sexuality and to interact with YP in their environment. These findings were self-reported and were triangulated with the perceptions of other stakeholders. Quantitative data shows that the interventions were implemented in Benin earlier than in the other countries.

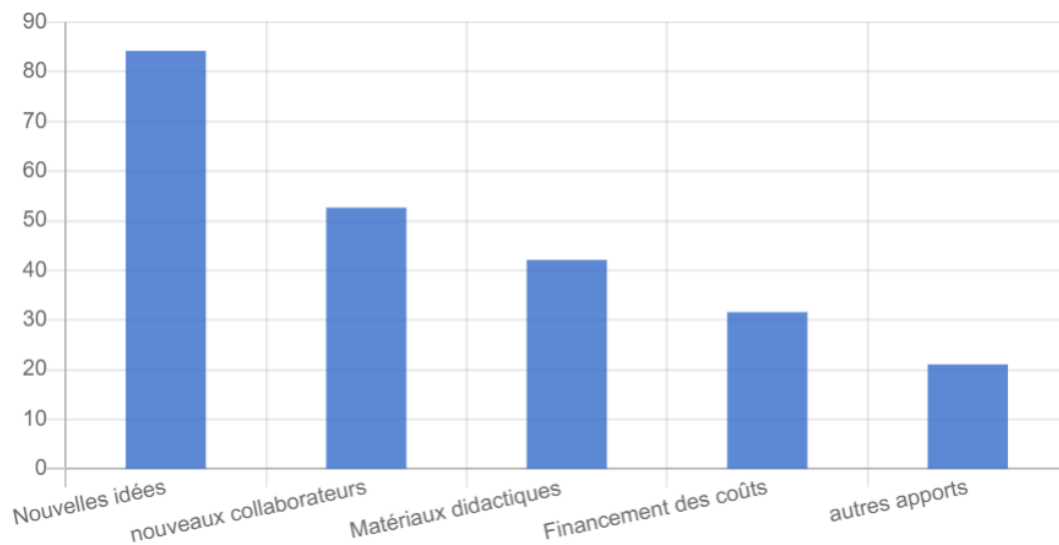
4.4.1.1 Qualitative data Analysis

At the individual level, RTL confirmed that their capacity to speak about SRHR-related topics and to interact with YP in their environment had improved. Interviewed RTL most frequently mentioned that the programme supported them with "new ideas". For example, an interviewee explained that he learned to speak openly about sexual topics with his parish or with members of his family (Kobo 2.2)

“*This program has personally helped me to pronounce difficult words, such as vaginas [...] I could never have behaved like this in front of young people and children. (Interview RTL, Benin)*”

The frequency of other inputs mentioned by interviewed RTL can be seen in Figure 31 RTL appreciated the cooperation partners, didactic material and the financing of associated costs.

Figure 29: Responses to the question 2.2.10 „What did the programme contribute to help you being able to implement activities related to AYSRHR?“



Source: Kobo 2.2.10

Political decision makers related the interventions to a better understanding of YP’s health. At least one interviewee said that she improved her understanding of the situation of YP and that the programme allowed her to get in direct contact with YP. Other political decision makers attributed to the programme a higher frequentation of SRH services by YP, better knowledge of YP about SRHR and lower rates of unintended pregnancies among pupils of schools participating in the programme.

Parents participating in the FGD frequently referred not only to their improved capacity to speak about sexual topics, but also improved and more trusting relationships with their children. One participant also mentioned that he had learned to ask for help in situations which he was unable to cope with:

“
What I’ve also learned is that if there’s a blockage, we have to look for the person who may be working better with the child so that the child is sufficiently rectified. Well, and what made me happy if I can say that it allowed me to have a connection with the children. (FGD Parents, Cameroon)
 ”

4.4.1.2 Quantitative data analysis

Quantitative data shows that interventions in Pathway 4 were implemented earlier in Benin compared to the other countries. Table 6 shows that reported numbers of stakeholders trained or sensitised vary strongly between countries, according to the programme’s internal reporting system.⁷⁵ While in Benin the focus of the programme was from the start of the implementation phase on activities involving parents, other countries implemented this kind of activities rather at the end of the programme.⁷⁶ For example in DRC, 94% of the sensitized parents were addressed in 2020.

⁷⁵ Cf. limitations (Chapter 3.8)

⁷⁶ Source: programme staff

Consequently, the effects of the majority of these interventions in DRC cannot be seen on the outcome level yet.

Table 5: Parents and RTL sensitized and engaged in Jeune S3

	Benin	Cameroon	CAR	DRC
Number of sensitized parents	21 036	5 799	10.525	31.841
Number of trained/engaged parents	365	/	99	685
Number of engaged parents-teacher associations	16	/	34	0
Number of RTL trained	158 (5 sessions)	89	44	158 (2 sessions)

Source: Quantitative indicators of the programme (country-level data sheet - annual reports + update by M&E officer Cordaid).

4.4.2 Achievement of short-term outcomes - To what extent did families, communities and societies have a more positive and supportive attitude towards YP on SRHR?

Changing attitudes on SRHR should mainly be considered as long-term objective for a programme like Jeune S3. Interviews with community members confirm that this is a slow process and also reveal difficulties associated with shifting attitudes. RTL faced opposition from other community members when participating in IEC activities of the programme while parents were afraid that information on SRHR would lead their children to engage in imprudent sexual behaviour. However, some statements collected by this evaluation, indicate that on certain aspects of AYSRHR a changed attitude is visible (e.g., child marriage). YP and Key population (KP) perceived mothers as more supportive than fathers, independently of their gender or age. Their statements reveal that it remains an exception if a YP is able to communicate with his or her parents about SRHR. In cases where communication on SRHR within the family improved, it was often due to the initiative of YP. These findings are based on qualitative data from interviews and FGD with YP, KP, parents, RTL and political decision makers.

4.4.2.1 Qualitative data analysis

Harsh resistance to their message posed an obstacle to RTL attempting to sway attitudes in their communities. Even though many interviewed RTL mentioned that they themselves had adopted a more positive attitude towards AYSRHR, they stressed the fact that within their communities they faced resistance to this view. 52% of RTL said they were criticized for their collaboration with Jeune S3. Among those, 37% were criticized by other RTL (including 11% by a superior), 21% by their community, and 16% by other religions.⁷⁷ For example, some community members perceived it as indecent for an RTL to talk about sexuality in public, while others thought that education about AYSRHR perverted the youth as it went against religious scripture and principles.⁷⁸ Several interviewed RTL reported that they were suspected by other RTL to participate in the programme because they were corrupted.⁷⁹ Collaboration of participating RTL with other religions was also not always well perceived by other community members⁸⁰, for example a Imam reported that he was criticized for working together with priests and animist religious leaders.

⁷⁷ Kobo 2.2: Interviewed RTL, all countries.

⁷⁸ Kobo 2.2: Interviewed RTL, all countries.

⁷⁹ Kobo 2.2: Interviewed RTL, all countries.

⁸⁰ Kobo 2.2: Interviewed RTL, all countries.

Interviewed RTL reported an increased understanding for the situation of YP, but their adherence to the programme’s objectives sometimes remained incomplete. According to the statements of interviewed RTL, the programme achieved at least to sensitize a large majority of them for the problems of YP in their communities. For example, several RTL mentioned that they got involved in tackling the problem of child-marriage in their communities. Their adherence to the objectives of the programme, however, was rarely complete. For example, a priest expressed his happiness about the fact that he had not had to excommunicate an unmarried pregnant girl over the past six months. However, he still believed that this would be an appropriate action. Another one commented about leaving Jeune S3 as he could not tolerate the recognition of children from non-married couples:

— “ —
I decided to leave Jeune S3 permanently. During a training session in the Central Church of Banikoara, a subject came up in the debates. We were talking about whether a child born out of wedlock can be recognized as legitimate. The other religious leaders said yes, it is legitimate. But I say that it comes from fornication, it is not legitimate. I do not want to remain in a group where a child of fornication is recognized as legitimate, I do not want to be complicit in this.
(Interview RTL, Benin) — ” —

Prevention of child marriage was at the heart of RTL engagement for AYSRHR across countries and religions. All interviewed RTL from all 4 countries, reported that they were willing to address the problem of child marriage in their communities in the context of the activities of the programme. Furthermore, many examples were given by interviewed RTL for successful initiatives to prevent young girls from being married as minors. For example, an Imam from Benin reported that he intervened three times personally to prevent families from marrying their minor daughter. Others reported that they added the topic to their educational talks with parents and YP. Access to sexuality education, prevention of unintended pregnancies and STI’s and GBV were other topics that interviewed RTL frequently reported having been treated in their activities supported by the programme. Statements made by interviewed RTL sometimes illustrated that their strategies to prevent unintended pregnancies and STIs sometimes varied from those suggested by the programme. For example, another interviewed traditional leader from Cameroon reported that he preached to YP that if they would be “sexually delinquent” or “commit adultery” they would be punished by God. Interviewed involved YP and programme staff reported that they had to promote condoms secretly at night in order to avoid detection by RTL.⁸¹ Both parents and involved YP stated that more RTL should have been involved.⁸² RTL who were not trained and involved in the programme reportedly continued to support child marriage.⁸³ In contrast to the self-reported involvement of RTL, some interviewed involved YP were rather pessimistic on the added value of working together with RTL, as the following quote illustrates:

— “ —
I’ll let the leaders down because they’ve been trained, but they don’t do anything when you go to their churches and they’re the first to insult you when they should be defending you. There is no impact. It is a waste of time. (Interview Involved YP, DRC) — ” —

⁸¹ Kobo 2.2: Interviewed RTL; Kobo 2.5: Interviewed involved YP, all countries

⁸² Kobo 1.1: Parents participating in FGD, Cameroon, Benin and DRC; Kobo 2.5 Interviewed involved YP, all countries.

⁸³ Kobo 2.5: Interviewed involved YP, DRC.

Parents reported that they spoke more openly with their children about SRHR. Both parents and children participating in FGD stated that they talked more often and more openly about SRHR in their families thanks to the programme.⁸⁴ This is certainly one of the major achievements of the programme. However, parents participating in FGD were reluctant to accept contraception as a prevention strategy against STI's and unintended pregnancies for their children preferring abstinence.

Girls reported gradual progress within their families regarding open communication on SRHR, but also felt the need to initiate the dialogue themselves. Girls in the age of 17-24 years described a more nuanced perspective on the attitudes of their family members regarding SRHR in the FGD. While some families appeared to have introduced a meaningful dialogue between parents and children on these topics, this generally remained an exception in the eyes of the FGD participants. They also reported that communication on SRHR within the family needed to be initiated by the girls. Mothers were reported to be more supportive than fathers. Girls in the age of 12-16 years participating in FGD did not differ much in their statements from the group of older girls. They were referring more often to the experiences they made within their families when they had their first menstruation. Descriptions of fathers' behavior related to AYSRHR showed that supportive attitudes were rather an exception.

— “ —
At first the word sexuality did not exist in the mouth of my parents but now we talk about it little by little but often I ask questions. With educated parents it is easier, others are joining gradually because of sensitization. (FGD Girls 17-24, Benin)

— ” —

Boys shared the views of girls regarding the degree of openness of their families and also generally preferred speaking to their mothers. Boys in the age of 17-24 participating in FGD had similar perspectives on the attitudes governing their families. For them, too, mothers were the family members most open to dialogue on SRHR. Siblings were mentioned more often as SRHR conversation partners than in the FGD for girls of the same age. In their opinion open discussions on SRHR in families was an exceptional phenomenon but was eventually becoming more frequent in their environment.

— “ —
For at least 90% [of the families], talking about sexuality remains a taboo, for them it is necessary to abstain. (FGD Boys 17-24, DRC)

— ” —

For KP, the extended family was a relevant dialogue partner, but their general perceptions were similar to those of other YP participating in FGDs. Statements of other KP participating in FGDs were rather diverse. YPLHIV and young mothers made similar statements to those of YP who did not belong to a KP. SW participating in FGD stated that they could not communicate at all with their family members. MSM reported a range of different experiences, from being able to talk with all family members about SRHR to not being able to talk with anyone about it. More often than other YP, members of KP referred to other family members like aunts, cousins or grandparents as important contacts for getting advice on SRHR. This might be due to specific personal experiences that qualify those family members as trusted allies (i.e., HIV+ family members or aunts that were young mothers as well). Similar to other YP's FGD groups, fathers were perceived as most difficult to talk to.

⁸⁴ Kobo 1.1. FGD parents all countries, Kobo 1.2-1.5 FGD YP different ages/gender, all countries

4.4.3 Achievement of intermediate outcomes - To what extent were social, cultural, legal, policy and gender barriers around YP's SRHR reduced?

The programme's objective in Pathway 4 was to reduce barriers around YP's and KP's SRHR. Testimonies of interviewed YP and adults (health staff, parents, RTL) indicate that some of these barriers were effectively addressed by the programme and eventually reduced (e.g., child marriage, access to CSE). Regarding these aspects of SRHR, large parts of the addressed stakeholders (parents, RTL) agreed with the objectives of the programme and became involved in reducing barriers. In the perception of YP, significant societal, cultural and religious barriers persist. Many testimonies of YP and adult interviewees indicate that most parents and RTL continue to promote abstinence as the sole adequate behavioural norm for YP. In consequence, some barriers were kept in place, such as shaming for making use of SRH services or using condoms.

4.4.3.1 Qualitative data analysis

The most important barriers to girls' self-determination were parental attitudes towards SRHR. Girls in the age of 17-24 years participating in FGD frequently mentioned their parents as a persistent barrier to living a self-determined life (both in general and with respect to SRHR specifically). These statements mostly referred to not being allowed to leave the house, to meet with boys or attend JS3 activities. In one case, older brothers also exerted pressure on their sister. Barriers to SRH services at the health centre were not mentioned explicitly, but the underlying message of the statements was that parents generally promoted abstinence and therefore did not see the need for contraception and STI prevention. These statements were also mirrored by the Social Presencing Theatre (SPT) exercise: with their gestures, girls expressed the feeling of suppression in their environment, mostly within the family and community.

— “ —
My obstacle, for me is my environment and they carry very bad prejudices towards me, I feel bad about myself. (FGD Girls 17-24, DRC)

Boys also felt restricted by their parents but displayed a greater understanding for their concerns. Those participating in FGD interpreted their parents' attitudes as (over-)protection and tried to see the good intentions behind them. Economic considerations were very prominent in their reasoning. For example, one boy explained that without a job it was difficult to ask a girl to get married, while girls would “run after him” once he had an education and earned money. These concerns also entered into their interpretation of parental opposition to letting them live a self-determined (sex-)life.

According to younger girls' SPT results, their environment became less judgemental and more supportive. Girls in the age of 12-16 years participating in FGD made no explicit statements on the persistence of barriers imposed on them by their environment at first. Through the SPT practice, however, they started to cite the judgemental attitudes, religion (child marriage) and shame as dimensions that made them feel constrained in the past. With the implementation of Jeune S3, these barriers were reduced. When interpreting these findings, it should be noted that younger girls may have felt under higher pressure to provide socially desirable responses. In addition, potentially controversial topics such as dating were likely less relevant to them than to older girls. In contrast, more relevant issues such as the first menstruation, were generally areas in which parents and the wider community showed more acceptance and support.

KP continued to face hostile reactions from other community members, but also reported some improvements. Members of key populations participating in FGD were subjected to the most significant barriers to SRHR access and were also often faced with ostracization by communities. For example, a HIV+ girl reported that she wanted to join a religious congregation but was denied membership because of her HIV status. Physical violence exerted by family members or police were mentioned by MSM and SW as common threats they were exposed to. However, some subtle changes regarding the communities' attitudes towards KP were reported as well. According to a YPLHIV, other YP were less afraid of getting tested because they knew that even if the result was positive, they had access to support. Even if they did not directly impact their communities, interventions aimed at strengthening a sense of cohesion among KP were reported as an important resource when faced with hostile environments. The feeling of facing specific challenges jointly was reported to increase solidarity among group members.

—— “ ——
I'd like to live with my big brother, but I'm afraid my sister-in-law will find out about me. I no longer have enough choice to have a husband, we are not free to love someone who is not like us. (FGD KP Representatives (YPLWHIV)) —— ” ——

YP involved in the implementation of the programme identified RTL and fathers as the main opponents to AYSRHR. When asked which members of their societies opposed AYSRHR, almost 80% named RTL and 70% mentioned fathers.⁸⁵

Health staff believed that knowledge deficits and shame were bigger barriers to AYSRHR than parental attitudes and religious convictions. Only 30% mentioned one of the latter two as most important obstacle. Instead, shame and a lack knowledge were reported to be more important barriers. However, it should be noted that these factors may in turn be influenced by a non-supportive environment.

⁸⁵ Kobo 2.5: Interviewed involved YP, all countries.

4.5 Synergies

While there were synergies between all pathways, they were of varied relevance and intensity in the programme's implementation. In particular, interventions in Pathway 1 had synergistic effects on all other pathways, especially since YP participated in the sensitisation and training activities for adults and became "important persons" at the local level. Reducing barriers towards AYSRHR in Pathway 4 was crucial to creating a programme context which was conducive for the other pathways but was also the most difficult goal to achieve.

This sub-chapter addresses all the synergies created in the order of strength and relevance. Pathway 1 and 4 impacted the overall feasibility of the program and are therefore mentioned firstly. Interactions between Pathway 2 and 4 is evaluated as the synergy that was most consequently implemented and relevant. On the other end of the spectrum, the synergy between teachers and health staff was relevant, but not as mutual as other synergies.

4.5.1 Overall enabling pathways: Pathway 1 and 4

Pathway 1 can be considered an overarching "pull-factor" for the programme, whereas Pathway 4 enabled the implementation of the programme by reducing the barriers against it, making both truly relevant across the entire programme

As Jeune S3 was a programme designed to be implemented - at least partially - by youth for the youth, Pathway 1 was crucial for showcasing the success of Jeune S3 and attracted additional participants to the programme. Trained YP increased visibility and attractiveness of the programme for peers. As youth ambassadors became "important persons" in their communities (more self-confident, speaking on the radio, political relations) and were often perceived as role models, this increased the attractiveness of other programme activities for young people and their environment. Potentially, it thus drove greater participation and motivation for the programme. This effect is backed by the following observations: Reported increase in membership of YO, statements from interviewed involved YP regarding their "fame" within their community, statements from RTL and political decision makers recognizing the voice of young Jeune S3 activists and parents sending their children to Jeune S3 activities such as CSE after getting to know the youth ambassadors (cf. chapter 4.1.2)

Overall, the most relevant enabling synergies were those involving the environment. Indeed, the "environment" was one of the strongest obstacles to a more complete sexual education, to more frequent health visits related to SRH and to the protection of YP' sexual rights. Therefore, any successes in Pathway 4 impacted significantly other pathways (even if successes were the most difficult to achieve in this field). Moreover, Pathway 4 alone could not have any impact on AYSRHR, thus stakeholders of Pathway 4 naturally developed synergies with health staff, teachers, peer educators and YA to increase knowledge, encourage health centre visits and advocate for AYSRHR.

