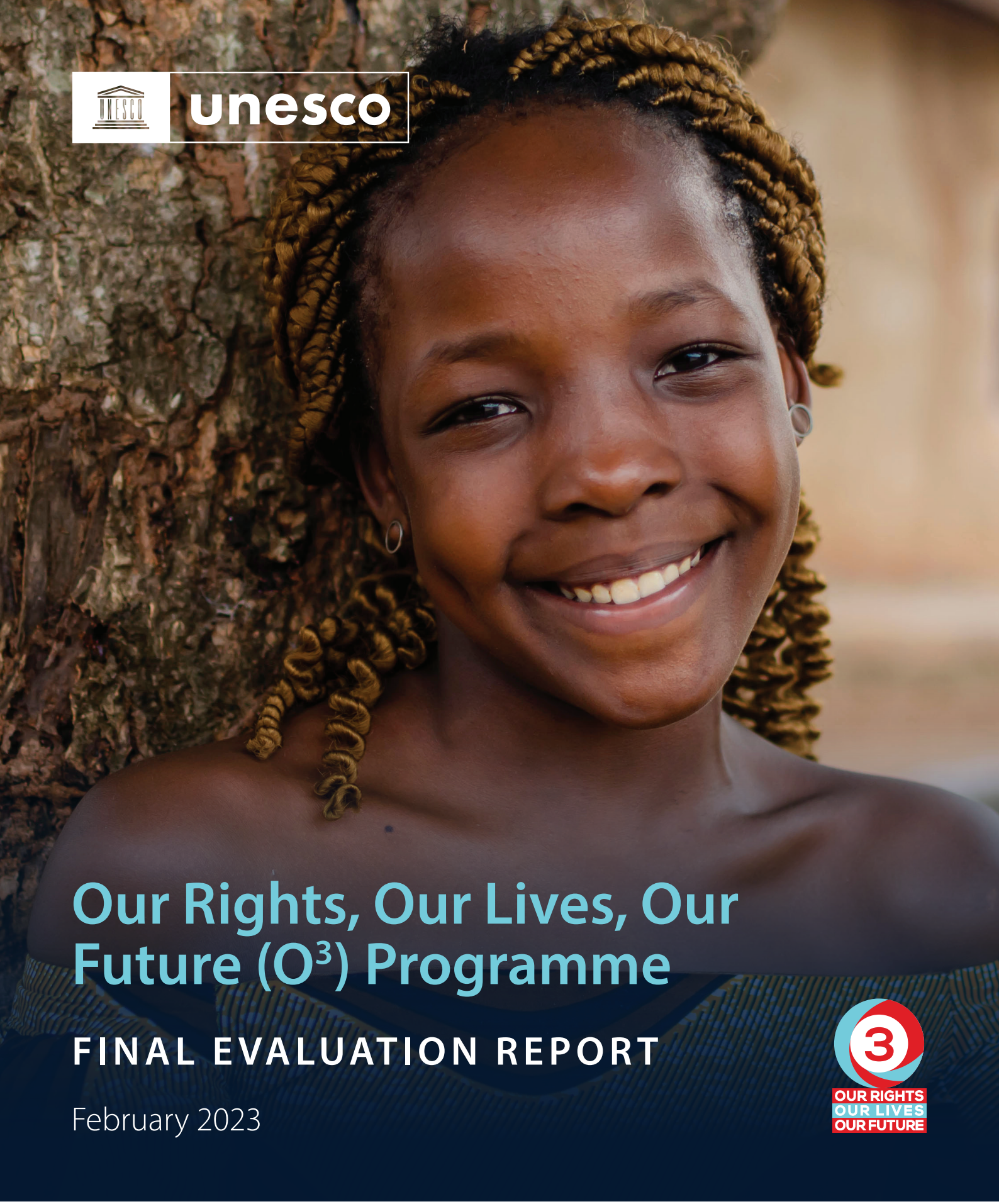

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Our Rights, Our Lives, Our Future (O^3) Programme

FINAL EVALUATION REPORT

February 2023

3 OUR RIGHTS OUR LIVES OUR FUTURE

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Acronyms

AfriYAN	African Youth and Adolescents Network
AIDS	Acquired ImmunoDeficiency Syndrome
AnImRS	Analysis and Imaging of the Response to SRGBV
ASRHR	Adolescent Sexual and Reproductive Health and Rights
AYP	Adolescents and Young People
CAFOP	Centres d'Animation et de Formation pédagogique [teacher training institute for pre-service basic education teachers]
COVID-19	Coronavirus Disease 2019
CSE	Comprehensive Sexuality Education
CSO	Civil Society Organisation
CwR	Connect with Respect
DBE	Department of Basic Education [South Africa]
DHIS	District Health Information System
DHS	Demographic and Health Survey
DRC	Democratic Republic of Congo
EAC	East African Community
EANNASO	Eastern Africa National Networks of AIDS & Health Service Organisations
EHW	Education for Health and Well-being
EMIS	Education Management Information System
ESA	Eastern and Southern Africa
ESVS	Education for Health and for Healthy Living
EUP	Early and Unintended Pregnancy
FC	Focus Country
FGD	Focus Group Discussion
FGM	Female Genital Mutilation
FLE	Family Life Education
FLHE	Family Life HIV Education
GBV	Gender-Based Violence
HIV	Human Immunodeficiency Virus
HMIS	Health Management Information System
HTEI	Higher and Tertiary Education Institution
ICPD+25	25th International Conference on Population and Development
ICT	Information and Communications Technology
IIEP	International Institute for Educational Planning
INERELA+	International Network of Religious Leaders Living with or Personally affected by HIV and AIDS
ISE	Integrated Sexuality Education
ITGSE	International Technical Guidance on Sexuality Education
JPA	Joint Partnership Agreement
KII	Key Informant Interview
KIT	Royal Tropical Institute
LGBTIQ+	Lesbian, Gay, Bisexual, Trans, Intersex and Queer
LSE	Life Skills Education
M&E	Monitoring & Evaluation

MICS	Multiple Indicator Cluster Survey
MoE	Ministry of Education
MoET	Ministry of Education and Training [Eswatini]
MoH	Ministry of Health
MP	Member of Parliament
MTR	Mid-Term Review
NC	Networking Country
NGO	Non-Governmental Organisation
NPO	National Programme Officer
O³	Our Rights, Our Lives, Our Future
PAC	Programme Acceleration Country
PCC	Parent-Child Communication
PMTCT	Prevention of Mother-To-Child Transmission
PSS	PsychoSocial Support
PTA	Parent Teacher Association
REC	Regional Economic Community
RLP	Regional Learning Platform
SADC	Southern African Development Community
SAfAIDS	Southern Africa AIDS Dissemination Service
SAT	SRHR Africa Trust
SDG	Sustainable Development Goal
SE	Sexuality Education
SERAT	Sexuality Education and Review Tool
SRGBV	School-Related Gender-Based Violence
SRH	Sexual and Reproductive Health
SRHR	Sexual and Reproductive Health and Rights
SSA	Sub-Saharan Africa
STI	Sexually Transmitted Infection
TCG	Technical Coordination Group
ToT	Training of Trainers
TWG	Technical Working Group
UoN	University of Nairobi
UN	United Nations
UNAIDS	Joint United Nations Programme on HIV/AIDS
UNDP	United Nations Development Programme
UNESCO	United Nations Educational, Scientific and Cultural Organisation
UNFPA	United Nations Population Fund
UNICEF	United Nations Children's Fund
WCA	West and Central Africa
WCC	World Council of Churches
WHO	World Health Organisation
YPT	Young People Today

Executive summary

Introduction

The Our Rights, Our Lives, Our Future (O^3) programme, implemented by UNESCO, has a vision of a sub-Saharan Africa (SSA) where all adolescents and young people (AYP) attain positive health, education, and gender equality outcomes. The programme commenced in 2018 and will end in June 2023. The objectives of the O^3 programme were to:

1. Secure and sustain strong political commitment and support for AYP's access to comprehensive sexuality education (CSE) and sexual and reproductive health (SRH) services across SSA.
2. Support the delivery of accurate, rights-based, and good quality CSE programmes that provide knowledge, values, and skills essential for safer behaviours, reduced adolescent pregnancy, and gender equality.
3. Ensure that schools and community environments are safer, healthier, and inclusive for all AYP.
4. Strengthen the evidence base on CSE and safer school environments.

These four objectives corresponded with four programme areas within the programme's theory of change. The programme was implemented in 33 countries, of which seven were programme acceleration countries, 16 were focus countries and ten were networking countries. These three tiers meant that countries received different levels of financial and technical support.

To assess the programme's successes, learnings and best practices and to inform future programmes, UNESCO commissioned this final evaluation to the KIT Royal Tropical Institute. The evaluation objectives were to:

1. Ascertain the effectiveness (results/impact), efficiency, and sustainability of the O^3 programme[1].
2. Assess progress against targets set at baseline, validate, and populate the results framework.
3. Identify opportunities, challenges, good practices, and lessons that will be useful for strengthening and enhancing the design and implementation of the next phase of the programme.
4. Provide conclusions and actionable recommendations that can shape UNESCO's future programming and implementation of initiatives to advance education, health and wellbeing of AYP.

Methods

This final evaluation of the O^3 programme was conducted from August 2022 until January 2023. The final evaluation entailed ten qualitative country case studies in Botswana, Burundi, Cameroon, Côte d'Ivoire, Eswatini, Gabon, Malawi, Nigeria, Uganda and Zambia; 15 key informant interviews at the global and regional levels; secondary data analysis of large-scale household surveys and a document review covering 33 countries in SSA.

In eight of the case study countries, focus group discussions (FGDs) with AYP/learners, parents and teachers were conducted. In all case study countries, key informant interviews with policy/decision-makers, programme implementers, traditional and religious leaders, SRH service providers, representatives from parent-teacher associations (PTAs) and training institutions were conducted. The total number of participants in the ten countries was 436.

The evaluation team synthesised and triangulated the data from each method to write this final evaluation report.

Findings

Effectiveness

Programme area 1. The programme's coordinated action with multiple sectors and stakeholders at regional and country levels resulted in keeping CSE on the political agenda, despite increased resistance to CSE on the continent. The O^3 programme worked together with Regional Economic Communities, Ministries of Education and Health and in several countries other relevant ministries, civil society organisations, teacher and parent associations, the media and religious leaders. The Eastern and Southern Africa (ESA) Commitment on CSE and SRH services for AYP was renewed and endorsed by ten countries (Botswana, Eswatini, Lesotho, Mozambique, Namibia, South Africa, South Sudan, Tanzania, Zambia and Zimbabwe) end 2023. Although the ESA Commitment is currently not endorsed by Ethiopia, Kenya, Malawi and Uganda; and the West and Central Africa (WCA) Commitment is not yet materialised, there is political support for (some form of) CSE in many countries.

1 The programme's relevance and coherence were sufficiently covered in the mid-term review and have not been the focus of this final evaluation.

In some countries, such as in Gabon, Tanzania and Uganda, the O³ programme contributed to new laws and rulings supporting AYP's sexual and reproductive health and rights (SRHR). For example, Gabon launched a progressive new law on gender-based violence. The High Court of Uganda ruled that the Ministry of Education should develop a policy on sexuality education.

The O³ programme reached a minimum of 53 million of AYP and other stakeholders through multiple media platforms, going beyond its set targets. This was mainly achieved through the 'Let's Talk!' campaign in ESA and the 'Education Saves Lives' campaign in WCA.

A religious leaders' toolkit was developed, and implementation started in Eswatini, Malawi, Mozambique, Namibia, South Sudan, Tanzania, Uganda and Zimbabwe: religious leaders were equipped to address SRH in their churches, mosques and communities. Similarly, a parent-child communication manual ('Our Talks') was developed and subsequently rolled out in Botswana, Eswatini, Kenya, Malawi, Namibia and Tanzania. Both the implementation of the religious leaders' toolkit and 'Our Talks' got hampered by the COVID-19 pandemic.

Programme area 2. The final evaluation provides some evidence on CSE resulting in increased SRHR knowledge, changes in gender attitudes as well as increased self-esteem and empowerment among AYP. To achieve this, the programme strengthened in-school CSE provision in 23 programme acceleration and focus countries.

Based on the revised International Technical Guidance on Sexuality Education (ITGSE) and findings from the Sexuality Education and Review Tool (SERAT) assessments, 12 countries[2] revised and adopted CSE curricula (against a target of 15 countries). In four of these countries, namely in Burkina Faso, Côte d'Ivoire, Tanzania and Zimbabwe, this concerned the revision and adoption of the primary, secondary, and the teacher training curricula. Ethiopia is an example of a country where a curriculum revision took place but did not get adopted, because of strong resistance within the Ministry of Education. In 21 countries[3], a minimum number of 334 new teaching and learning materials were developed and disseminated.

The number of pre- and in-service teachers reached with (face-to-face and online) training in CSE exceeded the targets. Across SSA, a total of 87,455 pre-service teachers were trained over 2018-2021, compared to a target of 51,000, and a total of 545,033 in-service teachers were trained over the same period compared to a target of 402,000. Countries that contributed most to these numbers were Cameroon, Nigeria and Zambia for pre-service teachers; and Côte d'Ivoire and South Africa for in-service teachers. Zambia's college hub model of teacher training was identified as a good strategy to make teacher training more sustainable. Although not (yet) accredited in any of the O³ countries, the improved online 2-days CSE course provides a good basis for an expanded pool of trained teachers, now and in the future. However, various informants thought that hybrid teacher training would lead to more impact.

This final evaluation reveals that the effectiveness of teacher training in terms of actual delivery of quality CSE remains a point of attention in all countries. While trained teachers reported feeling better equipped to provide CSE, there is proof that the content of CSE provided is often not comprehensive. Continuous mentoring is absent in most countries (except in Zambia). To improve this, UNESCO developed a regional coaching and mentorship strategy for CSE teachers in 2020. In several case study countries, AYP reported that CSE had a narrow focus on abstinence, hygiene and/or family planning, or lacked attention for gender equality or sensitive topics such as abortion or LGBTQI+. In addition, CSE was often reported to 'fall off' the curriculum, because of time constraints and the subject not being examinable.

In some countries, such as in Nigeria, Uganda, Zambia and Zimbabwe, health workers played a role in the provision of CSE in schools. This was positively evaluated by informants, including by AYP. The establishment of such links between schools and health facilities was also recommended in Botswana, Côte d'Ivoire and Eswatini.

Challenges in convincing parents about the importance of CSE and reaching out-of-school AYP with CSE persist (it should be noted that directly reaching out-of-school AYP with CSE lies not within UNESCO's mandate). Not all AYP have access to (social) media. In 2021, UNESCO established the O³ PLUS programme, aiming to improve CSE for young people in higher and tertiary education institutions.

2 Burkina Faso, Cameroon, Côte d'Ivoire, DRC, Eswatini, Lesotho, Mozambique, Namibia, Nigeria, Tanzania, Uganda and Zimbabwe.
3 Botswana, Burkina Faso, Cameroon, Côte d'Ivoire, DRC, Eswatini, Ghana, Kenya, Lesotho, Madagascar, Malawi, Namibia, Niger, Nigeria, Senegal, South Africa, South Sudan, Tanzania, Togo, Uganda and Zimbabwe.

Programme area 3. An evaluation of Connect with Respect, a tool to address school-related gender-based violence (SRGBV) in schools, has shown positive outcomes concerning AYP's attitudes towards gender equality and incidence of sexual harassment by peers. The tool has been implemented in Botswana, Eswatini, Malawi, Tanzania, Zambia and Zimbabwe.

The O^3 programme supported 11 countries in developing and implementing a policy on learner pregnancy and re-admission. The O^3 programme also supported 16 countries in the development and/or implementation of education sector policies that address SRGBV and early marriage. New policies related to school health were supported in Namibia, Nigeria, South Africa, Uganda and Zimbabwe.

In many countries, as mentioned under programme area 1, training of religious leaders and parent-child communication programmes took place in selected communities. For example, the O^3 programme successfully engaged religious leaders to promote community engagement and improved parent-child communication in Nigeria. In Zambia, traditional leaders were involved in prevention of early marriage and teenage pregnancy through enforcement of bylaws. In Cameroon, the programme successfully involved the communication sector to create more awareness and support for CSE. A platform of journalists and influencers exchanged information about sexuality education, and a network of community radio stations helped to reduce misinformation on the subject.

Despite the above, AYP in most countries where primary data were collected indicated that they do not feel safe in schools, nor in their communities. Furthermore, although communities seem increasingly knowledgeable about CSE, most informants thought that more efforts are required to involve particularly parents – partly through increased interaction with PTAs.

Programme area 4. At both regional and national levels, the O^3 programme contributed to the evidence base for CSE by commissioning various country- and at least 17 multi-country studies on topics related to CSE. The findings of these studies were used in advocacy and product development and this seemed to have happened more at regional than at national level. The O^3 programme also made great progress in ensuring that HIV/CSE indicators are integrated into national education management information systems (EMISs) in all countries. Particularly in WCA, much progress was made on integrating core HIV/CSE indicators into EMIS, however, the actual collection and reporting on these indicators need improvement. The final evaluation further shows that the use of UNESCO's regional learning platform could be increased.

Impact of the O^3 programme on vulnerable AYP. Efforts to contribute to more supportive environments for adolescent mothers have been prominent in about half of the O^3 countries. Such efforts led to increased re-entry of girls after pregnancy in Côte d'Ivoire, Malawi, Nigeria and Uganda. Efforts to increasingly reach other vulnerable groups, such as AYP with disabilities and AYP living with HIV/AIDS, have grown throughout the programme but need strengthening. Besides including vulnerable AYP in activities, it is important that such activities include strategies addressing bullying, stigma and discrimination at both school and community levels.

Effectiveness of UNESCO's intervention strategies and approaches. The complementarity of the four O^3 programme areas contributed to the programme's effectiveness in enhancing AYP's access to CSE and SRH services in SSA. Different types of informants evaluated the combination of the regional and country-based components as an effective programme design. Many informants also acknowledged UNESCO's collaboration with a wide variety of stakeholders at regional and national levels, and the focus on involving or giving a platform to policy makers as effective strategies to enhance CSE. The use of multiple and popular media increased the reach of the O^3 programme. The training of teachers in the provision of CSE was valued as one of the most effective intervention strategies of the O^3 programme. Lastly, interventions targeting multiple stakeholders at community level created a supportive 'ecosystem' for AYP to access CSE and SRH services.

Efficiency

The complementarity of the four programme areas, the combination of the regional and country programmes and the three tiers of the O^3 programme all contributed to its efficiency. UNESCO's collaboration with a wide variety of stakeholders, including Regional Economic Communities, national ministries, politicians, civil society organisations (CSOs), and religious and traditional leadership was an effective and efficient strategy to create legitimacy of CSE and enhance its implementation. Efficiency gains can be made, amongst others, by expanding the multi-sectoral approach in some countries and by increasing meaningful participation of youth at regional, national and local levels.

Operational challenges during programme implementation included limited funding, funding delays and staff shortages. Problems with resource allocation and availability were reported in Botswana, Burundi, Côte d'Ivoire, Eswatini, Gabon, Malawi, Uganda and Zambia.

There is clear evidence that the O³ programme used its monitoring and evaluation system for learning and further shaping of its activities, however, the O³ programme's results framework has room for improvement in terms of indicator accuracy and completeness. Some indicators in the O³ results framework were not clearly defined, or were misinterpreted across different countries. For example, output indicators were misinterpreted as outcome indicators, or the other way around. Consistency and comparability of results for most impact and some outcomes indicators, both within and across countries, have been problematic. However, such problems cannot be fully avoided, as most of these indicators are dependent on data collected at national level (by other actors than O³). The O³ programme used a uniform results framework for all programme acceleration and focus countries and added context-specific indicators where needed. While this was appropriate, progress for networking countries has proven to be difficult to track. Furthermore, the final evaluation reveals that the results framework should incorporate more (qualitative) indicators on the quality of CSE provided.

The O³ programme responded well to the COVID-19 pandemic. From 2020, the programme relied more heavily on platforms such as radio, TV and social media for information dissemination, training and advocacy. The programme supported the education sector's overall response to COVID-19, through developing school guidelines or COVID-19-related educational materials for in-school AYP, as well as sessions to disseminate information around COVID-19 off- and online. In ESA, the 'Back to school' campaign was launched in 2020 to motivate – especially girls – to return to school after the lockdowns. Likewise, in Senegal, there was a particular focus on keeping girls in school during the COVID-19 pandemic through a campaign called 'les filles au premier plan' in 2021.

The O³ programme considered political issues in the implementation of their activities, such as general elections (e.g., in Ghana) and cases of civil unrest (e.g., in Burkina Faso, Eswatini and Ethiopia). The programme continuously dealt with opposition to CSE, where in some countries more efforts were needed than in others, and the effectiveness of the response varied between countries. Pushbacks in Ethiopia, Ghana, Kenya and Uganda, but also in Côte d'Ivoire, Namibia, Nigeria, Malawi, Mali, Senegal, South Africa and Zambia required a shift in approach, which often meant changing language, slowing down efforts, and increasing advocacy and engagement of opposition stakeholders.

Sustainability

Many of O³ programme's intervention strategies were geared towards sustainability, such as working closely with government partners to advance the CSE agenda (creating ownership), integration of CSE in national curricula, and training of curriculum developers and pre-service teachers. The programme could leverage more on working with civil society (including youth actors), traditional and religious leaders, PTAs and existing community-based groups (such as mother groups in Malawi and village saving groups in Burundi), together with partners such as the UNFPA, to create and maintain an enabling environment for (both in- and out-of-school) AYP to access CSE and SRH services.

The final evaluation points towards signs of sustained outcomes, such as increased political commitment and leadership in most countries and in a few countries in Southern Africa, namely in Namibia and South Africa, increased allocation of domestic resources for CSE or AYP's SRHR. However, it is unclear to what extent the O³ programme contributed to the increased allocation of domestic resources in these two countries.

Threats to sustainability are continuously present. In some countries, informants talked about continuous turnover of key actors and lack of coordinated efforts in the implementation of the programme posing threats to sustainability. The most important threats were, however, related to limited domestic funding for CSE across SSA and the progressive nature of the CSE agenda. As mentioned by a regional key informant: *"the road to sustainability of CSE is dealing well with opposition."*

Conclusion

This final evaluation concludes that the O³ programme has been largely effective in the first and fourth programme areas (securing and sustaining political commitment and strengthening the evidence base on CSE and safer school environments). The O³ programme has been partly effective in programme areas 2 and 3, on supporting the delivery of accurate, rights-based, and good quality CSE programmes and ensuring safer, healthier, and inclusive environments in schools and communities. The O³ programme included various intervention strategies that were geared towards efficiency and sustainability. Despite the efficiency gains that could be made, the O³ programme has been largely efficient. The final evaluation shows that the O³ programme has been partly sustainable. While there is evidence on sustained outcomes in various countries, it needs to be acknowledged that the CSE and AYP's SRHR agendas need continuous support.

Recommendations

On programme set-up and infrastructure:

It is recommended that the O³ programme maintains its four programme areas as the pillars of its theory of change, the mix of the regional and country programmes, and the three tiers. Where possible, the programme should increase its human resources and streamline its systems to avoid funding delays.

On securing political commitment:

The O³ programme should continue its leading role in multi-sectoral and multi-stakeholder consensus-building approaches and partnerships for CSE. UNESCO should maintain its collaboration with Regional Economic Communities. Depending on the country, better involvement of other sectors than Education and Health, parent associations and religious bodies; and coordination with other United Nations agencies and CSOs should be considered.

It is recommended to improve meaningful youth participation in the O³ programme design and implementation. In some countries, the O³ programme could aim for increased and dedicated funding for countering opposition when there is a sudden need. The O³ programme should also continue with enhancing the CSE agenda through international and regional guidance and multi-media campaigning.

On CSE delivery:

Efforts concerning CSE curricula and teacher training should be extended, and implementation of hybrid training and supportive supervision for trained teachers should be further explored. In countries where opposition to CSE is strong, adopting a whole-school health-promoting approach to solicit broader societal acceptance could be considered.

More and continuous attention is needed to reach out-of-school AYP, but as this is not UNESCO's main mandate, this should be done through strengthened collaboration with the UNFPA, governments and CSOs. Particular attention to reaching vulnerable AYP needs to continue and, in collaboration with other stakeholders, increased attention for groups such as migrants and LGBTQI+ should be considered in contexts where this is possible.

On safe and inclusive school and community environments:

The O³ programme should continue its support to policy development concerning prevention of SRGBV and promotion of school health. The programme should, together with its partners, increase attention to the involvement of parents and health workers, besides continuous involvement of traditional and religious leaders in supporting and delivering CSE in school and in the community.

On monitoring and evaluation of the O³ programme:

This final evaluation makes some specific recommendations towards improving O³'s results framework. The framework should have some room for contextualisation per country and should be tailored per tier: one for the programme acceleration countries, one for the focus countries and a limited one with only qualitative indicators for the networking countries. For each tier, a smart set of distinct impact, outcome and output indicators and an indicator reference sheet need to be developed and consistently used by all O³ programme staff to improve data reliability and comparability.

Qualitative indicators or specific studies should be considered to increase insight into the programme's outcomes concerning 1) the quality of CSE provided; 2) AYP's opinions about CSE received; 3) meaningful youth participation; 4) community participation in CSE; and 5) changes in power relations based on gender and age, and, where applicable, class, ethnicity or ability.

On strengthening the evidence base on CSE:

The O³ programme should concentrate its efforts on supporting data collection, analysis and reporting on HIV/CSE indicators in EMIS. There is more longitudinal evidence needed on effects of CSE at the country level, over longer periods of time. The O³ programme should continue to test and evaluate innovations, and document experiences, lessons learned, good practices and testimonies of beneficiaries of CSE (including those of the most vulnerable) on an annual basis, which should be disseminated at national, regional and global levels through multiple platforms.

PART 1: Setting the Scene

1. Introduction to UNESCO's Our Rights, Our Lives, Our Future Programme

1.1 O³ programme's context and objective

The Our Rights, Our Lives, Our Future (O³) programme, implemented by UNESCO, has a vision of a sub-Saharan Africa (SSA) where all adolescents and young people (AYP) attain positive health, education, and gender equality outcomes. The O³ programme commenced in 2018 and will complete implementation in June 2023. This comprehensive sexuality education (CSE) programme was jointly funded by the governments of Sweden, France, Norway and Ireland and the Packard Foundation, and was implemented by UNESCO in partnership with Ministries of Education (MoEs) and other organisations in 33 African countries. Being the largest in-school CSE programme in Africa, it supported delivery of good quality CSE that empowers AYP and builds agency, while developing the skills, knowledge, attitudes and competencies required for preventing HIV, reducing early and unintended pregnancies, and eliminating gender-based violence (GBV).

At the intersections of sustainable development goal (SDG) 4 (quality education), SDG 3 (good health), SDG 5 (gender equality) and SDG 17 (peace, justice and strong institutions), the objectives of the O³ programme were to:

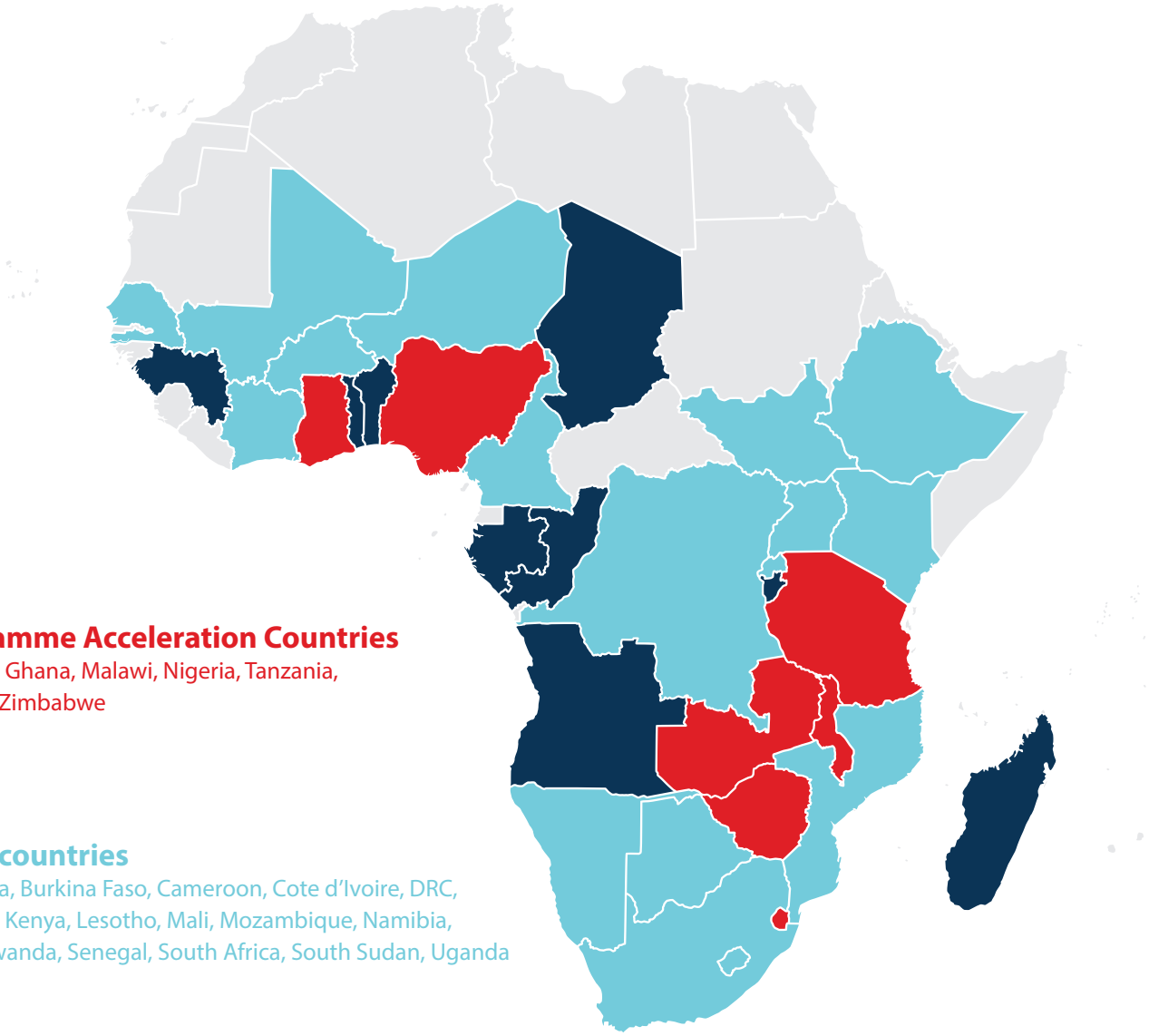
1. Secure and sustain strong political commitment and support for AYP's access to CSE and sexual and reproductive health (SRH) services across SSA.
2. Support the delivery of accurate, rights-based, and good quality CSE programmes that provide knowledge, values, and skills essential for safer behaviours, reduced adolescent pregnancy, and gender equality.
3. Ensure that schools and community environments are safer, healthier, and inclusive for all AYP.
4. Strengthen the evidence base on CSE and safer school environments.

In the Eastern and Southern Africa (ESA) region, the O³ programme built on the ESA Ministerial Commitment on CSE and SRH services for AYP of 2013 and a predecessor of the O³ programme. In West and Central Africa (WCA), there was no predecessor of the programme.

1.2 O³ programme's set-up and theory of change

The O³ programme followed a three tiered system with programme acceleration, focus, and networking countries (Figure 1).

- Programme acceleration countries (PACs) received significant targeted funding to allow for an accelerated scale-up of CSE implementation.
- Focus countries (FCs) received intensive support to carry out specific activities to strengthen the development and delivery of CSE based on their specific needs and situations.
- Networking countries (NCs) were part of the project network and received seed funding. They benefited from common regional activities, such as joint regional trainings and guidance materials, depending on their individual readiness to participate.



Programme Acceleration Countries
Eswatini, Ghana, Malawi, Nigeria, Tanzania, Zambia, Zimbabwe

Focus countries
Botswana, Burkina Faso, Cameroon, Cote d'Ivoire, DRC, Ethiopia, Kenya, Lesotho, Mali, Mozambique, Namibia, Niger, Rwanda, Senegal, South Africa, South Sudan, Uganda

Networking countries
Angola, Benin, Burundi, Chad, Congo, Gabon, Guinea, Madagascar, Togo

Figure 1: Overview of O³ countries, their tier and CSE terminology

As shown in Table 1, the 33 O³ countries have different terms in use for CSE.

Country	Tier	CSE terminology used
ESA		
Botswana	FC → PAC	Life (Life Skills Education)
Eswatini	PAC	Guidance & Counselling - G&C LSE curriculum
Ethiopia	FC	Education for Health and Wellbeing
Kenya	FC	CSE and B20 are called human sexuality education
Lesotho	FC	Life Skills Based Sexuality Education (LBSE)
Madagascar	NC	L'education à la Vie en Harmonie or Education Sexuelle Complèteare
Malawi	PAC	Comprehensive Sexuality Education (CSE)
Mozambique	FC	CSE translated as Educacão Sexual Abrangente, which replaced LSE
Namibia	FC	Life Skills Education (LSE)
Rwanda	NC	Comprehensive Sexuality Education (CSE) under competence-based curriculum
South Sudan	NC → FC	Comprehensive Sexuality Education (CSE)
South Africa	FC	CSE terminology implemented under Life Orientation (LO)
Tanzania	PAC	CSE terminology used interchangably with other terms
Uganda	FC	Sexuality education (SE)
Zambia	PAC	CSE as well as Reproductive Health and Sexuality
Zimbabwe	PAC	Guidance Counselling (G&C) and Life Skills Education (LE)
WCA		
Angola	NC	Comprehensive Sexuality Education (CSE)
Benin	NC → FC	L'education à la Santé Sexuelle (ESS)
Burkina Faso	NC → FC	Family Life Education (FLE)
Burundi	NC	Education à la sexualité, éducation compléte à la santé
Cameroon	FC	Integrated Sexuality Education (ISE)
Chad	NC	Education à la Vie et à la Santé de la Reproduction
Cote d'Ivoire	FC	Education for Health and for Healthy Living (ESVS)
Democratic Republic of Congo	FC	Family Life Education (FLE)
Gabon	NC → FC	Education a la Santé Sexuelle et Reproductive (ESSR)
Ghana	PAC	Reproductive Health Education (RHE)
Guinea	NC	L'éducation compléte à la sexualité
Mali	NC → FC	Reproductive Health Education (RHE)
Niger	FC	Reproductive Health Education for Adolescents and Young People
Nigeria	NC → PAC	Family Life HIV Education (FLHE)
Republic of Congo	NC → FC	Éducation compléte à la Sexualité (ECS)
Senegal	NC → FC	Educations for the health and wellbeing of adolescents and youth
Togo	NC	Recommended to use Values and Sexual Health Education (EVSS)

Table 1: Overview of O³ countries, their tier and CSE terminology

Furthermore, there are differences in how CSE is delivered in the education systems of the O³ countries. In most countries, CSE is integrated into other 'carrier' subjects in both primary and secondary schools. In some countries, CSE is offered as an elective subject (Table 2, Annex 1).

Country	Curriculum Delivery	Primary	Secondary
ESA			
Angola	Integrated	✓	✓
Botswana	Stand-alone	✓	✓
Eswatini	Integrated**	✓	✓
Ethiopia	NA	NA	NA
Kenya	Both	✓	✓
Lesotho	Both	✓	✓
Madagascar	Unclear	✓	✓
Malawi	Integrated	✓	✓
Mozambique	Integrated	✓	✓
Namibia	Unclear	✓	✓
Rwanda	Integrated	✓	✓***
South Sudan	Stand-alone	✓	✓
South Africa	Stand-alone	✓	✓
Tanzania	Integrated	✓	✓
Uganda	Integrated	No	✓
Zambia	Integrated	✓	✓
Zimbabwe	Integrated	✓	✓
WCA			
Angola	ND	✓	✓
Benin	Integrated	✓	✓
Burkina Faso	Integrated	✓	No
Burundi	Integrated	✓	✓
Cameroon	NA	NA	NA
Chad	Integrated	✓	✓
Cote d'Ivoire	Integrated	✓	✓
Democratic Republic of Congo	Unclear	✓	✓
Gabon	Integrated	✓	✓
Ghana	ND	✓	✓
Guinea	Integrated*	✓	✓
Mali	Integrated	No	✓
Niger	Integrated	No	✓
Nigeria	Integrated	✓	✓
Republic of Congo	Integrated	✓	✓
Senegal	NA	NA	NA
Togo	ND	ND	✓

** Some topics | ** It is integrated at Primary Schools and stand-alone at Secondary Schools | *** Lower Secondary*

Table 2: In-school CSE delivery models in O³ countries

The theory of change of the O³ programme shows the ultimate impact and outcomes, the intervention strategies under the four programme areas (outputs), as well as the underlying assumptions (Figure 2). At mid-term, UNESCO and the mid-term evaluators jointly reconstructed the theory of change to make the assumptions explicit, as this was not done in the initial version.

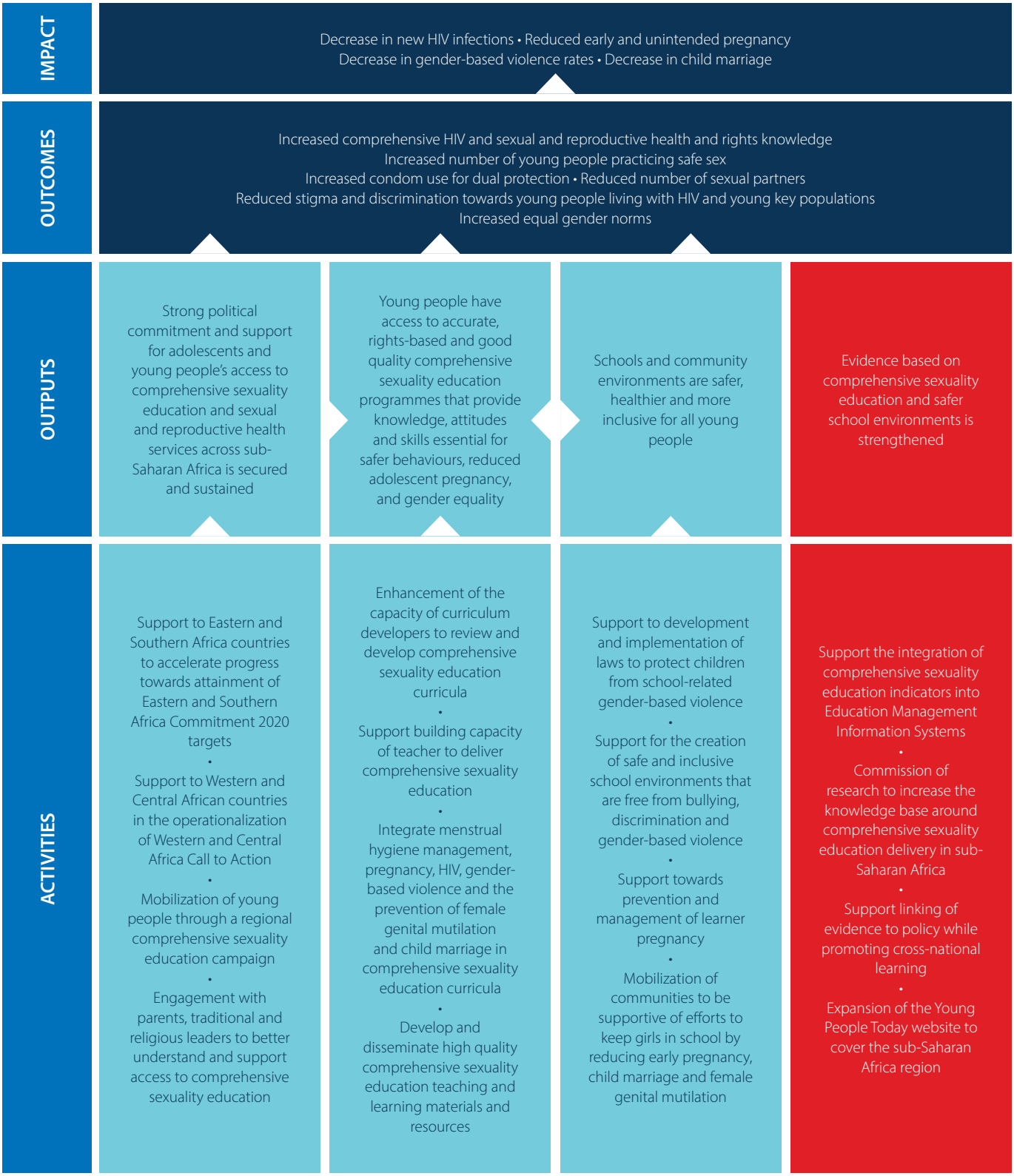


Figure 2: The O³ programme theory of change

2. Rationale and purpose of the final evaluation

The O^3 programme will end in June 2023, after five years of implementation. By the end of 2022, the O^3 programme set out to reach 24.9 million learners in 72,000 primary and secondary schools, 51,000 pre-service teachers, and 402,000 in-service teachers. The O^3 programme also aimed to reach 30.5 million people (parents, guardians, religious leaders, and – although not the primary focus – AYP out of school) through community engagement activities, as well as 10 million AYP through the 'Young People Today' (YPT) website and social media platforms.

To assess the programme's successes, learnings and best practices and to inform future programmes, UNESCO commissioned this final evaluation to the KIT Royal Tropical Institute (see Annex 2 for the Terms of Reference). A baseline study was conducted by ICF International and published in 2018, which focused on the results framework readiness and operationalisation. The mid-term review (MTR), published in January 2022, was conducted by the Swiss Tropical and Public Health Institute on the implementation period of 2018-2020 and presented findings related to relevance, coherence, effectiveness, efficiency, partnerships as well as sustainability, scale-up and emerging issues. The purpose of this final evaluation is to provide UNESCO with a systematic assessment of the (almost) full implementation period of the O^3 programme (2018-mid 2022) across all 33 countries[4].

The focus of this final evaluation was to assess if, to what extent, and how all programme objectives were achieved, and to provide input into the development and design of the next phase of the programme. This assessment analysed both expected and unexpected results and how these were achieved; captured challenges faced and measures taken to adapt and respond to these challenges; and extracted good practices and lessons learned.

The objectives of the evaluation were to:

1. Ascertain the effectiveness (results/impact), efficiency, and sustainability of the O^3 programme[5].
2. Assess progress against targets set at baseline, validate, and populate the results framework.
3. Identify opportunities, challenges, good practices, and lessons that will be useful for strengthening and enhancing the design and implementation of the next phase of the programme.
4. Provide conclusions and actionable recommendations that can shape UNESCO's future programming and implementation of initiatives to advance education, health and wellbeing of AYP.

The evaluation was guided by an evaluation framework (Annex 4), which was based on questions related to the OECD/DAC criteria of effectiveness, efficiency and sustainability. The framework also followed the core outcomes of the O^3 programme's theory of change.

4 It should be noted, however, that quantitative end-line data presented in this report are from 2021.
5 The relevance and coherence were sufficiently covered in the MTR and have not been the focus of this final evaluation.

3. Evaluation methodology

3.1 Evaluation approach and team

The evaluation approach has been geared towards being inclusive, comprehensive and experience- and evidence-informed. The evaluation has been grounded in equity, justice, human rights, and gender equality at every stage. Meaningful youth involvement was also an important principle within the evaluation.

These principles were incorporated into the design and execution of the evaluation and in the set-up of the evaluation team (see Annex 3). The principles were reflected in the evaluation instruments. For example, by using appreciative inquiry, AYP in focus group discussions (FGDs) were asked about their aspirations to elicit positive discussions prior to discussing risks or challenges. In addition, involving AYP with disabilities and ensuring the language used in the preparations of the evaluation referred to all genders, are examples that reflect the approach used in the evaluation. The evaluation core team consisted of seven members from a variety of backgrounds. It included experts on sexual and reproductive health and rights (SRHR) and CSE, experts from ESA and WCA, and young people. In eight countries, a young researcher was hired to work with an experienced country evaluation lead to conduct data collection and preliminary data analysis. In two networking countries, a young researcher took the lead in these tasks. The evaluation has been conducted in close coordination with UNESCO and the evaluation reference group.

3.2 Methods

This final evaluation consisted of two components: a document review and secondary data analysis covering 33 countries; and primary data collection including ten country case studies and in-depth interviews with global and regional stakeholders.

Document review and secondary data analysis

The document review was conducted to inform the questions in the evaluation framework and to populate the lower level outcome and output indicators of the results framework. The list of O^3 programme documents that were reviewed can be found in Annex 5. A data extraction tool based on the evaluation framework was used for extracting and analysing the data. The document review was used to identify gaps in the data and highlight which indicators needed further verification by national programme officers (NPOs). To address both issues, a survey via email was conducted targeting NPOs from the 23 programme acceleration and focus countries. Although not every question received a response, all 23 NPOs responded to the survey. The survey response rate was therefore 100%. The results framework was filled in and count (N) indicators were summed whereas percentage indicators were averaged by region.

Data on the impact and high-level outcome indicators were derived from population-based surveys providing national estimates on population and health. Where relevant and possible, data were disaggregated by gender. Data sources included the Demographic Health Surveys (DHSs), AIDS indicator surveys, Multiple Indicator Cluster Surveys (MICSs), United Nations World Population Prospects, Global School Health student-based Surveys and Violence against Children Survey reports. STAT Compiler, the UNICEF website and AIDS info[6] were used to access the data. An overview of the latest surveys was made to assess data gaps. During this process, the baseline data were also cross-checked and where relevant corrected. Since the cycles for many population-based surveys differ per country, and since COVID-19 delayed data collection for recent surveys, there were gaps in some countries for some indicators. Hence, further inferential statistical analysis to assess changes over time was not conducted.

6 https://www.statcompiler.com; https://data.unicef.org; and http://aidsinfo.unaids.org/

Primary data collection

In ten countries, country case studies were conducted to gain an in-depth understanding of the effectiveness, efficiency and sustainability of the O³ programme, as well as the associated opportunities, challenges, good practices, and lessons learned. The case studies took place in Eswatini, Malawi, Nigeria and Zambia (PACs), Botswana, Cameroon, Côte d'Ivoire and Uganda (FCs), and Burundi and Gabon (NCs). This mix of countries from both regions, from different programme tiers, which had varying levels of implementation and progress on CSE implementation was selected by UNESCO. Qualitative methods were used: FGDs, in-depth interviews with key informants and stakeholder learning sessions. Table 3 provides an overview of the methods and number of participants. A detailed overview per country, including the study areas, can be found in Annex 6. O³ programme country teams assisted in the recruitment of informants, who were all knowledgeable about the programme.

	Number of FGDs and interviews	Number of participants
Focus group discussions (FGDs)		
AYP	17	133
Parents	9	71
Teachers	9	60
Key informant interviews (KIIs)		
Youth activists interviewed (Networking countries only)	2	2
Policy- / Descision-makers	11	11
Programme implementers, incl. UNESCO country office and CSOs	28	28
Traditional / Religious leaders	9	9
SRH service providers	8	8
PTAs	9	9
Teacher associations / training institutions	9	9
Stakeholder learing sessions	9	96
Total number	110	436

Table 3: Overview of methods and number of participants for the country case studies

In PACs and FCs (eight countries), FGDs with AYP (learners), teachers, and parents/ caregivers were conducted. In most countries, FGDs with AYP/learners included a mix of genders (except in Malawi) and were segregated by age. AYP between 11 and 16 years were interviewed, but the exact categories of age disaggregation varied by country. In all countries (PACs, FCs and NCs), key informant interviews were conducted with policy/decision-makers, programme implementers, traditional and religious leaders, SRH service providers, representatives from parent-teacher associations (PTAs) and training institutions. Teachers involved in the O^3 programme assisted in recruiting AYP and parents for the FGDs in each country. UNESCO staff provided suggestions on relevant other stakeholders to be interviewed. All generic data collection instruments can be found in Annex 5. These instruments were contextualised and pre-tested in every country.

After having collected preliminary findings from the document review, FGDs and interviews, stakeholder learning sessions were organised in all case study countries except in Malawi, to jointly reflect on the effectiveness, efficiency and sustainability of the O^3 programme, extract lessons learned and co-create recommendations. These sessions included an average of 11 persons (youth representatives, policy/ decision-makers, programme implementers, a traditional/ religious leader, an SRH service provider, a PTA representative and a teacher training institute representative) per country. These participants differed from the participants that were already interviewed, and were recruited with the assistance of UNESCO in each country. The sessions were facilitated by each country's evaluation team.

To better situate the programme's progress, fifteen online in-depth interviews were conducted with key global and regional stakeholders including six with UN staff (UNESCO, UNAIDS and UNFPA), two with regional civil society organisations (CSOs), two with Regional Economic Community (REC) representatives and five with funders. These participants were selected in collaboration with UNESCO. About half of the interviews involved more than one informant. A total of 25 people participated in these interviews. The interviews were conducted by the core evaluation team. The data collection instruments for these interviews are provided in Annex 7.

Data collection was conducted in English or French. FGDs and interviews were transcribed verbatim and outcomes of stakeholder learning sessions were summarised. The core evaluation team worked closely with the evaluation teams in each country to discuss recruitment of participants, challenges and opportunities during data collection and conducted quality-checks of the transcripts. The core evaluation team synthesised and triangulated the data from each method to write the report, with the evaluation leads in each country providing feedback on the final draft.

3.3 Limitations

The O^3 programme was implemented in 33 countries. An in-depth analysis of the programme in each country would be difficult to execute and ethically concerning. Hence, the findings over-represent the countries that were selected for case studies. Furthermore, the country case studies sampled a relatively small group of AYP, teachers and parents and FGDs were conducted with mixed genders, making gender disaggregation of findings difficult. It was not possible to cover every implementation area in each case study country. The evaluation team did not have access to budget data. In addition, since the evaluation covered the period of 2018 to mid-2022, some activities in the second half of 2022 may not have been adequately captured. Nevertheless, the findings have been triangulated with data from the document review and the interviews conducted at the global and regional levels. Concerning the results framework, some of the indicators, particularly the impact indicators, do not have data available. Moreover, some of the data are not comparable over time or between countries (see Section 5.2).

3.4 Ethical considerations

This final evaluation received ethical approval from the KIT Research Ethics Committee. Since the programme targeted individuals and organisations involved in the implementation of the O^3 programme, the study did not need ethical approval in every country. Four countries received additional national ethical approvals: Malawi, Nigeria, Uganda and Zambia. In PACs and FCs, the MoEs provided a letter of support towards this evaluation.

Each informant gave informed written consent. Those who were minors assented to their participation, while their guardians gave written consent. All informants were provided with background information on the evaluation and their anonymous input; and their right to withdraw any time was emphasised. A referral to a counsellor was provided in the consent forms.

PART 2: Evaluation Findings

4. Effectiveness: results and impact of the O³ programme

4.1 Contribution of the O³ programme to increased and sustained political commitment and support

4.1.1 Overview of main O³ programme activities

The O³ programme implemented a variety of activities that aimed to increase and sustain political commitment and support for AYP's access to CSE and SRH services across SSA.

Regional O³ programme activities in ESA focused on supporting the implementation of the ESA Commitment of 2013-2020, preparing the renewed ESA Commitment (2021-2023), and operationalisation of the latter in countries that endorsed the renewed Commitment. Activities were carried out in collaboration with the RECs (East African Community (EAC) and Southern African Development Community (SADC)), UNAIDS, UNFPA, AfriYAN, SAfAIDS, INERELA+, EANNASO, Accountability International, SRHR Africa Trust (SAT), World Council of Churches (WCC) and Save the Children. The High-Level Group and the Technical Coordination Group (TCG) have been instrumental in advocacy of the Commitment (see also Section 5.3.1). The ESA commitment's YPT platform offered a campaign opportunity to push for increased action around the Commitment. To track progress on the ESA Commitment, a dashboard with indicators from the accountability framework was established. In collaboration with SADC, three new regional frameworks were introduced: the SADC model law on child marriage, the SADC key populations strategy, and the SADC SRHR strategy (2019–2030) – embedding a number of ESA commitment targets.

In WCA, the programme, together with partners, supported the process to establish the WCA Commitment and an accompanied accountability framework through regional and national consultations with multiple stakeholders. In 2022, a community of young people across WCA was established to support the establishment of the WCA Commitment. In addition, a website is being developed to support the endorsement and implementation of the WCA Commitment. From 2019, the O³ programme was involved in the development of the Continental Strategy on Education for Health and Well-being for Adolescents and Young People in Africa with the African Union and other partners (at the time of writing this report (February 2023), a draft strategy was in place). In 2021, UNESCO conducted a mapping (including five country case studies) and analysis of opposition to CSE, which formed a basis for improved joint and continuous attention to addressing opposition, which is further discussed in Section 5.5.

Under this first programme area and in collaboration with the UNFPA, SAfAIDS and Save the Children Sweden, the early and unintended pregnancy (EUP) multi-media campaign 'Let's Talk!' was launched and implemented from mid-2019 and beginning 2020 in ten ESA countries, followed by 11 ESA countries in 2021. As a response to the COVID-19 pandemic, this campaign was adjusted to 'Let's Talk at Home'. Furthermore, from October 2020 to May 2021, ten WCA countries (Benin, Burkina Faso, Chad, Côte d'Ivoire, Guinea, Mali, Niger, Senegal and Togo) conducted a campaign on menstrual health and hygiene ('Let's Talk, Period'). In WCA, in 2022, the multi-stakeholder campaign 'Education Saves Lives' was launched to unify messaging about CSE and support the establishment of the WCA Commitment.

UNESCO also developed a religious leaders' toolkit on adolescent SRHR in partnership with WCC in 2019-2020.

The toolkit seeks to ensure that religious leaders are well equipped to address issues of sexuality in their churches, mosques and communities and deal with difficult conversations and challenges regarding CSE with adolescents. A total of 734 religious leaders from Eswatini, Malawi, Mozambique, Namibia, South Sudan, Tanzania and Zimbabwe were trained on the toolkit in 2021 and this activity continued in 2022 (e.g., in Uganda, 23 religious leaders were trained in 2022). In 2019, UNESCO developed a parent-child communication (PCC) manual ('Our Talks'), which seeks to provide information to parents about adolescent SRHR and facilitate honest conversations between parents and adolecents. The manual offers a series of sessions for 10-13-year-olds, 14-16-year-olds, 17-19-year-olds, parents, and adolescents and parents combined. One ESA regional-level training of trainers on the PPC manual was conducted in 2019. In 2020, Botswana, Eswatini, Malawi and Namibia rolled out the PCC programme. In 2021, Kenya and Tanzania followed. Digitisation of the PPC manual and related resources started in 2020. UNESCO, in collaboration with other stakeholders, also developed various policy briefs, such as on the positive effects of CSE and on the prevention of discrimination against young people with disabilities in schools in WCA.

An overview of the main activities at the country level is provided in Table 4.

Activities aimed at increasing and supporting political commitment	Stakeholder meetings - ESA commitment 2030	National consultations - WCA commitment	Orientation / Training for Policy-makers	Orientation / Training for Journalists	Engagement of parents - Training of PTAs	Engagement of parents - PCC programmes	Engagement of traditional and religious leaders	Mobilisationof general public inlc. young people through campaigns
PAC								
Eswatini	✓			✓	✓	✓	✓	✓
Ghana		✓	✓		✓		✓	✓
Malawi	✓			✓		✓	✓	✓
Nigeria		✓	✓		✓	✓	✓	✓
Tanzania	✓				✓	✓	✓	✓
Zambia	✓			✓	✓		✓	✓
Zimbabwe	✓		✓				✓	✓
FC								
Botswana	✓				✓	✓	✓	✓
Burkina Faso		✓					✓	✓
Cameroon		✓			✓	✓	✓	✓
Cote d'Ivoire		✓			✓	✓	✓	✓
DRC		✓					✓	✓
Ethiopia	✓		✓		✓		✓	✓
Kenya	✓		✓	✓	✓		✓	✓
Lesotho	✓		✓			✓	✓	✓
Mali		✓			✓		✓	✓
Mozambique	✓				✓		✓	✓
Namibia	✓		✓	✓	✓	✓	✓	✓
Niger			✓		✓		✓	✓
Senegal			✓				✓	✓
South Africa	✓			✓	✓		✓	✓
South Sudan	✓		✓	✓	✓	✓	✓	✓
Uganda	✓		✓			✓	✓	✓
NC								
Angola								
Benin		✓						
Burundi		✓						
Chad		✓					✓	
Congo		✓						
Gabon		✓						
Guinea		✓						
Madagascar								
Rwanda								
Togo		✓						
Number of countries with some level of actovity	**14**	**14**	**11**	**8**	**16**	**11**	**23**	**23**

Table 4: Overview of main activities conducted under programme area 1 of the O³ programme: increasing and sustaining political commitment and support

4.1.2 Outcomes of the O³ programme

Despite the renewed ESA Commitment (2021) being endorsed by less countries than in 2013, the majority of the O³ countries in ESA show increased commitment to enhancing AYP's access to CSE and SRH services

At baseline, in ESA, Ethiopia, Kenya and Rwanda were yet to form a functional technical working group (TWG) to coordinate the ESA Commitment. At the end of the O³ programme, as demonstrated by the results framework indicator 1.1.2 (Annex 8), all ESA countries except Madagascar had a functional TWG to coordinate the ESA Commitment. An evaluation of the ESA Commitment (2013-2020) fed into its renewal, which was endorsed by Ministers of Education, Health, Gender, and Youth at a high-level virtual meeting in a side event of the International Conference on HIV and STIs in Africa on 6 December 2021. The renewed Commitment was endorsed by ten signatory countries: Botswana, Eswatini, Lesotho, Mozambique, Namibia, South Africa, South Sudan, Tanzania, Zambia and Zimbabwe. This can be considered low, given the fact that almost all countries signed the first version of the ESA Commitment in 2013. Informants felt that in 2013, there was more momentum for the ESA Commitment than now, and stressed that this is a consequence of more conservative forces, (as one informant put it, *"the SRHR environment is a bit hostile"*) and not at all a 'negative result' of the O³ programme. Informants claimed that even though the number of signatures is limited, which might also have been a consequence of the fact that the high-level meeting had to be held virtually due to COVID-19, ministers remained engaged and the SRHR of AYP is on their agenda. Indeed, some informants attributed the development of re-entry policies[7] in many signatory and non-signatory countries to the ESA Commitment.