4.5.2 Pathway 2 and 4: CSE and the environment

Support from sensitized parents and RTL facilitated CSE teaching in and out of school and the involvement of parents and RTL also contributed directly to increased CSE knowledge among YP.

Better integration of parents was perceived to facilitate the task of teachers to provide CSE. Considering the broad definition of capacity development used here, capacity building activities from Pathway 4 addressing parents were referred to as being supportive. This is illustrated by the the following quote by an interviewed teacher

—— “ ——
Compared to the first year, it is easier because there is already parental support, at the beginning we had a bit of a brake, because one of the challenges we had to face was to get parents to understand the merits, and there had been a scandal about the secondary education programme and a science book so the parents, many of them were reluctant but when we had, to hold the PTA meeting they were there, we put them at ease. We had the green light, the children got more involved and it was, it was really good, the step was taken... (Interviewed Teacher, Cameroon)

For out-of-school CSE, the support of political decision makers and local authority figures was the most important enabling synergy (also because they were one important perceived barrier). Interviewed peer educators reserved higher ranks for political stakeholders regarding their complementary contributions to their work. 67% placed them on the top two ranks and one third placed family and religious institutions in first or second most enabling synergy. A concrete example was the necessary permission of mayors or chiefs to conduct CSE sessions in the neighbourhood:

—— “ ——
... 'Cause when you walk into a neighborhood, you go through the chief first, 'cause that covers us too, and then the neighborhood chief could launch the communication to the associations in his territory to reach parents, and that made things more credible. (Interviewed out of school educator, Cameroon)

If parents would have been involved systematically and comprehensively earlier⁸⁶, the resulting reduced barriers to out-of-school CSE could have increased synergies. Those parents who were able to participate in the programme’s activities were more likely to let their children participate in out-of-school CSE activities. YP of all age groups participating in FGDs mentioned among the observed changes triggered by the programme that their parents allowed them to participate in out-of-school CSE sessions. However, systematic involvement of parents started late compared to the other activities (exception: Benin), this synergy did probably not materialize as much as it could, if parents were involved at an earlier stage. Accordingly, YP reported as well that after having received CSE lessons, they shared their knowledge with their parents which had a multiplier effect for their siblings.

Activities of Pathway 4 enabled parents and RTL to become complementary source of information on SRHR, which contributed to the overall improvement of CSE knowledge among YP. In the FGDs, YP were asked which sources (besides school and out-of-school CSE classes) they got information on SRHR from. Girls in the age of 12-16 years referred mainly to family and religious leaders. Boys in the age of 17-24 often mentioned religious leaders. Besides, RTLs particularly in Benin, conducted sensitization sessions towards YP in places of cult and trained parents reported to talk more openly about sexuality with their children (see Chapter 4.4).

⁸⁶ Parents were involved from the beginning in the programme through the work with Parents-Teacher Associations or by informing them and asking their permission for their children to participate in CSE session. However, they were not addressed systematically from the beginning.

4.5.3 Pathway 3 and 4: Health staff and the environment

Health staff contributed to the sensitisation of parents and RTL, while involved parents and RTL enabled the increase of health centre visits related to SRHR.

Involvement of parents and RTL contributed to Pathway 3, encouraging YP to visit health centres. Health staff was mentioned by parents in FGD and interviewed RTL as one of the most important group of resource persons they were referring to, in case there were questions related to the SRHR of their children.⁸⁷ Same as for Pathway 2, earlier involvement of parents could have led to higher effects on reducing barriers with regards to ASRH services. Nevertheless, numerous statements from health staff referred to higher acceptance of parents regarding the access of their children to SRH services. After all, 18% of interviewed health staff stated that their health centre was collaborating with religious institutions and parent organisations. Health staff also reported that local organisations participating in Jeune S3 were supporting in the case of parents impeding their children the access to health services:

— “ —
Implementing a synergy of local organizations for mutual assistance (For example, if a parent refuses access to his or her son or daughter, either through the Parent Champions channel or through a pastor, we convince them to understand the value of the program and let the youth, go and vice versa). (Interview Health staff, DRC)

— ” —

In Cameroon, activities in Pathway 4 were particularly designed to improve health centre visits. Indeed, parents were identified in 2018 as an important barrier to YP's access to Health centres therefore new interventions were developed in the aim of dissolving this specific barrier. To reach this particular objective, a voucher system was instituted. Health staff went to into the communities, introduced Jeune S3 and basic SRHR knowledge to parents and gave them a voucher. Parents would give this voucher to their children and encourage them to go to health centres (ACMS, 2019).

4.5.4 Pathway 1 and 4: Youth voice and the environment

YA and their activities contributed to the sensitisation of their environment and involved RTL participated in joint sensitisation and advocacy campaigns.

YP took part in the training of parents, religious and traditional leaders. Besides talking to their own parents, involved YP shared their perspective in trainings for other parents and RTL. This was perceived positively by parents and RTL, according to the participants of interviews with RTL⁸⁸ (Kobo 2.2) and FGD with parents (Kobo 1.1). While involved YP were also involved in a similar way in trainings for parents, they were less often mentioned by parents in the FGD.

— “ —
During the period of Ramadan, I was invited 3 times to the radio, it was a success. (Interview RTL, Benin)

— ” —

Radio programmes and the possibility to reach YP by partnering with YA created an incentive for RTL to get involved in the programme. The involvement of YP trained in Pathway 1 in activities related to training and sensitization of RTL and parents was frequently mentioned to be helpful both

⁸⁷ Kobo 1.1: Parents participating in FGD, Cameroon, DRC, Benin.

⁸⁸ Kobo 2.2: Interviewed RTL.

by parents and RTL.⁸⁹ Some interviewed RTL showed enthusiasm for participating in radio broadcasts, since they managed to increase the outreach of their communications. The involved YP also helped them to reach out to younger generations and build up meaningful relationships with them by discussing with them about relevant topics for YP. Generally, 53 % of interviewed RTL considered that “finding new collaborators” was the second most important contribution of the programme for them⁹⁰.

RTL led advocacy campaigns highlighting youth voice and rights and sometimes partnering with YA. Some RTL became allies for AYSRHR advocacy in collaboration with YP. Indeed, in Benin, 87 RTL took part in advocacy while the number was 99 in CAR, 19 in Cameroon, and 5 in DRC (Annual Reports). Together with the involved YP, they conducted advocacy and addressed relevant authorities on the issue of early marriage. In DRC, YA led a campaign towards RTL which resulted in the creation of a „groupe of allies“ that ultimately advocated for AYSRHR (Cordaid, 2019).

4.5.5 Pathway 1 and 2: Youth voice and CSE knowledge

Sensitization by YA facilitated the training and teaching of CSE.

Radio programmes run by trained YP contributed to the success of CSE activities. Radio programmes included information about AYSRHR and were even directly used in the CSE activities in listening clubs. During FGD, YP mentioned that radio programmes were complementary to CSE lessons. When asked for their information sources on SRHR (besides school and out-of-school CSE classes), YP referred mostly to TV, social media and the internet in general. Some of them mentioned explicitly sources that were related to activities of Pathway 1. Young girls in the age of 12-16 years frequently referred to radio programmes. YP in the age of 17-24 mentioned radio programmes and youth magazines (100% *jeune* in Cameroon) and *Jeune S3*-ambassadors as sources. Furthermore, there is scientific evidence about the influence of such activities on SRHR indicators: Studies show that in rural areas radio programmes on SRHR improve people ‘s knowledge of risks regarding unprotected sexual relations and early pregnancies. They also have a positive impact on discussions about family planning and condom use in the targeted communities. (Meekers et al., 2007).

Other Pathway 1 activities, especially advocacy campaigns and discussion groups were perceived by interviewed teachers and peer educators as contributing to better informed students and hence facilitating the provision of CSE. Prerequisites in terms of knowledge of students were estimated by teachers and peer educators as facilitating their job and were attributed in parts to activities implemented by *Jeune S3*. 100% of interviewed teachers and 100% of interviewed peer educators estimated that their students’ knowledge before getting CSE has improved compared to before the implementation of *Jeune S3*. Asked for the sources of information, students got their previous knowledge from, 64% of interviewed teachers (67% of interviewed peer educators) mentioned radio programmes, 55% (17%) youth magazines, 45% exchange groups (50% of interviewed peer educators mentioned school). As there were few similar activities to the ones offered by *Jeune S3* in the project locations, it is highly probable that most of the mentioned radio programmes, magazines and animated discussion groups are referring to *Jeune S3* activities. Hence, a synergy between these activities and CSE can be assumed in the sense that IEC and advocacy activities performed in other pathways facilitated the work of CSE providers, as the following quote illustrates:

⁸⁹ Kobo 2.5: Interviewed involved YP, all countries; Kobo 2.2: Interviewed RTL, all countries; Kobo 1.1: Parents participating in FGD, Cameroon, Benin, DRC.

⁹⁰ Kobo 2.2: Interviewed RTL, all countries.

— “ —
Teaching is easier nowadays: because students are more informed now. (Interviewed Teacher, Cameroon)

4.5.6 Pathway 1 and 3: Youth voice and Health staff

YA advocacy at the political level and towards peers contributed to the increase in health centre visits and health staff turned into the biggest ally of involved YP.

Health staff and involved YP collaborated closely. The programme managed to incentivise in many cases a partnership YP and health staff, which was critical for achieving results in both pathways.

On the one hand, health staff supported active YP in their advocacy for improved AYSRHR. YP involved in the implementation of the programme found in health staff an ally in the adult world, who was able to support them. For example, health staff participated in activities meant to sensitize the community alongside with YA. Especially considering the often-difficult relationships with other adults (parents, other family members, RTL), this “tandem” between YP and health staff stood out as a crucial “bridge” between generations.

On the other hand, YAs’ campaigns led to an increasing number of youth visits to health centres. Involved YP mobilized their peers to make use of SRH services and helped health staff to understand the reality of their patients. Without the mobilization efforts in Pathway 1, it would have been very difficult for health staff to attract that many young users of SRH services and achieve objectives of Pathway 3. This can be seen when analysing the responses of interviewed health staff to the question about what the triggering factors for increased numbers of YP were making use of SRH services. 82% of health staff answered that synergy with the Pathway 1 “Youth voice” helped for the realisation of Pathway 3. Most of the respondents were referring to YA’s sensitization campaigns including 53% to advocacy campaign for the gratuity of medical consultation⁹¹.

— “ —
They solicit spaces in churches to discuss with youth groups of 11th graders to share knowledge about JS3 and to mobilize them to be their allies in the defense of their rights in different areas of our health area. (Interview Health Staff, Cameroon)

4.5.7 Pathway 2 and 3: Teachers and Health staff

Teachers as well as KP representatives valued health staff for complementing YPs’ SRHR knowledge.

The support of health personnel was particularly valued by teachers. Being asked explicitly about those parts of society that were most complementary or synergetic to their efforts providing CSE, 73% of interviewed teachers ranked health services at the first or second position, 46% mentioned families on the top two ranks and 27% mentioned religions institutions, media or political authorities as being among the top two complementary sectors of society. Concrete examples were referring to health staff that could help out with more detailed medical advice for students:

— “ —
The health care environment has the most informed service in the context of sexuality. We can use it to get more information and young people can go there when they can already recognize their health. (Interviewed Teacher, Cameroon)

⁹¹ Kobo 2.4 : Interviewed Health staff, CAR, Benin and DRC.

Health personnel is also viewed by KP representatives as a source of reliable information on CSE. Indeed, during FGD, when asked about their sources of Information on SRHR, YP from key populations often specifically referred to health staff as information resource, this is especially true for YPLHIV. In this regard, Pathway 3 helped to the realization of Pathway 2.

5

Learning, adaptations and partnerships in Jeune S3

5.1 Ability to learn and adapt

The programme had an extensive M&E system that provided a wide range of quantitative data, but data quality varied across countries. While adaptations to the monitoring framework were recognized as useful, some stakeholders reported that the data could have been utilised for more for evidence-based steering. The programme repeatedly displayed its ability to adapt programming: 1) It made important changes in programming that were valued by local stakeholders, and 2) it addressed most of the issues raised in the mid-term review successfully. These adaptations were relevant, but not always developed in a participatory manner. Some issues mentioned regarding steering structures or administrative procedures were not addressed. Adapting to the conditions of COVID-19 proved to be difficult for the programme, even though many efforts were made. The ToC approach played a key role in the orientation of the programme and its adaptations, particularly for the creation of synergies between pathways.

5.1.1 Learning based on Monitoring and Evaluation

Jeune S3 set up a comprehensive monitoring and evaluation (M&E) system which is the basis for learning and adaptation. For Jeune S3, reporting itself already constituted a complex task considering the number of partners and the different layers of organisations and actors in the programme. The programme set up collection systems for detailed quantitative data. Reporting structures were clarified in some locations during the initial programme phase and reporting grids were adapted by the country teams. Besides the considerable volume of quantitative data, the programme commissioned several global reports and produced detailed annual country reports. The conclusions of the mid-term evaluation were used for improving programming and partly also steering (see Chapter 5.1.2).

While an emphasis was placed on quantitative data collection, the quality and methods varied by country with particularly good data availability in DRC.

- **DRC:** In DRC, the programme was able to collect data on a regular basis for the programme outputs especially concerning access to ASRH services and differentiated by the use of these services. A remarkable effort was made in conducting operational research in DRC. This kind of research represents a great opportunity to learn for future interventions. In the eyes of the evaluators, data should have been collected in the whole project in the same way as in DRC.
- **Cameroon:** The country team used the joint MIS of Jeune S3 but reported difficulties in uploading data. The evaluation team has used the quantitative data from the internal reports to the programme provided by Cordaid.
- **CAR:** In CAR, the fragile context was very challenging and made it probably difficult to collect significant and disaggregated data. Some health centres were not reporting regularly. Considering these limits, the quality of collected data was comparably good.

- **Benin:** As the activities started later and were limited in Pathway 3, no relevant data was available in the MIS at the end of the programme activities. However, the data was reported quarterly in excel formats to Cordaid.

The programme was flexible and added monitoring indicators in order to reflect the actual results of the programme. For instance, the programme added indicators on CSE for key populations such as teenage mothers, SW and YPLHIV (Annual and Trimestral Reports 2017-2019). This was also positively mentioned in the interviews with the involved youth and programme staff.⁹²

— “ —
There have been a lot of changes in the indicators. That is to say, that we started to take into account some young people that we were not even counting before, because of the large impact of the program. After sensitization, there are young people who receive messages, who go to the hospital, others who arrive at the hospital take services and others who arrive at the hospital take services and return. There are many metrics that have been incorporated into the data collection tools that have allowed the program to improve and consider all youth impacted by the messages of Jeune S3. (Interviewed staff Jeune S3)

— ” —

Even though a significant amount of data has been collected, it could have been used even more effectively for evidence-based programming and steering. Programme staff reported that monitoring data should be used more to steer the programme - especially with the aim of further improvements and also taking joint programming decisions based on evidence.⁹³

— “ —
We should have used and discussed monitoring data at an earlier stage in the programme to analyse progress and challenges and define the way ahead. (Interviewed staff Jeune S3).

— “ —

5.1.2 Adaptations

Several important adaptations were referred to as successful by different local stakeholders, such as:

- **Integration of parents in the management of the CSE in schools:** Integration of logistical reinforcement of schools (toilets, water points) with the help of parents' associations increased the ownership of the programme by schools and communities. It also improved the reduction of girls' absence due to menstruation⁹⁴.
- **Closer involvement and targeting of parents as key drivers of a positive youth environment:** YP informed the programme staff about the resistance of parents towards Jeune S3 and the barrier it constituted for their participation. The mid-term review came to the same conclusion. In Cameroon, new strategies were developed and implemented (i.e TalkdeKwatt, opentalk, Voucher system, etc). Interviewed involved YP felt a change in parental opinion on the programme following this adaptation⁹⁵.

⁹² Kobo 2.5.23: Interviewed involved YP; Kobo 2.3.14: Programme staff interviewed on site.

⁹³ Kobo 4.1: Several respondents from surveyed programme staff, Global.

⁹⁴ Kobo 2.6.16-25: Interviewed teachers, DRC and Cameroon.

⁹⁵ Kobo 2.5 Interviewed Involved YP, Cameroon.

— “ —

The project changed a lot because during the first two years there was a lot of resistance because a lot of people did not understand what it [the programme] was about. The programme adjusted the project to introduce new strategies. (Interviewed involved YP, Cameroon)

— “ —

This adaptation in Cameroon is also a positive example of the influence young people had on the orientation of the project as an interviewed staff presents:

— “ —

It is the youths themselves who have made us realised that « It is not enough to just tell us to go to the health training but there is quite a lot of things that needs to be initiated upstream so that we can go to the health training, we need for example to involve our parents» (Interviewed staff Jeune S3, Cameroon)

— “ —

Implementation started later in Benin and allowed the programme to apply these learnings. Consequently, parents were involved from the beginning in Benin. Furthermore, the programme started with Pathways 1 and 4 only, facilitating a focus on parents.

- **TIKO:** The TIKO system, designed to increase the number of young people going to health centres was revised several times. Indeed, the level of incentives was raised as they were too low to be effective in the beginning. Initially set to be distributed on cell phones, Tiko points attribution was eventually done on chip cards as it turned out that the target group was not as well equipped with mobile phones as initially assumed. These adaptations made in 2017 and 2018 were effective as they increased the outreach of IEC measures. Interviewed involved YP⁹⁶ mentioned the introduction of the Tiko system as a relevant adaptation of the programme. The added value of the TIKO-system for the beneficiaries was mentioned as well by programme staff⁹⁷, peer educators⁹⁸ and health staff⁹⁹.
- **Peer education:** In DRC, the initial idea was to work with volunteer peer educators only. However, as it turned out to be difficult to find volunteers of the required age group and to ensure sufficient quality of the activities, the approach was changed. Later, professionals were trained as educators and took on the responsibility of recruiting new cohorts and carrying out accompanying measures.¹⁰⁰
- **Income Generating Activities (IGA):** Despite not being directly related to the topic of AYSRHR, adding income generating activities for youth organisations and teenage mothers of the programme was perceived very positively by programme staff, involved youth, and health personnel.¹⁰¹ Financing the activities of the partner CBOs proved to be a major challenge for the continuation of activities beyond the programme's end.