The fact that Tanzania endorsed the renewed ESA Commitment is remarkable, because the country has always been quite hostile towards CSE: this is a positive result of the O³ programme. The country announced the launch of a National Accelerated Action and Investment Agenda for Adolescent Health and Wellbeing (2022-2025) during the endorsement. In Namibia and Botswana, the ESA Commitment is now fully integrated into the national systems. In Botswana, an informant from the MoE also acknowledged that via the ESA Commitment and the attention given to the topics around CSE and gender equality, they were able to advocate and include LGBTIQ+ issues, which was not there prior.

"We managed through the ESA Commitment to end up speaking about sexual orientation, LGBTIQ+ and other things. I mean we have managed to adjust our curriculum. In the past it was very silent on a number of issues like sexual orientation. We were only focusing on sex for boy-girl but these days, we are able to include all those because they relaxed the policies and that adjustment on its own has really helped us. Even on issues of gender, I think there was too much talk [about gender] because of CSE and the Commitment. There was a lot of consultation and a lot of people were able to open up. I mean we advocated a lot and not only us, all spheres, and we know the media was quite loud about these targets."

More information about how the O³ programme contributed to increased (multi-sectoral) collaboration and advocacy concerning CSE is provided in Sections 4.6 and 5.3.

Resistance in relation to the ESA Commitment renewal points towards less political commitment in Ethiopia, Kenya, Malawi and Uganda

Despite encouraging developments in ESA, not all countries have witnessed increased commitment to CSE. In Ethiopia, Kenya, Malawi and Uganda, CSE has remained or become more controversial, leading to less political support (more information on the programmes' response to opposition is provided in Section 5.5). In Ethiopia, after the signing of the first ESA Commitment in 2013, CSE was renamed twice. A national 'Education for Health and Well-being' (EHW) curriculum was developed, and finally rejected altogether because it was associated with the promotion of LGBTIQ+ rights. Especially during COVID-19, the opposition was very strong, and there were hopes that the ESA renewal would lead to a revived commitment for the EHW curriculum, however this has not been the case. In Kenya, there were coordinated efforts under this programme area, such as the organisation of national conferences and high-level political fora discussing CSE. However, in the end, the ESA Commitment extension was not endorsed by the new government on the basis of language such as 'rights' being included which, according to them, may not be supported by the Constitution. Malawi was on track for signing the ESA Commitment renewal, but according to a key informant, right before the high-level meeting took place, officials were targeted by opposition parties and convinced not to sign. The main issues, according to this informant, were language on sexual diversity and a fear of a requirement to provide condoms in schools. In Uganda, the Ministry of Education was reported 'not to be ready' to endorse the ESA Commitment.

7 Policies that stimulate girls going back to school after child birth.

While these countries did not endorse the renewed Commitment, further consultations were held in 2022, particularly in Kenya, intending to bring the country on board. The renaming of CSE to EHW in the 2021 Commitment was considered a strategic move by several informants. At the same time, informants did voice that there are difficulties with language in the Commitment text; some countries that still consider endorsement would like some text to be adjusted, while this is considered difficult because other countries already endorsed the text. One informant indicated that UNESCO assumed (too easily) that the language was okay because many countries endorsed the Maputo protocol and ICPD+25, which are overarching conventions of which the ESA Commitment operationalises a part.

The O³ programme contributed to stronger national commitment and coordination concerning CSE and AYP's access to SRH services in WCA

In 2021, all WCA O³ countries, except Niger and Senegal, conducted national consultations to discuss priorities and establish a commitment towards better education for health and wellbeing for AYP. These national consultations were organised by newly established TWGs led by the Ministries of Education and of Health. In 2022, a regional youth community with more than 200 members to support the WCA Commitment was established through a partnership with a non-governmental organisation (NGO). The national consultations resulted in a draft WCA Commitment document. The document was to be submitted to the Ministers in several instances throughout 2022, but the high-level meeting has consistently been postponed due to difficulties in setting a date with the government of Congo that will host the ceremony.

Despite the delays in the endorsement of the WCA Commitment, over the last four years, many countries saw advances under this programme area. For example in Burkina Faso, the national consultation in 2021 facilitated the process of moving the family life education (FLE) agenda forward, by bringing together all the educational stakeholders involved in youth health around the same table for the first time. UNESCO's technical support to the development of position papers and national operational guidelines concerning adolescent health programming were great achievements in Nigeria.

In Burundi, successes included the development and adoption of a 2021-2025 Education for Health and for Healthy Living (ESVS) roadmap and the updating of several unimplemented regulatory provisions such as the teachers' code of conduct. Mali is another example of growing political commitment. In 2019, there was a serious controversy on CSE. After a change in government, there are now four instrumental ministers advocating for CSE (with adjusted terminology, which translates to general health education).

Comparison of targets for implementing CSE and delivering SRH services for AYP between base- and end-line provides a mixed picture

With regard to setting targets for implementing CSE and delivering SRH services for AYP (indicator 1.2.2, Annex 8 and Figures 3 and 4), at baseline, all ESA countries had set targets for all six elements[8] except for Angola, Ethiopia, Kenya, Rwanda, South Africa, and South Sudan. Ethiopia and Kenya did not have targets for the first three elements related to CSE implementation. At end-line, NPOs of PACs and FCs reported on target setting in their countries: Ethiopia sets targets only for one CSE-indicator, while Lesotho, Namibia and Uganda report on five out of six targets and Zambia and Zimbabwe on four out of six targets. In WCA, three countries (Cameroon, Côte d'Ivoire and DRC) had set targets for all six elements at baseline. At end-line, the number of targets set in DRC, Cameroon and Côte d'Ivoire went down to five, four and three out of six targets respectively. Ghana has set targets for all six elements at base- and end-line; and Niger and Burkina Faso report on five out of six at end-line, coming from both zero targets at baseline. Across both regions, the weakest element remained 'ensuring a national CSE strategy for out-of-school youth', with the fewest number of PACs and FCs having set targets.

8 Increasing the number of schools that provide life skills-based HIV and sexuality education; Increasing the number of teachers who have received training and have taught lessons in HIV and sexuality education; Ensuring a national CSE strategy for out-of-school youth; Having sexual and reproductive health training for both pre- and in-service health professionals; Increasing the number of pre- and in-service training programmes on the delivery of youth friendly health services; and Increasing the number of health service delivery points offering standard, youth friendly services.

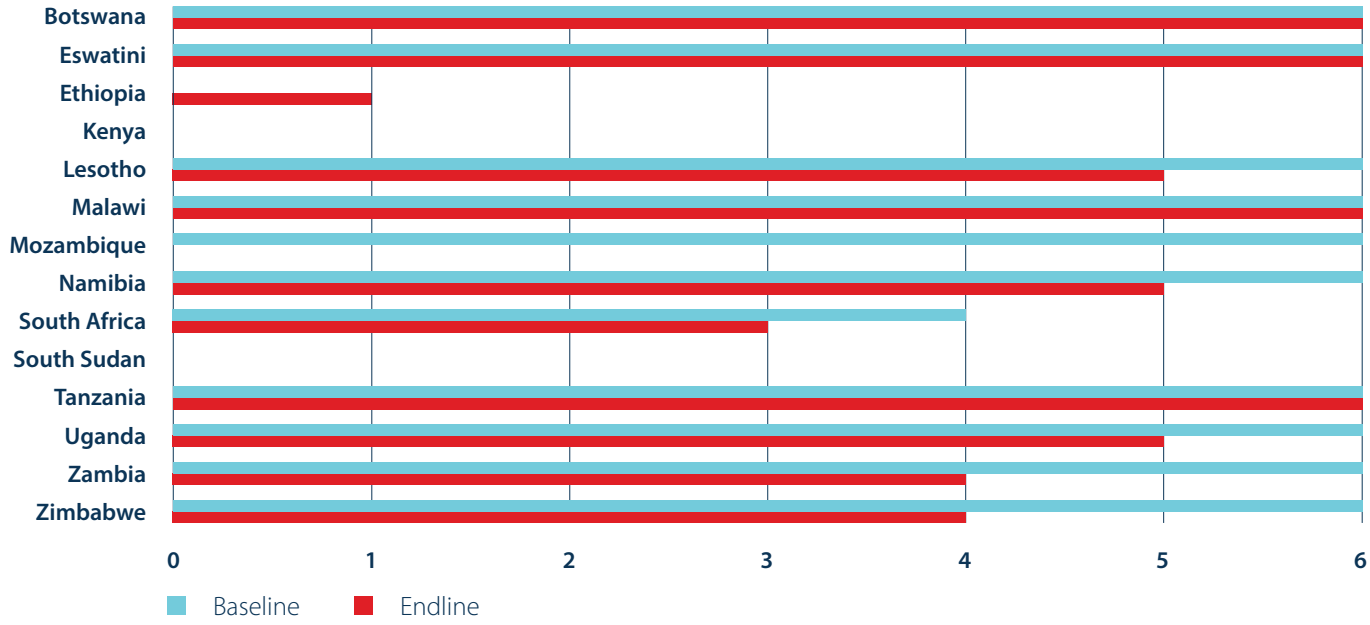


Figure 3: Number of targets that have been set per country for implementing CSE and delivering SRH services for adolescents and young people – ESA

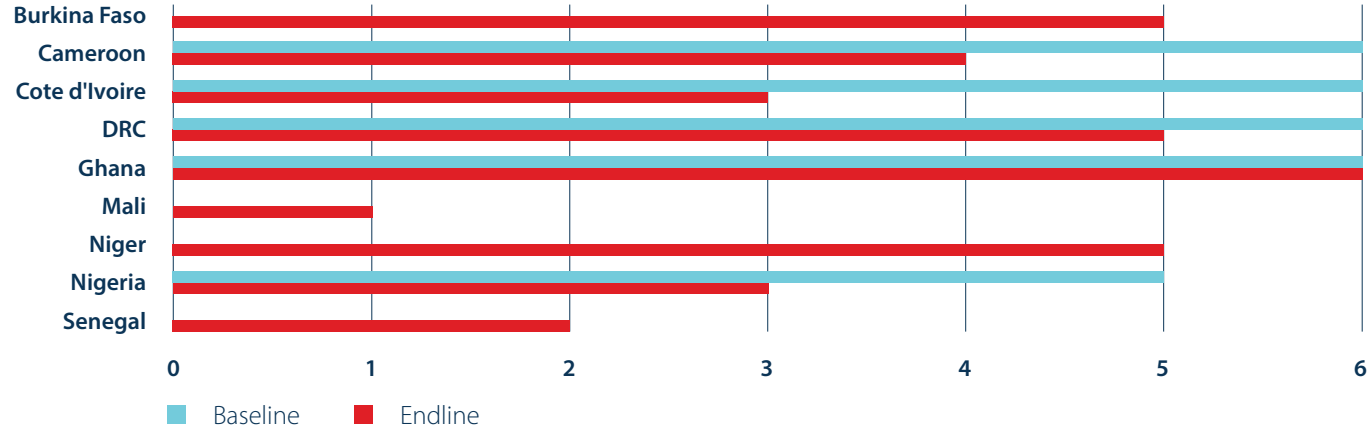


Figure 4: Number of targets that have been set per country for implementing CSE and delivering SRH services for adolescents and young people – WCA

The O³ programme contributed to new laws and rulings supporting the SRHR of AYP

Over the past four years, there is evidence of new laws and rulings supporting AYP's SRHR in several O³ countries. For example, several political gains have been made in Tanzania, such as the Supreme Court of Appeal in 2019 upholding an earlier ruling banning parents from marrying off girls younger than 15 years and the government's 2021 launch of the National Accelerated Action and Investment Agenda for Adolescent Health and Wellbeing 2020/21-2023/24. In 2020, the High Court of Uganda ruled that the MoE should develop a policy on sexuality education within two years, and nullified a resolution issued by Parliament in 2016 that directed the MoE to ban the teaching of sexuality education in schools. In Gabon, a progressive new law on gender-based violence (law 006/2021) was developed and commitment of high-level authorities in favour of the health and well-being of AYP increased. The exact O³ attribution is difficult to prove, but informants stated that the programme did contribute. Changes in laws and policies related to school safety and health are presented in Section 4.3.2.1.

The O³ programme exceeded its target and reached millions of young people through multiple media platforms

The O³ programme reached millions of young people, both in and out of school, through multiple media platforms (indicator 1.3.1, Annex 8), mainly through 'Let's Talk' in ESA (see Box 1) and 'Education Saves Lives' in WCA. The peak in ESA was in 2019 and 2020, with a reach of more than 40 and 44 million people, and in WCA, the reach grew from more than 16,000 in 2018 to more than 9 million in 2021 (Figure 5)[9]. The peak in ESA was partly due to the COVID-19 pandemic where there was a larger focus on media platforms as an avenue to reach young people. Figure 5 shows that the O³ programme exceeded its target of reaching 10 million young people. The countries with the highest reach were Uganda, Tanzania, Cameroon and Nigeria. Figure 6 shows the types of media and interventions used to reach young people, as reported by NPOs of PACs and FCs.

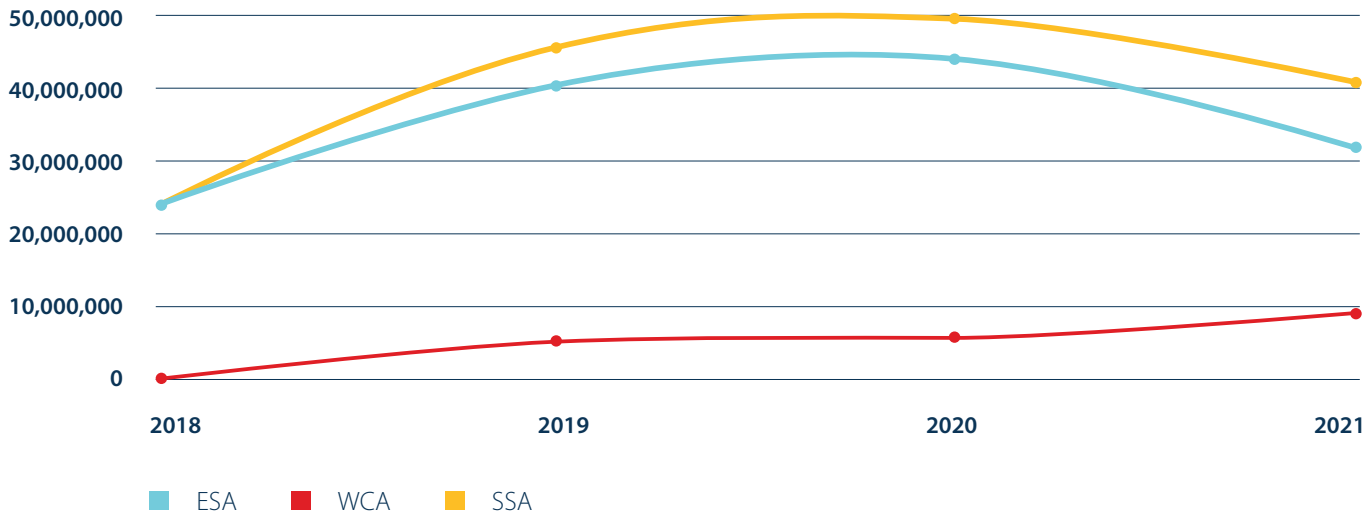


Figure 5: Number of young people reached through multiple media platforms, per region

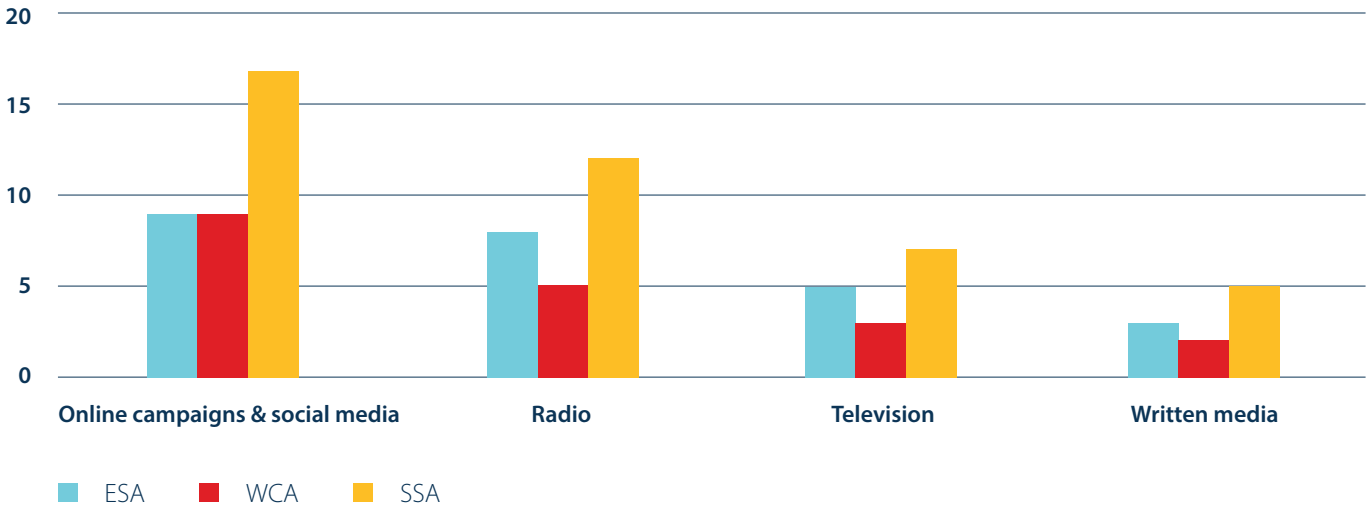


Figure 6: Number of countries that report different types of media used to reach young people, per region

9 These figures were reported by country programme teams as part of routine monitoring and evaluation. During the final evaluation, these figures were verified with NPOs and they were asked to elaborate on which media were used. It is important to note that some countries used estimates (for example, estimates on the reach of radio stations).

Box 1: Outcomes of 'Let's Talk!'

The mid-term evaluation of the award-winning 'Let's Talk!' campaign covered the regional level and Malawi, Uganda and South Africa. The end-line evaluation only covered Malawi, Kenya and Eswatini. The mid-term evaluation found that the campaign clearly brought out the EUP problem, which provided an entry point towards policy makers for advocating for CSE in ESA. It was also found that the campaign was well aligned with policies at country level, such as school re-entry policies. Despite the campaign being turned into 'Let's talk at home' in the context of COVID-19, the mid-term evaluation found that there was little evidence of adapting message content to address EUP in the context of COVID-19. The end-line found that implementation of campaign activities and target groups (e.g., primary school children or students from tertiary education institutions) greatly varied between countries, and that there was little evidence that the social media campaign reached the most vulnerable poor and rural audiences. Some campaign elements were found to be too focused on girls and not on boys (Malawi). Expectedly, COVID-19 prevented many campaign activities from happening. While the 'Let's Talk' EUP social media campaign was characterised by regular posting of well-branded and high-quality materials, the mid-term reach of 81,000 (measured by impressions, Facebook and Twitter combined) between November 2019 and August 2022 was relatively small. In addition, the almost complete lack of comments suggested a missed opportunity for online discussion on EUP, however, it had improved at end-line. The end-line lacks an overview of the campaign reach across ESA. The effects of the campaign on the knowledge, attitudes and self-efficacy of young people cannot be assessed based on the campaign's end-line report, as no baseline was conducted, sample sizes in the three countries were small, and a substantial proportion of young people surveyed did not know the 'Let's Talk' campaign. Alongside other recommendations, the mid-term and the end-line proposed the campaign to be extended beyond one year.

The O³ programme also exceeded its target in reaching out to community members on CSE

The O³ programme also focused on sensitization of community members (traditional, religious leaders and parents/guardians) on CSE/life-skills education (indicator 1.4.2, Annex 8). Again, millions were reached, with a peak of more than 21 million in 2020 in ESA, and a peak of almost 400,000 people in 2021 in WCA, with Uganda and Côte d'Ivoire contributing most respectively. These figures also show that the target of reaching out to 30.5 million people through community engagement activities has been reached. While this is the case, the COVID-19 pandemic hindered implementation of sensitization of religious leaders and PCC programmes. Box 2 illustrates how religious and traditional leaders were engaged in Eswatini.

Box 2: Engaging religious and traditional leaders for support to CSE in Eswatini

The case study in Eswatini revealed that political, religious and traditional leaders show increasingly positive opinions about and support for AYP's need for life skills education (LSE) and SRH services. The political support to implement curricula in schools is growing despite some voices showing resistance, and the LSE implementation has gone ahead with constant consultation and review of content. The O³ programme contributed to opinion leaders' positive attitudes toward CSE by organising a religious leaders' adolescent sexual and reproductive health and rights (ASRHR) summit in 2020, which was attended by 26 members from church governing bodies, 16 mission school managers, and 52 church leaders at district level with the aim to get buy-in from religious leaders and to orient them on the ASRHR manual and toolkit. In 2021, the summit was hosted again with 20 leaders and addressed the role of religious leaders in the delivery of LSE and the factors that contribute to EUP. Additionally, 29 religious leaders received a training of trainers (ToT) in June 2022. The plan is that they would, in turn, engage about 4,070 church and community members (parents and AYP) through sessions and dialogues. The implementation of the 'Our Talks' PCC programme activities secured the commitment of traditional leaders at community level in two constituencies. The launch of the national 'Let's Talk' campaign initiated the process of developing a EUP policy and reintegration guidelines, where at its launch, the Deputy Prime Minister strongly expressed: *"I declare today that pregnant learners and teen mothers should be reintegrated into the schooling system."*

4.2 Contribution of the O³ programme to the delivery of rights-based, quality and effective comprehensive sexuality education

4.2.1 Overview of main O³ programme activities

The O³ programme implemented a variety of activities that aimed to support the delivery of accurate, rights-based, and good quality CSE programmes that provide knowledge, values, and skills essential for safer behaviours, reduced adolescent pregnancy, and gender equality (programme area 2).

Regional-level activities included trainings of curriculum developers to promote the use of the revised International Technical Guidance on Sexuality Education (ITGSE); the development of an ESA in-service teacher training package on CSE (launched and piloted in 2019, finalised in 2020); implementation of a free online CSE training for teachers with nine learning modules hosted on the CSE learning platform (in English, French and Portuguese); the development of a regional coaching and mentorship strategy for CSE teachers (2020); and regional meetings on how to improve pre- and in-service teacher training on CSE. Under this programme area, we also discuss the app 'Hello Ado'.

In 2021, UNESCO implemented a number of activities to advance the delivery of CSE for learners with disabilities. This included a needs assessment on the current state of CSE for young people with disabilities in the ESA region; a ToT for 73 teachers and other stakeholders in Malawi and Zimbabwe on the 'Breaking the Silence' approach for delivering CSE to learners with disabilities; virtual regional workshops on CSE for learners with disabilities for over 200 stakeholders in SSA; and in-country training of curriculum developers, teacher educators, and school supervisors on delivery of CSE for learners with disabilities (e.g., in Cameroon and DRC).

In 2021, the $O^{3\ PLUS}$ project started, building on the O^3 programme efforts to improve SRH, gender, and education outcomes for AYP, and focusing on young people in higher and tertiary education institutions (HTEIs). The project started in eight countries: Kenya, Namibia, Rwanda, South Africa, Tanzania, Uganda, Zambia, and Zimbabwe.

An overview of the main activities at country level is provided in Table 5.

Activities aimed at deliverting rights-based quality and effective CSE	Enhancement of the capacity of curriculum developers to review and develop CSE curricula	Enahancement of the capacity of teacher educators to deliver CSE	Enhancemnet of the capacity of teachers to deliver CSE, through improving teacher education curricula / modules	Enhancement of the capacity of teachers to deliver CSE, through traininf of pre-service teachers	Enhancement of the capacity of teachers to deliver CSE, through training of in-service teachers	Development and dissemination of high quality CSE teaching and learning materials and resources
PAC						
Eswatini	✓	✓	✓	✓	✓	✓
Ghana	✓				✓	✓
Malawi		✓			✓	✓
Nigeria		✓	✓	✓	✓	✓
Tanzania		✓	✓	✓	✓	✓
Zambia	✓	✓	✓	✓	✓	
Zimbabwe	✓	✓		✓	✓	✓
FC						
Botswana	✓	✓	✓	✓	✓	✓
Burkina Faso		✓			✓	✓
Cameroon	✓	✓	✓	✓	✓	✓
Cote d'Ivoire	✓	✓	✓	✓	✓	✓
DRC	✓	✓	✓		✓	✓
Ethiopia			✓	✓	✓	
Kenya					✓	✓
Lesotho		✓		✓	✓	✓
Mali		✓			✓	
Mozambique		✓		✓	✓	
Namibia		✓		✓	✓	✓
Niger		✓			✓	✓
Senegal			✓		✓	✓
South Africa	✓		✓		✓	✓
South Sudan		✓			✓	✓
Uganda					✓	✓
NC						
Angola					✓	✓
Benin						
Burundi						
Chad						
Congo					✓	
Gabon						
Guinea						
Madagascar					✓	✓
Rwanda						
Togo					✓	✓
Number of countries with some level of actovity	**9**	**17**	**12**	**12**	**16**	**21**

Table 5: Overview of main activities conducted under programme area 2 of the O^3 programme: delivering rights-based, quality and effective CSE

As shown in Table 5, 26 countries implemented activities under programme area 2, of which most focused on training of in-service teachers to deliver CSE and development and dissemination of high quality CSE teaching and learning materials and resources.

4.2.2 Outcomes of the O³ programme

CSE curricula and materials

CSE curricula have been revised and adopted in 12 O³ countries

Following a needs assessment for sexuality education curriculum implementation in Eastern and Southern and West and Central Africa (2019), the O³ programme has been able to contribute to revised curricula for primary, secondary and teacher training institutes in 12 countries (indicator 2.1.2, Annex 8). While originally ten ESA countries had wanted to do so, seven countries had revised and adopted new curricula at end-line (Eswatini, Lesotho, Mozambique, Namibia, Tanzania, Uganda and Zimbabwe). WCA countries met the target of five countries with new revised and adopted curricula (Burkina Faso, Cameroon, Côte d'Ivoire, DRC and Nigeria) (Figure 7). Such curriculum revision efforts (and subsequent development of CSE materials) involved a variety of stakeholders, sometimes but not always involving AYP, depending on the country.

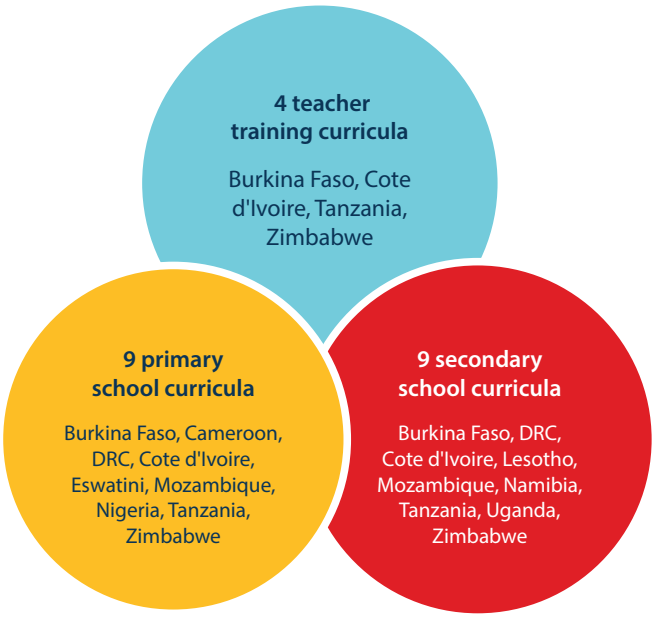


Figure 7: Adjusted CSE curricula over 2018-2022 supported by the O³ programme

As shown in Figure 7, a total of nine primary school, nine secondary school and four teacher training curricula were revised, approved and adopted in SSA over 2018 to date.

Côte d'Ivoire has made much progress in adjusting curricula: ESVS subjects were not only integrated into the CAFOP (teacher training institute for pre-service basic education teachers), but also in teacher training institutes for teachers in secondary and in technical and vocational education and training. Also in Tanzania, besides revision of the primary and secondary school CSE curricula in 2019, the teacher education curriculum (Special Diploma in Education and Certificate of Special Education) was approved and adopted in 2018. In Uganda, the National Sexuality Education Framework (not curriculum) was developed and approved in 2018. Components of this were then integrated in the new lower secondary school curriculum, which is currently being rolled out. AYP and teachers interviewed in Uganda reported that so far, the implementation of the sexuality education (SE) curriculum in Uganda has been focused on urban areas. In Lesotho, CSE learning outcomes were integrated into regular National Education, including assessment for Grade 7 and an examination for Grade 10 starting in 2020. In Cameroon, based on findings from the Sexuality Education and Review Tool (SERAT) assessment in 2018, the primary school curriculum was revised and tested between 2019 and 2020 with the support of the O³ programme. Integrated sexuality education (ISE) is integrated into other subjects, mainly life and earth sciences and family social economy (see Annex 1). Also here, implementation of the curriculum is at the starting stage.

In Botswana and Malawi, primary and secondary school curricula assessments were ongoing in 2022, after which they are expected to be revised in 2023. During the final evaluation period, the Zambia CSE curriculum framework was also being reviewed. The framework will most probably be renamed, according to some informants in Zambia.

While an overall curriculum revision for all subjects took place, Ethiopia is an example of a country where the intended revision aiming to integrate EHW into the new curriculum was not approved. The development and submission of the EHW framework and technical guidance encountered strong resistance within the MoE and the integration of EHW did not succeed (as elaborated more in Section 4.1.2 and Box 5). Currently, the EHW TWG is re-strategizing its efforts on the reintegration of EHW into the curriculum, working with different ministries to reach AYP with health education and information through curricular as well as co-curricular means.

While the O³ programme contributed greatly to the development and dissemination of a minimum of 334 new teaching and learning materials, a lack of context-specific and attractive teaching and learning materials makes provision of CSE a more difficult and time-consuming task for teachers

The O³ programme has steered and supported the development of teaching and learning materials in many countries. The final evaluation records a minimum of 197 and 137 newly developed CSE teaching and learning materials developed and disseminated with the support of the O³ programme across ESA and WCA respectively (indicator 2.4.1, Annex 8), which is probably an underestimation. Nevertheless, informants in various countries, including Botswana, Cameroon and Nigeria, reported lacking (contextualised) teaching materials. For example, teachers in the FGD in Nigeria said that despite having had trainings on diverse teaching methods and CSE content, it was still challenging to apply the gained knowledge instantly, because of a lack of more specific and contextual teaching materials:

"Most of the time the students get bored with too much talking, although we were trained on how to use diverse methods to deliver the topics. But then we need more resources, because for some topics I ended up doing a lot of research in order to generate more answers and topics to further explain to them sometimes in a way they can understand better. For instance, when I taught them communication and assertiveness, I had to do extensive research in order to properly communicate with them and carry everyone along. It worked but then it wasn't easy. If we can get more resources added to the book they gave to us it will be very helpful." (FGD with teachers, Nigeria)

Both teachers and AYP in Nigeria and Uganda also suggested the use of more creative and engaging CSE delivery methods (such as role play, edutainment, music, dance and drama).

Teacher training

The O³ programme exceeded the planned numbers of teachers trained, forming a good base for increasing CSE delivery

Data on indicator 2.2.4, on the number of training colleges or universities that have institutionalised CSE, show that not a lot of progress has been made over 2018-2021. Institutionalisation of CSE in training colleges and universities requires widespread consensus on the importance of CSE and an adopted CSE curriculum in the country. Training of teacher educators and pre-service teachers are other sustainable ways of enhancing CSE provision. The number of trained teacher educators grew steadily over the course of four years (2018-2021), from 121 to 363 in ESA and from 60 to 2,956 in WCA. The countries with the largest contributions in training teacher educators were Côte d'Ivoire, DRC, Malawi and Nigeria (Annex 8, indicator 2.2.3 and Figure 8).

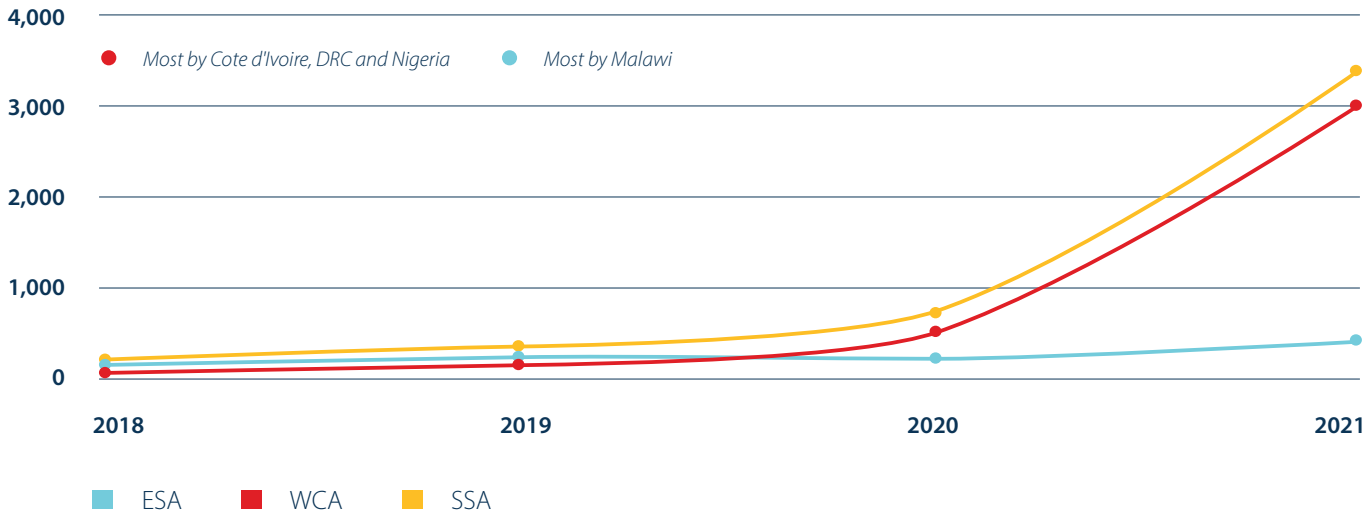


Figure 8: Number of teacher educators trained in CSE with support of the O³ programme over 2018-2021

Concerning the training for pre-service teachers, data show that in ESA, the number of trained teachers had a downward trend (from 20,179 in 2018 to 4,932 in 2021), while WCA shows an upward trend (from 120 in 2018 to 30,189 in 2021). In ESA, Tanzania and Zambia contributed the most to the high figures of pre-service teachers trained. In WCA, it was Nigeria that contributed most in 2021, and Cameroon made a substantial contribution as well (Annex 8, indicator 2.2.1 and Figure 9). The reason is that in Zambia and Nigeria, CSE is institutionalised in teacher training colleges and in Tanzania, processes to integrate CSE in the curriculum for pre-service teacher education programmes (certificate level) are underway. When taking the numbers of trained pre-service teachers together from 2018 till 2021 in SSA, the total number of 87,455 is almost double the targeted 51,000.

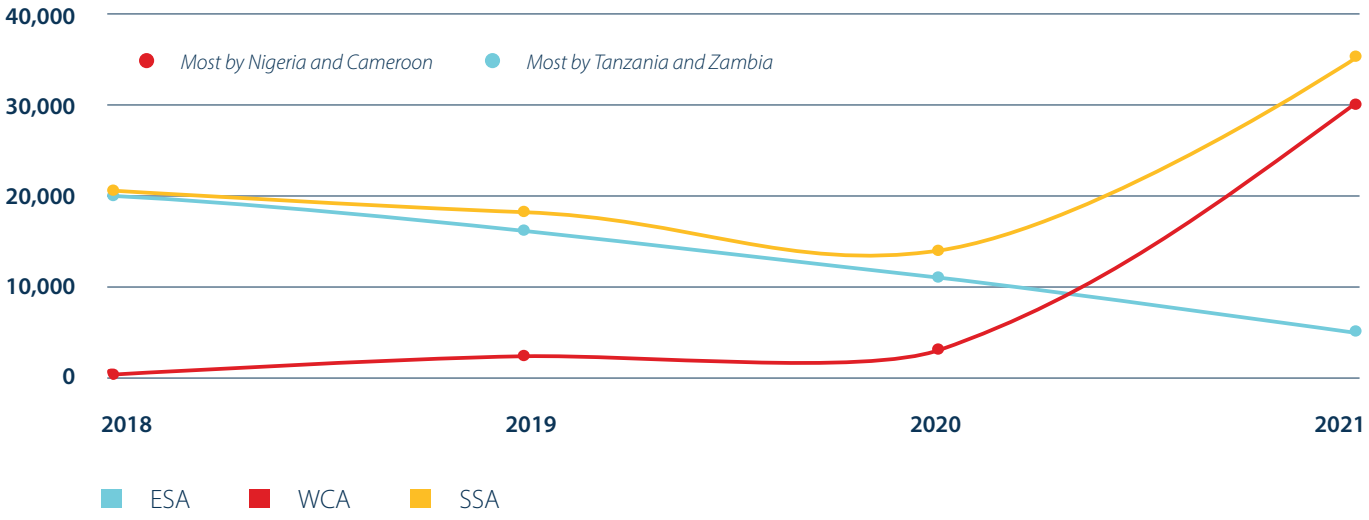


Figure 9: Number of pre-service teachers trained in CSE with support of the O³ programme over 2018-2021

Over the period 2018-2021, the O³ programme has trained a large number of in-service primary and secondary school teachers across SSA as well. Both in ESA and WCA, the numbers have been increasing over time. Côte d'Ivoire and Mozambique contributed most to the number of in-service teachers trained in 2021. It needs to be noted, however, that in both countries, these trainings were primarily through national teacher training services and only occasional additional trainings supported by UNESCO (a sign of sustainability). O³ programme training outputs were highest in Côte d'Ivoire and South Africa, both in 2020. When taking the numbers of 2018 until 2021 together, it comes to 545,033 trained in-service teachers across SSA. Again, this is beyond the target of 402,000 (Annex 8, indicator 2.2.2 and Figure 10).

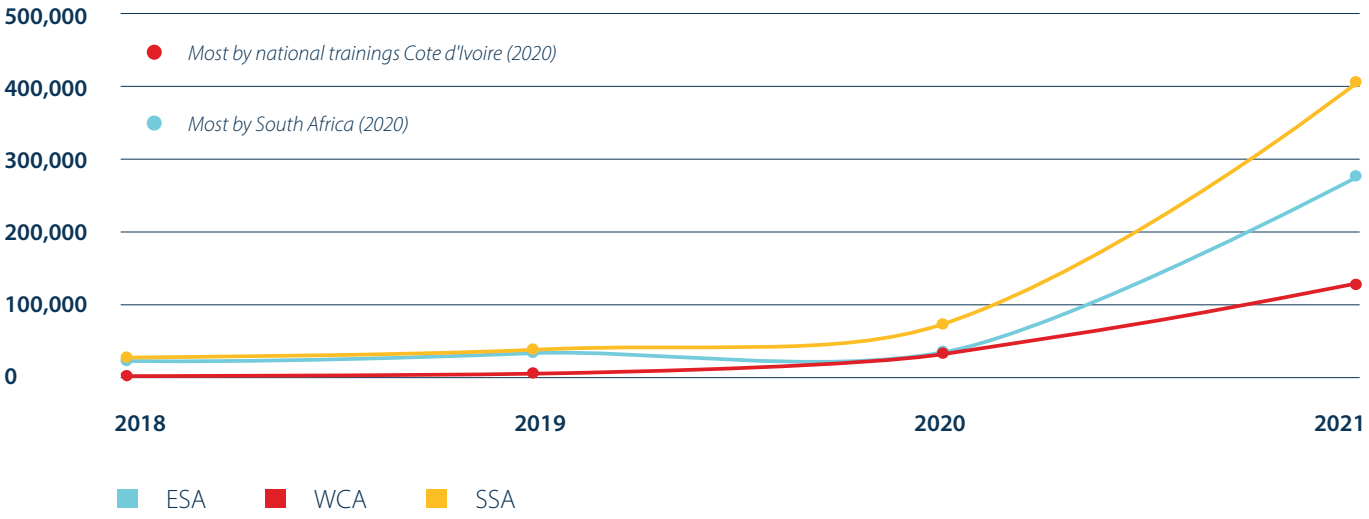


Figure 10: Number of in-service teachers trained in CSE with support of the O³ programme over 2018-2021

While the O³ programme surpassed its targets concerning teacher training, it is evident that in many countries, there is a need to expand teacher training. For example, in the case study countries Cameroon and Eswatini, informants indicated that many more teachers need to be capacitated, particularly pre-service teachers. Also in Zambia, the 5-day in-service teacher training has not reached all zones of each province. In Malawi, half of all primary school teachers (only Standards 6-8) were reached through the training cascade. In Eswatini and Nigeria, a few informants stressed refresher training needs more attention, as *"society or maybe the world is constantly changing"*. In addition, teacher attrition was mentioned as a problem in Nigeria.

The content of teacher trainings is generally comprehensive and appreciated, but there is room for more focus on youth empowerment

In this final evaluation, 14 NPOs provided insight into topics covered in training of pre-service teachers. All these 14 countries cover the topics 'Human development' and 'Sexual and reproductive health'. In 12 of the 14 countries, the topics 'Interpersonal relationships', 'Sexuality and sexual behaviour', and 'Communication, negotiation and decision-making' are covered. Ten of the 14 countries cover 'Youth empowerment'. The picture was similar for in-service teacher training, for which 21 NPOs reported about the topics covered. Twenty countries covered 'Human development', 'Sexuality and sexual behaviour' and 'Sexual and reproductive health', 19 countries covered 'Interpersonal relationships' and 'Communication, negotiation and decision-making' and 13 countries covered 'Youth empowerment' (Figure 11).

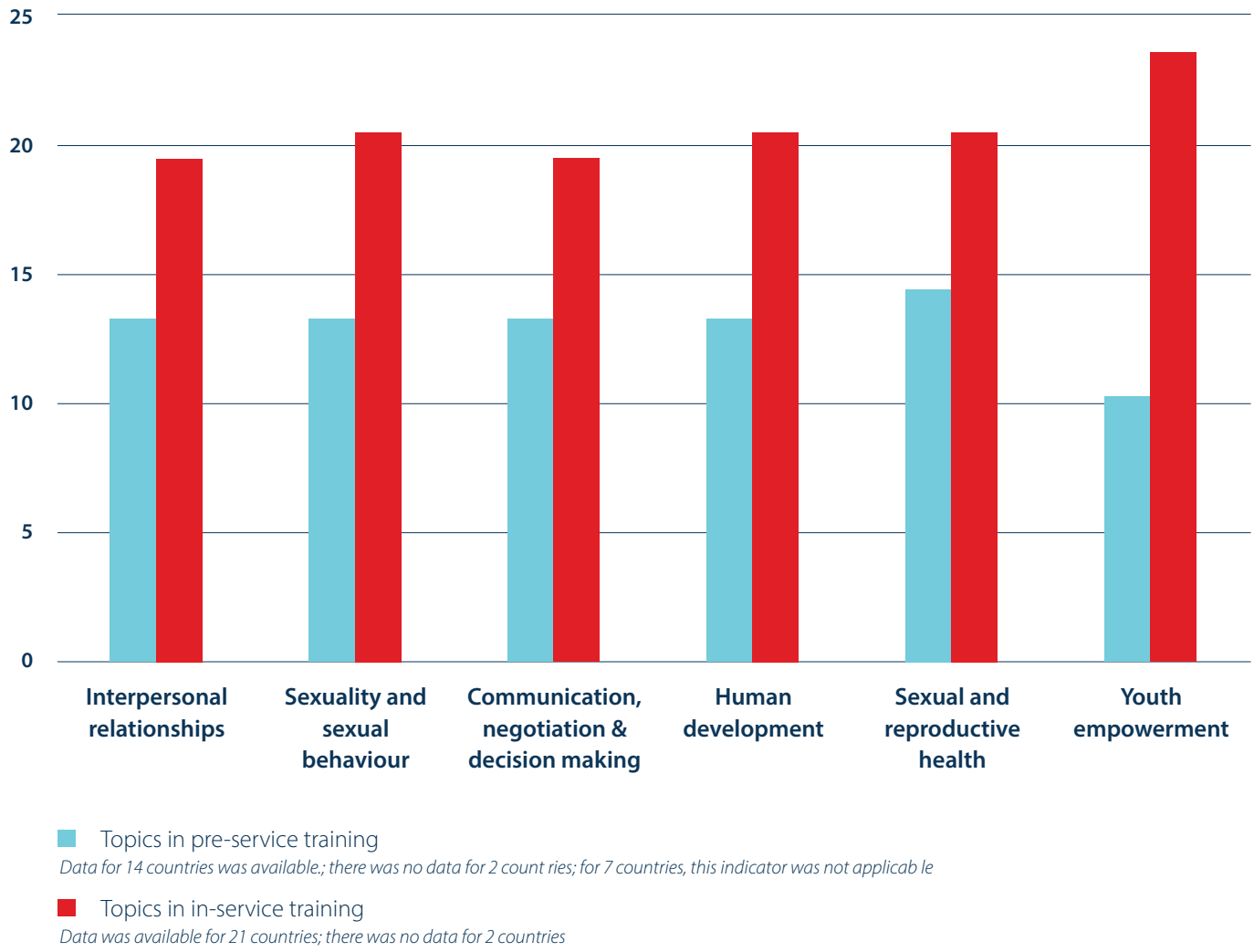


Figure 11: Number of O³ country teams (FCs and PACs) who report the following topics are covered in pre-service and in-service trainings (N=14 for pre-service trainings; N=21 for in-service trainings)

In Zambia, although teacher training is comprehensive on paper, it might not be in practice. An NGO-representative (who was an O³ implementing partner) reported a disconnect between the CSE framework and what is delivered during teacher training.

"So the gaps are teacher training. One of the gaps is there is a bit of disconnect in terms of what is prescribed within the CSE framework, and what is then delivered during the five days' teacher training process at the college hub." (KII with NGO representative, Zambia)

Teacher training was well-received by teachers across the ten country case studies in this evaluation. In Nigeria, teachers particularly mentioned the value clarification sessions as useful. Teachers in Eswatini thought that the training could focus more on topics that they are less comfortable with, such as LGBTIQ+, disability, human trafficking and mental health support (in relation to bullying, substance abuse, and suicidal thoughts).

Online teacher training in CSE contributes to more capacitated teachers in ESA, now and in the future

One of the most prominent regional-level outcomes is related to online teacher training in CSE. From 2015 to 2021, 8,513 primary and secondary school teachers have been trained through the CSE online course in ESA. Most teachers (2,554) followed the online training in 2017. In 2018, 1,124 teachers followed the online CSE course, in 2019 1,424, in 2020 they were 377 and in 2021, they were 645. The downward trend could be related to promotion of the training having gone down after the pilot and launch, or it could be due to COVID-19. While COVID-19 forced the world to move from face-to-face to online meetings and trainings, it could be that teachers access the Internet primarily through their schools, which were closed. However, this is based on speculation and data do not indicate a clear cause for the decline.

An evaluation report from the Foundation for Professional Development estimates that in 2020, the 377 trained in-service teachers supported 16,590 learners with providing CSE, mostly integrated into other subjects, while in 2021, the 645 trained teachers reached 27,570 learners. In both 2020 and 2021, more than 80% of trained in-service teachers reported that the course had added great value in their ability to teach sexuality education. Over 2015-2021, the reach of the online course was highest in Namibia (2,116), Zambia (1,323) and South Africa (1,319).

SADC and UNESCO expanded the CSE online teacher training course and worked to support its accreditation across countries (however, at end-line, no country has yet accredited the course). The online course has been linked to the regional learning platform[10] (RLP), which will be further linked to the CSE community of practice (that includes all teachers graduating from the course).

While online teacher training started in ESA, Côte d'Ivoire and Nigeria have also introduced online training for pre- and in-service teachers, and Côte d'Ivoire conducted online training for teacher educators.

Training modality: downsides of the cascade model and online teacher training provides opportunities when embedded in a supportive programme

As illustrated above, most teacher education within the O³ programme focused on in-service teachers. In various countries, this included a cascade model, where trained (master) teachers were supposed to train other teachers to increase training reach. An NGO informant from Zambia explained that the cascade model of training in-service teachers has led to CSE content not being delivered as it should be. As a result, teachers might not deliver CSE in a comprehensive manner. In Eswatini, results show that the cascading did not always work well in the first place: trained teachers did not share the knowledge with their colleagues.

NPOs of NCs and FCs where teacher educator training had taken place (n=15) were asked whether trainings were conducted face to face, online, in a hybrid modality or a combination of those. Eleven NPOs reported it was conducted face to face, three reported that some trainings were conducted face to face and others online, one country (Zimbabwe) reported hybrid trainings and two countries did not provide data on training modality. NPOs of NCs and FCs where pre-service teacher training had taken place (n=16) were asked the same question. Eight reported that some trainings were conducted face to face and others online, four reported it was conducted face to face, one country (Namibia) reported online trainings, one country (Zimbabwe) reported hybrid trainings and three countries did not provide data. For in-service teacher training, 12 NPOs reported face-to-face trainings, ten reported that some trainings were online, while others were face to face, and only one country solely conducted online training.

10 https://learncse.online/

Regional data that we discussed above show that teachers are generally positive about online training. Interviews revealed that online teacher training in Nigeria faced some challenges, because data (to access internet) were not available for teachers. UNESCO is now looking into hybrid possibilities and partnerships that could help financing access. Hybrid training modalities might have an advantage above solely face-to-face or online training, as suggested by a global key informant, but such modality seems largely unexplored.

Across case study countries, the length of CSE training for teachers seemed to vary, from two days, such as in Nigeria and also for most of the online trainings, to five days in Zambia. Most informants in Nigeria, including teachers themselves, stated that the 2-day training teachers was not sufficient to address the core knowledge, value clarifications, and delivery style skills that are needed to teach family life HIV education (FLHE). One global key informant (a funder) also questioned the impact of a 2- or 5-day training on a sensitive topic such as CSE, making a case for follow-up and prolonged engagement of teachers.

Teachers report feeling better equipped to provide CSE after having received CSE training

Both the document review and the ten country case studies reveal that in many of the 33 O³ countries, teachers reported to feel better equipped after having received CSE training. A regional NGO-representative reported that teachers in Zambia are less judgmental as a result of CSE training. An NGO-representative in Cameroon reported that trained teachers also show positive changes in attitudes and behaviour, and an informant in Eswatini said that teachers are *"really transformed"* after the training. In Côte d'Ivoire, most teachers reported being comfortable with the topics included in ESVS and teaching it. However, teachers in the FGD also acknowledged that certain CSE topics, particularly sexual rights and diversity, are difficult or even impossible for them to teach:

"The positive aspect [of ESVS], it is clear (…) But the rights related to the sexual life of children (...) first of all I worry. Why such a programme, it comes from so far? Because their habits in sexual life are not the same as for us here, we have our cultures despite everything! (…) Because if I am sent to tell a child that he can be homosexual, I will never say so. I am not an atheist, I am not a traditionalist, I am African (…) This programme has to be included in everything we're doing, the positive side of course, but it shouldn't be that... this programme has to respect our African culture, our way of life." (FGD with teachers, Côte d'Ivoire)

Teachers in an FGD in Nigeria also reported that they feel more capable of delivering FLHE due to the training from the O³ programme. This was confirmed by a key informant from the national teachers training institute:

"I can tell you about the teachers from our encounter. I know that many have understood about FLHE. What the context is about, better than it used to be, because before people used to think it is not necessary, it is only going to make our students and children wayward… But with the exposure and engagement, (...) teachers were able to explain it (FLHE) better." (KII with national teachers training institute, Nigeria)

While this is the case, informants in Nigeria also acknowledged that many teachers still lack skills and confidence to deliver the knowledge (gained from teacher training) to learners. Some teachers felt embarrassed and uncomfortable in discussing certain sexuality topics due to their personal values, norms and cultures around sexuality.

Delivery of CSE

Indications of a higher percentage of primary and secondary schools delivering some form of CSE in ESA than in WCA

At baseline (2018), few data were available on the percentage of primary and secondary schools that provided life skills-based HIV and sexuality education in the previous academic year (outcome indicator 2.1, see Annex 8), which makes it difficult to track the progress over the past four years for the 33 O³ programme countries. The Journey Towards CSE Global Status Report (2021) provides an indicative overview of the coverage of CSE in primary and secondary schools across the globe. In ESA, 11 of the 17 O³ countries have an estimated percentage between 76% and 100% (both for primary and secondary schools) for this indicator. In WCA, five countries (Burkina Faso, Cameroon, DRC, Niger and Senegal) have an estimated percentage between 76% and 100% (both for primary and secondary schools), while this same percentage range is given for secondary schools in Benin and for primary schools in Burundi and Togo.

Who should be trained? The potential of involving head teachers and health workers in delivering CSE in schools

In Eswatini, it was suggested that school administrators and head teachers should be trained in CSE as well, to provide a supportive environment for delivery of the integrated LSE curriculum. Such activity already took place in Lesotho, where secondary school principals were trained to systematically mentor and provide supportive supervision to LSE teachers. The document review reveals that the attitudes of principals towards LSE have become more positive. They are now providing slots in the timetables for teaching LSE and providing support to LSE teachers, which has enhanced teachers' capacity to deliver CSE. In Côte d'Ivoire, the integration of CSE and school-related gender-based violence (SRGBV) in three competency frameworks (teachers, principals, and head teachers) was a significant achievement, as it contributed to the sustainability of efforts to address CSE and SRGBV during the initial training of primary school teachers and the capacity building of head teachers.

One informant in Eswatini reported that learners' relationships with teachers through other subject teachings can conflict with a trustworthy relationship for LSE teaching. Similarly, in Nigeria, it was reported that pre-established relationships between teachers and learners make it difficult to have trustworthy and sensitive conversations about SRHR. Parents in Eswatini suggested that experts who are knowledgeable about the current situation concerning SRH and the available SRH services in the country should be invited in schools to teach their children CSE. A health worker in Côte d'Ivoire observed that the content included in the delivery of ESVS is not always correct and recommended increased involvement of health workers in revising the content or supporting teachers in the delivery of ESVS. More involvement of health workers in CSE delivery was also recommended in Botswana. In one FGD in Zambia, primary school learners suggested that health workers should teach disease-related topics such as STIs and HIV and AIDS, because they felt not free to discuss these matters with their teachers. SRH providers in Zambia do have a role in the CSE teacher training as well as in CSE provision to AYP (see Box 3), however, it seems that this is not the case in all schools. The mid-term review of the O^3 programme revealed that in Zimbabwe, every school is linked to SRH service providers. In Nigeria, 135 schools were linked to SRH services with monthly school visits by community health extension workers. In Nigeria and Uganda, AYP in FGDs reported to have received SRH support from school nurses (in "sickbays"), but in both countries it was highlighted that they only received SRH information from these nurses when reporting health problems.

Illustrated by the quote below, AYP discussed that they wish for more regular information from health workers about SRH-related topics.

"You ask like your friends (...) in dorm: 'I think I am feeling itchy and I'm failing to pass out my urine well. It just comes and I cannot control it.' Then she will tell you: 'Oh my God yes, last time I went to the nurse and she told me that could be a sign of having a UTI.' And then I wonder, must I first get that problem for this information to get to me?" (FGD with AYP, Uganda)

A few countries have been able to strengthen monitoring, supervision and support concerning the delivery of CSE in schools, which was labelled as instrumental to enhance quality CSE delivery by many informants

In most of the O^3 countries, there are limited data on the percentage of trained teachers in CSE who are monitored and supervised (indicator 2.2.5, Annex 8). Some data are based on the assumption that the MoE, through national inspectors or heads of department, conduct such monitoring and supervision. However, it is probable that even though on paper such activity is there, resource constraints make it irregular or non-existent. Key informants in Eswatini stressed the need for monitoring and supervision (which was currently lacking), to check whether teachers are indeed providing CSE, but also as a counselling and support system for teachers. UNESCO's regional coaching and mentorship strategy was developed in 2020 and did not yet substantially contribute to increased mentoring of teachers in provision of CSE. Countries such as Malawi are currently contextualising the regional strategy for their use. Informants in Cameroon and Nigeria also indicated that trained teachers receive very limited supportive supervision, and that this leads to a limited oversight of the quality of CSE provision and ways of improving this quality.

In Nigeria, it was also said that the lack of monitoring and supervision led to teachers not feeling involved in the future development of the programme. One key informant talked about WhatsApp groups for teachers to share experiences and support each other in the delivery of CSE, however, the teachers who participated in the FGD did not mention such an initiative. Although monitoring and supportive supervision of teachers was reported to be lacking in Nigeria, in some states, gains have been made in setting up a supportive environment for CSE delivery. One of the main outcomes of the O^3 programme has been the revitalising of FLHE desks in some states. These desks, based in the State MoE, were existent but, in many states, largely dormant before the O^3 programme. The desks are to provide guidance, coordination, and training to teachers to support FLHE implementation in schools.

The O³ team in Zambia has been able to make progress on supportive supervision of teachers as well. Besides the implementation of monitoring and supervision by dedicated NGOs at provincial level as part of the O³ programme, UNESCO also supported the development and integration of CSE in the standard monitoring tool of the MoE (see Box 3).

Box 3: Zambia's strides in teacher training, monitoring and supportive supervision

In Zambia, a new teacher training model was developed in 2019, utilising five teacher training colleges as CSE training hubs for pre- and in-service teachers, and college lecturers and CSO representatives as trainers. CSE has been integrated in training of pre-service teachers in the various carrier subjects. For the training of in-service teachers, in each province and within each zone, only certain schools get selected for delivering four teachers to receive a 5-day comprehensive training at the hub. Master trainers at these hubs are responsible for the training of these teams of teachers from a school, thereby enabling groups of teachers from the same school to support one another. Cascading of the training to other teachers within the same schools is not part of the model anymore. Furthermore, the model 'skips' the provincial, district and zonal layers in the training and subsequent monitoring and supervision of teachers, thereby aiming to improve the quality of CSE delivery at classroom level. Each hub has a CSO providing technical and professional support, and a separate independent monitoring institution to assess the quality of training provided at the college hubs, as well the quality of CSE delivered to learners at schools.