⁹⁶ Kobo 2.5: Interviewed Involved YP, all countries.

⁹⁷ Kobo 2.3.14 -2.3.20.1: Programme staff interviewed on site, Cameroon, DRC, Benin.

⁹⁸ Kobo 2.7: Interviewed out-of school educators.

⁹⁹ Kobo 2.4.15.1, Kobo 2.4.21.1, Kobo 2.4.36.1-2, Kobo 2.4.37: Interviewed health staff, CAR, DRC, Benin.

¹⁰⁰ Interview personnel DRC.

¹⁰¹ Kobo 2.3.14, Kobo 2.3.16: Programme staff interviewed on site, Cameroon, DRC, Benin; Kobo 2.4.36: Interviewed health staff; CAR, DRC, Benin; Kobo 2.5: Interviewed involved youth, all countries.

— “ —
Girls explain that they used to sleep with men because of financial problems. Some wanted to abandon their children. Thanks to the IGA, they have financial assistance and started their small businesses. They have fewer regrets. Today they are proud to be able to take charge of themselves, they have understood their situation and feel valued. They know they will not make the same mistakes again. The IGA has helped restore confidence, means and respect for mothers. Lack of means is also an underlying cause of irresponsible behaviour, they would like IGA to affect more adolescent mothers, (FGD KP representatives, DRC)

— “ —

- **Outreach to key populations:** The mid-term review stated that “the reach among young people of other subgroups should be evaluated and a choice must be made whether it is the aim of the programme to reach them”. Hence, according to the mid-term review, CSE was not taking “the needs of key populations into account sufficiently” (Cordaid Alliance, 2018). In 2019, new activities were added to address the specific needs of key populations (young girls aged 10 to 14, sex workers and young PLHIV).

The vast majority of the challenges pointed out by the mid-term review (Cordaid Alliance, 2018) were addressed by improving programming and, at least in part, steering during the second half of the programme. Most of the gaps were addressed successfully, as presented in the following:

Gaps addressed successfully:

- In **DRC**, a clearer focus on specific groups, particularly on young girls 10-14 was recommended. Activities in this regard were conducted from 2019 onwards.
- Another learning from the mid-term was the need for CBI in **DRC** to be officially recognized by the respective authorities. This learning was applied, and the programme worked with YO and senior CBO that were respectively recognized in 2019 as representative organizations of youth and leading organizations for SRHR (Cordaid, 2019).
- In **Cameroon**, the most important challenge that came out of the mid-term review was the need to increase the use of SRH services. The programme successfully adapted its strategy using human-centred design to identify obstacles and design tools to overcome them (ACMS, 2018 & interviews programme staff).
- In **CAR**, various challenges were addressed successfully. This is even more remarkable considering the very difficult situation in the country. The first half of the programme failed to implement Pathway 1 in the same proportion in Mbaïki and Bouar as in Bangui. Thus, the challenge was to adapt the strategy to reach out to more YP particularly for out-of-school activities. Despite the difficulties encountered in the data collection, indicators did increase in Mbaïki, but kept varying strongly from trimester to trimester in Bouar (ACABEF & IPPF, 2020). Indeed, this last location was particularly affected by the conflict and therefore difficult to work in. Similarly, for in-school CSE, the number of schools implementing CSE remained unchanged in Bouar during the second half of the programme. Learnings from the mid-term review were successfully applied in Bangui and effectively increased the number of schools implementing CSE courses from 6 in early 2018 to 26 in early 2020.
- In **DRC and Cameroon**, regular participatory monitoring and planning meetings were introduced at local level as a result of the mid-term review (see Chapter 5.1.3 below).

Gaps addressed with limited success or only partially:

- **In all four countries**, advocacy activities were criticized by the mid-term review as not structured enough and focused only on the local level. After the mid-term review, the programme mobilized support for the country teams and youth to develop local and national advocacy plans and improved the monitoring system (in the form of logbooks)¹⁰². However, the focus of advocacy activities remained on communal level and the sub-national level in some cases (see Chapter 4.1.2), which may be also seen as a logic consequence of the programme areas being far away from the capitals, except for CAR. At the same time, efforts have been made to scale up the outreach of YA's voices (see Chapter 4.1.2).
- **In Benin**, the mid-term review also pointed out the lack of synergies between YA and RTL. This learning was taken into account in the second term of the programme as YP and YA were participating and assisting RTLs with sensitization sessions (ABMF & ABPF, 2018). Lastly, the problem of lack of motivation for RTL was addressed by the programme as suggested by the mid-term review (e.g., providing a motivation package to RTLs). Yet, the lack of recognition and financial expenses of RTL (transport, time invested) negatively affected the involvement of religious leaders, not only in Benin but also in DRC. In both countries, participants of the reflection workshops mentioned this issue as an obstacle for collaboration and thus for further success of Pathway 4 (see Annex 8). However, this critique also may be reflected in the context of the motivational background of some RTL.

Programme adaptations were relevant, but not always developed in concert with YP and implementing actors. Interviews and the survey of the evaluation confirmed that the programme was regularly adapted, and that the adaptations were relevant; however, not all stakeholders had the impression they could influence them. The vast majority (82.5%) of the interviewed youths said that the programme was adapted over the past years.¹⁰³ However, only slightly more than half stated that they had influence on the programme (see 4.1). Compared to the interviewed youths, fewer of the interviewed health staff had perceived adaptations (58.8%).¹⁰⁴ Amongst the interviewed programme staff and survey respondents, 100% said that the implemented adaptations were rather necessary).¹⁰⁵ Though some of the adaptations were designed and implemented after getting feedbacks from the field, co-creation of activities with YP or joint sessions with YP to adapt the programme were not reported. YP and other programme stakeholders often perceived the present evaluation as a long-desired opportunity to voice critique and suggestions and wished for more space to provide their feedback.¹⁰⁶

Certain aspects regarding steering structures and administrative procedures were criticized widely across countries but were never adapted.

- **Training certificates:** The lack of training certificates and their importance for the youths active in the program was discussed and criticized frequently across countries both by YP and programme staff.¹⁰⁷ There was no evidence on a respective program adaptation.
- **Planning of field activities:** Short-term planning and lack of preparation time for involved youths and community mobilizers as recurrent practice was also criticized by young people across

¹⁰² Clarification by programme staff.

¹⁰³ Kobo 2.5.23: Interviewed Involved YP, all countries.

¹⁰⁴ Kobo 2.4.36: Interviewed health staff, CAR, DRC, Benin.

¹⁰⁵ Kobo 2.3.15: Programme staff interviewed on site; Kobo 4.1.15: Surveyed programme staff.

¹⁰⁶ Observations by core team and local consultants during interviews and workshop (specific question in each questionnaire on the unfolding of the interview (tone, process, behaviour of participants)).

¹⁰⁷ Cf Chapter 4.1 & Kobo 2.5.24: Interviewed involved YP, DRC.

countries¹⁰⁸. During the Workshop on Collaboration (see Annex 8), implementing stakeholders suggested that each organization should share its planning of activities for the month with all its partnering organisations and that any change made to this planning should be communicated to all organizations at least 48h before the date of implementation. Despite this suggested solution, the problem remained unaddressed according to the interviewed youth and members of CBO.¹⁰⁹

- **Payment procedures** differed even within the same country as each implementing partner applied its own practice. This led to long payment delays for involved agents who were not financially able to pre-finance expenditure related to the implementation of the activities, such as transport costs¹¹⁰.

The programme made important efforts to adapt to the situation of the COVID-19 pandemic, which affected the programme still during its last months. Jeune S3 converted some presential trainings in online training (e.g., an advocacy and leadership training), started WhatsApp groups among young people¹¹¹ and provided guidance to the country teams how to adapt the programming and the activities. Still, the programme has not been fully able to overcome to the challenges of the COVID-19 pandemic. For example, in Cameroon, youths and programme staff abruptly stopped activities without replacement or later continuation, which left the programme incomplete.¹¹² Having to end the programme under the conditions of COVID-19 made it difficult to realize last “gains” in terms of implementing activities, work with local stakeholders on exit strategies and gather the endline data. Reasons for the programme’s difficulty to adapt to COVID-19 might have been the fact that the program heavily relied on inter-personal communication in a context where technology-based communication has a very limited outreach (if not supported or provided for).

5.1.3 Role of the ToC in the adaptation of the programme

The ToC approach played a key role in the orientation of the programme and its adaptations, particularly for the creation of synergies between pathways. Stakeholders in charge were aware of the four pathways and of the synergies expected. By giving a precise vision of what the programme should thrive for, this framework shaped the reality of the programme including its adaptations. As the ToC was well-designed and in line with the target group needs, the adaptations developed by members of the alliance and national coordinators were meeting de facto aspirations of YP¹¹³ and other local stakeholders (see Chapter 5.1.2). As shown in Chapter 4.5, overall and specific synergies created mutual dependency of the pathways for the implementation success of the others. Thus, programme success was dependant on these synergies - partly rather dependencies - and thus on the comprehension of the ToC.

The effect of the ToC was top-down as most of the stakeholders who knew the ToC were members of the alliance and decision makers in partner organisations. Key actors such as steering committee and alliance members or national coordinators knew the ToC approach very well and used it to orientate activities.¹¹⁴ All reports were shaped with the ToC which obviously framed the reporting

¹⁰⁸ Kobo 3.1: Participants of the collaboration workshops, Benin, RDC.

¹⁰⁹ Kobo 3.1: Participants of the collaboration workshops, Benin, RDC

¹¹⁰ Kobo 3.1: Participants of the collaboration workshops, Benin, RDC, Cameroon; Kobo 3.1 Programme staff interviewed on site, DRC, Benin, Cameroon.

¹¹¹ The problem was mentioned that the WhatsApp group did not reach out to the youth; Kobo 2.3: Programme staff interviewed on site, Cameroon.

¹¹² Kobo 1.2: Girls (17-24) participating in FGD, Benin and Cameroon; Kobo 2.1: Interviewed political decision-makers, Cameroon; Kobo 2.2: Interviewed RTL, Cameroon; Kobo 2.3: Programme staff interviewed on site, Cameroon, DRC, Benin; Kobo 2.5: Involved YP, Cameroon; Kobo 1.2; Kobo 2.4: Interviewed health staff, DRC; Interviews programme staff.

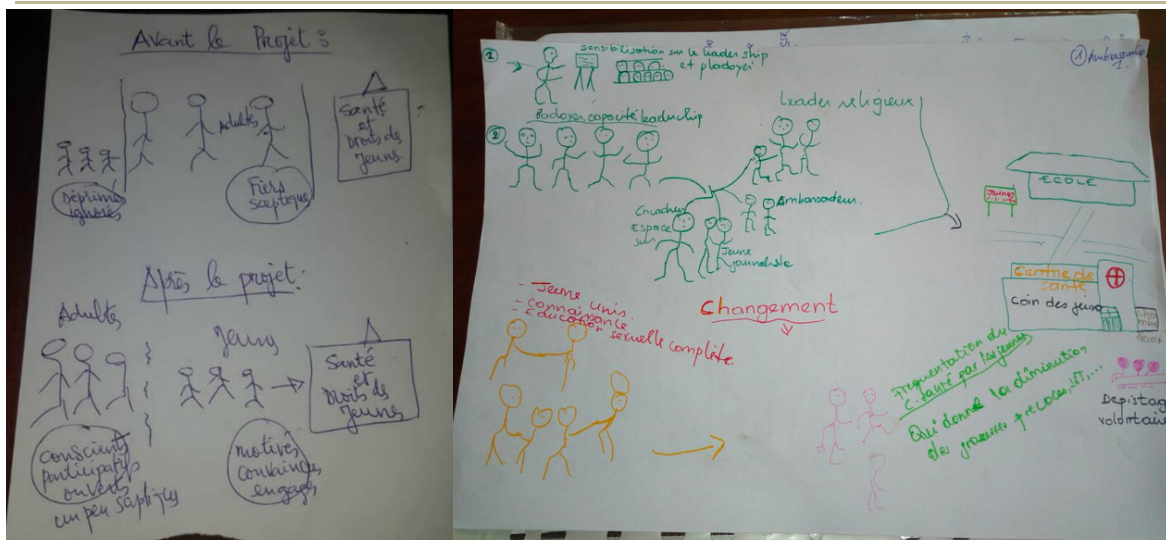
¹¹³ Kobo 2.5.13-14: Interviewed involved YP, DRC, CAR, Benin and Cameroon.

¹¹⁴ All reports are framed by the ToC, the conclusions and steps to take are defined by pathways and synergies.

and decision making. This approach not only allowed the whole project to be clearer and more structured but also served as a map of objectives. It allowed decision makers to accentuate efforts on certain pathways depending on what was needed on the ground and to adapt activities. For example, in Cameroon, the ToC helped to strengthen the programming: In 2018, the emphasis was put on strengthening Pathway 3 and thus on increasing the frequentation of health services by youths. To achieve this goal, activities of Pathway 4 were revised, and new approaches were developed to lift barriers created by parents concerning the use of ASRH services. The clear structure of pathways and their interrelations helped national programme staff to identify gaps in the impact chains and adapt the strategy.¹¹⁵

While the ToC was not well known by local level stakeholders, the 4 pathways approach and the need for synergies shaped the orientation of their actions as they corresponded to the needs of the target group. Involved YP and CBO members were not necessarily aware of the ToC: “Pathways” were mentioned only by 2 out of 30 involved YP¹¹⁶. However, they had an intuitive comprehension of the role of each programme activity and their interactions (see also Figure 32). Interviews of involved YP clearly show that they understood that their advocacy work aimed at increasing knowledge and the use of health services by YP. They were also clear about the fact that sensitization of religious leaders and parents is vital when a programme is seeking to strengthen youth voice or youth access to health services¹¹⁷. Interviewed religious leaders and teachers stated that they referred YP to health staff¹¹⁸. And health staff mentioned that they were reaching out to RTL to attract YP¹¹⁹.

Figure 30: YA’s perspective on Pathway 4 - showing the 4 pathways approach and its synergies



Source: Kobo 2.5

Participatory meetings were reported in DRC and Cameroon in which the ToC was used to orient local (re)programming. “Synergy meetings” in all health zones of the programme were organized in DRC in 2019, gathering members of CBO, local NGO, nurses and schoolteachers in order to improve programme impact on health centres frequentation and barriers to SRHR (Cordaid, 2019). These meetings were based on the basic assumptions of the ToC approach and its synergies. In Cameroon, similar meetings were held each trimester as a result of the mid-term review for strengthening the

¹¹⁵ Interviews programme staff.

¹¹⁶ Kobo 2.5: Interviewed involved YP, all countries.

¹¹⁷ Kobo 2.5: Interviewed involved YP, all countries.

¹¹⁸ Kobo 2.2: Interviewed RTL, all countries; Kobo 2.6: Interviewed Teachers, DRC.

¹¹⁹ Kobo 2.4: Interviewed health staff, CAR, Benn, DRC.

monitoring at local level and for adjusting implementation strategies based on local realities. The meetings were organized under the leadership of regional health representatives with CBO representatives, health personnel, religious leaders, peer educators and teachers.¹²⁰

5.2 Collaboration and partnerships

Overall, the collaboration brought together many different partners which ensured a diverse range of expertise in the programme. Alliance members were selected for their complementarity and the experience of their local partner organisations. Collaboration and coordination between actors took a long time to establish, but ultimately a joint understanding of the programme's objectives and each organisations' role and strength was developed. Moreover, the importance of involved YO in strategizing and planning increased over the course of the programme. Overall, the collaboration was perceived positively by the partners, although communication and coordination remained a challenge in many cases. Delays in payments and procurement of material were an important source of tension in all countries. Implementation planning at the local level suffered from structural weaknesses and reporting and feedback between the local and national levels was perceived as insufficient. Overall, conflict management was successful but would have benefitted from a more transparent approach. Conflicts that led to the departure of partners were reflected on afterwards, but not mediated. The collaboration between Jeune S3 countries presented a possibility for international exchange and learning between the countries. Additionally, the programme contributed to increased capacities of local partners at the organisational level. Finally, local level public authorities were valuable allies for creating a space for AYSRHR and youth voice at the local level. The programme also cooperated with relevant national and regional-level government structures as well as with public agencies and service providers.

Jeune S3 involved a large number of different partners which were coordinated based on country programmes. By country, different coalitions of alliance partners, technical partners and local partners were active. They cooperated at the level of country programmes and coordinated their work with the help of country-level steering committees. The Steering Group of Jeune S3 included the members of the Alliance (staff from headquarters and country coordinators). Cordaid can be considered *primus inter pares* as lead of the Alliance and was finally accountable to the donor.

5.2.1 Governance

Dutch Ministry of Foreign Affairs

Political prerogatives of the Dutch Ministry of Foreign Affairs (MoFA) were often helpful but could have been even more precise and sometimes limited the potential of the programme. The MoFA had a regular exchange with Cordaid on the programme which was perceived positively and allowed close monitoring (Interview with programme staff & MoFA). However, its strong emphasis on certain political priorities (e.g., selection of countries, focus on Pathways 1 and 4 in Benin) did not just have advantages for programme results (cf. Chapter 6.3 and 7 regarding geographical focus). More flexibility would have been needed for the implementing agency to use the budget as well for purchasing commodities in fragile contexts, like in CAR. At the same time, the MoFA did not request the definition of targets for the programme's indicators, which would have allowed better monitoring and evaluation (interview with programme staff). Lastly, as the mid-term review already stated (Jeune S3, 2018), there was staff turnover in the MoFA which led to changing expectations and

¹²⁰ Clarification by programme staff, Cameroon.

communication towards the programme and a lesson learnt was that it was important to organise a good handover after a change of personnel (Cordaid, PSI & Swiss TPH, 2019).