"In all the schools that we have visited we are impressed, in most of the schools we are impressed. In a few schools we find them having some challenges of which after the monitoring programme, we also sit to discuss the weaknesses and the strengths, and the suggested way forward. So we don't just leave them to say we have seen what you do and then we leave them without advice, we usually advise on how to move forward." (KII with UNESCO at district level)

There is buy-in and support from the Ministry of Health (MoH) and civil society groups, as they were involved in the establishment of the model. SRH providers have a role in the CSE teacher training and the CSE provision to AYP. Besides increased monitoring and supportive supervision of teachers to enhance CSE delivery by dedicated CSOs and other institutions as part of the model, UNESCO in Zambia also managed to help integrate CSE in the standard monitoring tool of the MoE, which can contribute to increased and sustainable monitoring and support for teachers in Zambia.

"We have integrated CSE in the standard monitoring tool of the Ministry of Education so that as the standard officers formally known as inspectors go to schools they are using a tool owned by the Ministry of Education… They monitor the quality of education, they also have to tick boxes if this is happening, did you have CSE, how many teachers are trained?" (KII with UNESCO)

The content of CSE provided is often not comprehensive

A SERAT synthesis report (2021) covering 13 WCA countries highlights that CSE delivered in primary or secondary schools tends to focus on puberty and early pregnancies and places onus on promoting abstinence at the cost of including information on modern contraceptives. In some countries, the CSE curriculum itself is 'narrow', but in most countries, while the content of teacher training is generally comprehensive, the delivery of CSE in the classroom is different from what has been covered in teacher training and curricula.

Indeed, a teacher in an FGD in Botswana shared that besides a lack of time, capacity and teaching materials, personal beliefs of teachers can influence their delivery of the curriculum:

"Because education as it is, there are those facts but because it is taught by me with my own personality and my beliefs and all those things, it ends up in a way influencing the information I'm giving the learners. So I wouldn't know what we can do in that matter because it's a serious challenge."

In Botswana, AYP reported that while the CSE received sufficiently covered SRH issues, in particular STIs and HIV, the education was felt to be moral and not preparing them for physiological changes and making decisions about their sexuality. One of the FGD participants, when asked about the content of CSE, illustrated the potentially narrow focus of CSE:

"[when explaining what CSE is] It's a form of sex education that teaches young people about abstinence of sex." (FGD with AYP, Botswana)

Several key informants in Botswana thought that gender and gender equality is not well covered in the current curriculum. UNESCO Botswana reported that psychological aspects of sexuality are currently lacking in the curriculum. As indicated before, in Botswana, curriculum review is currently underway.

Most key informants in Malawi talked about LGTBIQ+ being a too sensitive subject for the CSE curriculum as well as teacher training:

"The main challenge that has been there in Malawi when it comes to sexuality education is the issue of sexual diversity. So, anything related to sexual orientation, transgender issues, basically the LGBTIQ+ community, is not accepted. So even to train teachers on what these things are, the ministries do not allow that to happen, because they are tied by what the law says. So, they feel that if any changes are going to take place, the changes have to start with the law." (KII with UNESCO, Malawi)

Some Malawian key informants reported that LGTBIQ+ is discussed in the classroom, but this is deliberately done in a superficial way.

AYP and teachers interviewed in Uganda reported that the SE curriculum in Uganda focuses predominantly on hygiene and abstinence/family planning rather than comprehensive SRHR. A young SRHR activist in Gabon who was interviewed, in line with accounts made in Botswana, found the CSE provided in schools to be narrow, as many CSE topics are taboo:

"We are taught what our body is, we don't really talk about sexuality. They talk to us about transformation, they talk to us about normal biology, they don't talk to us about sexuality and it's a subject that is not really integrated yet, because there are a lot of teachers who find it taboo…" (KII with young SRHR activist)

In Côte d'Ivoire and Eswatini, some interviewees thought that CSE was too focused on girls and young women, and that more focus was needed on boys and young men. One informant in Côte d'Ivoire noted that ESVS should include a topic on unsafe abortion, since it is a big and growing problem in the country. In Nigeria, some AYP had concerns about the capacity of teachers to deliver CSE topics, ranging from clarity of content to consistency and depth of information.

In Zambia, more than in other case study countries, teachers and learners were better able to point to the various aspects of CSE. They reported that CSE is about SRH (with less or incomplete reference to rights); life skills such as self-esteem, decision-making, communication, assertiveness; relationships among learners in schools in terms of how to support each other; prevention of EUP and early marriage; prevention of STIs such as HIV; and GBV.

"When you talk about CSE, there is a lot that is involved… Decision making, cultural and society sexuality education, how to have a limit to sex and at which age is it okay for you to have it, the precautions you should take at an early age." (FGD with AYP, Zambia)

AYP and teachers in Zambia also talked about topics such as gender equality, reproduction and drug abuse. It should be noted, however, that the quality of CSE provided varies among schools in Zambia, and that even when the provided CSE is comprehensive, this is not always appreciated by all learners, as the accounts of some AYP interviewed suggest. In addition, as the quote below illustrates, some Mission schools in Zambia (as well as in Malawi) do not provide CSE.

"One of the challenges is that we are at a mission school, so any problem to do with CSE we are told to hold, … otherwise previously we used to teach… they say the government did not consult the Catholic church on the same. So previously we even had people from blood bank who came for blood donation, they wanted to leave some condoms, they told them 'carry your things we don't need them.' So they are saying they have a policy from the diocese on how they run the schools and they have not agreed on teaching of CSE in schools." (FGD with teachers, Zambia)

CSE faces other implementation challenges, such as a lack of time and capacity for teaching CSE and CSE being non-examinable

In most countries in SSA, CSE is integrated into 'carrier' subjects (see Annex 1). Several informants in different countries perceived implementation challenges related to this mode of delivery. Illustrative of the overall perception, a teacher in an FGD in Nigeria said that the quality of CSE delivery is suboptimal, because the subject does not have a clear fit within the overall curriculum:

"Sexuality education in the school is not of that high quality. If I may say, a few of us [teachers] talk about it, but we don't have clear strategies, it is not enabled, it isn't streamlined in the school programme, that this time is stipulated for sexuality education. We don't even have a specific timetable for sexuality education. We don't even have it in the syllabus anywhere quoted that now when you are teaching learners teach them this. In terms of quality at school; it is not." (FGD with teachers, Nigeria)

In Cameroon, the case study revealed that only guidance counsellors provide CSE, as teachers of other subjects did not find the time to incorporate it into their lessons. Implementation challenges with integrating CSE in carrier subjects, mainly because of a lack of time and capacity, were mentioned in Botswana and Nigeria as well. Teachers in Botswana reported facing difficulties in balancing their roles as regular teachers of different subjects and simultaneously as counsellors/teachers of CSE. Similarly in Nigeria, despite the strengthened support for teachers to provide FLHE, its delivery in schools was challenging. Teachers reported that they had to find ways to organise co-curricular activities and use break times to get the content across to students.

A government representative in Gabon said that for integrated and non-examinable subjects, such as CSE, there is limited monitoring of learning outcomes possible. In Eswatini, where CSE is a standalone subject in secondary but not in primary schools, a representative of a teacher association regarded CSE as *"just another subject that is not examinable"*. An informant from a teacher training college in Malawi reported that she found it problematic that CSE is elective in higher secondary school, which made the Malawi National Examinations Board struggle to examine it. However, the experience in Zambia shows that CSE integrated in carrier subjects can be examinable.

In Côte d'Ivoire, since ESVS is integrated into the school system, informants were confident that all school-going youth were reached with comprehensive information on SRHR. One informant, however, noted an unintended effect of the integration: because teachers sometimes give additional classwork on ESVS, this can at times be seen as a form of 'punishment' by learners, making the subject less attractive.

Challenges in CSE acceptance persist, especially among parents

In several of the country case studies, different types of informants mentioned that teachers and learners were generally positive about CSE, but that parents were not so supportive. Reasons were often related to a lack of knowledge about what CSE entails and (religious) norms and values. Indeed, in Cameroon, various informants reported that while teachers are supportive, most resistance to CSE is experienced from parents. An NGO representative was of the opinion that the CSE curriculum is very advanced/ progressive for the socio-cultural context of Cameroon. This had led to resistance from parents, which also happened in Gabon.

"On the side of the teachers it's [change in attitudes and behaviour] clear, on the side of the parents it's where there was the most resistance. I take for example the science manual, which made a lot of talk about it for the 5th grade, although when we read the manual we were within the guidelines of CSE, but we saw all the noise that it created. For people who never complain, we have seen Cameroonians move for this textbook, which has not been accepted by parents." (KII with NGO representative, Cameroon)

The resistance against the particular text book started a long time after it was introduced. Unlike the above key informant's perception, the content that was contested and later removed from the textbook was not in line with the international guidance. Another informant from a teacher training institution thought that during the time of this opposition, not enough effort was made to bring stakeholders together to discuss how certain elements of CSE fit into the context of Cameroon.
In Nigeria, teachers in an FGD reported that some parents think that teachers are passing on *"unwanted or un-rightful information to their children"*. An interviewed PTA chair in Zambia said that CSE has resulted in a rise of homosexual relationships. These examples highlight the importance of UNESCO's advice to countries to adapt contents based on their contextual acceptability.

As a positive example on how to involve parents to avoid resistance, the Journey Towards CSE Global Status Report (2021) explains that in South Africa, teachers are supported with scripted lesson plans, based on the ITGSE that help them plan and deliver lessons and empower them to discuss topics that might otherwise be found uncomfortable. A key strategy in introducing these new materials was the arrangement of district-level meetings to sensitise parents to the rationale and content of the curriculum materials. In 2019, the Department of Basic Education (DBE) published the materials online. This helped to reassure parents and others who had misconceptions about the content of the curriculum.

CSE's reach and effect on AYP

The O³ programme reached millions of AYP in SSA with CSE

Although indicator 2.2/2.3.1 (Annex 8) shows little comparability across the 33 countries, when looking at numbers reported, the O³ programme reached a minimum of 41,060,487 AYP with CSE in 2021. Knowing that the number is definitely higher than this, because of incomplete data, and that this number is for 2021 only, it is clear that the programme surpassed its target of reaching 24.9 million learners by 2022.

While the above figures concentrate on AYP who are in the primary and secondary school age ranges, the introduction of the O³ PLUS project has raised the number of reached young people in HTEIs. In 2021, 57,151 young people were reached with CSE in HTEIs (see Annex 8, indicator 2.5.1).

The O³ programme has contributed to increased knowledge and ease amongst AYP to speak about gender and sexual health

The qualitative study on attitudes, perceptions and experiences of learners and teachers on CSE (2022) commissioned under the O³ programme found that learners overall considered CSE beneficial to them. CSE not only helped them to understand and safely negotiate challenges of coming of age, but also prepared them to be responsible citizens through values acquired early in life.

In almost all countries where primary data were collected for this final evaluation, visible changes in AYP who received (a form of) CSE have been witnessed. These changes particularly expressed themselves in increased knowledge and ease in talking about sexuality and gender (e.g., in Cameroon, Côte d'Ivoire, Gabon, Eswatini, Malawi and Uganda).

For example, AYP in Malawi learned about menstruation and prevention of teenage pregnancy and child marriage:

"Yes, the SRHR education is good because it helps us to know that when we start menstruating then we are at risk of getting pregnant if we do not protect ourselves. We also know that getting pregnant while we are young might lead to death during childbirth because our bodies are not mature enough." (FGD with girls, Malawi)

The Eswatini case study found that CSE has made learners to be more knowledgeable, particularly on contraception and pregnancy, menstrual health and GBV. Furthermore, it has led, according to several informants, to AYP feeling more comfortable to ask questions about these topics and to increased self-esteem (related to LSE's focus on growth and development). At the same time, informants acknowledged that increased knowledge does not automatically change behaviour. Particularly the pertaining problem of teenage pregnancy was discussed as a sign that behaviour does not necessarily change. In Nigeria, the O³ programme and the provision of FLHE was described as having a significant impact on the knowledge and level of empowerment of AYP. In Uganda, AYP who had received SE said it increased their levels of knowledge and made them feel confident and self-accepting. SE provided them with skills to make informed decisions, especially around preventing HIV/AIDS, unplanned pregnancy and promoting female hygiene. A few AYP referred to delayed sexual debut as a result of receiving SE.

Other reported effects of CSE on AYP concern mainly increased confidence (Eswatini, Uganda) and ability to speak up for themselves (Cameroon, Nigeria and Zambia), as well as a change in behaviour (Botswana, Gabon). For example, one activist and member of an NGO in Gabon, reported:

"Yes, it [the programme] has brought about many changes in the Gabonese youth because before you could not talk to a young Gabonese about condoms, there was an expression here that said 'I don't eat the banana with the skin', so the condom is the skin and we don't eat the banana with the skin, but today the young Gabonese even think about walking around with condoms because we have sensitised through the programme in part. Many young people have become aware of their sexual health and they have realised that this is the kind of behaviour that I must adopt if I want to live healthily, so it has had an impact on Gabonese youth." (KII with activist, Gabon)
Zambian learners in an FGD referred to their learnings about things that are important within relationships and the importance of gender equality:

"Back then, mostly they said when you are in a relationship you need to have sex with your partner, but this time, we have learned that a relationship is not all about sex, it's about sharing ideas or what are we going to do in future. So yeah after then [receiving CSE] I am sure some of our relationships have changed." (FGD with AYP, Zambia)

"Back then, the girls were supposed to be the ones to sweep… The guy just gets home, I drop my bag when I reach home, then I go and play football. Then a girl reaches home, drops her bag, starts sweeping, and starts cooking. At the same time that person is supposed to study, she is a pupil, and we all have to be given time to study. Gender equality came in for us just to be equal." (FGD with AYP, Zambia)

At the same time, CSE was often perceived as a female-focused intervention, to improve the health and safety of girls (e.g., reduce teenage pregnancies), and the leaving out of boys as intended beneficiaries (but rather targeting them as allies) has been reported to be a shortcoming in some countries (Cameroon and Nigeria).

The qualitative study on the attitudes, perceptions and experiences of learners and teachers on CSE (2022) across six O³ countries established that while there are barriers to CSE delivery for learners generally, learners with disabilities tend to face relatively more barriers, especially in terms of teaching services and a conducive learning environment. For example, a specialised CSE teacher may lack the skills to cater for needs of learners with visual, hearing, or learning disabilities. Furthermore, the study found concerns about inadequate user-friendly teaching and learning materials, such as textbooks in braille.

There is potential of digital tools delivering CSE to AYP both in and out of school, however, these tools might not reach vulnerable groups

The O³ programme reached a substantial number of AYP in but also out of schools (see Section 4.1.2) with digital SRHR information, particularly accelerating efforts and impact during the COVID-19 pandemic. As noted by multiple country-level and global key informants, digital tools might not reach rural, vulnerable and out-of-school AYP. Informants also questioned whether youth really engage with the content. In this light, some informants recommended using a mix of high- and low- tech solutions, while others opted for investigating blended (hybrid) approaches. Nevertheless, the O³ programme has proven that the use of digital tools in the delivery of SRHR information can reach many AYP and has potential to complement CSE delivery in schools, while digital tools are unlikely able to replace the socio-emotional learning aspects of in-person CSE delivery.

The O³ annual report 2021 states that in WCA, Cameroon, Côte d'Ivoire, DRC, and Nigeria were among the most active countries investing in distance training programmes in health education, while in ESA, Kenya, Zambia, and Zimbabwe were among the most active countries investing in digital learning solutions in periods of school closure. Annex 8, indicator 4.6.1 shows that 16 of the 23 PACs and FCs have been involved in supporting the development of creative and innovative ICT tools for the delivery of CSE directly to AYP (either for in- or out-of-school AYP, or both).

For example in Lesotho, UNESCO led the development and finalisation of gender-transformative CSE radio lessons for Grade 11. In Malawi, UNESCO supported the Department of Open and Distance Learning of the MoE to develop LSE Standards 3-5 radio lessons, which are currently being aired on the Malawi Broadcasting Station. These lessons will also be aired on the planned MoE Radio Station. In Zimbabwe, the WhatsApp chat Dzidzo Paden (meaning 'learning from home'), originally developed by a student, provides educational materials, including on CSE, for 110,000 students. Dzido Paden started during the COVID-19 pandemic, but is now a broad resource, which includes a teacher component. A similar app is currently being launched in Malawi. Another good example of a digital tool to support the delivery of CSE is Kenya's innovative mobile app on health and well-being, dubbed RADA, that was developed in 2018 by UNESCO and the University of Nairobi (UoN) through a consultative process involving students, government departments, NGOs and UN agencies. The app covers diverse content including SRHR, life skills, mental health and financial management and was updated in 2020 with mentorship and counselling, emerging issues such as COVID-19, more graphics, and recent data. Available as an app and being linked to UoN students' emails, the university can communicate around CSE with over 100,000 students.

In WCA, UNESCO and partners developed and launched the app 'Hello Ado', where young people can access SRHR information and content is progressively shared through social media (Facebook, Instagram and Tiktok), which increased its reach to 9.2 million AYP in 2022. The app was developed with strong participation of young people and launched in 2020. While some countries invested a lot in digital tools, in other countries such initiatives are just starting or do not have the desired reach. In Nigeria, O³ supported the review of mobile apps (such as Frisky by EVA, DIVA by EVA and Linkup by EVA) that provide AYP with confidential and non-judgemental SRHR information, however most interviewed beneficiaries made no reference to such social media platforms.

4.3 Contribution of the O³ programme to safer, healthier, and more inclusive schools and community environments

4.3.1 Overview of main O³ programme activities

The O³ programme implemented a variety of activities that aimed to ensure that schools and community environments are safer, healthier, and inclusive for all AYP (programme area 3).

At regional level, UNESCO promoted the use of the Connect with Respect (CwR) tool for preventing SRGBV in several ESA countries. This is a research-informed education resource which teaches communication skills for respectful gender relationships and provides learning activities about gender and equality, the effects of GBV, positive gender role models, peer support skills for people who witness violence, and help-seeking skills for those who experience violence. A pilot on the CwR tool implementation was conducted in secondary schools in Eswatini, Tanzania, Zambia, and (partially in) Zimbabwe in 2019 and 2020, after which the tool was finalised and implemented in Botswana, Eswatini, Malawi, Tanzania, Zambia and Zimbabwe. In 2022, activities on addressing SRGBV also took off in WCA; a series of six virtual workshops was held to train the capacities of 11 countries (FCs and PACs) on the response to SRGBV.

In 2021 in WCA, a multi-media 'Keeping girls in school' campaign was launched, to advocate for girls to return to school after the COVID-19 pandemic. In ESA, this was done through the general multi-media 'On the Crossroads' campaign, which was an integration of the 'Back to School' and 'Let's Talk' campaign (see Section 4.1.2 and Boxes 1 and 6 for more details on the 'Let's Talk' campaign).

An overview of the main activities at country level is provided in Table 6.

Activities aimed at safer, healthier, and more inclusive schools and community environments	Support to development and implementation of laws and policies to protect children from SRGBV	Support for the creation of safe and inclusive school environments that are free from bullying, and GBV	Support in the development and implementation of a ploicy on learner pregancy and readmission	Mobilisation/sensitization of communities to be supportive of effoert to keep girls in school by reducing EUP, child marriage and FGM	Support education sector response to Covid-19*
PAC					
Eswatini	✓	✓	✓	✓	✓
Ghana	✓	✓		✓	✓
Malawi		✓	✓	✓	✓
Nigeria	✓	✓		✓	✓
Tanzania	✓	✓		✓	✓
Zambia		✓		✓	✓
Zimbabwe	✓	✓	✓	✓	✓
FC					
Botswana	✓	✓	✓	✓	✓
Burkina Faso		✓	✓ 2002	✓ 2002	
Cameroon	✓	✓	✓ 2002	✓	✓
Cote d'Ivoire	✓	✓	✓	✓	✓
DRC		✓		✓	
Ethiopia	✓	✓		✓	✓
Kenya	✓		✓	✓	
Lesotho			✓	✓	✓
Mali	✓	✓		✓	✓
Mozambique		✓		✓	✓
Namibia	✓	✓		✓	✓
Niger	✓	✓			
Senegal	✓	✓		✓	✓
South Africa	✓	✓	✓	✓	✓
South Sudan		✓		✓	
Uganda	✓	✓	✓	✓	✓
NC					
Angola					
Benin					
Burundi					
Chad					
Congo		✓			
Gabon					
Guinea					
Madagascar					
Rwanda					
Togo		✓			
Number of countries with some level of actovity	**16**	**23**	**11**	**22**	**18**

Table 6: Overview of main activities conducted under programme area 3 of the O³ programme: safer, healthier, and more inclusive schools and community environments

4.3.2 Outcomes of the O³ programme

Safe, healthy, and inclusive schools

An evaluation of Connect with Respect has shown positive outcomes concerning AYP's attitudes towards gender equality and incidence of sexual harassment by peers

A study on the experiences and outcomes (i.e. an evaluation) related to the CwR programme was conducted between 2019 and 2021. One asset of the programme has been that all personnel involved in the training had better knowledge outcomes of not only SRGBV, but CSE as well. The study showed that there was a reduction in sexual harassment by peers and an improvement in attitudes towards gender equality, knowledge on how young people could seek help and a reduction in negative by-stander responses. For example in Tanzania, young people were more able to have respectful relationships and support their friends who had experienced GBV after participating in CwR activities. The CwR programme was also found to be impactful in shifting some of the gendered expectations about the share of household duties. Teachers recognised that limited time and their already high workloads affected implementation of the programme. They also identified several enabling factors. For example, teachers in Zambia appreciated the collegial support from their peers in implementing the programme. The study recommended mobilisation of schools and engagement of parents and caregivers through the provision of positive parenting training.

The O³ programme has contributed to better frameworks for school safety at policy and school level in the majority of O³ countries

The fact that school environments are highly gendered spaces and often condone violence makes the implementation of CSE ever more necessary, and intricate as well; messages of gender equality and rights to SRH may contradict the everyday experiences in the school environment. Indeed, AYP in most countries where primary data were collected indicated that they do not feel safe in schools, nor in their communities. As discussed above, the O³ programme aimed to address safe and inclusive school and community environments through a range of activities, including CwR and the 'Let's Talk' campaign (see Section 4.1), support to the development of laws, (school) policies, codes of conduct, referral mechanisms, and teacher training, as well as wider community outreach.

These activities seem to have indeed yielded important positive outcomes, as informants mentioned a reduction in corporal punishment (Nigeria) and increased re-entry of girls after pregnancy (Côte d'Ivoire, Malawi, Nigeria and Uganda), less gender discrimination in regular school activities (Uganda and Zambia) and reduced bullying (Malawi and Zambia).

"I will give an example of my niece who has a kid. She managed to attend school and was never laughed at or discriminated against. The head teacher and the other teachers make sure that these girls are not laughed at and treat them as the rest of the children. These teen mothers are able to learn a lot of things with the rest of the children." (FGD with female parents, Malawi)

The O³ programme has supported improved policies to address SRGBV and school health

At policy level, in 2021, 16 out of 23 O³ countries for which data were available have been supported, by the O³ programme, in the development and implementation of education sector policies that address SRGBV and early marriage. It should be noted that this is a stark increase from 2018 data, where only seven countries reported to have worked in this area. In addition, there has been a significant increase in the number of countries who have been supported in the development of comprehensive school health policies and related guidelines that respond to emerging outbreaks: this more than doubled from seven countries in 2018 to 16 in 2021. This is an effect of COVID-19, as many of the newly instilled guidelines were a direct response to the COVID-19 outbreak.

Examples of activities at the policy level for safe, healthy, and inclusive environments included the reviewing and finalisation of the draft Integrated School Health and Safety Policy and the Integrated Policy on HIV Prevention, Management and Wellness for the Education Sector in Namibia. In South Africa, the O³ programme provided technical and financial support to DBE towards the development and finalisation of the National Policy on HIV, STIs and TB for Learners, Educators, Support Staff and Officials in the Basic Education Sector and operationalisation of the policy via the integrated School Health Programme Task Team. Similarly, the Ministries of Health and Education in Zimbabwe received support from UNESCO, UNFPA, UNICEF and WHO which led to the launch of a new School Health Policy to advance positive health determinants while preventing and mitigating health risks among 4 million learners.

UNESCO also led joint UN team efforts on removing age restrictions on access to SRH services by adolescents and supported nationwide public hearings coordinated by parliamentarians aimed at ensuring school-based SRH services and referrals are provided, in line with the Education Amendment Act. After debate in parliament, the end result should see a review of the Public Health Act to remove the age restrictions. In Uganda, the O^3 programme contributed to a first draft of the National School Health Policy 2018-2023, a draft Adolescent Health Policy, guidelines on prevention and management of teenage pregnancy in schools, and the development of a National Sexuality Education framework for out-of-school youth. In Nigeria, the O^3 programme supported the development of a National Policy on Safety, Security and Violence-Free Schools.

More schools have rules, guidelines and referral mechanisms

At school level, the development of rules and guidelines for staff and students has been an important effort to ensure safer and more inclusive spaces. While quantitative data on this indicator (3.2/3.2.1) are only available if education management information system (EMIS) or other nation-wide data are available, leading to limited insights, for those countries where data are available, positive effects can be observed. In Eswatini, South Africa, Zambia and Zimbabwe, it is reported that 100% of the educational institutions have rules and guidelines in place. Other countries that have seen an increase in the percentage of schools that have rules and guidelines are Tanzania (from 30% in 2018, to 59.9% in primary and 53.8% in secondary schools in 2021), Côte d'Ivoire (from 'no data' to 59.4% in 2021) and Nigeria (from 'no data' to 46% in 2021). Findings from the document review suggest that there are more countries with a large coverage, but that this has not been included in EMIS data collection (Botswana, Ethiopia, Kenya, Mozambique, Uganda, DRC and Niger). In Nigeria, a prototype school rules and guidelines developed by the O^3 programme has been adopted by four States Ministries of Education, while other States are at different stages of adoption and operationalisation.

In Zambia, a referral system was developed to link AYP from schools to youth-friendly SRH and drug and substance abuse services. As such, the O^3 programme has contributed to increased uptake of SRH services because of provision of information on the importance of SRH, as well as good coordination with CSOs and MoH services that can complement school-based delivery of SRH messages, including when teachers might not be able to deliver all:

"Through the education we were giving them the information, we have taught them how to abstain or to use contraceptives and also referring them to other institutions like health institutions where they will get more information where teachers are not able to give full information." (FGD with teachers, Zambia)

"So this partnership that we have created with CSOs to help us increase the uptake of services, it has really been good and something that we need to document, because we have seen the increase in uptake of SHR services from young people based on the reports, but also when we go for field visits. Also the Ministry of Health actually has been able to indicate that the partnership has been really helping them, because you know schools sometimes. They can be very closed up saying 'it is not our area', but CSO partners are able to facilitate that." (KII with UNESCO, Zambia)

In Ghana, Savana Signatures SHE+ Helpline is present with a toll free number. This helpline offers confidential and timely access to SRHR and GBV counselling, information and referral services for adolescents in the South and Central Tongu districts. The use of this helpline has provided for a more holistic approach, where AYP not only depend on teachers for SRGBV referrals, but are also able to access other services. In Malawi, AYP were encouraged to report cases of violence to community-based mother groups.

In addition to referrals, CSE in itself was reported as an intervention addressing SRGBV in Zambia, by encouraging AYP to open up and report cases of physical, psychological or sexual abuse. Indeed, a reduction of GBV cases has been reported by teachers, parents, and learners (including a reduction in early marriage and EUP), as well as increased re-entry of girls after pregnancy.

The importance of education staff awareness and support

Yet, despite the positive outcomes of CSE and the referral developments, a major obstacle to creating safe school environments lies with the role of education staff themselves. While teachers were often quoted as supportive and sometimes even parent-like resources to students, they can at the same time be part of the problem. For instance, in Côte d'Ivoire, while AYP were able to speak openly and confidently about CSE-related topics, SRGBV was seen as one of the key issues hampering effectiveness of CSE (and positive SRH outcomes for AYP). Teachers were cited to be among the main perpetrators of SRGBV:

"Apart from cases of rape, we have also encountered cases of forced marriages, sexual touching and harassment. So that's another challenge that needs to be addressed, especially at the level of educational staff. This is a big challenge, because we realise that educational staff are very often the first to perpetuate gender stereotypes, to perpetuate all the sexual harassment, touching, and even moral harassment of the young girls we had to raise awareness of, who also made this remark to us." (KII with NGO, Côte d'Ivoire)

Related to what was discussed in Section 4.2.2, in Nigeria, teachers also mentioned that not only teachers, but also school administration and school management staff could benefit from CSE and SRGBV awareness training to provide a safer school environment. In Uganda, the instilling of a school code of conduct, alongside the creation of a 'parent teacher' model whereby AYP can choose a teacher as their go-to person for questions and support, has helped to create safer school environments. At the same time, several youth informants in Uganda stated not to trust their teachers with their problems, indicating that interventions need to be strengthened. Teachers were targeted in some activities, such as teacher trainings in Senegal and Mali, where 3,698 and 2,323 teachers respectively were trained in the prevention of unwanted pregnancies, HIV and AIDS education, and in the response to SRGBV, according to a 2022 report of the UNESCO regional office for West-Africa – Sahel. Teacher training to better address SRGBV has also taken place in Cameroon Senegal and Togo under a priority solidarity fund by France.

Safe, healthy, and inclusive communities

The O³ programme, particularly in ESA, reached millions of community members with efforts to keep girls in school, with a focus on preventing and addressing EUP, GBV and child marriage

The second half of the O³ programme has seen an increase in community members reached with efforts to keep girls in school, from 6,292,740 in 2018, to 28,081,760 in 2021 (see Annex 8, indicator 3.1/3.4.1). The reach has been predominantly in ESA, although the WCA region caught up on their targets in 2021, when 473,438 community members were reached (compared to 68,749 in 2020 and 57,689 in 2019, suggesting an effective use of the 'Keeping girls in school' campaign). Figure 12 provides an overview of the types of media and interventions used to reach community members with efforts to keep girls in school.

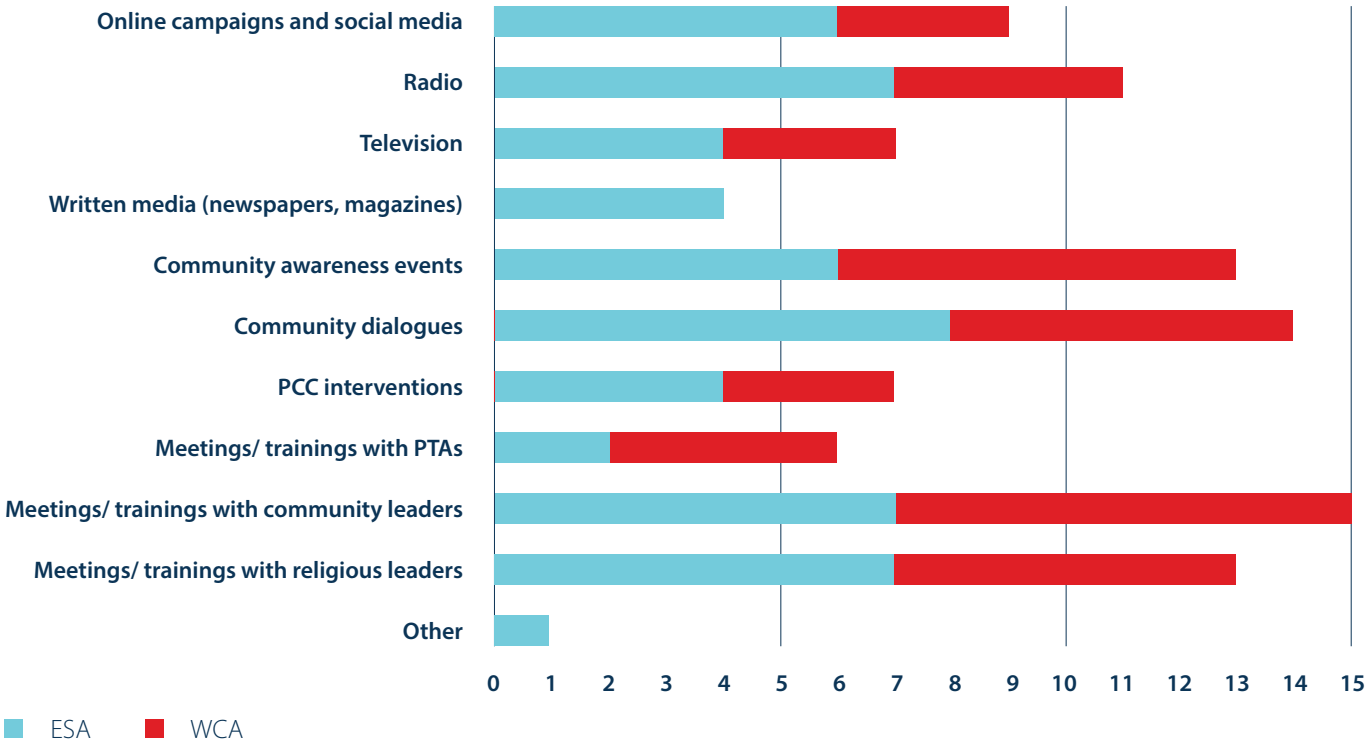


Figure 12: Number of PACs and FCs reporting on different types of media and interventions used to reach community members with efforts to keep girls in school

Interventions addressing safety and inclusion have seen increased community involvement

A regional qualitative study commissioned under O³ (2022) on the attitudes, perceptions and experiences of learners and teachers on CSE across six O³ countries demonstrated that community leaders, community members and parents are generally knowledgeable about CSE. However, while most know CSE is being taught in schools, the level of awareness around the content and its benefits varied. Out of the study countries, for example, awareness was assessed as high in Botswana, Eswatini, Ghana, and Uganda, but less so in Malawi and Zambia. Overall, learners, teachers, head teachers and MoE officials interviewed in the study showed positive perceptions of CSE. In addition, community leaders and parents seemed to exhibit positive attitudes and perceptions towards CSE delivery in schools. CSE preparing learners to confront physical and psychological changes when transitioning from child- to adulthood is reportedly a common narrative in favour of CSE. Resistance to the teaching of CSE by some parents, community leaders, and religious leaders tended to emerge based on their concerns about the appropriate age to start CSE, the methods of delivery, and appropriateness of content taking into consideration cultural and religious contexts.

The qualitative data collection during this final evaluation revealed that the communities targeted through the O³ programme were largely considered not to be safe for AYP, especially on SRHR issues. In many countries (including in Cameroon, Côte d'Ivoire, DRC, Nigeria, Uganda and Zambia), communities that were targeted with interventions to address unsafety, promote inclusion, and create a supportive environment for CSE, have seen increased parental involvement as well as support from religious and community leaders. For example in Zambia, community-based interventions led to increased awareness of the dangers of early marriage and teenage pregnancies, which in turn have helped in reducing cases of early marriages and teenage pregnancies. This reduction was reported to also be the result of enhanced application of bylaws and banning of initiation ceremonies, as well as CSE; CSE has built the capacity for conversations around sex and sexuality between parents and children. While there has been increased parental and community support and engagement in CSE, the community coverage of the programme has been low. For example, in one district in the Eastern province of Zambia, out of 44 villages, only four villages were covered by the programme.

In Côte d'Ivoire, findings indicate that parents have started talking about sexuality with their children after having benefited from awareness raising sessions. Parents sensitised during the activities expressed the need to receive information from teachers or other professionals on themes such as GBV to be able to answer their children's questions. There has also been an intentional involvement of Christian and Muslim religious leaders, some of whom have integrated sexuality education for AYP into their prayer programmes following the sensitisation sessions. Multiple informants indicated that they recommend the O³ programme to expand the involvement of parents, school management boards and influential community members in educating AYP on SRHR.

Findings from Nigeria reflect comparable outcomes in that the programme seems to have been successful in engaging religious leaders to promote community engagement and improve parent-child communication. However, teachers and other programme implementers urged for more inclusion of PTAs and PTA sensitisation activities, since it was expected that stronger gains can be made through PTAs (see Box 4). Similarly in Gabon, informants reported that a lack of parental involvement and understanding about the importance of sexuality education is a main challenge; parents are ashamed to talk about sexuality, while teachers provide limited information due to the so far limited implementation of CSE in schools, leaving AYP with little knowledge and skills around their SRHR.

In Cameroon, AYP narrated stories of strong verbal violence against pregnant girls and a lack of special attention to AYP with disabilities in their communities, while recalling no activities to address these:

Informant: *"I think there is a lot of verbal violence, because when you get pregnant it becomes that you are a whore, a whore."*

Informant: *"If there is some verbal violence it's due to the fact that parents don't know how to protect their children; they throw them out when there is a problem."*

Interviewer: *"What specific activities are there for marginalised teenagers such as teenagers with disabilities, teenage mothers, are there any activities for these groups?"*

Informant: *"Not at all, there are not."*

Interviewer: *"And in the community, are you aware of any activities that are carried out in relation to these groups?"*

Informant: *"No."* (FGD with AYP, Cameroon)

Although some community sensitization activities have taken place in North-Cameroon, informants were either not aware of them (possibly because data were collected in other regions than where the community outreach had taken place), or considered them to be not very effective. At the same time, the programme has successfully involved the communication sector to create more awareness and support for CSE; a platform of journalists and influencers exchanged information related to sexuality education, and a network of community radio stations helped to reduce misinformation on the subject. Furthermore, in Uganda, efforts have been made at policy level by supporting revisions of the youth engagement strategy, National Parenting Guidelines, and the National Youth Policy, which all have SRH guidelines integrated, although they do not include reference to discrimination based on gender or sexual orientation.

More efforts are required to involve parents, PTAs and community members in CSE

In countries where parental resistance to CSE has been strong, more efforts were required to reach the desired outcomes. In Eswatini, communities were not considered safe, welcoming or encouraging of AYP's SRHR needs, and parents were reported to be generally unsupportive of LSE. While the implemented PCC activities were regarded as relevant, some parents have been alarmed by girls having LSE knowledge before menstruation). Parents also had poor insight into what in-school LSE exactly entails. Parents felt that empowering children is a threat to parental authority and cultural/religious beliefs, and noted that more rights for children (through the Sexual Offences and Domestic Violence Act) is taking away their rights as parents. Parents were also mentioned to trust religious leaders more in strengthening their acceptance and understanding of CSE/ SRHR:

"Maybe there are campaigns on the radio, but we won't listen to that. I only accept information directed to me on sexuality issues if it's said by someone I would relate to. Maybe someone I would say, he has authority to me. Because even the church is playing a very great role." (KII with PTA representative, Eswatini)

Likewise, in Botswana, parents are generally not accepting of CSE and believe it promotes sexual activity and goes against the cultural values of Botswana. UNESCO, together with the MoE, conducted community dialogues with parents and community leaders. Despite these activities, many informants in Botswana reported that a large number of parents do not support CSE and are unable to give young people the support needed, due to violence at home and a lack of intergenerational communication, signifying the need for the mentioned interventions. Learners in Botswana furthermore highlighted the need for parental involvement, because they felt CSE should not be with teachers alone:

"I don't think the teachers should be the only ones who are burdened with this. Our parents should also have sort of like a seminar to impart knowledge on them and be encouraged to discuss these things with their children instead of burdening teachers alone. Because the teachers might also be uncomfortable speaking with us so leaving our parents with the only option" (FGD with AYP, Botswana)

Parents who have been involved in the programmes on CSE, for example in PCC workshops, highlighted the importance of such interventions. Indeed, informants in Botswana stated that there is a strong need to address family structure and the home, because *"home is where the harm is"*. Teachers and a PTA member in Cameroon also called for better orientation of parents on CSE.

Box 4: Involving PTAs in Nigeria has promising effects but needs strengthening

Not all countries have implemented activities targeting PTA towards addressing SRGBV, EUP and/or female genital mutilation. That is, activities have often either solely focused on teachers or on parents. Orientation of PTAs on skills-based HIV and sexuality education programmes that are offered in schools (indicator 1.4.1) was mostly conducted in Zambia in 2018, and in Côte d'Ivoire, Nigeria and South Africa in 2021 (Annex 8).

In Nigeria, training on SRGBV was conducted by the Hope for Community and Children Initiative with 422 stakeholders, consisting of learners, school administrators, PTAs, security officials, judiciary, health workers, gender advocates, and traditional and religious institutions. Following the training, SRGBV response teams were formed in 60 schools across eight States and the Federal Capital Territory. The teams provide GBV survivors in their communities with access to treatment, justice, and psychosocial support. Though the contract has since expired, the SRGBV response teams are still implementing their action plans and reporting to UNESCO. At the same time, primary data collected as part of this final evaluation indicate that teachers and programme implementers identify a lack of SRH knowledge and awareness of parents and guardians as the key missing link in providing a supportive environment for AYP, and in fact recommend trainings to extend to PTAs. As one teacher voiced:

"*So I don't know if it's not within the scope of UNESCO to extend this training to the parents and guardians through the PTA and speak to them on creating quality time for their children, so that when we the teachers do our part in the school, they can also help them at home.*" (FGD with teachers, Nigeria)

Thus, while efforts have been made to include PTAs and reach parents through other means (e.g., religious leaders were also on board to reach out to communities on SRH, and PCC initiatives have also taken place in Nigeria), more engagement and scale-up of these activities seem necessary.

4.4 Contribution of the O³ programme to generating quality data and evidence on comprehensive sexuality education and safer school environments

4.2.1 Overview of main O³ programme activities

The O³ programme implemented a variety of activities that aimed to strengthen the evidence base on CSE and safer school environments (programme area 4).

The activities under this programme area focused on commissioning research, improving the collection of HIV sensitive indicators through routine and government owned data systems (mainly EMIS), training of EMIS officers on collection, analysis and reporting on CSE- and HIV-sensitive indicators, expansion of the YPT website, and the RLP (developed from 2019 and launched in 2020).

The RLP, a web-based learning platform which aims to facilitate information sharing, knowledge exchange and learning across programme countries and beyond, has a digital library where various resources and documents on CSE can be accessed by UNESCO staff, governments, and key stakeholders. The platform also features an 'Ask and Share' forum which allows users to interact in real time.

The YPT platform, hosted by UNESCO at regional level, supports the implementation of the ESA Commitment and makes it externally visible. With a more positive and inspirational branding, it illustrates the future that UNESCO and its partner organisations[11] (funders, UN agencies and CSOs) envision for young people today. While the website features several explanatory videos about the ESA Commitment process, social media accounts were also built around it, using Twitter, Facebook and Instagram, to communicate about the process. The ESA Commitment regional evaluation report found that youth organisations and networks, partners and advocates from global, regional and national youth constituencies have yet to be mobilised to push for increased action around the commitments, suggesting that there is space to meaningfully involve youth voices more in and through the YPT platform.

UNESCO's International Institute for Educational Planning (IIEP) provided capacity-building to 11[12] O³ programme countries in WCA to improve data collection and integrate key indicators into their EMISs and health management information systems (HMISs) at country level.
The IIEP course is an eight-month hybrid programme of eight virtual workshops, and it included a face-to-face regional workshop in DRC and country-specific technical assistance.

UNESCO also updated the 2012 SERAT in 2018, and completed this in 2019 after a pilot in Burkina Faso, Sierra Leone (not under the O³ programme) and Zimbabwe.
This Excel tool supports the collection and analysis of data from CSE programmes. The renewed tool (version 3.0) was launched in 2020 and applied in Senegal and Togo in the same year.

In 2020, UNESCO revised the Analysis and Imaging of the Response to SRGBV tool (AnImRS), a tool that enables analysis and visualisation of national education sector responses to SRGBV. The new version of the tool has been tested in Burkina Faso and Niger. In Burkina Faso, the analysis highlighted that the national response to SRGBV has several strengths, including links with communities and partnerships, links with services, policies and strategies, and the content of secondary school curricula. The analysis showed that several aspects can be improved, notably capacity-building for schools in terms of training on SRGBV and counselling and support for victims.

The analysis in Niger identified a number of gaps, including the lack of consideration for phenomena in conflict zones, the absence of internal regulations in the majority of schools, the lack of awareness of the national school health strategy, and the absence of a code of conduct for teachers in the majority of schools, among others.

Several significant studies were conducted at regional level (see Annex 9), among others the baseline study (2018) and mid-term review of the O³ programme (2021), the needs assessment for sexuality education curriculum implementation in Eastern and Southern and West and Central Africa (2019), the evaluation of the ESA Commitment (2020), the regional analysis of the situation of AYP in WCA, along with a compendium of individual country data syntheses for 24 WCA countries (2020-2021), the review analysing the legal and policy frameworks related to sexuality education in 11 WCA countries (using part of SERAT) (2021), a landscape analysis and mapping of CSE-related resistance at global, regional, and country levels (2020-2021), a qualitative study on attitudes, perceptions, and experiences of learners and teachers on CSE across six countries (2020-2021) as well as a needs assessment on the current state of CSE for young people with disabilities in the East and Southern African region (2020-2021).

At national level, the activities under programme area 4 mainly focused on integrating key indicators into the EMIS and (although not in all countries) commissioning research and assessments (including SERAT and AnImRS assessments).

4.2.2 Outcomes of the O³ programme

At both regional and national levels, the O³ programme contributed to the evidence base for CSE and ASRHR, which was further used in advocacy and product development

An overview of the main multi-country studies and reviews, their outcomes, and how their results were used in the O³ programme is provided in Annex 9.

Annex 8 (indicators 4.2.1 and 4.1/4.3.1) shows that a total number of 74 studies were conducted at country level, which resulted in 25 advocacy or information products. ESA had a higher average of studies conducted per country (3.4) than WCA (2.7), which might be a result of the fact that ESA had a programme prior to O³.

11 https://www.youngpeopletoday.org/partners
12 Burkina Faso, Cameroon, Congo, Côte d'Ivoire, DRC, Gabon, Ghana, Mali, Niger, Nigeria, and Senegal.

At the same time, it seems that in WCA, more of the conducted studies yielded advocacy or information products (an average of 1.7 in WCA versus 0.8 in ESA countries) (Figure 13). It should be noted that having no advocacy or information products created does not mean that study results were not used in advocacy and programming. Results also show that PACs are generally quite involved in commissioning research, but some FCs have also been active on research.

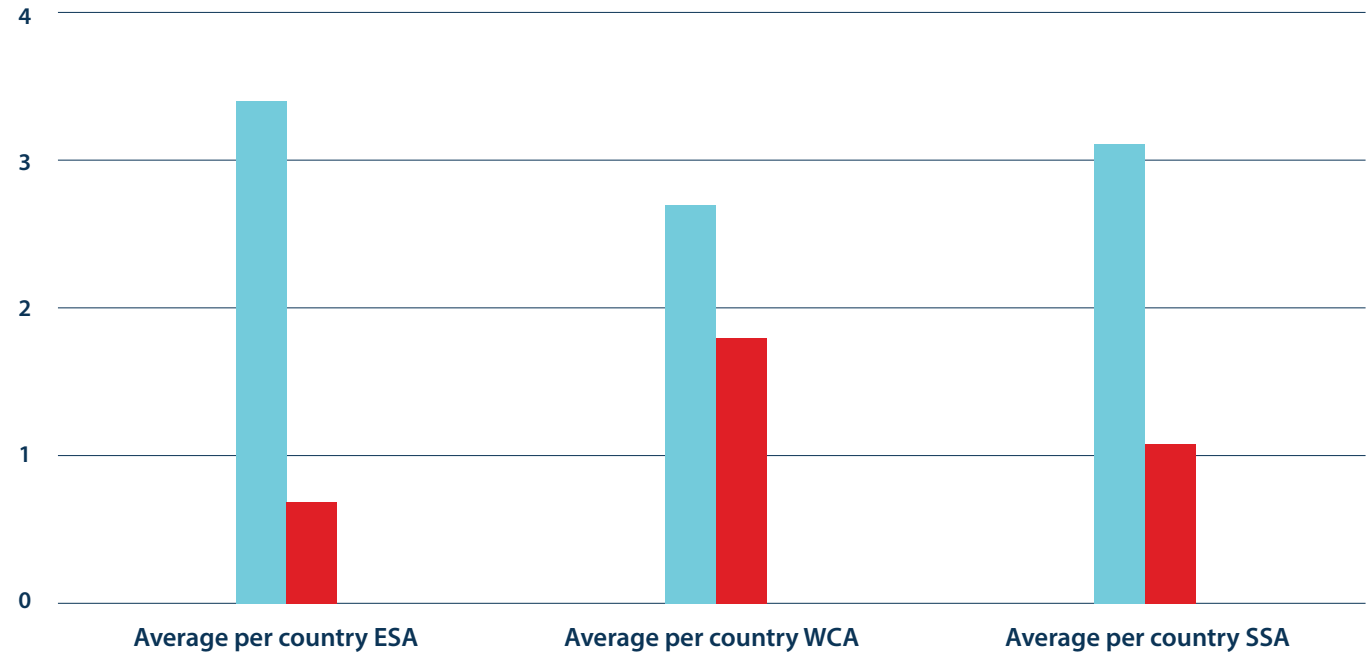


Figure 13: Average number of research pieces commissioned and average number of policy/advocacy products developed from the research per country

There are many examples of how research was used in advocacy and product development. For example, in Botswana, the COVID-19 school re-opening guidelines and COVID-19 educational material for lower and upper primary learners were created after research. In Cameroon, the NPO reported that the development of a passport against SRGBV, a guide on CSE, and a module on SRGBV were informed by the earlier commissioned research. In Eswatini, data illustrating the rise in teenage pregnancies during COVID-19 were effectively used when working with religious leaders to raise awareness about the problem. The rapid assessment of colleges of teacher education in Ethiopia focused on SRH service access for teacher trainees. Based on the study, UNESCO trained providers and assisted with supplies, and advocated towards the authorities to improve clinics attached to the colleges. In South Africa, in 2021, results of an audit on the implementation of CSE in South African universities was used to advocate towards the deans of education on the integration of the pre-service CSE module in the qualification for student educators.

In 2019, UNESCO supported the Zanzibar Ministry of Education and Vocational Training to conduct a survey to assess capacity of in-service teachers to teach SRH, HIV and GBV prevention education. Findings informed the curriculum review process and development of a teacher training package. In Nigeria, a survey conducted by the O^3 programme to ascertain if CSE issues, including HIV, SRHR, and SRGBV, are integrated in school rules and regulations (2019), led to the development of prototype school rules and guidelines that address EUP and school re-entry of girls after pregnancy. In Togo, a teacher training module on CSE and SRGBV was developed based on the outcomes of a SERAT assessment conducted by curriculum developers, teacher management staff of the MoE and UNESCO in 2020. Other countries with revised curricula, such as Cameroon and Nigeria (see Figure 7) also used SERAT assessments in preparation for such revisions.

The O³ programme has made great progress in ensuring that HIV/CSE indicators are integrated into national EMISs, in particular in WCA, however, the actual collection and reporting on these indicators need improvement

Regarding the integration of at least one HIV/CSE indicator into EMIS (see Annex 8, indicator 4.2/4.1.1), all O³ countries in ESA were already at 100% in 2018. In WCA, only two out of 16 countries had at least one HIV/CSE indicator integrated into EMIS in 2018, and in 2021, the number was 11 out of 11 countries for which data were available (see Figure 14). In both regions, regional and national-level stakeholder meetings, workshops and trainings on data collection and analysis for MoE staff and/or statistics offices were conducted.

Figure 14: Percentage of O³ countries that integrated at least one HIV/CSE indicator into EMIS (for countries which reported data)

In Botswana, a EMIS benchmarking visit to Zambia took place to inform the countries' EMIS improvements. In Eswatini, while in 2018 three indicators were integrated, seven other indicators were added in 2021. In Kenya, six indicators were previously integrated into EMIS but later removed, and are now again proposed for integration. In Mozambique, many of the indicators are integrated in other systems than EMIS. In Uganda, the Guidelines on Reporting and Tracking for SGBV among children were instituted and are currently incorporated into the EMIS. In Zambia, indicators related to HIV and SRHR are collected annually in the National Census and the programme has facilitated the development of a tool for verification of CSE data including supporting monitoring visits to schools. In WCA, all 11 countries have integrated four core indicators. The efforts in WCA were remarkable: 135 representatives of MoEs from 11 countries were capacitated on measuring education for health and wellbeing. Furthermore, there is a strong network of 11 WCA countries who meet virtually once a month to report on progress, share country experience and good practices, discuss new issues and receive specialised training on EMIS and health and wellbeing indicators. In Côte d'Ivoire, a national guide for data management is currently being developed in line with the ESVS indicators. In Nigeria, EMIS indicators for FLHE have been developed.

While CSE-related indicators were incorporated into the EMIS in many ESA countries, some of the indicators are either not collected (e.g., in Uganda) or not analysed and reported on an annual basis (e.g., in Kenya, Lesotho, Malawi, Zimbabwe). In WCA, all 11 countries collected the four core indicators for the first time in 2022 either at pilot or national level, with data not yet being available to include in this final evaluation. While data collection from EMIS goes beyond the O³ programme targets, lack of available data from EMIS explains the gaps for some of the O³ programme outcome indicators, for example indicators 1.2 and 2.2. Details on indicators integrated into EMIS per country are provided in Annex 10.

Responses from the NPOs of all PACs and FCs show that the use of the RLP (Annex 8, indicator 4.5.1) is sub-optimal. Most NPOs reported to have used the platform one to five times in total. An analysis of announced events and news items on the platform revealed that mostly PACs and English-speaking countries use the platform. Malawi announced eight events on the platform, Eswatini and Zambia both seven, Zimbabwe five and Tanzania one. Among FCs, Uganda announced four events on the platform, Botswana three and Namibia two. Furthermore, Zimbabwe was featured in three news items and Eswatini, Kenya, Namibia and Tanzania were all featured in one news item on the platform.

4.4 Impact on the lives of particularly vulnerable adolescents and young people

The O³ programme has contributed to more supportive environments for adolescent mothers

Primary data suggested increased re-entry into school for adolescent mothers (e.g., in Cameroon, Uganda and Zambia), and, reportedly, a reduction of early pregnancies (e.g., in Botswana and Nigeria). While the latter is more difficult to capture in quantitative data due to reporting challenges, the increased re-entry into school for adolescent mothers seems to be indeed reflected in quantitative indicators:

11 out of 22 countries with data available reported to have been supported in developing and implementing a policy on learner pregnancy and re-admission (of which seven are FCs). These findings should be interpreted with care, however, since improved policies do not directly lead to reduced pregnancies/increased re-entry. Conversely, improved outcomes can also be a result of other changes than policies (e.g., in Zambia no learner pregnancy policy was referred to in the desk review, whereas informants did see an improvement in re-entry into schools).

Attention to reaching AYP with disabilities with CSE has grown throughout the O³ programme, but more efforts are needed to adapt materials

The need for specific targeting of AYP with disabilities has been acknowledged in the O³ programme, however, progress around initiatives such as tactile aids, raised pictures, human body frames for teaching body awareness, materials in large print videos, braille as well as assistive technology has been challenging. Both the MTR and the 2021 annual report concluded that although some countries have made advancements towards ensuring that the delivery of CSE is adapted to suit the needs of learners with disabilities, the reality is that much more still needs to be done. This is confirmed by primary data collected in this evaluation, where evidence on adapted learning materials is anecdotal. For example in Zambia, it was mentioned that a sign language package is in development, and in Uganda, UNESCO worked with MoE to advance digital literacy and equipment to reach young people with disabilities. The document review further indicated that in South Sudan, materials were developed into sign language and braille, and 185 in-service teachers were trained on delivering inclusive education. In Zimbabwe, UNESCO also supported the Ministry of Primary and Secondary Education to transcribe modules into braille. Further, a needs assessment on the current state of CSE for young people with disabilities in the ESA region (2021) highlighted a brailed volume of the Sexual Offences and Domestic Violence Act in Eswatini, the National Inclusive Education Strategy with various disability-inclusive resource materials in Malawi as well as the 'Breaking the Silence' teaching package in South Africa. Apart from these examples, informants across countries mostly reflected on the (limited) accessibility to schools for learners with disabilities (mostly stating the absence of a ramp for wheelchairs), more than specific needs related to CSE, SRGBV or SRHR more broadly (with a few exceptions who did reflect on additional stigma related to SRHR that AYP with disabilities might experience).

One religious leader in Botswana reported on teaching CSE (in moral education) to AYP with hearing impairments. This religious leader particularly reflected on the challenges reaching these AYP with the full content, since they had to make use of an interpreter who masters sign language, and none of the sign language interpreters were trained on teaching CSE:

"It was through an interpreter basically because we didn't, none of us who was teaching such a subject of sex education was taught or exposed to sign language. Already speaking through an interpreter you are watering down the content. So I think we have certain things that are tailored down for the general students, not for everybody." (KII with a religious leader, Botswana)

In addition, management information systems do often not provide disaggregated data on learners with disabilities who have been reached with CSE. Quantitative indicator 2.3.2 suggests that, in total, 4,733 learners with disabilities have been reached with CSE through the O³ programme (in Botswana, Cameroon, Ghana and Nigeria, see Annex 8). These were all reached in the final year of the programme, reflecting the impression of informants that attention to AYP with disabilities has gradually grown throughout the programme. However, this number should be interpreted with care, as not in all countries data are collected or reported accurately on this indicator.

The O³ programme has supported some countries to strengthen the education sector's and communities' capacity in providing inclusive environments for AYP living with HIV

AYPs living with HIV have been reached through both school-based and community-based efforts. In Uganda, the O³ programme has strengthened the education sector's capacity to mitigate HIV-related stigma and discrimination among teachers and learners within the school setting by adapting the HIV and AIDS Workplace Policy for the education sector; developing a comprehensive HIV information pack on prevention, care, treatment, and support; and orienting teachers living with HIV on the two documents. UNESCO, together with NGOs, has worked with the Teachers Against AIDS Action Group in Uganda, which is a group of teachers living with HIV who have openly come out to talk about their HIV status. This group was mobilised not only to support and train fellow teachers on HIV testing, care, and treatment, but also on issues related to reducing stigma and discrimination within schools.

Young people in Eswatini and Uganda also positively evaluated the "sickbay" area in school where young people living with HIV are able to rest and interact with supportive doctors/nurses. In Eswatini, these activities were complemented by teen clubs in health care facilities (including psychosocial support (PSS)), made possible by good collaboration between the MoH, Ministry of Education and Ministry of Sports, Culture and Youth Affairs. In Cameroon, activities for youth living with HIV included a PCC programme.