Alliance Partners & Steering Committee

The Steering Committee was suitable for programmatic updates and learning but did not have full strategic and financial oversight. Each Alliance member had a seat on the Steering Committee which was set-up as the decision-making body of the programme while Cordaid was responsible for its facilitation. The frequency of the meetings (3-4 times per year in 2018-2020) and participation of all relevant actors including the Dutch MoFA and programme's country coordinators were adequate. However, the role and functioning of the Steering Committee seemingly was not always clear to all involved stakeholders. More common steering (e.g., full visibility of budget, communication with MoFA) had been expected by some alliance members. The mid-term review already stated that *“it has been observed that not all subjects are discussed at SC level (for example the departure of HE in DRC and the programme budget) and that it is not always clear who is responsible for which decisions. Despite existing examples of collective decision making, some interviewees perceive the SC more as a platform for sharing rather than a body for collective and strategic decision”* (Jeune S3, 2018). The same critique about the exclusion of central topics and unclear responsibilities were repeated by some of the respondents for this evaluation.¹²¹ At the same, Cordaid staff explained that this critique has not been formulated to and discussed in the Steering Committee.¹²² Overall, the Steering Committee seems to be limited to programmatic updates and sharing of insights (e.g. discussion of overarching themes such as international advocacy or safeguarding), but did not have full strategic and financial oversight or control (according to the set-up of Jeune S3).

Influence of youth on programme governance

As a programme designed to be implemented “for the youth by the youth”, Jeune S3 managed to increase joint strategizing and planning with involved YO over the course of the programme. The initiatives taken to involve YP into the governance of Jeune S3 and the perceived influence of these youths over the adaptations of the programme strongly varies depending on countries and gender (see Chapter 4.1 5.2). Some interviewed YO representatives said they would have liked to have more involvement in defining strategies and planning activities and some programme staff confirmed that YO could have been involved more, particularly in the planning of activities.¹²³ After the mid-term review, local planning and review meetings were introduced in some countries also inviting youth (see Chapter 5.1.3).

5.2.2 Partner selection

At the proposal stage, Cordaid selected complementary Alliance members with experienced local partner organisations. Some Alliance members had their partners in the target countries and therefore it was convenient to include them in the proposal. This approach is understandable and existing knowledge about and trust in partners is a good starting point for every new programme. Other Alliance members selected their local partners based on a call for partnership. Cordaid also rightly discussed the high-level budget for the donor with the participating organisations which generated however expectations on later budget allocation.¹²⁴

Two of the nine partners left the programme. An in-depth analysis of the relevance and capacity of existing partners for the new programme was not feasible during the proposal stage. Still, it is difficult

¹²¹ Kobo 4.1.31: Surveyed programme staff, all countries & Interviews with programme staff.

¹²² Clarification with programme staff.

¹²³ Kobo 2.3.1-2: Programme staff interviewed on site.

¹²⁴ Interviewed staff Jeune S3, Clarifications with programme staff.

to say if the challenges experienced later could have been discovered with a thorough ex-ante assessment of the possible partners. It must be considered that the context of the project is particularly demanding.

- **Disagreements with Healthy Entrepreneurs (HE), most importantly on the effectiveness and feasibility of HE's model, could not be resolved.** These misunderstandings between Cordaid and Healthy Entrepreneurs also partially originated from the previous collaborations (i.e. Next generation) (Hera, 2018). They had been addressed during the proposal phase, but became challenging, nevertheless. Finally, HE left because the model they were testing was not working. After numerous attempts, the context proved too difficult. It was discussed at length and then finally agreed that their model should be tried elsewhere.
- **YWCA (Young Women's Christian Association) brought complementary experience but lacked organisational capacity.** YWCA was chosen for its work as international youth advocacy organisation. During the programme implementation, it became clear that the organisation was in the midst of the restructuration of its administration which impacted the decision-making processes and the coordination of the activities (The Coalition Factory, 2017). Structural delays in the implementation of activities and different views on youth advocacy led to decreasing trust and communication difficulties between YWCA and the other Alliance members. YWCA members reported to the external evaluation team that Jeune S3 had been too stressful and overdemanding. Finally, YWCA also left the programme.

The selection of local partners and locations in Benin followed a successful participatory approach. As the programme was to start, the Dutch embassy organised a field trip with relevant NGO partners, national YO and pertinent government and donor representatives. This field trip visited possible project locations and ended in a joint planning workshop to choose the programme location and the respective local partners. The chosen programme locations show clear needs for improved AYSRHR and at the same time a very favourable political environment, which impacted programme implementation positively. The key NGO partners ABMS and ABPF had been selected beforehand.

5.2.3 Synergies and complementarities between partners

The presence of technical partners in the Alliance added to the complexity of the programme, while at the same time the complementarity and very specific missions given to them was appreciated by other partnering organisations. Triggerise played an important role for incentivizing YP to attend out-of-school CSE sessions and make use of SRH services. Other implementing partners appreciated their contribution, because the TIKO system generally increased YP participation in their activities.¹²⁵ In DRC, the collaboration with technical partners was difficult in the first phase. The change in partners was seen by concerned staff members of Jeune S3 as a difficulty but a necessary adaptation and an overall positive decision. The quality and complementarity of field interventions and communication levelled up.¹²⁶ Considering International Planned Parenthood Federation (IPPF), their expertise in communication on the topic of abortion was probably not used to its potential within the programme (cf. 4.3.1). Overall, the cooperation with technical partners brought relevant ideas and technical expertise into the programme. However, collaboration with several structures drastically increased the complexity of the payments processes and coordination. Bringing in this technical knowledge by hiring external consultants who would become part of the programme staff could have decreased complexity.

¹²⁵ Interviewed staff Jeune S3.

¹²⁶ Interviewed staff Jeune S3.

Local organisations involved in the programme complemented each other with their different thematic links to SRHR and locations. YAs/CBOs/NGOs brought their expertise and mobilised their base and networks - and were thus essential to the implementation of the programme.

5.2.4 Collaboration and cooperation between partners

Collaboration and coordination between actors took a long time to establish and was built on a joint understanding of the programme’s objectives and each organisations’ role and strength. « At the beginning everyone viewed everything in its own way » That is how interviewed JS3 local staff in DRC translated the initial problem. Indeed, in all countries, participants to the reflection Workshop on Collaboration (see Annex 8) agreed on the fact that the common perception on the programme objectives took several months (even years) to emerge and later deepened. Methods and expectations were different but, in most cases, there was a progressive adaptation period that resulted in a joint vision of the programme and complementary interventions. This period was prolonged due to the departure of RACOF North Kivu¹²⁷, HE and YWCA. Synergies between local organisations were efficient in Cameroon because specifications for each association were precise. They defined relationships between junior and senior associations and with ACMS. However, the lack of autonomy implied by the specifications was deplored by interviewed involved YP. Participants of the Collaboration Workshop (see Annex 8) suggested that misunderstandings due to ignorance/blurriness of contracts between organisations could be prevented by a sharing and going together through the collaboration contracts of all organisations at country level - as a basis for synergies to be built up. According to collaboration workshop participants in Cameroon, the success of the collaboration at the local level was also due to the availability of implementing partners coordinators and the tolerance for different opinions and regional cultures during meetings. Furthermore, clarification of the relationship between implementing partners, CBOs and YA had to be clarified as CBOs did not understand that YA were the privileged contact for the implementation of activities. In Benin, initially the coordination between the two NGO partners was unclear as they were assigned Pathway 1 and 4 respectively, which are interwoven. The organisations decided then on the leadership of one NGO which showed to be helpful for programme implementation and reporting.¹²⁸

Overall, the programme members expressed their satisfaction with the partnerships and gave them a positive rating (criteria defined in Annex 8). Almost all the participants of the collaboration workshops, as well as survey respondents were satisfied with the collaboration with the other organizations as shown in the table below:

Table 6 : Assessment of the quality of the collaboration

10/10 points	9/10 points	8/10 points	7/10 points	“very good”	“good”	“neutral”
17,5%	27,5%	25%	27,5%	45,8%	37,5%	4,3%
Source: Workshop on collaboration				Source: Interview staff Jeune S3		

Nevertheless, the communication between partners at the national and local levels was partly assessed as unclear or difficult. For instance, it was unclear to some participants why the collaboration with some CBOs had to be stopped abruptly which led to discontent.¹²⁹ Moreover, some

¹²⁷ Racoj South Kivu continued to be part of the programme.
¹²⁸ Interviewed staff Jeune S3.
¹²⁹ Kobo 2.3.18.1: Programme staff interviewed on site, Cameroon, DRC, Benin; Kobo 3.1: Participants of the collaboration workshops, all countries.



respondents also criticized that the monitoring and evaluation system was not clear or that the results were not made available to them in time, making a follow-up difficult.¹³⁰ While at the national level, staff members of Free Press Unlimited (FPU) appreciated the quality of information sharing, difficult communication“ between Cordaid and FPU at the local level was raised by several programme staff at local and global level.¹³¹ Some survey respondents also mentioned that the way they were addressed could have been more friendly:

—— “ ——

We worked together but we noticed a language that was not really respectable, not very courteous especially when it comes to asking for reports. (Workshop on collaboration, DRC)

—— ” ——

Competition between partnering organisations and members led to discontent among certain CBOs. Tensions arose when unequal treatment between CBO members was perceived. For instance, in DRC, YA were the contact person to organize events with YO. However, it sparked tensions amongst youth CBOs as some YOs’ members did not understand why they were being overlooked by implementing organisations.¹³² In addition, there was critique on unequal treatment of members within CBOs regarding trainings which were usually limited to certain members¹³³.

Remuneration of participants was an important motivating factor but led also to tensions in the partnerships. CBO motivation was difficult in some cases and financial compensations played an important role. “Le volontariat et mort” was the conclusion of one of our Workshops on Collaboration (see Annex 8) where programme staff of the different participating organizations reflected about their partnership.¹³⁴

5.2.5 Planning, reporting and reflection

Delays in payments and procurement of material were mentioned as an important source of tension in all countries by different programme members.¹³⁵ Administrative processes were perceived as too long and demanding. Materials seemed to be lacking and sometimes their distribution was not coordinated with the start of CSE lessons¹³⁶. Long delays in monetary transfers were deplored by local and national implementing partners in CAR. This problem was also raised during reflection Workshops on Collaboration in CAR (see Annex 8). Peer educators reported that they were not being paid (in time) for their services which reduced their capacities to provide CSE as the following quote suggests.¹³⁷

—— “ ——

What I did not like was sometimes the delays in the quarterly payments since we prefinance and it becomes painful, payments at all levels and it limited services. (Interviewed out of school educator, RDC)

—— “ ——

Implementation planning at the local level displayed structural weaknesses. Multiple participants from all type of groups and countries strongly complained about late announcements of activities

¹³⁰ Kobo 3.1: Participants of the collaboration workshops, Benin, DRC; Kobo 2.2: Interviewed RTL, Cameroon.

¹³¹ Kobo 4.1.10-4.1.13: Surveyed programme staff, CA and DRC, local and Global.

¹³² Kobo 3.1: Participants of the collaboration workshops, DRC.

¹³³ Kobo 2.5.13.8.2: Interviewed Involved YP, DRC.

¹³⁴ Kobo 3.1: Participants of the collaboration workshops.

¹³⁵ Kobo 3.1: Workshop on collaboration, DRC, CAR, Cameroon, Benin, (see Annex 8).

¹³⁶ Kobo 2.6.38: Interviewed teachers, Cameroon.

¹³⁷ Kobo 2.7: XXXXXX

(sometimes a day or a few hours before the start) as well as long delays of several hours. This harmed the reputation of the programme and the interest in it¹³⁸. Additionally, a more integrated planning and coordination might have been useful as several examples of overlapping activities were reported in DRC and Benin.

— “ —
AFEM organise un best-off ou le club d'écoute le même jour que TPH organise ses activités dans les écoles ou les OCB organisent les espaces surs. La mobilisation des jeunes pour ces activités devient difficile. (Workshop on collaboration, DRC)
— ” —

Sharing agendas and warning all organization 48h in advance of any changes was pronounced as a wish for improved coordination of activities by the participants of the Workshops on Collaboration (Annex 8).

Reporting and feedback was perceived as insufficient between the local and the (inter)national level. Implementing partners pointed to a lack of reporting from the local level saying that they were not warned of certain issues at the local level. At the same time, members of local organisations would have appreciated to be able to report more regularly the challenges faced (lack of material, funds, validation of contracts etc).¹³⁹ Participants to the Reflection Workshops on Collaboration (Annex 8) suggested to train local staff to smart sheet to improve the quality of the reporting.

5.2.6 Conflict management

Conflicts were addressed and often resolved at the local, national and global levels but the programme could have nevertheless benefitted from a more transparent approach to resolution. Indeed, conflicts between organisations were often managed by the Alliance but also sometimes resolved or contained by individual actors.¹⁴⁰ Solid triangulated evidence on the success of conflict resolution was difficult to obtain (see Chapter 3.8 - Study limitations). Hence, the following examples do not provide a comprehensive overview. The only general tendency, that can be deduced was that it was not easy for the evaluation team to talk to gather information on conflict resolution. Concerning conflicts and grievance mechanisms at the local level, an ethic committee was made aware, investigated, and searched for solutions in DRC.¹⁴¹ Furthermore, several examples of successfully addressed misconducts and interpersonal conflicts were reported.¹⁴² At the national level, the alliance was also aware of existing tensions between ABMF and ABPF and tried to search for solutions.¹⁴³ In DRC, a case of corruption was addressed leading to the end of the contract with the respective organisation. However, CBOs reported that they did not understand this departure since their collaboration was working well.¹⁴⁴ Hence conflict resolution could have benefitted in this case from more communication and transparency with other stakeholders. Lastly, at the global level, different views on the tasks and responsibilities of the steering committee were reported as unaddressed.¹⁴⁵

Some conflicts led to the departure of several organisations from the Alliance as they could not be solved. External reports (The coalition Factory, 2017; Hera, 2018) were commissioned after the separation from HE and YWCA which shed light on the failures of the collaboration on both sides.

¹³⁸ Kobo 3.1.7: Participants of the collaboration workshops.

¹³⁹ Kobo 3.1: Participants of the collaboration workshops, See Annex 8.

¹⁴⁰ Clarifications with programme staff.

¹⁴¹ Interviews with programme staff, DRC.

¹⁴² Interviews programme Staff, DRC.

¹⁴³ Kobo 4.1: Surveyed programme staff, Benin; Kobo 2.3.

¹⁴⁴ Kobo 2.3: Programme staff interviewed on site, DRC

¹⁴⁵ Interviews with programme staff.

Investing in learning was necessary to avoid replicating mistakes made. Despite some mediation efforts, the conflicts were not solved.

5.2.7 Collaboration between countries

The collaboration between Jeune S3 countries presented a possibility for international exchange and learning between the countries:

- **Participation in Steering Committee:** The participation of the programme’s country coordinators in all Steering Committee meetings led to a better exchange between the national perspectives.
- **Joint thematic meetings:** Through the meetings of the expert groups, it was assured that certain tools, manuals, and approaches were harmonised, and knowledge was exchanged (e.g. regarding CSE, M&E etc.). This helped programme staff to be aware of activities in other countries; programme staff could name approaches and lessons learnt from other countries in the interviews and surveys (e.g., Human-Centred Approach Cameroon, work with parents in DRC etc.). M&E advisors met virtually on a regular basis to discuss on-going activities and jointly addressed challenges and developed solutions.
- **Exchange between organisations:** In 2019, a Cameroonian delegation had the opportunity to visit its counterpart organisation in CAR and this exchange was perceived very positively. However, it was not continued on a virtual level. A deeper and more regular (remote) exchange between counterpart organizations in the different countries could have been beneficial.
- **Multi-country activities:** In 2019, two international trainings were offered by Jeune S3 for the religious leaders and for the trainers of “Like Pamela” for all countries. Surprisingly, this important investment was not mentioned as having had important outcomes in our interviews.

Mutual learning and exchange, especially at the working level, was not promoted very strongly among the stakeholders in different countries. The Midterm-Review had stated: *“Programme’s country coordinators and experts talk to each other when they have specific questions, but they are more in contact with Cordaid than with each other. At this moment there is no regular communication/sharing moment between and among programme’s country coordinators or experts in the countries* (Jeune S3, 2018). As a consequence, the programme planned to *“increasingly invest in learning including more focus on innovation and autonomy”* in the exchange between countries (Cordaid, PSI & Swiss TPH, 2019). However, the activities described above were limited to an exchange at the level of the Steering Group and among experts. The potential of real cross-country learning on a working level was not sufficiently exploited.¹⁴⁶ Sharing and discussing results between countries was complicated by the fact that the MIS was not or barely used by all countries. This could have been a platform for tracking each other’s achievements online and then discussing the underlying reasons for progress. Additionally, regular, structured and inter-active exchange¹⁴⁷ on difficulties and innovations between countries and thematic experts could have improved knowledge management.

5.2.8 Organizational capacity building

The programme contributed to increased capacities at the organisational level. The programme reinforced the internal functioning and capacities of the partners organisations (through trainings such as project management) and supported sharing of experiences by bringing together different stakeholders.¹⁴⁸ This led to success like obtaining public recognition of YO in DRC and the creation of

¹⁴⁶ Interviews with programme staff.

¹⁴⁷ Such as institutionalized chat channels with thematic foci and regular moderated video-calls for exchange and learning.

¹⁴⁸ Kobo 2.3 - different respondents: Programme staff interviewed on site.

an YO alliance in Benin (see Chapter 4.1). Furthermore, small organisations grew in confidence at the organizational level as they became recognized as Jeune S3 partner organisations and felt respected and recognised by the larger organisations in the programme.¹⁴⁹ Knowledge was passed on from senior CBO to YO.¹⁵⁰ However, the evaluation could not assess the magnitude of the organisational change across all participating organisations.

Furthermore, the programme contributed to a change of attitude of its members. The programme also changed the capacities and attitudes of individual members and leaders of the YOs. For instance, gender relations slightly changed. Indeed, when asked about the changes in their organisations, involved YP mentioned the fact that they were more welcoming to girls and considering them now also for leadership positions. However, the girls influence on the programme remained limited (see Chapter 4.1).

5.2.9 Cooperation with public authorities

Local level public authorities were valuable allies for creating a space for AYSRHR and youth voice at the local level. Collaboration with public authorities was an important part of the project at the micro-level (villages, towns, neighbourhoods): The young people were directly brought into contact with public authorities and the topic of AYSRHR as well as the young ambassadors themselves gained importance at the level of local authorities (see Chapter 4.1.2.1). In Benin, local authorities have institutionalized their cooperation with the young people including young ambassadors as regular participants of the “*Plateforme d’éveil*” and of the borough councils.¹⁵¹ The local programme staff in Benin even said that they felt that cooperation with local authorities was the most important achievement of the programme.¹⁵²

The programme cooperated with relevant national and regional-level government structures as well as public agencies and service providers. Besides the mentioned local administrations, Jeune S3 cooperated with local health centres and with the respective regional and national government structures and ministries. This cooperation was facilitated by the experience and contacts of the long-standing local partners of the programme. Considering CSE in-school, the cooperation with the national system was more successful in CAR and DRC where Jeune S3 did have an important impact on the national curricula and the training of the teachers, while it did not work out in Cameroon and Benin. These differences between the countries can be largely explained due to the different context and the preconditions for CSE. In the interviews in DRC, it was mentioned that the programme could have focussed more on the cooperation with the *relais communautaires* instead of CBOs/NGOs- public structures that are well known by the community. We do not have evidence that this would lead to better outcomes, however it should be carefully considered in the programme design.

¹⁴⁹ Workshop on collaboration, DRC.

¹⁵⁰ Workshop on collaboration, Cameroon.

¹⁵¹ Interviews programme staff and ABMF&ABPF, 2019

¹⁵² Kobo 2.3: Programme staff interviewed on site, Benin.

6 Conclusion: Evaluation of the results

The conclusion is structured along the DAC criteria for the evaluation of development programmes¹⁵³. These criteria were laid out 1991 by the Organisation for Economic Co-operation and Development (OECD) Development Assistance Committee (DAC). The evaluation criteria (relevance, effectiveness, efficiency, impact and sustainability) were designed to serve as core reference for evaluating international development and humanitarian projects, programmes and policies. Each criterion represents a different perspective through which a programme or project can be viewed - describing the desired attributes a programme: it should be relevant to the context, coherent with other interventions¹⁵⁴, achieve its objectives, deliver results in an efficient way, and have positive impacts that last¹⁵⁵.

Each DAC criterion is evaluated according to its official definition on a six-point rating scale. Within the subchapters, the official definition of each criterion is listed, then findings are discussed according to their importance. For rating the results within each DAC criterion, we use a rating scale of six levels in explained below¹⁵⁶. Rating levels 1-3 denote a positive assessment or successful project while rating levels 4-6 denote a negative assessment. Additionally, for the overall assessment, contextual circumstances are to be considered and contribute to the final evaluation result.

Figure 31: Rating scale

Level 1	Very good result that clearly exceeds expectations
Level 2	Good result, fully in line with expectations and without any significant shortcomings
Level 3	Satisfactory result – project falls short of expectations but the positive results dominate
Level 4	Unsatisfactory result – significantly below expectations, with negative results dominating despite discernible positive results
Level 5	Clearly inadequate result – despite some positive partial results, the negative results clearly dominate
Level 6	The project has no impact or the situation has actually deteriorated

Source: KfW development bank.

¹⁵³ <https://www.oecd.org/dac/evaluation/daccriteriaforevaluatingdevelopmentassistance.htm>.

¹⁵⁴ As the programme was started before the coherence criterion was added to the original five DAC evaluation criteria, the evaluators did not consider it, and addressed the cooperation with donors under “relevance”.

¹⁵⁵ OECD, 2019

¹⁵⁶ This rating scale is also used in evaluations of DAC criteria for the German development cooperation.

6.1 Relevance

DAC Definition of relevance: “The extent to which the intervention objectives and design respond to beneficiaries’¹⁵⁷, global, country, and partner/institution needs, policies, and priorities, and continue to do so if circumstances change”.¹⁵⁸

Relevance hence addresses in how far the programme responds to the needs of the target group, in how far it fits into national system, if it addresses to donor’s priorities and how relevant the programme design and its adaptation capacity can be judged.

6.1.1 Relevance for the target group

“Good adolescent health generates a ‘triple dividend’ from optimal growth and fulfilled youth potential, healthier trajectories across the life course and the healthiest possible start to life for the next generation (Patton et al., 2016). In addition, with the largest generation of 10- to 24-year-olds in human history, the benefits will never be greater” (Patton & Temmerman, 2016).

In the four countries of the programme, lacking AYSRHR constitutes a fundamental challenge to the lives and future of the present generation of youths as well as their children. The participatory research of the present evaluation documents how difficult life can be for children and youths when talking about sexuality is a taboo, they lack information on responsible sexual behaviour, they cannot decide freely about getting married, they are affected by the detrimental social consequences of teenage pregnancies (both girls and boys and the unborn children as well), and they are discriminated against because of their HIV status or their sexual orientation. Unsafe abortions, HIV, and other STIs are also important health risks for youths while gender-based violence poses a threat especially for girls.

The following data confirms that deficits in AYSRHR are very relevant problems for YP in the intervention countries:

Benin: According to Insaie Benin (Insaie Bénin, 2018), in 2017, 9,5% of young women (20-24) used a modern contraception method (including condoms). Only 32.1% of YW and 30.9% of YM (15-24) declared using a condom at their last sexual intercourse. In 2019, 0.2% of YM (15-24) were infected with HIV according to the World Bank. Concerning teenage pregnancies, UNFPA reports that 23.3% of YW aged 20-24 gave birth before 18 years of age. Additionally, more than half of abortion case concern young women in the region (Bankole et al., 2013). Although it is less common than in all three other countries, gender-based violence is still tolerated in Northern Benin: In the Alibori province in 2019, 13.3% of YW (15-19) thought that wife-beating can be justified (UNFPA, n.d.).

Cameroon: According to the UNFPA dashboard, in 2018, 12,2% of 15-19 YW and 16% of 20-24 YW used a modern contraception method. Almost 30% of 20-24 YW were teenage mothers. On HIV prevalence among YP, 0.6% of 15-24 YM were HIV positive in 2019 (World Bank, 2020). Concerning YW, 1.4 % of them were positive (World Bank 2020). Concerning GBV, in the Eastern region, 31.4% of YW (15-19) think that wife-beating can be justified. The same indicator reaches 54.5% in the Extreme North (UNFPA, n.d.).

CAR: In 2015, 46.5% of YM and 34% of YW declared using condoms at their last sexual intercourse (World Bank, 2015) and according to the UNFPA (UNFPA, n.d.), in 2010 almost 23% of YW (15-19) were mothers before they were 18 years old. GBV most common among all four countries: 86.5% of YM and

¹⁵⁷ “Beneficiaries is defined as, ‘the individuals, groups, or organisations, whether targeted or not, that benefit directly or indirectly, from the development intervention.’ Other terms, such as rights holders or affected people, may also be used.”

¹⁵⁸ <https://www.oecd.org/dac/evaluation/daccriteriaforevaluatingdevelopmentassistance.htm>.

79.4 % of YG thought that wife-beating is justified¹⁵⁹. In 2019, 0.9% of YM and 1.4 YW (15-24) lived with HIV (World Bank, 2020).

DRC: According to the UNFPA dashboard, 19.4% of YM (20-24) used a contraception method including (8.2% using a modern method). 26.7% of YW (20-24) gave birth before they were 18 years old. In 2019, 0.2 of YM and 0.5% of YW (15-24) lived with HIV. Gender based violence is extremely common: In North Kivu 63.8% of YW (15-19) think wife-beating can be justified. In South Kivu, this figure goes up to 73.2% (UNFPA, n.d.).

The selection of the target group is considered as very reasonable - especially the inclusion of girls between 10-14 years. Girls of 10-14 years are an underserved target group regarding AYSRHR. Working with them is important, as their life trajectories can still be changed, and teenage marriage and unwanted early pregnancies can be prevented in this way. The older youths and specific target groups are rather “standard” target groups for AYSRHR but are still relevant and underserved in most Sub-Saharan countries, especially in fragile regions.

6.1.2 Relevance in the national systems

Improving AYSRHR is one of the development priorities in all four countries, and in some of the programme locations. A programme like Jeune S3 relies on inputs, infrastructure and political framework conditions in order to produce results. Therefore, it is essential that the objectives of the programme are in line with the political agenda of the partner countries. This was formally the case for all the intervention countries. However, political commitment in Benin, DRC and CAR was more concrete than in Cameroon.

In Benin, AYSRHR was part of both national and local development strategies. At the national level, three strategic policy plans included AYSRHR issues: The multisectoral national strategy for AYSRHR/VIH/SIDA (revised in 2015), the national programme for reproductive health (revised in 2015) and the national policy for youth (revised in 2015). Through these plans, the government established objectives and funded AYSRHR development. For instance, the education ministry created a subject in school named “*Education en matière de population et éducation à la vie familiale*”, addressing some topics of CSE (Equilibre et population, 2014). However, some teachers were reluctant to teach it. Moreover, the Direction de la Santé de la Mère et de l’Enfant (DSME) under the Health Ministry led a sensitisation campaign on GBV, early marriage and pregnancies and genital mutilations with the support of UNFPA. Concerning the two programme locations, both Banikoara and Kandi had included AYSRHR in their local development plans and welcomed the programme’s support in designing and implementing their own efforts to strengthen AYSRHR at the local level.¹⁶⁰

In the last decade, Cameroon officially made youth health and development one of its national priorities, but political declarations and non-binding engagements did not translate to effective AYSRHR policies. The country ratified the African Charter for Youth in 2011, which defines the signatories’ obligations towards youth and youth rights. Moreover, the national youth policy is designed to ensure the development of Cameroon through the development of young people : « Ensure, by 2020, the full development of young people by creating favourable conditions to their well-being and their socio-economic integration for an increased participation in the sustainable development of the Nation » (Mayack, 2014). Health and education are in the top three priorities of this national youth policy. Within the health-strategic axis, the first priority is the access to health centres and youth-friendly medical services while the second one is the promotion of SRHR in and out of school, HIV scouting and behavioural change. In the 2017 *Declaration de la politique nationale de*

¹⁵⁹ The latest figures from CAR are 5 years apart from the ones from Benin, DRC and Cameroon therefore the comparison is not precise.

¹⁶⁰ Interviews with local public representatives of Banikoara and Kandi, Benin.

la population early pregnancies, sexual education and voluntary access to family planning are mentioned as main issues to address. Eventually, in the *strategie sectorielle de santé* (2001-2015), AYSRHR is clearly identified as a priority. These texts are non-binding and the proliferation of such a number of similar legal frameworks make the implementation of SRHR policies difficult. Executive agents of those policies come mainly from the civil society, such as youth organizations and NGOs supported by regional governors and prefects (MINJEC, 2015). The importance of AYSRHR that can be found in these policies and strategic documents does however not reflect the reality of budgetary decisions. According to World Bank data, in 2017, the Cameroonian government spent 4,67% of its GDP on health, this is far less than other countries with comparable income per capita. The Cameroonian health sector in general and especially preventive measures and rural areas are chronically underfunded. Therefore, it is not clear to what extent AYSRHR and health in general are prioritised sectors for the Cameroonian government.

Given the extremely fragile context of CAR, the political priorities were focused on food security and peace rather than on AYSRHR - however, the government enacted a law in favour of SRHR during programme implementation. Indeed, before 2016, national policies did not particularly lean towards AYSRHR. Education plans did not include SRHR topics (Ministre de l'éducation nationale et de l'enseignement technique, 2014) and the transitional plan of the health system did not focus on SRHR. In fact, the Central African government 's priority was the stabilization of the country and basic education and health services. Even though sexual and reproductive health is crucial, malnutrition of children was more urgent (Ministère de la santé et de la population, 2015). However, during the four years of the programme, the government legislated in favour of SRHR. Indeed, in 2019, president Touaderat published a decree establishing the gratuity of medical services related to SRH for vulnerable people (pregnant women, children under 5 and victims of GBV) (Agence de presse Xinhua, 2019).

In DRC, the government and key ministries clearly took action in favour of AYSRHR before and during the programme, taking remarkably progressive steps in an unfavourable cultural context. The ministry of education was favourable to AYSRHR as the subject of *Education à la vie familiale* had been integrated into the national curriculum and a manual had already been produced in 2013. However, the new curriculum was not implemented in all provinces, especially not in Kivu provinces (Ministry of foreign affairs of the Netherlands and the Alliance of CORDAID, PSI-EUROPE, Swiss TPH AND YWCA, 2016). In 2016, The *Plan national de développement sanitaire* defined objectives which included the reduction of maternal mortality, of HIV contamination (especially among YP) and a better information and access to FOSAs (Ministère de la santé de la RDC & MINISTERE DE LA SANTE PUBLIQUE, 2016). Furthermore, the national plan for adolescent health set strategic goals containing all SRHR subjects of Jeune S3's programme. To develop this policy, the government created and/or favoured the multiplication of health centres, listening clubs and youth centres, supported by NGOs and civil society organizations who sensitised YP on SRHR in these centres. The strategy of DRC's government is mostly based on prevention : « Les activités de prise en charge médicale doivent constituer un ultime recours. » (Ministère de la santé de la RDC, n.d.). They prefer to put their efforts into IEC/CCC which is also the approach chosen by Jeune S3 for Pathways 1, 2 and 4. Generally, the DRC government takes a rather progressive stance regarding SRHR, being one of the few African countries where homosexuality is not criminalized, and abortion is gradually legalized. More recently, the government asked the official newspaper to publish the Maputo Protocol (ratified in 2008), a necessary procedure that allowed the protocol to finally be applied in DRC. The Maputo Protocol is an international treaty on women's rights adopted by the African Union in 2003. Article 14 guarantees comprehensive health and reproductive rights to women, including the right to choose a contraception method, to control their own fertility and to be educated in family planning. It also recommends signatory countries to authorize abortion in case of rape, sexual assault, incest, and dangerous

pregnancies. The legalisation of medical abortion under certain circumstances is a sign that the government truly has the intention to move in favour of SRHR.

6.1.3 Relevance for the donors

The programme contributes directly to the SRHR objectives of the Dutch government. SRHR is one of the priority intervention sectors of the Dutch Ministry of Foreign Affairs. The intervention strategy of Jeune S3 is in line with the ToC of the ministry on SRHR.

The programme shows high complementarity to other donors' interventions. In order to assess the relevance of an intervention, it is important to evaluate if the identified needs were already addressed by other donors. In the eyes of the evaluation team, the complementarity of the different interventions of Jeune S3 was rather high in most of the countries. Especially the activities addressing girls in the age of 10-14 years and interventions addressing the “rights aspect” (e.g., of LGBTQ* youths) were exceptional in the landscape of donor-funded interventions. In Cameroon, the collaboration with the German-funded programme PAS-SR, which was implemented by the same NGO (ACMS) was particularly complementary: PAS-SR did provide contraceptives for all the targeted health centres (which JS3 did not), but it did not include girls in the age of 10-14 as a KP (which JS3 did). The advocacy was complementary (the one of Jeune S3 directed towards the youth, the one of PAS-SR towards adult men).¹⁶¹ Jeune S3 also cooperated with the regional programme PPSAC (as well funded by the German cooperation) in Cameroon and CAR, which focuses on the prevention of HIV and unintended pregnancies among YP and provides condoms via a Social Marketing approach.¹⁶² In DRC, Cordaid has been chairing the permanent multisectoral technical committee (CTMP) in Kivu-Sud¹⁶³ that promotes and coordinates, among other, family planning between the government, NGOs and donors. Young people from the Jeune S3 programme also participated in it.¹⁶⁴

6.1.4 Relevance of the programme design and capacity to adapt

In general terms, the programme design was highly appropriate for addressing the identified problems. The four pathways are generally relevant to reaching the long-term goal of the programme, as formulated in the Theory of Change. It is paramount to work both on the demand side (PW 2: CSE for YP) and supply side (PW 3: SRH services for YP) of AYSRHR. With the other two axes, YP (PW 1: Youth voice) and the adults around them (PW 4: Enabling environment) were involved actively in changing the rights and circumstances for improved AYSRHR. This has also been discussed in detail in Chapter 4.5 on the synergies of the programme. Other crucial and very relevant elements of the programme design were the strategy of implementing the programme “for the youth by the youth” and involving also very young girls (10-14 years). This programme design was highly relevant in all four programme countries.

The set-up of the programme did not allow it to achieve significant impact of advocacy at the national level. As an exception to the general relevance of the programme design mentioned above, the geographic choice of intervention areas did not match with the objective to influence policies at the national level. If the programme was supposed to do effective advocacy work at the national level, setting it up in remote regions was not an appropriate design to achieve this in the case of Benin, Cameroon and DRC. Either the programme would have had to be implemented in the whole

¹⁶¹ Clarifications with programme staff.

¹⁶² Clarifications with programme staff.

¹⁶³ <http://planificationfamiliale-rdc.net/comite-technique-multisectoriel-permanent-de-planification-familiale.php>

¹⁶⁴ Interviews with programme staff.

country or in the capital, or it would have had to skip the objective of effectively influencing national policy makers.

The strategy for advocacy at the national level was unclear. The topics promoted in advocacy at the national level seemed rather eclectic, e.g., advocating for the inclusion of the deaf and dumb in CAR. The question is how the focus was chosen. Considering its potential impact, other priorities for advocacy could have been more useful. The topic of safe abortion, for example, could have been a topic for advocacy on the national level, considering the important impact of unsafe abortions on maternal death, especially for girls and young women (Clarke & Mühlrad, n.d., Latt, Milner & Kavanagh, 2019). Including this subject in the advocacy strategy of the programme, however, was not possible due to Cordaid's restrictions on implementing measures related to abortion. This specific restriction had been communicated to the donors since the beginning of the programme according to Cordaid staff.¹⁶⁵ The consequences of child marriage, though terrible and well documented were not brought up at the national level. On top of the psychological consequences of early and forced marriage and the fact that married girls will not be able to become whoever they want; this practice has serious health implications. A study focusing on Sub-Saharan Africa showed that young girls married as children were affected by higher rates of STI and malaria infections, had a greater chance to develop cervical cancer or die during delivery, and showed more cases of obstetric fistulas. Early and forced marriages don't only impact the health of girls but also that of children. Indeed, risks of premature birth, spontaneous abortions and stillbirth increase drastically for teenage mothers (Nour, 2006).

The programme displayed a strong ability to adapt programming to the local circumstances but was less strong on improving internal processes. Strategies how to implement the different pathways were adapted, synergies reinforced and issues raised by the mid-term review mostly addressed. The adaptations made were valued by programme staff and local stakeholders. Its capacity to address internal issues related to communication and administrative procedure was less pronounced, as many of these issues were still (partly) not addressed at programme termination, even though they had already been mentioned in the mid-term review. The adaptation to COVID-19 during the final months of the programme remained a challenge (see Chapter 5.1.2).