Thus, there are indications that the O³ programme has provided support to marginalised and vulnerable AYP in both school and community environments, through work with NGOs, parents and other stakeholders. However, similar to the conclusion in the MTR and 2021 annual report, more is needed to reach marginalised groups. In addition, apart from the above-mentioned groups that have been specifically targeted by the O³ programme, informants felt that there are other marginalised AYPs that require more attention. These included out-of-school youth, migrant and refugee AYP, AYP living without parents/youth-headed households, sex workers, and to LGBTQI+.

Unintended effects: when vulnerable youth have increased access to SRHR knowledge, they can be subject to additional stigma

Where activities to reach particularly vulnerable AYP have taken place, the intended effects seem to have been reached in the sense that these AYP have been included, and teachers, parents and other targeted actors feel more aware of the challenges that these AYP face. In terms of unintended effects, one religious leader reflected on the fact that, once AYP with disabilities start joining SRHR-related trainings (the desired outcome), they might be faced with even more stigma.

"And even in the community, you find there are certain programmes to cater for those with the… for a normal person. For instance, prevention of mother-to-child transmission (PMTCT), you find for somebody who is disabled, say somebody who is using a wheelchair, if she is seen attending a PMTCT training or education, yeah, the assumption is she is very careless because she got pregnant. And people wouldn't even want to dig for facts; they will just assume that this is carelessness." (KII with a religious leader, Botswana)

As such, it seems particularly important that vulnerable AYP are not only targeted for inclusion in activities, but that such activities are coupled with strategies addressing bullying, stigma and discrimination at both school and community levels.

4.5 Effectiveness of UNESCO's implementation strategies and approaches

The complementarity of the four O³ programme areas contributed to the programme's effectiveness in enhancing AYP's access to CSE and SRH services in SSA

Many informants who participated in this final evaluation were of the opinion that the four O³ programme areas are complementary to each other, and that this enhanced the programme's ability to improve access of AYP to CSE through working at the community up to the policy level. All four programme areas are needed to achieve the programme's aim, but many informants regarded programme area 1 as the pillar of the O³ programme.

UNESCO's collaboration with a wide variety of stakeholders at regional and national levels, and the focus on involving or giving a platform to policy makers, are acknowledged as effective strategies to enhance CSE

The multi-stakeholder approach of the O³ programme under programme area 1 was regarded as effective in all country case studies. As discussed before, the multi-sectoral approach in Côte d'Ivoire was reported to have contributed to create a synergy of action; more efficient collaboration and use of resources; and integration of ESVS into the national education systems. The O³ team in Eswatini successfully worked with the Deputy Prime Minister's Office and in Gabon, there was collaboration with and buy-in from the First Lady. In Zambia, working with policy makers and members of parliament (MPs) helped in minimising opposition, championing and implementing CSE in several constituencies. This was possible as MPs have political power and are widely respected at community, provincial and national levels. In Cameroon, informants also explicitly indicated that working with policy makers in the design and implementation of the programme facilitated the adoption, ownership and operationalisation of the O³ programme's objectives and activities. A funder underlined the programme's important role in influencing policy:

"I think that the O³ programme is important in terms of negotiation or supporting governments and leading on the discussion with the MoEs, for instance, I think CSOs can do a lot, more sort of field level in a way, but UNESCO has a very important role to play in terms of supporting policy formulation." (KII with a funder)

Section 5.3 goes deeper into partnership and collaboration and also discusses what could be improved concerning this.

The use of multiple and popular media increased the reach of the O³ programme

Using multiple media to reach AYP and other stakeholders was mentioned as an effective strategy to increase the reach of the O³ programme. Informants from Uganda and Cameroon stressed the importance of using of social media, particularly influencers who are popular among the youth, to attract AYP to the right information:

"We need to be able to use the power of social networks to reach as many people as possible, and there are two reasons why we can't do without them. The first reason is that the means are limited, the mobilisation in the classroom in training this and that, you can't reach thousands of people so you have to use social networks to reach the largest number of people and there it will reach a critical mass (...) And you also have to work a lot with influencers whom children follow on social networks and I would say positive influencers, you have to target influencers whose words on their pages have a positive impact on young people, because these influencers have thousands of people behind them and there are young people who listen to them all day long, so these are the things that you have to rely on." (KII with implementer, Cameroon)

The training of teachers in the provision of CSE is valued as one of the most effective intervention strategies of the O³ programme

Under programme area 2, besides the importance of incorporating CSE in the national curriculum (where possible), teacher training was regarded as one of the most effective intervention strategies. In Zambia, the college hubs were mentioned as good practice (see Box 3). In Botswana, the launch of online teacher training was welcomed, because then teachers do not need to wait for an opportunity for face-to-face training. However, the problem of accessing the internet was acknowledged. The importance of value clarification within teacher training was stressed in several countries. Accompanying activities such as development of teaching modules strengthened the work under programme area 2. Several informants explained the downsides of the cascade approach in teacher training, however, it was seen as an effective strategy by the Ministry of Secondary Education in Cameroon.

Interventions targeting multiple stakeholders at community level create a supportive 'ecosystem' for AYP to access CSE and SRH services

In several countries (Botswana, Cameroon, Eswatini, Malawi and Zambia), under programme area 3, the O³ programme has clearly tried to engage a wide variety of community stakeholders, including parents, traditional and religious leaders, to create an enabling environment for AYP to access CSE (although the coverage was often suboptimal). This continuous engagement of a variety of community members was regarded as an effective strategy:

"You're looking at parents and you're looking at religious leaders. If teachers are teaching in school and students are not able to take it home… and talk about it… within the community, you know… So in order to have this kind of ecosystem, traditional and religious leaders were targeted, so that they will be able to talk to parents who would be able to provide a supportive environment, which will be devoid of resistance to FLHE within the community where the schools are. So you have that component running, you have a component where you have the voice from community to community... Then you have that component also where you have teachers' outreach to be able to reach students and you have students trained as peer educators to be able to reach other students. So I think it's very, very impactful. Because like I said, it was like an ecosystem kind of thing." (KII with programme implementer, Nigeria)

As explained by a UNESCO-representative from Zambia, *"if parents and the community understand what CSE is about, they fully support."* However, in several countries, informants reported a need for increased focus on parents (Botswana, Cameroon, Côte d'Ivoire, Nigeria and Uganda), sometimes despite activities having taken place to include parents (see Section 4.3.2.2 and Box 4). In Nigeria, advocacy towards traditional and religious leaders, particularly in the North of the country, was mentioned as an effective implementation strategy complementing teacher training, as religious leaders play a key role in influencing political and social support (particularly from parents) for SRHR and CSE. However, an NGO representative in Eswatini noted that dialogues with religious leaders might not yet have led to cascaded changes:

"So if you can genuinely change those people, then you have a mechanism that will cascade the change. When it gets to the community level. Pastors are the ones that, you know, basically set the moral tone of the community. So if they say, you know, something is bad, most community members will pick it up. So I think it's a clever strategy.

But I'm not sure how well we monitored the cascade of the trainings thereafter, so that it's not just an output based thing, after we've trained the religious leaders; did they then have subsequent meetings in their communities? How many people did they reach? Yeah, so I'm not sure that information is there, I'm just not aware of it." (KII with CSO stakeholder, Eswatini)

In Côte d'Ivoire, the involvement of religious leaders at the central level has made it possible to avoid strong opposition to the integration of ESVS. Peer education as an effective strategy to increase access to SRHR information for AYP was mentioned by NGO representatives in Nigeria and Uganda.

The main target groups of the O³ programme are AYP, and several vulnerable groups have been targeted, although not all to the same extent (see Section 4.5). Including AYP and vulnerable groups in designing or implementing components of the programme seems not to have had extensive attention, although in Cameroon and Gabon, meaningful engagement of youth was reported as a strength of the programme. A programme implementer from Botswana stressed the importance of such an inclusive approach: targeting all relevant stakeholders and ensuring that vulnerable groups receive the attention they need.

"I think the best lesson is, one, you know, inclusivity. When a programme like this is implemented you know you need to involve relevant people. Young people themselves, this programme is about young people, out of school, in school, young people with disabilities, those young mothers we are referring to, you know those young people who are survivors of gender based violence, the sexual orientation, the to LGBTQI+ community.

I know people may just... when it comes to that issue, some people may... but let's engage them, I think sustainability of our programme is when... let's engage the religious leaders, the community members, you know the chiefs, and other key players, social workers, the health workers, so that there is that collaboration because at the end of the day we have this young people that we are addressing." (KII with programme implementer, Botswana)

Finally, within programme area 4, evidence generation was valued as important to support other activities. According to UNESCO in Côte d'Ivoire, this was the weakest programme area within their country programme.

The combination of the O³ programme having a regional component and country-based components was evaluated as an effective programme design by different types of informants

The MTR concluded that the regional component of the O³ programme offers the opportunity for capacity-building, benchmarking between countries, and economies of scale – particularly related to sharing of good practices, tools, and knowledge products that together create a regional hub of expertise to support governments and partners. This final evaluation underscores this observation. The combination of the regional component and country programmes ensures that regional-level support strengthens the country programmes, while experience from within countries further shapes actions at regional level. Observations about the three tiered approach of the O³ programme are covered in Section 5.4.

5. Efficiency of the O³ programme

5.1 Cost-efficiency, costs and operational aspects of O³ programme implementation

The O³ programme has been largely cost-efficient, while cost-effectiveness could not be assessed

Two global key informants, including a funder, were of the opinion that the regional focus of the O³ programme is cost-efficient per definition, because the provided guidance and technical assistance served 33 countries. A regional NGO representative mentioned that the cost-sharing and combined technical expertise of partners running the 'Let's Talk' campaign contributed to cost-efficiency.

One key informant at regional level and one in Uganda thought that UNESCO's work on enhancing political commitment under programme area 1 was most cost-effective, as it entailed relatively low costs and had high impact. Activities under programme areas 2 and 3 were most costly. An informant in Zambia provided an example of high costs involved in the production of teaching and learning materials:

"The other challenge also has been the high cost of material production. You can't train teachers and then fail to give them tools to work with, and for us with capacity building, these teachers must have access to materials, teacher books and learner books. It has been a huge cost, I don't know any partner apart from ourselves as UNESCO, who has really gone out of their way to fund material production the way we are doing." (KII with UNESCO, Zambia)

The MTR noted that in geographically large countries and in NCs, the O³ programme had relatively little reach. This final evaluation reveals that in the pool of PACs and FCs, the programme coverage (number of regions/ districts covered) greatly varied and also varied per activity. Of the 21 NPOs who reported about programme coverage, six (Botswana, Eswatini, Lesotho, Mali, South Africa and Zimbabwe) reported a national reach for activities other than mass media campaigns and policy support. Most of the time this meant that teacher training reached teachers from all regions or districts (but not with a 100% coverage).

Community-level activities under programme area 3 had much lower reach. Thirteen NPOs reported that the programme focused on (a smaller or larger) part of the country's regions or districts, and two NPOs reported that the programme did not implement at provincial or district level (Burkina Faso and Ethiopia). As the evaluators did not have insight into budgets over the years and per country, it was not possible to compare such reach at output (and outcome) level with financial investments made[13].

Operational challenges during programme implementation included limited funding, funding delays and staff shortages

The MTR reported operational challenges of the O³ programme in some countries, because of limited funding, staff shortages within UNESCO (and MoEs), and difficulties in recruitment of implementing partners. Indeed, human resource levels at both regional and country UNESCO level were seen as inadequate by several global informants and informants from Burundi, Cameroon, Malawi and Uganda. In addition, informants in Botswana, Burundi, Côte d'Ivoire, Eswatini, Gabon, Malawi, Uganda and Zambia reported that resource allocation and availability have been challenging. Funding delays disrupted activities in these countries as well. One UNESCO informant shed some light on the causes of payment delays: memos for funding requests are to be sent to the regional office and after their approval, the country sends the regional office a payment request, after which their approval is sent to Headquarters, which makes the payment to the country. In the case of Malawi, such payments first go to the United Nations Development Programme (UNDP), and then UNDP pays UNESCO Malawi. A CSO informant in Uganda explained how funding delays from UNESCO Headquarters to UNESCO Uganda rippled down to the implementing partners.

In Botswana, activities were funded partly by UNESCO and partly by the Global Fund. In Eswatini, UNESCO partnered with the Ministry of Education and Training (MoET) to utilise Global Fund resources for the development and delivery of scripted LSE radio lessons. In addition, cheap venues were selected to be able to train more teachers, and meetings for certain activities were also used to collect data or cover other activities. In Côte d'Ivoire, training on ESVS was integrated into wider education trainings, reducing costs and increasing participation.

13 Budget information was not provided by UNESCO.

In Nigeria, several implementing partners found the O³ programme cost-efficient, because the O³ activities that they implemented were aligned to other activities they implemented, funded by other sources, and therefore activities could leverage on each other.

Cost-efficiency was more apparent in countries where CSE curricula have been integrated into teacher colleges, such as in Côte d'Ivoire and Zambia. The college hub model in Zambia was regarded as cost-efficient, because training at these government college facilities is more cost-efficient than separate training in hotels.

5.2 Monitoring and evaluation of the O³ programme

5.2.1 Reflection on the use of the results framework and indicators

In general, monitoring and evaluation (M&E) of CSE has been highlighted as one of the weakest aspects, according to a report that synthesised SERAT assessments across 13 countries published in 2021. This was also echoed by a regional key informant who mentioned that countries' M&E capacities need improvement to support implementation of the O³ programme and to support meeting the ESA Commitment targets. The results framework formed the basis of the M&E of the O³ programme. A few global and country-level informants found the results framework helpful and appropriate. For example, an informant of the MoE in Botswana shared:

"Yes, as a project we have clearly labelled indicators. And there is no way you can say you didn't know what was to be achieved, what was to be done. So it was clear to a great extent."

This positive view on the results framework was also shared by a programme implementer in Nigeria. However, many other informants, both at regional and country level, indicated clear challenges that have accompanied the development and implementation of the results framework, which are discussed below.

The O³ programme's results framework has room for improvement in terms of formulating smarter indicators and avoiding misinterpretation of indicators

Some indicators in the results framework were not clearly defined, as mentioned by a global key informant (funder). Indeed, some of the indicators were compounded to reduce the number of process and output indicators, as mentioned by a regional key informant. This comes with challenges. For example, indicator 3.1.1 combines different issues (SRGBV and child marriage) under one indicator, making it unclear what the indicator is actually measuring.

Indicators in the results framework have also been misinterpreted by programme staff at the country level. There were various examples of inconsistent reporting and changes in interpretation concerning indicators over the years. Difficulties with interpretation and operationalisation of indicators were discussed in the 2018 baseline report, after which an indicator reference sheet was developed at regional level. Despite this, the annual report 2021 clearly shows differences in interpretation of certain indicators. The values for some indicators vary across countries.
For example, Namibia and Tanzania report smaller values for 2021 for indicator 1.4.2 (number of community members (traditional and religious leaders and parents) sensitised on CSE/life-skills education), namely 123 and 218 respectively; while other countries such as Côte d'Ivoire and Uganda report large values (360,197 and 2,904,838 respectively). This was also concluded by the MTR. It could be that in this case, the output indicator was misinterpreted as an outcome indicator. There is also evidence that results of output indicator 1.4.2 overlapped with those reported under outcome indicator 3.1/3.4.1 (number of community members reached with efforts to keep girls in school) for some countries. Twelve out of 18 NPOs reported that results under indicator 1.4.2 overlapped with those under 3.1/ 3.4.1.

Consistency and comparability of results for some indicators, both within and across countries, have been problematic and cannot be fully avoided

The O³ programme's impact indicators rely on national household-level surveys that are standardised and can be deemed comparable across time and countries. However, the existence of multiple data sources across countries but also between base- and end-line within the same country for the same indicator makes data less comparable. For example, in Lesotho, data for the indicator 'Percentage of women and men aged 15–24 who believe that wife beating is justified for at least one of the 5 specified reasons', were based on the DHS at baseline, while the end-line data are from the MICS. This is due to household surveys having different survey cycles, which meant that for some countries new data were not yet available at end-line. Moreover, due to COVID-19 lockdowns, scheduled surveys were delayed

in some countries (e.g., in Gabon and Lesotho)[14]. Despite the downsides, the use of global indicators in the O³ results framework is valuable to get a sense of the direction in which countries are moving, especially because the O³ programme will continue with a new phase in 2023.

For some of the outcome and output indicators, there has also been a lack of consistency and comparability in reporting within countries across years and between countries. Indeed, data presented in annual reports did not always correspond to data reported by country teams in their regular M&E cycles. Moreover, data verification with country staff during this final evaluation revealed more inconsistencies. Inconsistencies across years within the same country should be avoided. Inconsistencies between countries cannot always be fully avoided, since the data for outcome indicators partly depend on national data, which can lead to incomparable results between countries. As elaborated by a regional key informant, countries have their own way of collecting data. The O³ programme supports the improvement of data quality, but cannot impose exact strategies and indicators on the countries.

The O³ programme used a uniform results framework for all programme acceleration and focus countries and added context-specific indicators were needed, however, progress for networking countries was difficult to track

Despite PACs and FCs having a different scale and set of activities, the same results framework has been used across the two tiers. Although some indicators were framed as being specific to FCs (2.2.1, 2.2.2, 2.2.3, 3.1.1, 3.3.1 and 3.5.1), they were actually meant for and filled by all PACs as well. Given that NCs do not have uniform activities and focus areas, it is challenging to develop a results framework specifically for them, particularly in terms of quantitative indicators. Having a small set of NC-specific qualitative indicators could add value, as there is currently limited possibility to show the progress NCs are making through the (limited) funding and participation in regional activities. In fact, some NCs are moving forward, as proven during qualitative data collection, which can currently hardly be captured in the results framework.

Regional key informants reported that in PACs and FCs, the results framework does not account for differences in how the programme develops in specific countries. Programme activities were often decided on in discussion with national governments, which meant that at times, activities that were not originally in the plan and aligned with the results framework were implemented.

Consequently, country staff did not have a way to integrate the outputs/outcomes of these activities in the results framework, leading to some countries adding new (country-specific) indicators. For example, under programme area 2, while there is an indicator on in-service teachers that have been trained on CSE, some countries did quite some work on sensitising teachers on GBV under programme area 3, but this could not be captured in the results framework, as explained by a regional staff member of UNESCO. This also had implications on the comparability across countries. Lastly, the exact age range of the AYP target group varies between countries and may need to be reflected in some of the indicators.

More attention for monitoring the quality of CSE provided is needed

Several key informants and the document review also reflected on the added value of qualitative indicators for PACS and FCs. The O³ programme managed to collect a good amount of quantitative data, which was explicitly appreciated by the three of the five funders interviewed. However, both the funders and representatives of UNESCO flagged that many of the quantitative indicators did not speak to the quality of the training or the fidelity of CSE delivery to the curriculum. As said by a regional key informant:

"Then we need to go further, we need to understand okay, and what kind of impact is it having? What's the quality of those programmes being implemented? Are there topics specifically that are being consistently skipped over and not taught, and if so, why so?"

In Uganda, an informant indicated that the results framework did not adequately capture behaviour change. Qualitative indicators may also offer a solution for this. A funder mentioned that qualitative data could potentially be collected via additional studies. While the O³ programme has been doing this for some qualitative indicators, they were only partly populated at base-, mid- and end-line and not annually, which limited their use for learning within the programme. One funder questioned why gender disaggregated data were not available given that some countries had good systems for data collection.

14 https://dhsprogram.com/Who-We-Are/News-Room/COVID-19-Update-Some-DHS-surveys-return-to-the-field-others-postponed-until-2021.cfm

5.2.2 The use of monitoring and evaluation for delivery of and reporting about the O³ programme

There is clear evidence that the O³ programme used its M&E data for learning and further shaping of programme activities

According to a regional key informant, strong coordination between regional-level M&E officers and country staff and regular discussions on quarterly reports provided a space to recognise changes in context, for example in political situations, and adapt the programme as needed. Indeed, the M&E system was used for learning within the programme. For example, in Nigeria, M&E was used to monitor how many students and teachers were reached and to identify where the programme can be scaled up. In Eswatini, UNESCO supported the participation of delegates in a learning symposium in South Africa, which eventually led to the formation of an M&E team for the CwR tool.

However, it was also widely recognised by several informants, particularly at country level, that the M&E component of the programme needed improvement. In Eswatini, outcomes and impact of the programme were reported to be difficult to measure, because M&E processes were *"virtually non-existent"*. It was said that results could only be gauged through anecdotal observations in different contexts.

Some informants thought that the O³ M&E system could be better geared towards accountability to governments and AYP

The findings also suggest that the use of M&E data and systems for accountability could be improved. According to a global key informant, the M&E system could have had more focus on reporting to national governments. In addition, governments could have been involved in designing the results framework and not just in target setting. Moreover, as indicated by a funder, the results framework could also have better promoted accountability towards the end-users by focussing more on what AYP think about the quality of the CSE received. One funder indicated that M&E was not a means of accountability for them, while another talked about how their role as funder was more on giving input than being involved in each and every decision made.

5.2.3 Use of data from the education management information systems

Despite HIV/CSE indicators being integrated into the EMIS, a lack of data collection, reporting and capacity of key stakeholders limit the use of such data for national policy and programmes such as O³.

Outcome indicators from EMIS have generally been problematic in terms of interpretation (e.g. filling in (computed or non-computed) output-level data for these outcome indicators that should have EMIS as source) and a lack of or delayed data collection (via annual school census) and reporting. While in all WCA O³ countries, the relevant indicators have been integrated in the EMIS, data collection only started in 2022 (see Section 4.4.2), and in other countries, other limitations were identified. For example, data reported by school heads could be unreliable because of misinterpretation or lack of understanding of certain indicators, or data could be incomplete because of the large numbers of items to be answered. An informant from Côte d'Ivoire mentioned that some school heads do not report the right data out of fear that their school will be looked bad at.

Different countries in the O³ programme are at different stages in utilising EMIS in their national contexts and for programmes such as O³. While Zambia routinely uses EMIS data in M&E for CSE, in Burundi, EMIS was not specifically known to some informants. In Nigeria, while indicators for FLHE were developed, informants were unclear about whether and who is tracking them. In Botswana, the curriculum department of the MoE depended on the research and statistics department to deliver on EMIS indicators and said that this department was still building their capacity in improving data quality and processing. In fact, selected officials had recently visited Zambia to learn from their experience. In Uganda, the use of EMIS data to support programming was also not (yet) possible and this prompted the Ministry of Education and Sports to depend on the DHS for ASRHR indicators.

Also in Uganda, it was reported that the EMIS has little linkage with the district health information system (DHIS2) of the MoH. More positively, in Eswatini, a workshop was held to ensure the integration of core HIV indicators into the DHIS2. This final evaluation did not find evidence on how HMIS data were used in the O³ programme.

5.3 Partnership and collaboration

5.3.1 Partnership and collaboration at regional and global levels

Regional partnership and collaboration provided policy guidance, accountability and enhanced advocacy for CSE at the regional and country levels

Informants in Botswana, Uganda and Zambia reported that regional partnerships provided policy guidance and accountability concerning implementation of CSE. The SADC secretariat consistently provided a platform for Ministers of Health and Education to meet at regional level to discuss and advance AYP's SRHR. The SADC Parliamentary Forum has been key in driving advocacy for CSE and objectives related to the O³ programme at regional and national levels. In Southern Africa, a Joint Partnership Agreement (JPA) was established between SADC and UNESCO (2017-2021). Although the JPA did not realise its full potential across all eight thematic areas[15], substantial successes were realised in the Education and Skills Development and the EHW programmes. New stakeholders, such as the private sector, could possibly be brought in. Challenges faced in the effective implementation of the JPA included: inadequate human resources and staff changes in both organisations, a lack of prior joint programme planning with agreed milestones, only nine of the 16 SADC member countries had resources and strategies available; and the adverse impact of the COVID-19 pandemic, which significantly hampered the implementation of activities in 2020 and 2021. Similarly for EAC, inadequate resources to fully support the implementation of the ESA Commitment have been reported in the MTR.

In WCA, the O³ programme has strengthened the links and collaboration between the WCA Commitment process and the Education Plus Initiative, two advocacy endeavours with closely related goals. This has led to closer synergy between the two. The regional TWG has been working together consistently since 2018, growing steadily over the years, and many national coordination groups have been created or strengthened as part of the process.
Across the continent, UNFPA and UNESCO created the Global Partnership Forum on Comprehensive Sexuality Education as a global community of practice on CSE. The MTR reports on synergy between UNESCO and other UN agencies, which reduced duplications and redundancy.

However, several global and country informants who participated in this final evaluation were more critical about collaboration between UN agencies. They stated that more efficiency wins could have been made. Two informants reported examples of technical guidance being almost duplicated across agencies (the guidance on CSE from UNFPA and the International Organisation of Migration).

The MTR stated that there has been an increasing number of funders of the O³ programme, which demonstrates its success. This final evaluation reveals that all five funders were generally positive about their partnership with UNESCO. One funder referred to their role in the next phase of the programme and two others referred to their wish to continue funding as well.

The O³ programme has had a lack of meaningful youth participation, but has increased its focus on this in recent years

The MTR noted that youth participation varied across countries, and faced problems in terms of how youth voices are valued. Indeed, several informants at regional and country levels voiced that the lack of youth engagement throughout the programme was a weakness and lost opportunity. Partly based on the MTR's recommendations, young people and youth networks were increasingly partnered with towards the end of the O³ programme. In ESA, the youth networks AfriYAN and Young Positives (Y+) were involved in the main governance mechanisms for the ESA Commitment (the TCG and High-Level Group), even though there were some limitations in the representativeness of these groups (they represented more urban and well-educated youth). In WCA, a regional youth community was set up in 2022, as mentioned in Section 4.1.1; and AfriYAN and 'Les Jeunes ambassadeurs pour la planification familiale in WCA' are active as well. In some WCA countries, the regional youth community has led to young people setting up country-level youth communities.

5.4.2 Partnership and collaboration at national level

UNESCO has been building upon what is happening in each country, in terms of policy-making, implementation and advocacy; finding a balance between active steering and working from the background. UNESCO used partnership building approaches and multi-stakeholder engagement to build coalitions on CSE.

15 Education and skills development; Education of health and well-being; Science, technology and innovation; Water security, renewable energy and disaster risk management; Social and human sciences; Culture; Communication and information; and Date for development.

This included education experts, political leaders, religious leaders, CSOs/NGOs, community leaders and the media. Stakeholder engagement was vital in building of capacity in CSE implementation, creating synergy of action, sharing lessons, facilitating efficient use of resources, fostering improved integration of CSE into national education systems and countering opposition where needed.

Technical working groups serve as the main coordination mechanism in many countries and are key to improved collaboration and partnership

To enhance the delivery of CSE, TWGs were established, or issues around CSE were embedded in existing TWGs. The TWGs consisted of government departments and CSOs. Most informants in Côte d'Ivoire classified the TWG as vital in enhancing CSE and ASRHR, as it provided a good space for sharing experiences and pooling the efforts of different stakeholders. In Gabon, a national consultation forum with stakeholders from government, CSOs, UN, youth, media, religious leaders and universities supported implementation of CSE. Meanwhile, a lack of functioning TWGs was cited as having negatively affected implementation of CSE in a few countries. In Cameroon, it was reported that the absence of a multi-sectoral stakeholder coordination committee negatively affected programme monitoring, adjustment of strategies and use of evidence for programme governance. In Ethiopia, UNESCO launched the TWG on EHW, which had meetings every two weeks, although an informant felt collaboration and action could have been better between meetings. Successes included cooperating with other stakeholders in the annual AYH forum where young people can voice their concerns regarding SRH. UNESCO hired a consultant to develop a communication strategy for the TWG and like-minded partners on how to react to opposition; abortion law reforms went through, but unfortunately the EHW curriculum reform did not.

Strong partnerships with Ministries of Education create national legitimacy of CSE, but a multi-sectoral approach is key to wider support and effective implementation

The MoE has been the key implementation partner of CSE in all the countries. The MoE provided platforms for training of teachers and teaching of learners in CSE. Involvement of the MoE was instrumental, as it is a credible, trusted and sustainable channel for transmitting knowledge and new skills to learners and teachers. Thus, this involvement facilitated acceptability of CSE across many stakeholders in most countries.

Within the government, UNESCO also worked with the MoH to conduct training for teachers in health-related CSE topics and provide CSE in schools. Engaging the MoH was vital, as health workers are experts in topics such as contraceptives and STIs. In the FGDs, many teachers and learners appreciated the input from health workers (see Section 4.2.2.3). In Eswatini, it was reported that the successful development of adolescent SRH linkages guidelines in 2020 supported the MoET and the MoH to strengthen SRH linkages and referrals between schools and health facilities and improve AYPs' access to youth friendly SRH services. In South Sudan, a memorandum of understanding between the Ministry of General Education and Instruction and the MoH was signed to join efforts in the development and implementation of a strategy in line with the UNAIDS Fast Track Strategy, the ESA Commitment, and also covering tuberculosis, malaria and hepatitis in the education sector. Collaboration with the MoH was also reported in Botswana, Côte d'Ivoire, Zambia and Zimbabwe.

In other countries, collaboration with the MoH seemed not strong and access to SRH services among AYP was reported as limited. In Cameroon and Uganda, it was noted that there was a need to further enhance collaboration with the MoH in delivering CSE. In Cameroon, collaboration with the Ministry of Public Health was classified as weak. In Uganda, it was noted that the programme in schools lacked clear referral systems to SRH, mental health, social protection, legal and law enforcement services.