6.1.5 Summary of relevance

Overall, we evaluate the relevance of Jeune S3 as “very high” (level 1 - “very good result that clearly exceeds expectations”). The programme was designed in line with needs of the target group and the policies of the partner countries and the donor. The programme design was based on a holistic approach (recommended state of the art) and addressed the needs of vulnerable youth in fragile contexts. Additionally, the highly relevant but usually underserved target group of 10-14-year-old girls was included into the programme and the participatory approach “for the youth by the youth” was implemented consequently. Overall, the relevance goes beyond the state of the art of similar programmes. Hence, it exceeds the expectations of the evaluation team.

¹⁶⁵ Clarifications with programme staff.

6.2 Effectiveness

DAC Definition of effectiveness: “The extent to which the intervention achieved, or is expected to achieve, its objectives, and its results, including any differential results across groups”.¹⁶⁶

Effectiveness evaluates hence the extent to which the intervention achieved, or is expected to achieve, its objectives and its results. In a first section, we will show in how far the quantitative indicators of the project were reached and in a second section reflect on the achievements of Jeune S3.

6.2.1 Evaluation of quantitative achievements at output level

According to the monitoring tables of the programme, the programme achieved most of the quantitative outputs and a significant number of outputs were overachieved.

Table 7: Outputs results

Pathways	Indicators	Benin	% of target achieved	CAR	% of target achieved	Cameroon	% of target achieved	DRC	% of target achieved
1	Trained YA (advocacy)	122	106%	58	163%	43	179%	192	100%
1	Involved Youth organization	20	100%	46	139%	539	408%	80	100%
2	YP receiving CSE In school	na	na	4128	na	55 844	95%	78 683	105%
2	YP receiving CSE Out of school	15 511	148%	15 648	136%	49 895	114%	14 594	91%
2	YP reached by SRHR activities	50 700	98%	53 574	77%	42 002	84%	339 288	84%
3	HC with YFS	29	145%	19	100%	50	100%	40	100%
3	Health staff trained by Jeune S3	65	163%	137	157%	122	81%	187	213%
4	Sensitized RTL	1 396	106%	775	52%	700	78%	834	93%
4	Sensitized parents	21 036	107%	10.524	106%	6 341	79%	31.841	1.653%
4	Involved RTL	87	87%	99	66%	19	na	3	19%
4	Involved parents	365	91%	96	na	6	/	12	12%

Source: Quantitative indicators of the programme (country-level data sheets).

Legend: dark green: $x > 110\%$; light green: $x > 100\%$; yellow: $85\% > x > 100\%$; orange: $60\% > x > 85\%$; red: $x < 60\%$

Table 8 shows that output targets were mostly reached. For most indicators’ completion exceeded 100% of the target (the target being the accumulated figure to be reached by 2020). As mentioned in Chapter 5.1.1, the comparability of these figures between countries is limited, due to methodological differences and diverse definitions. Therefore, the main question that can be answered with this data is, whether the programme was able to reach the self-defined quantitative objectives in terms of reached persons per category of beneficiaries or stakeholders. According to these figures, the programme was able to meet its target output numbers in Pathway 1 in all four countries. In Pathway 2 and 3 target numbers were reached in every country and category of persons by at least 77%. For some categories, targets were even largely over-achieved, such as for example the number of trained health staff in DRC with 213%. Pathway 4 target numbers of reached stakeholders were not met in all countries. In DRC, an additional effort was made in the first three quarters of 2020 with additional 30.056 parents having been sensitized, allowing the programme to over-achieve the target number

¹⁶⁶ <https://www.oecd.org/dac/evaluation/daccriteriaforevaluatingdevelopmentassistance.htm>.

by far (2653%). Besides the comparison of these figures to the targeted numbers of persons, this overview provides a rough idea of the quantitative dimensions of the programme's activities in each country.

These positive results constitute a remarkable achievement in the context of fragility, violence and pandemics. Overall, the ability of the programme to deliver on outputs was remarkable, especially considering the more than difficult contexts. In addition to the foreseeable security issues and general fragility in all programme regions, Ebola outbreaks in DRC and the COVID-19 pandemic represented major challenges to the implementation of a SRHR programme. The non-achievement of certain targets in DRC can be explained with these contextual influences. The relative stability of Benin might be in revanche a partial explanation for the higher achievements there.

However, the quantitative analysis of output achievements provides only limited insight into the effectiveness of the programme. Table 8 only evaluates the achievement of preliminarily defined quantitative objectives that vary strongly from country to country and might not always reflect the true potential. In addition, the nature of the output is a relevant aspect: Some outputs could be implemented “directly” such as trainings. Others, such as sensations, needed prior training of the respective peer educators and depended then on the availability of the peer educators. And, very importantly, the quantitative assessment of the outputs does not provide insights on quality. However, quality is often decisive for the effects and impact of an intervention.

6.2.2 Summary of outcome achievements

Outcomes in all 4 pathways were achieved at least partially in all four countries. Again, this is a remarkable result, considering the very difficult context, the programme was operating in. This has been analysed and discussed in detail in Chapter 4. Based on this analysis, the present section summarizes most important achievements and shortcomings of Jeune S3.

Most important achievements in all countries, if not indicated otherwise:

- **Increased self-esteem and advocacy capacities of involved YP, especially girls:** Young ambassadors and other young people self-reported a deep change in attitude, not only related to SRHR. They also reported that their voice was heard, and they were feeling recognized by other stakeholders for their responsible behaviour and their presence in the community and for their advocacy.
- **Increased access for YP to sexuality education and SRHR information:** The programme comprehensively increased access of YP towards quality CSE and while it had a certain positive impact on improved knowledge and changed attitudes and behaviours, there is no systematic evidence.
- **Higher attention of health staff to the needs and situation of YP:** Enhanced capacities of health staff were widely reported by young people and involved young people valued the health staff as their allies.
- **Partial reduction of socio-cultural barriers:** The programme managed to identify several aspects of AYSRHR, where a collaboration with RTL was possible and even desired by the latter. Considering the important influence of RTL on the values of their communities, their engagement is likely to have contributed to the reduction of barriers to AYSRHR. RTL, health staff and parents opened up for discussing AYSRHR. For instance, religious leaders cooperated with youth ambassadors and opened their place of cult for sensitization of young people and parents on AYSRHR.

- **Strengthened health centre supply chain in DRC:** Availability of contraceptives in the health centres was granted, as the reported increase of young users confirms. In the eyes of the evaluators, it is plausible that the programme’s intervention aiming at improving supply chain management has contributed to this success.
- **Common effort of YP and RTL in AYSRHR advocacy on certain topics:** YP and RTL engaged together in the fight against child-marriage.

Most important shortcomings in all countries, if not indicated otherwise:

- **Lack of advocacy at national level for favourable legislation:** The strategy for effective advocacy on national level was not visible. Major legislative or policy changes on important AYSRHR topics cannot be identified or attributed to the programme (only specific changes in singular countries).
- **Stock-outs of contraceptives:** Health services in CAR were not fully able to provide quality SRH services due to scarcity of medical commodities.
- **Barriers related to parents:** Parents were not systematically involved early enough to reduce the barriers on AYSRHR imposed by them on their children (except for Benin). The programme managed to improve their outreach to parents in all countries during the second half.
- **Lack of in-school CSE in Cameroon and Benin:** In Cameroon and Benin, the programme was not able to support in-school CSE. Additionally, certain topics could not be fully covered by in-school CSE material in DRC.

6.2.3 Summary of effectiveness

Overall, we evaluate the effectiveness of Jeune S3 as “satisfactory” (level 3 - “Satisfactory result - project falls short of expectations, but the positive results dominate”). In the eyes of the evaluation team, the positive results clearly dominate - such as the increased self-esteem and advocacy capacities of involved YP, the increased access of YP to sexuality education or the higher attention of health staff for the SRH needs of YP. However, there are certain significant shortcomings that need to be mentioned - such as the lacking strategy for advocacy measures to address ASRH rights effectively at national level. Another example for a shortcoming was the non-availability of contraceptives in CAR, that limited the effectiveness of the programme’s interventions aiming at increasing freedom of choice.

6.3 Efficiency

DAC Definition of efficiency: “The extent to which the intervention delivers, or is likely to deliver, results in an economic and timely way”.¹⁶⁷

Efficiency refers both to production efficiency and allocation efficiency: Production efficiency considers the “unit-costs” of the outputs and outcomes, while allocation efficiency analyses whether the funds of the programme were invested in those activities that had the highest outcomes or if alternative measures could have achieved the same impact on lower costs. Both perspectives have their limits in a programme that operated in very diverse contexts and aimed for results that are difficult to measure quantitatively.

¹⁶⁷ <https://www.oecd.org/dac/evaluation/daccriteriaforevaluatingdevelopmentassistance.htm>.

6.3.1 Production efficiency

No standard measure for production efficiency from the SRHR field can be applied to Jeune S3. For production efficiency, the total cost is divided by the total number of units of outcomes produced. This is difficult in the case of Jeune S3 because the programme did not “produce” one uniform outcome but had multiple dimensions. Typically, a production unit would be “Couple Year Protection (CYP)” for a SRHR programme which measures how many couples were protected from STIs and unintended pregnancies per year. However, in Jeune S3, there are important outcomes like those related to the empowerment of YP or activities addressing 10-14-year-old girls. CYP is not a unit that could measure the outcomes of these activities appropriately. Additionally, the programme did not provide the commodities for the CYPs and therefore their cost will not be considered. Hence, we conclude that there is no standard measure for production efficiency that can be applied to Jeune S3.

6.3.2 Allocation efficiency

Allocation efficiency is leveraged through the cascade system of ToT, the effort of the YP and other multipliers and the usage of existing public infrastructure. Sensibly, the programme implemented its training and educational activities through a cascade system of Training of Trainers, thereby increasing outreach. Implementing advocacy and sensitisation activities through the youth themselves did not only activate their resources for AYSRHR and the programme, but also added to its effectiveness. RTL used their own places of cult and ceremonies for sensitisation. Importantly, the programme used and enabled existing public infrastructure, such as schools and health centres. Large audiences were reached by the Jeune S3 radio programmes.

Allocation efficiency was reduced by implementing the programme in four countries with a high number of implementation partners. The programme could have focused on a smaller geographic area (for example one country) and could have extended its interventions to all regions of that area/country. This would have reduced complexity (steering, monitoring, contractualisation, etc.) and allowed for the reduction of overhead costs (reporting, bookkeeping, personnel, facilities). Additionally, it would have spared resources used for coordination and set-up of the very complex programme structure with so many partners. This is especially important since the evaluation did not identify significant added value from the multi-country approach (e.g., limited mutual learning and exchange at working level, see Chapter 5.2.7), which could have justified this complex (and costly) structure. Another argument for reducing the number of intervention areas is that setting up the programme took a lot of time and energy in every country, and a continuation in each country after the first phase was clearly not certain. Hence, the decision to implement the programme in four countries also affected sustainability negatively.

Efficiency has furthermore been affected negatively by the choice of the programme to work almost exclusively through interpersonal communication methods. Using digital (mass) media more consistently in addition to or combined with inter-personal communication might have allowed the programme to address a bigger number of YP at reduced cost. Since there is not a lot of experience with IEC via modern digital media (incl. social media) in comparable countries, different approaches adapted to the local conditions should be tested on a pilot base and possible negative effects such as misinformation and bullying monitored carefully. However, not using digital media at all appears to be a missed opportunity for increasing efficiency and outreach considering the reported use of these channels by YP for getting information on SRHR.

Engaging in fragile environments or with highly vulnerable groups was associated with a significant cost but was still worthwhile given its impact. Generally, the programme consciously chose to implement certain interventions that were linked to higher “unit-costs”, such as choosing to work

with YP in CAR, where the security situation generates high costs, or working with specific groups like deaf and dumb YP, who were surely more difficult to address. Since these additional costs were spent on the purpose of reaching specific sub-objectives and improving equity, it would be wrong to conclude that they reduced efficiency.

Compared to in-school CSE, out-of-school CSE has a lower production efficiency but nevertheless a reasonable allocation efficiency as it increases equity. Since teachers are paid by the government, in-school CSE is generally more efficient. For out-of-school CSE, the programme did not only provide the curriculum, didactical materials and ToT activities, but also had to organize and compensate peer educators and incentivize YP, because they were not attending classes “naturally” as they would do in school. On the long run, with CSE being integrated in national curricula, in-school CSE is more likely to continue to produce results in the future, while out-of-school CSE can only continue if additional funds will be invested (by donors). Therefore, on the long term, in-school CSE appears to be more efficient than out-of-school CSE. However, there is a good argument for justifying the lower efficiency of out-of-school CSE which is increased equity. In order to reach out to YP who are particularly vulnerable and do not enjoy the privilege of being schooled, out-of-school CSE was a reasonable measure, even at its higher price.

6.3.3 Summary of efficiency

Overall, we evaluate the efficiency of Jeune S3 as “satisfactory” (level 3 - “Satisfactory result - project falls short of expectations, but the positive results dominate”). Production efficiency could not be analysed in a meaningful way. Considering allocation efficiency and comparing Jeune S3 to similar programmes, the programming included strategies that were likely to contribute to an efficient implementation: building on a cascading ToT approach, integrating into existing public systems (schools and health centres), reaching out to large audiences via radio programmes. The allocation efficiency was however reduced by the complex and resource-intensive set-up of the project in four countries with numerous implementation partners and might have increased by adding digital media.

6.4 Impact

DAC Definition of impact: “The extent to which the intervention has generated or is expected to generate significant positive or negative, intended or unintended, higher-level effects”.¹⁶⁸

Impact focusses on higher-level effects of Jeune S3 and the result areas 1 and 4 of MoFA and also considers unintended effects. Hence, the present section reviews the long-term goal of the programme, and additionally unintended effects. This long-term goal of Jeune S3 was that “Young people (especially girls) and key populations in fragile countries are able, motivated and have the opportunity to make **informed choices about their SRHR and their sexual and reproductive rights are respected.**” (Partenariat Alliance Jeune S3, 2017) . This long-term objective of Jeune S3 includes the result areas 1 and 4 of the Dutch Ministry of Foreign Affairs Results Framework (Result area 1: “Better information and greater **freedom of choice** for young people about their sexuality” and Result area 4: “More respect for the **sexual and reproductive rights** of groups who are currently denied these rights” (see Annex 1). The analysis of higher-level effects also needs to analyse on how higher-level systems, such as national systems are reached.

¹⁶⁸ <https://www.oecd.org/dac/evaluation/daccriteriaforevaluatingdevelopmentassistance.htm>.

6.4.1 Freedom of choice

The programme clearly contributed to the empowerment of involved YP and to significantly increased freedom of choice of involved YP regarding SRHR. According to the assessment of the data made available by the programme and the information collected in the field, it is plausible that the interventions which achieved their outcomes contributed to these higher-level objectives. This is especially true for interventions that were aimed directly at the empowerment of YP in Pathway 1. According to the interviews and focus group discussions of the present evaluation, changes have been profound for all involved youth. Their testimonials evoke the changes they experienced regarding their empowerment, their commitment for AYSRHR and personal freedom of choice (cf. Chapter 4.1) which are also mirrored in the testimonials by the adults (cf. Chapter 4.1 and 4.4).

Decisional freedom of YP regarding SRHR increased but not always to the extent that would have been desirable. Knowledge is the base for making informed decisions and freedom of choice. The programme contributed to improved access to CSE and quality SRHR information. There is evidence from operational research in DRC, that YP who received CSE have increased knowledge on certain aspects of SRHR (cf. Chapter 4.2). In more general terms, for this part of the higher-level objective, intermediate results (outcomes) were necessary. As stated in Chapter 6.3, the programme achieved the outcome objectives with some partial shortcomings. Therefore, the evaluation concludes that decisional freedom related to AYSRHR has overall increased for the YP who were addressed by the programme, even if the degree of freedom remains in some specific cases below the desired level. These specific cases concern YP with SRHR needs facing massive public opposition, such as safe abortion or non-discrimination of LGBTIQ*. Girls in the age group of 15-24 years in CAR were limited in their decisional freedom regarding the use of family planning methods because of lacking availability of contraceptives (see Chapter 4.3). Increasing numbers of YP making use of the SRH services that were supported by the programme in most of the Jeune S3 countries, indicate that more YP were making use of their acquired knowledge about SRHR (cf. Chapter 4.3). Even if socio-cultural barriers to AYSRHR were reduced, they were partially persisting and hence continued limiting decisional freedom of YP in all countries to a certain degree (see Chapter 4.4). Girls in the age of 10-14 years, were, according to the evaluators the group that was least concerned of these shortcomings. Even if it was more difficult to involve them in the interventions of the programme, their most common needs were perceived to be less controversially discussed within their communities (e.g., being informed on menstruation, advocacy against child marriage) (see Chapter 4.4). Additionally, they were less relying on the availability of contraceptives than their older peers, since their demand for those products was less important. Boys' decisional freedom was limited mainly by the socio-cultural barriers mentioned above. However, boys felt less constrained by these barriers than girls (see Chapter 4.1). Also, their preferred SRH product (condoms) was available regularly according to collected data (see Chapter 4.3).

6.4.2 Respect for ASRH rights

At the local level, in communities where the programme was active, a changing mindset regarding AYSRHR can be observed. Most interventions were focused on the local level (capacity building for YO, advocacy by ambassadors, imparting CSE, training for health staff, awareness raising for parents, working with RTL). The field research in Benin has shown that communication on AYSRHR has become more open in many communities, due to the participation of YA in local politics and the discussions not only in Jeune S3 radio programmes and listening groups but also in religious institutions and in families (see Chapters 4.1.2 and 4.4.3). Attitudes and behaviour have also changed for many of the involved youth and the adults in these communities (see Chapter 4.2.3).

Evidence for the programme's contribution to greater respect for SRH rights of youth in general is less strong. Interviews with religious and traditional leaders indicate that the programme managed to win their support for certain SRH rights aspects, such as the end of child marriage. However, the concept of imposing abstinence on YP as opposed to the concept of freedom of choice was still very popular, even among leaders collaborating with the programme (cf. Chapter 4.4).

Rights for YP suffering from particular hardship related to their SRHR were partly strengthened, though. As stipulated by the Dutch Ministry of Foreign Affairs, YP, whose rights and freedom in terms of SRHR were (partially) denied, were addressed by the programme (e.g., child marriage, teenage mothers, sex workers, YPLWHIV, LGBTQ*). The fact of addressing all these groups is already remarkable, because the programme dared to make statements that were often not accepted by the majority of all stakeholders (e.g., regarding MSM). For other topics, such as child marriage, even joint advocacy of youth ambassadors and religious leaders was possible. The effects on the rights of vulnerable groups were not measurable in terms of quantitative indicators, but statements from interviewed stakeholders and other qualitative methods clearly indicated positive impacts. These impacts were only contributing to a significant increase in decisional freedom for some of the mentioned YP (e.g., child marriage). However, the programme contributed to their empowerment by collaborating with their organisations in meaningful ways (e.g., LGBTQ*, YPLWIV).

6.4.3 Outreach of higher-level results

Some interventions carried potential for upscaling and thus for stronger results on the impact level. Advocacy, radio programmes and in-school CSE were activities that could be expanded beyond the programme's locations in order to extend their impact to a larger group of beneficiaries. In the case of DRC, new legislation was enacted in order to allow minors to access SRH services without their parents' consent. Some of the interviewed persons attributed this change to the programme's advocacy work. Improved curricula for CSE could be implemented in further regions. Radio programmes could be extended to larger geographic areas or different target groups such as parents. However, it should be considered that radio programmes are more effective for attitude change if listening groups are conducted to reflect on the broadcast¹⁶⁹ - which in turns means going to scale becomes more difficult.

For changes at the aggregated and national levels, the programme did not have an explicit strategy. Part of the activities was focussed on the community level and was related to interpersonal communication with beneficiaries and stakeholders. As discussed above, these measures had a significant impact in many communities. The question is, how these activities might be scaled up - in order to do for instance nation-wide advocacy work or replicate successful change at community level across the country (see Recommendation 7.1.2).

6.4.4 Unintended effects

The programme furthermore had some unintended positive and negative effects:

- **Positive:** Even though this was not an explicit objective of the programme, several interviewed YP reported that their involvement in the activities of Jeune S3 had an impact on their previous drug abuse and delinquency. This is especially true for the ambassadors who felt a deep motivation and a certain pressure to be role models for other YP and hence reportedly quit drug consumption and refrained from criminal behaviour. The programme subsequently integrated the general promotion of healthy lifestyles in certain implementation sites. This was reported to have multiplier effects on YP in general. Additionally, YP mentioned in FGD and interviews that they

¹⁶⁹ According to Cordaid's and FPU's experience; clarifications with programme staff.

give more importance to their studies. And cases of YP having found a new employment probably also due to the skills that they acquired through the programme were reported.

- **Negative:** As described in Chapter 4.2, even though Jeune S3 tried to improve the treatment of the topic of homosexuality in the didactical CSE material in DRC, the negotiations with official representatives did not succeed fully. Thus, the programme could not prevent that in the context of in-school CSE statements about LGBTIQ* were included that clearly lacked scientific evidence. Their propagation might contribute to maintain existing prejudices against this marginalized group.

6.4.5 Summary of impact

Overall, we evaluate the impact of Jeune S3 as “good” (level 2 - “Good result, fully in line with expectations and without any significant shortcomings”). The programme contributed to access to improved CSE and quality SRHR information. There is evidence from operational research in DRC, that YP who received CSE have increased knowledge on certain aspects of SRHR (cf. Chapter 4.2.3.3). Increasing numbers of YP making use of the SRH services that were supported by the programme in most of the Jeune S3 countries, indicate that more YP were making use of their acquired knowledge about SRHR (cf. Chapter 4.3.3). Evidence for the programme’s contribution to greater respect for SRH rights of youth is less strong. Interviews with religious and traditional leaders indicate that the programme managed to win their support for certain SRH rights aspects, such as the end of child marriage. However, the concept of imposing abstinence on YP as opposed to the concept of freedom of choice was still very popular among parents and even among leaders collaborating with the programme (cf. Chapter 4.4.2.1). There is no strong evidence that respect for SRH rights of marginalized groups of YP (e.g., teenage mothers, sex workers, YPLWHIV, LGBTQ*) has increased. The evaluators acknowledge the efforts made by the implementing partners to address these rights with their counterparts in the Jeune S3 countries, for instance by voicing opinions which stood in contrast to cultural norms in these countries (e.g., regarding LGBTQ*) (cf. Chapter 4.2). Even though freedom of choice and SRH rights cannot be considered to be fully achieved, the effects of Jeune S3 are noticeable and shortcomings are understandable in the cultural context of Jeune S3.

6.5 Sustainability

DAC Definition of impact: “The extent to which the net benefits of the intervention continue or are likely to continue”.¹⁷⁰

To assess the long-term benefits of the programme, two dimensions of sustainability are analysed, namely the continuation of the interventions and the sustainability of the results. The analysis also examines the capacities of relevant systems needed to sustain benefits over time.

6.5.1 Continuation of interventions

National teams took remarkable steps to ensure the continuation of interventions, while stakeholders at the local level showed insecurity regarding the next steps. IEC measures in the health sector are rarely financially self-sufficient. There has to be a sponsor providing the funds, ideally the government. In the 4 countries of Jeune S3 however, it is unlikely that the governments will be willing and able to cover the cost for these kind of activities without receiving external support in the near future. Still, the Jeune S3 was able to institutionalize parts of the activities, mobilize funding from other donors for some and to make plans for continuing others at a smaller scale at the

¹⁷⁰ <https://www.oecd.org/dac/evaluation/daccriteriaforevaluatingdevelopmentassistance.htm>.

country level according to documents made available to the evaluators.¹⁷¹ For DRC, programme staff stated that sustainability has been a strategy from the beginning and was realized through working with ministries and the strengthening of existing local organizations.¹⁷² For CAR, the programme staff stated that the holistic approach and the synergies at the level of the actors are perceived as favorable for increasing sustainability in general terms.¹⁷³ However, at the local level, participants of MAPP workshops asked for further support for all sorts of trainings and sensitisation and expressed that they found themselves insufficiently prepared to consolidate the programme's achievements (MAPP Workshops, Annex 6, e.g. MAPP Bertoua).

In the following, examples are provided by pathway of how activities may continue. The overview on continuation of activities has been submitted to the evaluation team¹⁷⁴, however, we do not have evidence on sufficient funding to cover the expenditure for the planned activities.

Pathway 1 - institutionalization, financing from other sources and effort of involved youth

Involved young people have been trained and are willing and capable to continue activities, but they need financial support to do so. They relied on Jeune S3's financial and material support for transportation and communication costs. Exceptions are the newly founded federations of youth organisations in Benin that are currently receiving some funds from the local administration. Furthermore, the participation of youth ambassadors has been institutionalized in Benin via the "awakening platforms" that were set-up as an official structure by local administrations in Banikoara and Kandi. In DRC, a CBO started a second programme based on the saved per diems of their members. In some countries, involved YP did manage to find new funding. In Benin, youth organisations have also been trained in proposal writing and resource mobilisation.¹⁷⁵ Some involved young people stated that they would continue activities without costs (sensitisation) and that the lacking certificates made it more difficult to obtain funds directly. In Cameroon, the "ligne verte" hotline for YP with information and reference to existing support was said to remain open and to be financed by another donor (Kobo, Atelier de validation Cameroon, Maroua + ¹⁷⁶). Some of the youth trained found jobs in media - they might be advocating for treating (A)SRHR topics. In Cameroon some of the ambassadors were hired as freelancers for the magazine, website and social media of 100% Jeune (financed by another donor).¹⁷⁷ In DRC, various activities will be going on in 2021, e.g., meeting with teenage moms and sex workers, with Codesa and IGA by the CBOs.¹⁷⁸

Pathway 2 - CSE partly institutionalized in schools and strategies for out-of-school CSE

In-school CSE has been institutionalized in DRC. Here, the running costs of the activity will be covered by the educational system of the country. However, it can be called into question whether supervision and continuous learning for teachers will be supported in the long run. In CAR, the integration of CSE into the school curriculum is also seen as one of the success factors for CSE.¹⁷⁹ In CAR, the efforts of strengthening youth organisations are also seen as a source of sustainability for continuing CSE (e.g. in youth centres and HC).¹⁸⁰ In Benin, the pair educators have been included together with the young ambassadors into the organisation Jeune du Mouvement d'Action et des Jeunes (MAJ) and benefitted

¹⁷¹ Presentation "DURABILITE DES INTERVENTONS DU PROGRAMME JEUNE S3", December 2020.

¹⁷² Clarifications programme staff.

¹⁷³ Clarifications programme staff.

¹⁷⁴ Presentation "DURABILITE DES INTERVENTONS DU PROGRAMME JEUNE S3", December 2020.

¹⁷⁵ Presentation "DURABILITE DES INTERVENTONS DU PROGRAMME JEUNE S3", December 2020.

¹⁷⁶ Presentation "DURABILITE DES INTERVENTONS DU PROGRAMME JEUNE S3", December 2020.

¹⁷⁷ Kobo 2.8 ; Presentation "DURABILITE DES INTERVENTONS DU PROGRAMME JEUNE S3", December 2020.

¹⁷⁸ Kobo 2.8 ; Presentation "DURABILITE DES INTERVENTONS DU PROGRAMME JEUNE S3", December 2020.

¹⁷⁹ Clarifications programme staff.

¹⁸⁰ Clarifications programme staff.

from trainings in proposal writing and resource mobilisation.¹⁸¹ In Cameroon, CSE after school will be supported by UNESCO and CSE in the communities is to be continued by the CBOs.¹⁸²

Pathway 3 - Continuing effects of capacity building and activities planned

Pathway 3: Improved capacities of health personnel might as well continue to have effects on SRH services for some time after the programme, if fluctuation of trained staff remains low. Another favourable factor in all countries is that the youth-friendly services were from the beginning introduced into existing public health centres and.¹⁸³ IEC and other inputs to deliver quality ASRH services will need to be funded externally. In CAR, national programme staff previews that the free mobile clinic will continue to bring services to the youth.¹⁸⁴ In DRC, a large number of activities is planned to continue in cooperation with public authorities.¹⁸⁵

Pathway 4: Transfer to other programmes, active RTL and activities with parents planned

In Benin, the activities of community dialogue and training and sensitisation of RTL could be transferred to another programme (Coexiter) within the programme province of Alibori. Besides, the continuation of activities is supported by handing over of materials (booklets, registers) to RTL.¹⁸⁶ In CAR, it is planned to continue intergenerational dialogue and activities by RTL, and a task force has been installed in Mbaïki and Bouar to fight against child marriage.¹⁸⁷ In DRC, diverse activities with RTL, parents and public institutions are planned to be implemented.¹⁸⁸ In Cameroon, further activities with parents are planned (Talk de Kwatt, open talk).¹⁸⁹

Furthermore, big national implementing NGOs will carry on working on AYSRHR and transferring lessons from Jeune S3 to other programmes. National social marketing and family planning NGOs (were important local implementing partners of Jeune S3. Due to their experience in setting up donor-funded programmes it is relatively likely that these NGOs will attract further funds from other donors in the future and can thus make use of the legacy of Jeune S3. According to interviews with staff members in Benin and Cameroon, they have already started using successful approaches from Jeune S3 in new programmes which they begin to implement. Examples include the approach “for the youth by the youth” - implementing the entire programme with the help and involvement of the youth or the prototypes developed through “human-centred design”.

6.5.2 Sustainability of results

Enabling a young person to live a healthier life with increased social and economic opportunities can be considered a highly valuable and lasting programme impact. The negative impact of undesired pregnancies and preventable diseases on the lives of the youths is drastic. The evaluation showed that beyond the immediate health implications, youths suffer from social stigmatization and lacking access to education and hence lower professional opportunities and higher poverty incidence. Academic studies assessing social consequences of early pregnancies confirm those findings (Cartes R & Gonzalez E, 2012) These negative impacts spill over to the next generations and create a long-term

¹⁸¹ Presentation “DURABILITE DES INTERVENTONS DU PROGRAMME JEUNE S3”, December 2020.

¹⁸² Presentation “DURABILITE DES INTERVENTONS DU PROGRAMME JEUNE S3”, December 2020.

¹⁸³ Clarifications programme staff.

¹⁸⁴ Funding source was not indicated; Clarifications programme staff.

¹⁸⁵ Clarifications programme staff.

¹⁸⁶ Presentation “DURABILITE DES INTERVENTONS DU PROGRAMME JEUNE S3”, December 2020.

¹⁸⁷ Clarifications programme staff; Presentation “DURABILITE DES INTERVENTONS DU PROGRAMME JEUNE S3”, December 2020.

¹⁸⁸ Clarifications programme staff; Presentation “DURABILITE DES INTERVENTONS DU PROGRAMME JEUNE S3”, December 2020.

¹⁸⁹ Clarifications programme staff; Presentation “DURABILITE DES INTERVENTONS DU PROGRAMME JEUNE S3”, December 2020.

poverty cycle. In this sense, the programme made a lasting impact for all the youths who turned the new knowledge into different attitudes and behaviour. According to the findings of this evaluation, this was at least for some YP the case.

The effects of sensitisation, trainings, and the experience of implementing Jeune S3 will have a long-term impact on those participating in the programme and influence their future actions. It seems unlikely that the acquired knowledge and experience of the YP, parents, health staff, teachers, religious and traditional leaders will disappear soon. This acquired knowledge will influence their future decisions and there is even a chance that the YP, once they become parents themselves, will be able to transfer this knowledge to their children.

6.5.3 Summary of sustainability

Overall, we evaluate the sustainability of Jeune S3 as “good” (level 2 - “Good result, fully in line with expectations and without any significant shortcomings”). Programmes aiming at improving knowledge and changing attitude on SRHR are generally unlikely to be financially sustainable, especially in very fragile contexts. This has been considered in our evaluation of the sustainability of the programme. The positive results dominate clearly with parts of the activities being institutionalized, such as youth ambassadors and youth organisations in Benin, CSE in schools in DRC and CAR. Other activities continue to have positive effects, such as trained RTL and health staff working and sensitizing for improved AYSRHR. Furthermore, changed mindsets will likely continue to impact the decisions of all involved stakeholders - from politicians and RTL to young people and their parents. Shortcomings are the fact that in Benin and Cameroon, in-school CSE could not be institutionalized and that for out-of-school CSE and other sensitisation and training measures external financing is needed. Some of these activities will be taken over by other programmes.

6.6 Overall evaluation

Jeune S3 was able to reach remarkable results in a very difficult environment - with innovations that were partly institutionalised. Supporting YP in knowing about and making use of their SRHR is a highly relevant intervention in the countries in which the programme was implemented. Jeune S3 achieved remarkable results with a relevant participatory and holistic programme design. The programme was able to advance in all four pathways in a context of high fragility in most of the intervention - and a context of significant barriers regarding increased freedom of choice and ASRH rights. Its results are even more noteworthy in this context. The programmes managed to adapt and develop its programming well with adaptations relevant to the participating stakeholders. Parts of the activities could be institutionalized and changes in mindsets of all involved actors will continue to influence their decisions also in the futures.

Shortcomings were found in the set-up and steering of the programme and the limited scale of some activities. Due to working in 4 countries and 6 mostly remote regions with different implementations partners per country and topic, large efforts were needed to set-up the project for a only five-year period. Difficulties mentioned by programme stakeholders in steering and administrative routines were partly not overcome. The high weight of relatively labour-intensive approaches, such as peer-to-peer education was justified for reaching objectives of equity, but scalability of measures should be improved. In terms of scale, e.g., a strategy for nation-wide advocacy was lacking.

Considering all relevant dimensions of the DAC criteria and the very difficult fragile context of Jeune S3, our overall evaluation result for the programme is good (level 2 - good result, fully in line with expectations and without any significant shortcomings). The innovations of Jeune S3 for

effective AYSRHR promotion merit to be shared with the wider SRHR community beyond the involved organisations and countries.

7 Recommendations: Lessons learned from the programme

Based on the evaluation to date, we would recommend to Cordaid and the Alliance members to:

1. Increase the impact of AYSRHR interventions by assessing the potential and feasibility of upscaling for each activity.
2. Adapt the programme design to its geographical scope: either focus interventions on a more limited area or capitalise on synergies of the multi-country approach more consistently.
3. Adapt the complexity of the implementation structure to the duration of the intervention to limit time invested in setting up complex agreements between a large number of parties.
4. Pay adequate consideration to fragility and weak health systems in the implementation design to ensure effectiveness and sustainability of interventions.
5. Recalibrate certain interventions to the needs of specific groups of beneficiaries.
6. Involve both local stakeholders and international experts closely in programme and content design to improve buy-in and adaptation to local circumstances.
7. Develop robust practices for improving communication and management within future projects.
8. Focus the remaining efforts of Jeune S3 on consolidation of success & knowledge management to ensure sustainability and sharing of successful practices and learning.

7.1 Improve the scalability of interventions

7.1.1 Recommendation 1a: Lay down a strategy for scalability

Jeune S3 could have defined its ambitions regarding the dimension of impact more clearly. Was the aim to make a profound change in a specific geographic area or to achieve broad impact at the national level? During programme design a focus should be placed on scalability and each planned intervention should be systematically assessed against its potential for upscaling. If the programme cannot provide a realistic upscaling scenario on its own, it should identify partners with whom these goals could be reached.

How to implement this recommendation: Include a strategy for scalability in the organisations' standard proposal template

Directed to: Cordaid and Alliance members, Ministry of Foreign Affairs

Based on findings from: Chapter 4.1, 4.4, 6.4

7.1.2 Recommendation 1b: Assess and choose activities/media regarding their scalability

The Jeune S3 programme included different interventions and media with very different outreach to ensure a balance between more profound change and broad outreach. We recommend developing tailor-made strategies for scale for each type of intervention.

- Firstly, the Jeune S3 peer-to-peer IEC interventions are quite cost-intensive and thus in countries with an important potential for CSE in schools (such DRC and CAR where the programme was able to work in the national school system), it could have been considered to focus on in-school CSE only. In other countries, greater focus could be placed on the replicability of the CSE trainings.
- Secondly, Jeune S3 has been able to achieve a profound cultural shift with regard to youth voice and support of AYSRHR by RTL in certain communities (e.g., Banikoara, Benin). Innovative approaches to replicate this change in other communities could have been considered (e.g., a national competition¹⁹⁰).
- Thirdly, the programme could have explored more the potential of different mass media for different target groups and geographic regions (e.g., social-media channels for better-off, older YP in urban areas, extension of radio programmes for parents etc.)

How to implement this recommendation: Include question of scalability in the organisations' standard programme design approach and promote innovation

Directed to: Cordaid and Alliance members, offer replication programmes to regional and national governments of the programme countries

Based on findings from: Chapter 4.1, Chapter 4.2, Chapter 6.2.3, Chapter 6.4, Chapter 6.5

7.1.3 Recommendation 1c: Make advocacy work effective for changes beyond the communal level

Since Jeune S3 was limited to remote parts of the programme countries (except for CAR), the advocacy interventions only reached regional or local decision makers. However, most of the Jeune S3 countries are politically relatively centralised. It is unlikely that a national movement for more AYSRHR will be born in one of the rural regions of the countries and will be taken seriously by decision-makers in the capital. A more effective way to promote advocacy would be to cover the entire country and target changes at the national level by supporting relevant organisations to do meaningful activism and to build local branches in each region. National-level and local-level activists (e.g., ambassadors) working hand in hand can make the intervention stronger, as concrete achievement at the local level can be reported back to the national level and vice-versa. This idea of working both at the national and local levels and connecting them may also be transferred to advocacy by RTL.

How to implement this recommendation: Pilot and evaluate this idea in other programmes

Directed to: Cordaid and Alliance members

Based on findings from: Chapter 4.1, Chapter 4.4.

7.2 Align programme design with its geographical focus

7.2.1 Recommendation 2a: Concentrate efforts on one country

From a technical point of view, the programme would have had a higher impact, if it were implemented in only one country in a nation-wide approach. Firstly, the implementation structure would have been less complex. Secondly, the needs in terms of AYSRHR are so immense in each of

¹⁹⁰ A very successful example from a competitive process in another domain is the federal programme of “India’s cleanest city” that includes subsidies for participating cities. The Ministry of Urban Development, Government of India, and the Central Pollution Control Board (CPCB) of India, annually publish National City Rating under the Swachh Bharat Abhiyan scheme (federal programme supporting the elimination of open defecation and improvement of solid waste management).

the four countries, that the absorption of the budget would have posed no major problem. Thirdly, some categories of interventions (e.g. national curriculum, advocacy at the national level, mass-media campaigns) are more likely to be successful if they are part of a programme which is fully designed as a national and not regional programme. Lastly, it would have permitted the allocation of more time, human capital and funds to reinforce weaker pathways/interventions and strengthen synergies and thus achieve better results (see holistic approach chapter 5.1).

How to implement this recommendation: Adjust organisational guidelines

Directed to: Ministry of Foreign Affairs

Based on findings from: Chapter 4.2, Chapter 4.5, Chapter 6.3

7.2.2 Recommendation 2b: If concentration is not an option, reduce complexity and exploit synergies

For political reasons and historical working relations, the geographical intervention areas are not always within the decisional scope of the implementing partners. If the programme has to be implemented as a regional programme in different countries, the complexity related to the content of interventions should be reduced. For example, the programme could focus only on in-school CSE combined with elements of Pathways 1, 3 and 4 or reduce the target group still within a holistic programme to girls in the age of 10-14 years¹⁹¹. At the same time, the added value of the multi-country approach should be leveraged more consequentially. The evaluation could only find few examples of mutual collaboration and knowledge exchange between the actors of Jeune S3 across countries despite similar functions within their respective countries.

How to implement this recommendation: Adjust organisation guidelines and the ToC accordingly

Directed to: Cordaid and Alliance members

Based on findings from: Chapter 4.2, Chapter 4.3, Chapter 5.1. Chapter 5.2

7.2.3 Recommendation 2c: Maintain the holistic approach and refine the ToC

The holistic approach of Jeune S3 with its four pathways showed to respond to important needs of the target group and be strongly interlinked. The analysis of Chapter 4.5 showed that the four pathways were all in a synergetic, sometimes even co-dependent relationship. Hence, this general approach of addressing AYSRHR from the supply and demand side and collaborating both with the worlds of the youth and the adults should be maintained and further explored.

Quality, comprehensiveness and completeness of sexuality education and SRH services could be strengthened even further in the ToC. The ToC included the terms “CSE” and “quality SRH services” as objectives to be reached in terms of capacities, access or use in Pathway 2 and 3. These terms imply a high degree of quality, inclusion and comprehensiveness. It would be recommendable to strengthen the quality aspect in the formulation of the Outputs and address it directly, for example by formulating “Quality and comprehensiveness of sexuality education and SRHR information, provided by... is increased.”. Hereby, international standards can be in contradiction to local expectations and face barriers. Therefore, clear quality criteria need to be defined that allow at the same time to comply with international standards and to ensure local ownership and thus to increase the transparency on the programme approach towards certain topics (e.g., abortion, LGBT)

Intermediate outcomes should include decision making and use of services instead of ability and motivation. The intermediate outcomes were referring to beneficiaries “being able and motivated”

¹⁹¹ Data from DRC showed that this group is the least relying on SRH services, especially commodities.

to make use of the capacities they have been granted access to. Since the intermediate outcome is rather the “final outcome” in the ToC of the programme, it would be recommendable to include the actual use of the capacities instead of the motivation and ability. Being able and motivated to use a service is in the eyes of the evaluators not distinct enough from access (short-term outcome).

How to implement this recommendation: Adjust organisation guidelines and the ToC accordingly

Directed to: Cordaid and Alliance members

Based on findings from: Chapter 4.2, Chapter 4.3

7.3 Adapt programme duration to complexity

7.3.1 Recommendation 3a: Behavioural change requires continuity

SRHR is closely related to personal and societal values. Impacting the behaviour related to SRHR requires long-term IEC efforts and a functioning health system. If there is substantial uncertainty regarding the availability of funds for subsequent phases, programmes could reduce the complexity of their implementation design and focus on interventions that do not require much time for setting up implementation structures or can be continued easily without funding. However, as literature shows that SRHR interventions need to be holistic, involve all relevant stakeholders and require time to achieve a cultural shift (see Chapter 5.1), we recommend funders of SRHR programmes to extend programme duration for such complex interventions. This could increase sustainability of the cultural change and increase effectiveness of the structures which are set up.

How to implement this recommendation: Adjust programme timeframe (or reduce complexity)

Directed to: Cordaid and Alliance members, Ministry of Foreign Affairs

Based on findings from: Chapter 4.1, Chapter 4.5, Chapter 6.5

7.4 Consider fragility and weak health systems in the programme design

7.4.1 Recommendation 4a: Identify complementary interventions and build partnerships

Achieving results in AYSRHR is a complex endeavour. If one of the inputs is lacking, it can reduce the entire impact of all others (Salam et al., 2016; Hadley, Chandra-Mouli & Ingham, 2016). Therefore, Jeune S3 successfully covered a large range of inputs through different pathways but was not able to address certain key factors. For instance, the programme advocated for but did not fully achieve a sufficient supply of commodities in CAR.¹⁹² We therefore recommend to first identify those inputs that are crucial to the achievement of the desired results and are not provided by the programme in order to specify complementary interventions which contribute these missing inputs. In extremely fragile contexts (i.e., CAR), reliable partners are not always present. If for a certain input no (reliable) complementary partner is available, the programme should foresee budgets for the provision of the input on its own. Sustainability questions should be deprioritized in countries where humanitarian approaches are dominant.

How to implement this recommendation: Adjust programme inception guidelines

¹⁹² In CAR the commodity situation could improve in future as CAR now is a member of the FP2020 also as a result of the programmes advocacy.

Directed to: Cordaid and Alliance members, Ministry of Foreign Affairs

Based on findings from: Chapter 4.3

7.4.2 Recommendation 4b: Recognize the role of national NGOs in fragile contexts and see them as innovation partners in the long run

NGOs/CBOs at different levels have been central for implementing Jeune S3 and are currently the institutional memory for improved practices on the ground. They brought their experiences from other programmes to Jeune S3 and are now using the lessons from Jeune S3 in their other programmes. In the context of weak health systems and general fragility, it is not recommended to rely solely on public structures but continue to involve national NGOs in order to achieve tangible results.

How to implement this recommendation: Continue working with CSBs/NGOs on SRHR programmes

Directed to: Cordaid and Alliance members, Ministry of Foreign Affairs

How to implement this recommendation: Enable and promote cooperation with NGOs/CBOs at different levels (based in programme countries)

Directed to: Ministry of Foreign Affairs

Based on findings from: Chapter 4.1, Chapter 6.6

7.4.3 Recommendation 4c: Consider a holistic approach to provide free health services for YP

To effectively remove economic barriers to ASRH services, the economic situation of all stakeholders, including health personnel, must be considered. A free-of-charge policy for the young users does not work if it cannot be guaranteed that the health personnel are compensated for the treatment YP in the same way or better than with adults. Therefore, the applied voucher referral and TIKO systems were good solutions to create incentives for everybody. Generally, the micro-economics of health centres pose a frequent obstacle to achieving good results. For example, if only one member of the staff benefits from training, jealousy among health staff can occur. Preferably all members of the team profit from the intervention. A central success factor is good communication to inform all stakeholders about the scheme chosen and consider their perspective.

How to implement this recommendation: Continue incentives mechanisms and adapt programming guidelines

Directed to: Cordaid and Alliance members, technical partners and implementing NGOs

Based on findings from: Chapter 4.3

7.5 Calibrate interventions regarding certain groups of beneficiaries

7.5.1 Recommendation 5a: Involve parents early and consistently

Even if the programme's ambition was to put YP at the centre of all interventions, it became evident for the evaluators that parental consent and support for the interventions is crucial for their success. Parents need to be involved from the very beginning of the implementation to avoid that they feel side-lined. Special attention should be paid to fathers, since their attitudes towards AYSRHR were reported to be far more hostile than mother's attitudes. Also, the number of parents reached by the interventions of the programme is not sufficient. During a MAPP workshop, participants in Ciranga (RDC) suggested to involve parents in the same way as youths in the implementation of the programme (« for the parents by the parents »). New channels of communication have to be identified in order

to reach out to more parents. These might be traditional ones, such as radio programmes on AYSRHR for parents (and not just for youth). Such measures will further facilitate the work with YP.

How to implement this recommendation: Adjust programme inception guidelines

Directed to: Cordaid and Alliance members

Based on findings from: Chapter 4.4

7.5.2 Recommendation 5b: Consider sufficient separate CSE for girls and boys

Scientific research suggests that mixed classes/groups mainly benefit boys, while girls refrain from joining mixed CSE sessions or feel intimidated by the presence of boys (Strang, Oakley & Forrest, 2003). This might be even more true for the specific age group of 10-14 years that was at the centre of Jeune S3s interest. For example, at that age girls might prefer to ask questions about their menstruation not in the presence of boys. The experiences from DRC (implemented by the German funded regional programme “PPSAC”) with a magazine aimed at girls called “100% Nana” was overwhelmingly positive (KfW Development Bank, 2020). According to our information, Jeune S3 mainly implemented mixed CSE interventions. The existing evidence should be reason enough to insist on more gender specific CSE interventions in future programmes. Hereby, the additional financial and logistical efforts need to be considered. This does not apply to trainings for the ambassadors, however. In this case, conducting joint activities was mentioned as a driver for changed perceptions and behaviour regarding gender-based roles (see Chapter 4.1). See

How to implement this recommendation: Adjust programme implementation guidelines

Directed to: Cordaid and Alliance members

Based on findings from: Chapter 4.2

7.5.3 Recommendation 5d: Mainstream working with girls in the age of 10-14 to promote AYSRHR

We recommend including girls in the age of 10-14 years in every AYSRHR programme as important target group of interventions. The present evaluation shows positive results on working with very young girls. Working with this group as a key population for AYSRHR programmes is also seen as relevant by scientific studies: “at a time when sexual feelings and experimentation are beginning, inequitable gender norms are also consolidating, potentially leading to unhealthy behaviours and relationships that result in poor SRH later in life” (Igras et al., 2014). During the evaluation, in focus group discussions with very young girls, they explicitly expressed their appreciation for Social Presenting Theatre (SPT); this method could be further explored for sensitisation and needs assessments.

How to implement this recommendation: Elaborate one-pagers on successful experiences with very young girls in Jeune S3 and share them with organisations and government departments active in promoting (A)SRHR.

Directed to: Cordaid and Alliance members, technical partners and implementing NGOs

Based on findings from: Chapter 4.2, Chapter 6.1, Chapter 6.2

7.5.4 Recommendation 5e: Mainstream approaches involving active youth participation to promote AYSRHR

The implementation strategy “for the youth by the youth” was implemented very consistently and is considered one of the fundamental strengths of the programme. “For the youth by the youth”

constituted the implementation principle not only in theory, but also in practice. The active involvement of beneficiaries in the design and implementation of programmes should be applied as a general principle in all programmes if this is not already the case. This constitutes a chance for scale-up and multiplication that should be developed further.

How to implement this recommendation: Elaborate one-pagers on successful programming approaches and share them with organisations and government departments active in promoting (A)SRHR

Directed to: Cordaid and Alliance members, technical partners and implementing NGOs

Based on findings from: Chapter 4.1, Chapter 4.4

7.6 Involve both local stakeholders and international experts in programme and content design

7.6.1 Recommendation 6a: Make use of participatory partner selection and programme design

The present evaluation has shown that the programme and its advocacy was most successful in communities where political goodwill and an openness of AYSRHR already existed. This is true for CAR (President has AYSRHR on the agenda of national priorities), DRC (political priority for AYSRHR with concrete legislative changes), and Benin (very collaborative mayors and other authorities). Political interest for AYSRHR seems to be a prerequisite for effective advocacy work. In Cameroon, for instance, the CSE curriculum was not adopted by the government. Hence, choosing motivated programme partners and locations with supportive actors is central for impact. This can be best achieved in a participatory process at the programme start, such as implemented with Jeune S3 in Benin with very positive results (programme partners were selected during a participatory selection process with local stakeholders, youth organisations and programme representatives). To include the main concerns of motivated local stakeholders, a participatory planning process is key to success.

How to implement this recommendation: Select implementing partners in participatory way together with existing alliance partners (as part of the standard process)

Based on findings from: Chapter 5

How to implement this recommendation: Adjust programme implementation guidelines

Directed to: Cordaid and Alliance members, Ministry of Foreign Affairs

7.6.2 Recommendation 6b: Ask for help from experts for controversial SRHR topics

The evaluation revealed certain weaknesses of training materials and results regarding controversial SRHR related topics, such as sexual orientation and abortion. Considering the massive opposition of stakeholders in the intervention countries, achieving good results in this area is difficult. Many donors choose to neglect these topics, referring to the “difficult context”. However, we encourage the Dutch Ministry of Foreign Affairs, Cordaid and its Alliance partners not to give up on these topics, because there are YP concerned who are in urgent need of better AYSRHR. Our recommendation is to leverage the expertise of internal and external partners of the programme to improve AYSRHR interventions in this regard. We know that the technical partner IPPF has such expertise on the topic of abortion and there are international LGBTQ* organisations and the network of RECAP+ for HIV-positive persons that would certainly be willing to cooperate on these topics. If integration of these topics in CSE and IEC is not possible, due to lacking support from government or other stakeholders, an alternative option for some topics might be, to focus more on organisational development of support groups of LGBTQ*,

YPLWHIV or SW in order to mobilize more consequently their own emancipative power and (political) activism.

How to implement this recommendation: Organise an international workshop for donors, African organisations and international specialised institutions with the aim of identifying successful approaches to promote one or two “delicate” topics within AYSRHR programmes.

Directed to: Ministry of Foreign Affairs, Cordaid

Based on findings from: Chapter 4.1, Chapter 4.2, Chapter 4.3, Chapter 4.4

7.7 Anchor mechanisms to drive change at project level

7.7.1 Recommendation 7a: Institutionalize mechanisms for organizational development in future projects

Considering change in the project, the implementing organizations managed to adapt the programming (cf Chapter 5.2). The change that was more difficult seemed to be improvements in collaboration and partnerships. Many of the critiques regarding internal communication and management from the mid-term evaluation still seemed to be problematic. They include the different levels of the project, from the Steering Committee to the collaboration with local organizations (CBOs).¹⁹³ Although programmes only exist for a limited time, they also need to invest time and energy for their internal growth.

How to implement this recommendation: Develop simple and robust practices for change management in projects for future engagements

Based on findings from: Chapter 5.2, Reflexion workshops on collaboration

Directed to: Cordaid and Alliance members, implementing and technical partners

7.8 Concrete possibilities to ensure sustainability and knowledge creation

7.8.1 Recommendation 8a: Support active municipalities in making changes more permanent

In some communities, cultural change has advanced at the local level with youths, parents and RTL feeling that they had more space for promoting AYSRHR - which is also being actively supported by local administrations. To make changes more permanent, we recommend that Cordaid & its Alliance partners invest in developing visions and strategies on how to make the achieved changes permanent together with local administrations and relevant stakeholders in participatory workshops.

How to implement this recommendation: Participatory strategy workshops at community level

Directed to: Cordaid and Alliance members, technical partners and implementing NGOs

Based on findings from: Chapter 4.1, Chapter 6.5

¹⁹³ As an example for very concrete recommendations by local organisations (CBOs) and implementation partners on how to improve project management please see Annex 6 “Reflection Workshop on Collaboration”.

7.8.2 Recommendation 8b: Anchor programming innovations well among all implementing partners at the national and international levels

During the evaluation, visions and perceptions of the strengths and challenges of the programme differed fundamentally between the different implementing organizations and the partners at different levels. We recommend to jointly create awareness about the “jewels” and challenges of the programme. In this way, the “jewels” can be shared intentionally while the challenges can be converted into learning opportunities. A critical discussion of the results of this evaluation among all programme partners may also support this process.

How to implement this recommendation: Develop a shared vision on the strengths and learnings of the programme and develop a strategy how to use these insights

Directed to: Cordaid and Alliance members, technical partners and implementing NGOs

Based on findings from: Kobo Questionnaire 4.1, Interviews with programme staff

7.8.3 Recommendation 8c: Mainstream successful Jeune S3 methods in other AYSRHR projects worldwide

Jeune S3 has created fundamental insights in AYSRHR as well as innovative approaches that should be shared with the wider community to improve AYSRHR programmes by national governments and development partners globally. In particular, it could disseminate information on the participatory programme design, work with very young girls, the implementation “by the youth for the youth” or on the joint advocacy of youth and local RTL. We recommend the elaboration of knowledge-sharing documents (such as one-pagers) and formats (like webinars, online conference participation) on the successful approaches and lessons learnt of the programme. In addition, improve and disseminate materials and tools elaborated during the programme (such as CSE manuals, games, etc.) - possibly under a Creative Commons license.

How to implement this recommendation: Elaborate one-pagers on successful programming approaches and share them proactively with organisations and government departments active in promoting (A)SRHR, advance sharing of manuals and tools

Directed to: Cordaid and Alliance members, technical partners and implementing NGOs

Based on findings from: Chapter 4, Chapter 5

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