Apart from the MoH, Ministries or Departments of Youth, Sports and HIV/AIDS have been part of the programme in some countries, e.g., in Gabon and Uganda. In Uganda, UNESCO supported the Ministry of Education and Sports and the Uganda AIDS Commission to increase the uptake of SRH information and services through integrating CSE messages into sports activities and existing HIV and AIDS campaigns and programmes respectively. In Eswatini, it was reported that good collaboration between the MoH, MoE and Ministry of Sports, Culture and Youth Affairs facilitated the delivery of CSE to AYP. In Côte d'Ivoire, the success of the integration of ESVS was attributed to inter-ministerial collaboration, which has led to a broad support of ESVS at higher level. The TWG has been an essential coordination mechanism in this, facilitated by the O^3 programme.

"The National Education, the Ministry of Health, the Ministry of Youth, the Ministry of Family, Women and Children, the Ministry of Justice and the Ministry of Solidarity, all these ministries work together in a group that we call the technical working group.

So, in this technical working group, we meet quarterly and biannually; and what is interesting in this technical working group is that we have set up a common roadmap so that there is better synergy in all our actions that we carry out against everything that is harmful to our education system." (KII with MoE, Côte d'Ivoire)

The multi-sectoral approach included various ministries, technical partners (UNFPA, Intrahealth, Care international), NGOs, religious leaders, and traditional leaders.
Despite the evidence on multi-sectoral collaboration, it was noted that there was a need to add more other government stakeholders or departments to support implementation of CSE in most countries. In Uganda, it was suggested that the Ministry of Gender and Social Development, which was developing the CSE framework for out-of-school AYP, should be more involved in delivering CSE in the community. In Zambia, key departments that were not actively involved in delivering CSE were the Departments of Youth and Child Development and Gender. In Botswana, the MoE was opportunistic about working more with the MoH and Ministry of Youth. Learnings from the failure to adopt the new EHW curriculum in Ethiopia included that the MoH should have been involved from the start, and that more departments of the MoE should have been involved, instead of only the curriculum department. Furthermore, it was felt that if the Ministry of Youth and Women had been engaged, they might have been able to convince the MoE to at least integrate parts on GBV. As one informant stated:

"So they [UNESCO] were working with the curriculum department before and ownership of the issue was not that much clear and finally there was some resistance, so they started working with the Gender and HIV Director and that was very helpful; that was one learning. As I said already that the [UN] agencies are not working as one; they should have worked with different ministries as this is a young people's issue, the Ministry of Youth and Women could have helped in convincing the Ministry of Education into at least the GBV part, it could've been an entry point... UNFPA was okay with convincing the Ministry of Health."

Involvement of high level officials and politicians in advocacy enhanced the CSE agenda in some countries

In some countries, political actors at national and community levels have been key in providing policy and legal guidance in the implementation of CSE. In Botswana, the First lady's efforts in pushing the youth agenda was acknowledged. As discussed in Section 4.6, in Gabon, the First Lady, through her foundation the Gabon-Equality Initiative, supported health and wellbeing of AYP.

In Zambia, as also referred to in Section 4.6, the O^3 programme engaged around 15 MPs in promoting CSE and developing a CSE communication/advocacy strategy for MPs. The involvement of MPs created additional partnerships, increased the number of CSE champions, and also reduced opposition to CSE from the government to a great extent: *"We now have a team of champions in parliament that support CSE. We have the champions from the church, the religious leaders, traditional leaders…"* (KII with UNESCO, Zambia). In Lesotho, UNESCO conducted a high-level CSE advocacy workshop for 26 MPs. Their request for the development of standard messages that they can use in their respective constituencies and in formal gatherings and their request to select a few schools and health centres for spot-checks to witness CSE being taught and adolescent-friendly health services taking place, can be understood as increased political support and investment in CSE in Lesotho.

Collaboration with NGOs and CSOs has led to more support for CSE, and closer coordination is required for unified messaging and aligned efforts

In some countries, UNESCO's efforts related to strengthening political support for CSE have seen increased involvement of CSOs in comparison to the 2013 ESA Commitment process, which, as the quote below illustrates, has led to strengthened cooperation and innovation.

"Previously, the 2013 one, not a lot of NGOs knew that they could contribute to it [the ESA Commitment process], because there was the feeling that it was for the government ministries. (...) But we realise now that this renewed Commitment has an active intention to include civil society, so that even we as civil society know what we are contributing to the roadmap. (...) And unfortunately, a lot of the innovation around those areas comes from us, because the government is rigid, you know, if you ask them what are you doing to end EUP, they'll tell you we are delivering a curriculum. But that's not at all what young people need, they need a Tik Tok on how to do this. Young people need you to talk to them about family planning. And that's the reality and the government will never or is not ready to talk to them about family planning, but somebody needs to." (KII with CSO representative, Eswatini)

Involvement of CSOs/NGOs in CSE implementation expanded the coverage of CSE in communities, as CSOs have established structures and staff for delivering programme activities at community level. It also helped in promoting acceptability of CSE at community level. In Uganda, the SRHR Alliance, which is a consortium of eight like-minded NGOs and 51 affiliate members, played a key role in implementing CSE.

In Cameroon, CSOs provided informal participation of youth-run organisations in delivering CSE. In Malawi, various youth organisations (HeR Liberty, the National Youth Council of Malawi and Youth Wave) worked together with UNESCO in advocacy for the ESA Commitment. In Côte d'Ivoire, the partnership with Intrahealth, a Canadian funded project, and Care International provided an enabling environment for reaching out to more beneficiaries with training, advocacy and awareness-raising for CSE.

In Zambia, CSOs worked with the MoH, MoE (schools and colleges) to deliver CSE through the college hub model (see Box 3). This approach was vital as CSOs were experienced and strong in delivering CSE, which helped in maximising coverage. The involvement of the Network of Zambian People Living With HIV helped in delivering CSE to learners and AYP who are living with HIV.

Some CSOs, however, complained that they are not fully involved in the implementation of CSE. CSOs in Uganda for example stated that they considered that their involvement could have been more.
"I think for this programme, one of the biggest gaps has been the involvement of civil society and we have expressed this to the UN family before. And most of the UN entities have taken over the programme... And that has affected how much the programme is benefiting the communities (...) I think the way the project is being managed and implemented by the UN partners… is something they need to reflect about." (KII with CSO, Uganda)

Further, there has been a challenge concerning monitoring CSOs' activities in schools. An informant in Zambia reported that there has been a CSO that delivered CSE to out-of-school youth within the school setting, but with content that was not considered appropriate, affecting the sense of acceptability of CSE. In Botswana, CBOs were implementing similar programmes with different foci in schools. It was thus suggested to better coordinate between the schools and CSOs.

In Nigeria, it was reported there has been confusion among some implementing partners regarding which partners were conducting what kind of activities and where. One informant suggested that it would be better if the O^3 programme allocated a whole programme component to one organisation to make oversight and coordination of activities easier. In addition, teachers in Nigeria requested additional support from MoE in monitoring CSE activities due to the sensitivity of CSE and an incident where organisations distributed condoms in schools.

Working with religious and traditional leaders has led to a more enabling environment and enhanced legitimacy of CSE at community level

Community-level programme stakeholders included traditional and religious leaders. Traditional leaders helped in mobilising community members to attend CSE meetings. Working with traditional leaders was reported to be important, as such leaders are widely respected by the community, thereby enhancing the legitimacy of CSE at community level. Further, traditional leaders in Zambia and Malawi helped in enforcing regulations aimed at stopping practices that worked against key CSE outputs, such as marrying off children at an early age and GBV. In Botswana, the role of traditional leaders in organising spaces for CSE and discussing reproductive health was acknowledged. For example, an SRH service talked about a traditional leader who secured support for a youth clinic in the community.

"I would say, most of the religious and community leaders are supportive, because even here we were working with [name]. She was really supportive of these initiatives of youth friendly service clinics. So she played a big role in helping us acquire one." (KII with SRH service provider, Botswana)

Given the moral arguments against CSE, church leaders are vital stakeholders in facilitating CSE. Religious leaders helped to integrate CSE lessons within the faith-based sector. In Zambia, religious leaders were engaged through the Department of Religious Affairs. In Uganda, the SRHR Alliance worked with religious leaders at the grass roots through the Family Life Education Programme (FLEP Uganda) headed by religious leaders.

Meanwhile, although religious leaders have supported the implementation of CSE, there are still some that oppose CSE in all the countries. In Botswana, there was a recommendation that churches needed to be targeted through the Botswana Council of Churches to encourage the leaders to integrate CSE in youth programmes at churches.

"I know individual churches would have their own small programmes, but I think sometimes we need a structured and more organised way of addressing, where we could go through the Botswana Council of Churches and make sure that they are trained and they are able to cascade and encourage their members to actually… what do we call it? Integrate comprehensive sexuality education in youth programmes that they have in church." (KII with MoE, Botswana)

5.4 The three tiered approach

This evaluation reveals that in general, country-level and global informants, including funders, thought that the tiered approach behind UNESCO's financial and technical support to O³ countries has been an efficient and good approach that added value to the programme. Two funders reported that programmes like O³ are often working with a tiered approach, as it is impossible to provide the same support to so many countries. To them, it made sense to provide more support to countries with a sufficient enabling environment for advancing CSE.

Several informants thought that having PACs helps to demonstrate what can be achieved through concentrated support and thus inspires learning through progress made by PACs. Working with PACs, besides the criteria of having an enabling environment, seems attached to having certain funders interested in supporting specific countries, which is a reality that should be acknowledged. One global key informant, however, suggested that the selection of PACs should be done strategically: countries with regional influence and that are well positioned to set an example for others should be selected.

A few informants questioned whether it would be good to have more FCs and reduce the number of PACs, suggesting that this would increase the overall activity coverage. While this might be the case, on the other hand, some PACs contributed a lot to the overall progress of the O³ programme, which can at least partly be attributed to the extra funding they received. It is evident that successful and sustainable CSE programming needs ample resources at the country level. Even in the PAC case studies, various informants reported that more budget is required. According to an informant in Zambia, 50-75% of the districts (still) need (financial) support from outside to ensure the CSE curriculum is implemented.

The concept of NCs was generally supported by informants, because these countries can benefit from regional activities, which otherwise would not have been possible. Their participation does not require intensive investment of resources, produces a smaller impact, but could contribute to gains in advancing the CSE and ASRHR agendas. There is indication of some NCs in Central Africa receiving less regional support, due to differences of UNESCO's and regional partners' configurations.

If the environment seems favourable, 'upgrading' from one tier to another has been possible, such as Malawi and Zambia becoming PACs in 2019 and 2020 respectively, or Mali, Niger and Senegal moving from NCs to FCs in 2019 and South Sudan in 2020. A few global and country-level informants mentioned that the 'upgrading' from NC to FC and from FC to PAC, which seems to be decided upon by UNESCO (at regional level, in collaboration with the country level), needs to be transparent and understood by the country teams.

5.5 Responsiveness to emerging contextual issues

The O³ programme responded well to the COVID-19 pandemic

While the programme had to respond to several emerging contextual issues in the countries, from 2020 onward, the COVID-19 pandemic was certainly a major threat to implementation everywhere and its impact on AYP's health and well-being cannot be understated. With the closure of schools, the programme relied more heavily on platforms such as radio, TV and social media for information dissemination, training and advocacy. For example, the 'Hello Ado' application in WCA provided a good platform to reach to AYP who were out of school due to the pandemic. In Malawi, LSE radio programmes were developed, while in Cameroon, the programme worked with a youth cartoonist and used social media such as Facebook and YouTube to reach young people with information about HIV, EUP and GBV. In Nigeria, teacher trainings were launched online and as explained by a key informant, online ways of working gained traction during the lockdowns. Similarly, CSE teaching modules in Cameroon have also been digitised. Several O³ countries also effectively adapted their advocacy materials, informed by new studies on the effect of the pandemic on AYP's SRHR, most notably the rise of EUP.

"In my own place I will say COVID-19 affected the programme, but just for that period of the lockdown, before people really embraced the online ways of doing things. After COVID-19 and after people have seen what it is, we begin by taking some of these courses online and that has improved…" (KII with a programme implementer, Cameroon)

The programme supported the education sector's overall response to COVID-19, such as through developing school guidelines (e.g., in Botswana, Malawi, Nigeria and Zimbabwe) or COVID-19-related educational materials for in-school AYP (e.g., in Botswana, Eswatini, Ethiopia, Nigeria and Zimbabwe) as well as sessions to disseminate information around COVID-19 in the communities or online (e.g., in Cameroon, Mozambique, Nigeria, Uganda and Zimbabwe). In Côte d'Ivoire, the programme also integrated information on health and sexuality in the COVID-19 sensitisation materials and interventions that took place in schools. Several informants stressed the perceived added value of adding PSS elements to newly developed materials for learners and, in some countries, also focusing on teachers' well-being. However, in Botswana for example, the programme was unable to keep up with the rising need for virtual psychosocial support during the pandemic. In other cases like Malawi, the Malawi Interfaith AIDS Association could continue its O^3 programme activities since churches and mosques were still open during the pandemic (albeit with relevant safety measures).

In ESA, the 'Back to school' campaign was launched in 2020 to motivate – especially girls – to return to school after the lockdowns ended. Likewise, in Senegal, there was a particular focus on keeping girls in school. A campaign called 'les filles au premier plan' (girls girls) was launched (in September 2021) and carried out in partnership with the Education and Training Inspectorate, the Union of Community Radio, and the National Network of Peer Educators of Senegal. Through community mobilisation, talks, and radio programmes, parents were encouraged to support the retention of girls in school during the COVID-19 pandemic.

O^3 country teams considered political issues in the implementation of their activities

In some countries, the programme implementation was also affected by politics. In Cameroon, a new government meant that the programme had to be re-introduced to the new ministers. In Ghana, the implementing team carefully navigated community-level engagement in order not to clash with political activities during the 2020 presidential and parliamentary campaigns. In Burkina Faso, several programme activities had to be postponed due to a political crisis. In Ethiopia, UNESCO was working closely with the United Nations Department of Safety and Security to ensure safety of staff when organising trainings outside of the capital city. Furthermore in Eswatini, the effect of civil unrest in the country was tackled with increased training around PSS.

UNESCO and the O^3 programme continuously dealt with opposition to CSE, where in some countries more efforts were needed than in others, and the effectiveness of the response varied between countries

Another factor that impacted the implementation of the O^3 programme in several countries was coordinated opposition to CSE, reported most notably in Ethiopia, Ghana, Kenya and Uganda, but also in Côte d'Ivoire, Namibia, Nigeria, Malawi, Mali, Senegal, South Africa and Zambia. The pushback required a shift in approach, which often meant slowing down efforts while increasing advocacy and engagement of opposition stakeholders. The key strategies employed by the programme were building support from political, religious and traditional leadership and increasing the understanding and accurate reporting of CSE in the media. The extent and types of response to opposition varied across countries, as demonstrated in UNESCO's regional synthesis report on building support for and addressing resistance to CSE in Africa.

In South Africa, UNESCO and other partners supported the development of a communication strategy to guide responses to CSE opposition, while in Ghana, as controversy escalated UN partners agreeing to maintain a low profile, avoiding media appearances while continuing to monitor events and support government partners. In Zambia, UNESCO played a coordinating role, keeping UN partners up to date, facilitating meetings with key ministries, and preparing accurate and evidence-based information for the media and MPs from both ruling and opposition parties to dispel misconceptions and disinformation. Two funders confirmed that using facts to counter the opposition was a successful and consistent strategy of UNESCO.

Uganda experienced strong pushback on the national sexuality education framework after its launch in 2018, where religious leaders voiced their concerns that their constituencies had not been given enough time to provide input into the framework. Terminological differences between sex education and sexuality education as well as taking on a value-based approach compared to a rights-based approach to SE were at the centre of the debate. There were also fears that SE would be promoting sexual activity and that it is, how an informant from Uganda interpreted the opposition, *"a disguised form of promoting homosexuality and lesbianism."* After the issue was discussed at the council of leaders of the Anglicans, it was agreed that as a way forward, representatives of religious organisations would take part in the implementation committee of SE.

UNESCO, other UN partners and CSOs worked with senior government officials to clarify SE and the ITGSE, while providing evidence-based information to support preparation of press statements and other media content to refute misleading claims. While currently there still is no framework under which to deliver SE in the country, eventually, Uganda also did not reaffirm the ESA Commitment, which can be understood as a setback to CSE scale-up.

To prevent and counter opposition, the programme adjusted CSE-related terminology, as mentioned by a funder. This was a key lesson from the ESA Commitment (see Box 5), which was subsequently accounted for during the WCA Commitment processes. As elaborated on by a key informant, *"I think there is this sort of realisation. That we need to start framing and thinking about how we position CSE differently within a wider framework of school health, of adolescent health and well-being, as well as the linkages between school, school platforms and the service delivery sites. You know, youth friendly services."* (KII with a funder). In WCA, the 'Education Saves Lives' campaign also incorporated responses to opposition.

Box 5: Dealing with opposition in Namibia and Ethiopia: extensive processes with different outcomes

Namibia can be seen as a country where the O³ programme quite successfully dealt with opposition. Not only do UN agencies in Namibia share a unified approach to technically and financially support the government, they also play a key role in ensuring strategic information and evidence-building is provided. They played a role in managing the response to opposition to CSE. The O³ programme implemented capacity building workshops for religious leaders on ASRHR in collaboration with the Namibia Education Coalition for Civil Society Organisations. In partnership with LifeLine ChildLine, a PCC programme and radio programmes on SRHR were initiated, targeting parents/caregivers and adolescents. In partnership with the Ministry of Education, Arts and Culture – Global Fund programme, community members, including parents and church and community leaders, were reached with LSE community dialogues. The combination of political advocacy, financial and technical support, and capacity building by partners contributed to an effective response to opposition. Consequently, the Ministries of Education, Health, Gender and Youth of Namibia gathered virtually in Windhoek, on 6 December 2021, to reaffirm their *"vision of supporting African AYP to become continental and global citizens who are educated, healthy, resilient, socially responsible, and informed decision-makers with the capacity to contribute to their communities, country, region and the continent at large."*[16]

In Ethiopia, intense opposition to the nomenclature of CSE strongly derailed implementation. In response to the pushback, programme implementers worked on a reframing of the sexuality education programming around EHW, engaging the respective TWG and youth groups while also promoting health literacy learning through digital and online media. Attempts were also made to work with the MoE to integrate life skills-based health education into the curriculum. However, due to the strong resistance that increased from within the ministry, the MoE declined to accept the EHW syllabus and guiding framework, as well as the efforts by the Education Plus initiative team (consisting of UNESCO, UNFPA, UNAIDS, UNICEF and the WHO) to support the training for curriculum developers. Some informants felt that the lack of engagement with other departments of the MoE (besides the curriculum department), and other ministries, led to this loss of opportunity to integrate EWH into the national curriculum (the curriculum is revised only once every ten years). The MoE did not take part in the regional ESA Commitment meetings held in South Africa and until now, Ethiopia has not signed the renewed ESA Commitment. Nevertheless, the O³ programme continued its efforts with the MoE's HIV and Gender departments to advocate for the inclusion of relevant content in the curriculum during the review process. Under the umbrella of the new inclusive education policy, the topic of HIV can now be addressed. In the words of a programme implementer: *"it is not ideal, but it's a conversation to continue"*.

16 Young People Today (2021) Step up, Show Up, Speak Up. ESA Ministerial Commitments 2021-2030. Durban 6th December 2021.

Contextualisation of intervention strategies, including campaigns, is important to increase both effectiveness and efficiency

Previous sections show that the O[3] programme had eye for the contextualisation of manuals and other tools to the country contexts. The evaluation of the 'Let's Talk' campaign (see also Box 1) points towards the importance of contextualising campaigns (Box 6).

Box 6: Efficiency of the 'Let's Talk!' campaign

The mid-term evaluation of the 'Let's Talk!' campaign revealed that there was some (perceived) rigidity from UNESCO regional and country offices to adapt campaign materials to the country contexts. However, where this adaptation was done, such as in Malawi, this led increased numbers of AYP reached and comments received. There was also no evidence on community situational and media landscape analyses, as well as plans to test local relevance and resonance of the materials among the target groups at country level. It was furthermore found that promotion of individual organisations involved in the campaign interfered with the campaign. For example, in Malawi, there was confusion among beneficiaries about the name of the campaign. While involving different organisations in the campaign might have extended reach, it also delayed campaign start-up. The 'Let's Talk!' campaign was supposed to be shaped together with a youth organisation at regional level, to ensure the voice of youth in the campaign. This, however, did not materialise because the contracted organisation failed to deliver, after which the contract was ended. Despite some countries having involved youth organisations in the implementation of the campaign, youth participation in all stages of the campaign was constrained. In Malawi, the end evaluation of the campaign found that there were limited linkages between the interventions and audiences. For example, the trained journalists were not involved in further campaign interventions, while parents and champions stated they had little access to journalists. The strategy of using champions to promote the campaign was positively evaluated in Malawi. These trained youth proved more effective than other stakeholders, such as teachers and parents, as these other stakeholders tended to 'dilute' the campaign messages towards adolescents, based on their prejudices. Country-level M&E systems for the campaign were established after mid-term. This negatively affected the progress tracking of the campaign as there were no consistent indicators, tracking mechanisms and reporting.

PART 3: Reflections

6. Sustainability of the O³ programme

6.1 Reflection on mechanisms to improve sustainability of programme outcomes

Many of the O³ programme's intervention strategies and approaches were geared towards sustainability

Several mechanisms were put in place to make the O³ programme sustainable. Working closely with government partners in advancing the CSE agenda meant to create ownership. As discussed in Sections 4.1.2 and 5.3, this was done in all O³ countries and had success in many countries. Going beyond the collaboration with MoE and partnering with the Ministry of Health (e.g., in Botswana, Cameroon, Côte d'Ivoire, Eswatini, Uganda and Zambia) and additionally with the Ministry of Youth (e.g., in Côte d'Ivoire and Eswatini) and other ministries are mechanisms to build ownership and contribute to the sustainability of the programme. This diversification is also visible in the increased number of Ministries of Youth and Gender being signatories to the 2021 ESA Commitment.

The O³ programme worked through government systems and structures, including public schools. The integration of CSE in public school primary, secondary and in some cases tertiary curricula in 12 countries and in a few cases (e.g., in Lesotho), in the national examination process (see Section 4.2.2) was touted by many informants, including the programme's funders, as a programme strategy that was in itself geared towards sustainability. Sustainability efforts concerning capacity strengthening of human resources in the education sector are also clear. Particularly training of curriculum developers (in nine out of 33 countries), teacher trainers or master trainers (in 15 out of 33 countries) are intervention strategies geared towards sustainability.

Ensuring training of pre-service teachers in the provision of CSE (conducted in 13 out of 33 countries) is more sustainable than cascading training of in-service teachers, as also mentioned by a funder. The college hub model in Zambia (see Box 3) is an example of a more sustainable way of teacher training:

"Even the teachers, the college hub model, that's also more for sustainability purposes, because the colleges train teachers both pre-service and in-service. So because they do pre-service and in-service, that's a sustainable model, because that's where teachers go to train even if we [UNESCO] are not there, those colleges will continue to train, because it's now part of their programmes." (KII with UNESCO, Zambia)

It is clear that (costly) teacher training and subsequent mentoring need continuous attention. In Cameroon, the digitisation of the teaching training and materials were perceived as sustainable intervention.

While the focus on in-school CSE is good, there needs to be continued focus on mechanisms to implement and sustain out-of-school CSE (together with partners) and on creating and maintaining an enabling environment for (both in- and out-of-school) AYP to access CSE and SRH services. Working with (local) CSOs, traditional and religious leaders and PTAs can contribute to sustained effects of the programme, through increased community participation in the delivery of CSE. For example, in Malawi and Zambia, traditional leaders integrated CSE messages in their community meetings and also developed bylaws to support the prevention of early marriages, pregnancies and school dropout.

"We have our Traditional Authority [traditional leader at sub-district level] who is very open and takes part in educating young people in the schools. She is always there when the teachers are educating the young people on CSE. She also informs her chiefs to encourage their young people to participate in the programme." (FGD with female parents, Malawi)

In Malawi, community-level gender/mother groups were involved in CSE provision as well, although boys in the FGDs complained that mother groups were only focused on girls. In Burundi, the establishment of savings and credit groups aimed to sustain community and intergenerational dialogue on sexuality.

The O³ programme's focus on improving the EMIS and M&E of CSE-related activities in all countries aimed at ensuring that more comprehensive data are collected now and in the future. Improved data could greatly contribute to improved policy and practice in the future, also when external funding is not there anymore.

6.2 Signs of changes in political will, budget allocation, institutional capacity and society acceptance in relation to CSE

Signs of sustainability are political commitment in various countries, and increased allocation of domestic funding for CSE and SRHR in a few Southern African countries

The renewal of the ESA Commitment by ten countries will sustain O³ programme activities and outcomes in those countries. While the WCA Commitment is not yet out, much progress has been made in WCA for its preparation. In some countries, however, political will seems to diminish or remains low, which is particularly the case in Ethiopia, Kenya and Senegal, and to some extent also Malawi, Mali and Uganda. A number of countries introduced new policies or amended existing policies that support the CSE and ASRHR agenda. In Côte d'Ivoire, a change in the name of the CSE to ESVS has successfully led to increased acceptance from communities, partners and opinion leaders. As discussed before, new political structures championing the implementation and sustainability of CSE have been set up in Zambia.

A regional key informant explained that 98% of education budgets in SSA come from domestic resources, however, in many countries, CSE is not yet mainstreamed into the curriculum. It is mostly unclear if within that 98%, specific funding is allocated for CSE. As per this regional key informant, increases in domestic funding for CSE are realised in Namibia and South Africa, countries that have been moving into the middle-income country bracket. Another regional key informant confirmed that South Africa has been allocating more domestic funding for SRHR and education.

However, it is unclear to what extent the O³ programme contributed to the increased allocation of domestic resources in both countries. In Uganda, in 2019, three ministries (Education and Sport; Gender, Labour and Social Development; and Health) mainstreamed five ESA Commitment targets in their work plans and allocated 1% of their annual budgets for ASRHR and sexuality education.

Aspects of the O³ programme have gained traction for implementation across the country. For example, in Eswatini, according to UNESCO, there is a desire to roll out CwR over the whole country. In Gabon, UNESCO's youth partners have continued the digital sensitization on prevention of teenage pregnancy. They hold regular meetings and exchange on sexuality education. In Nigeria, even though their O³ funding was exhausted, partners acknowledged the benefits of engaging with key stakeholders and aligning with other donor-funded activities to continue the implementation of O³ programme activities. Institutional capacity has been built, as described in the previous section. It is difficult to establish whether the O³ programme has influenced societal acceptance of CSE. In the ten country case studies, interviewed AYP, parents and teachers were all, in any way, targeted by the O³ programme and were most of the times positive about the programme and about CSE. However, it is clear that opposition to CSE is a serious threat to the programme throughout SSA, as discussed in the next section.

6.3 Threats to financial, political, social and institutional sustainability of outcomes of the O³ programme

6.3.1 Opposition to CSE

Many informants considered opposition to CSE as the main challenge for sustainability, both at country level and in terms of regional/global trends. One informant reflected that there is a slight dilemma between working on progressive issues and sustainability, meaning that continuous programme adaptation is needed in case of opposition. Others went further by saying that not only adaptation is needed, but also resilience to attacks from opposition needs to be built in and strategized for. Funders also stated that *"Endless time and resources are needed to maintain good progressive attitudes and stuff around CSE… I think just not taking the foot off the pedal, to keep going with all the countries"*, indicating that a strong collaboration and coordinated effort remains needed. Almost all informants agreed that attention to political commitment for CSE needs to be sustained.

Indeed, in several countries (particularly Ethiopia, Kenya, Malawi, Mali, Uganda and Senegal), CSE has suffered from opposition in political as well as community environments. The fact that the ESA Commitment has been signed by significantly fewer countries in 2021 compared to 2013, despite the renaming of CSE to EHW, is an indication of the fragile grounds of support for CSE. In Uganda, considerable opposition to the national sexuality education framework has been cited as the main threat to sustainability of CSE in the country.

In Eswatini, political threats and unrest have affected access to education, school safety and learners' attitudes toward the education system more broadly. Furthermore, in Gabon, informants remarked that some religious leaders remain reluctant to talk about sexuality in their denominations, which could threaten sustainability and acceptance of CSE. In this light, they saw a need to advocate for the establishment of a law on SRH in Gabon, so that their interventions are part of a clear political and legal framework.

In Nigeria, informants quoted the recent statements of the MoE who is planning to remove FLHE from the school curriculum. This is not only a threat to the O³ programme, but also to partner organisations and particularly teachers who are advocating for FLHE in their schools and wider communities:
"Recently we've heard news about the Minister of Education trying to expunge sex education from the school curriculum and his reasons were that sex education should be the responsibility of the parents and religious organisations (...) This new development also poses a threat to what UNESCO is doing through the FLHE (...) The speech by the current Minister of Education is another factor (...) it's beginning to discourage and put fear in teachers." (FGD with teachers, Nigeria)

Given the fact that teachers are key actors in delivering good quality CSE and providing safe school environments, the effects of resistance on teachers cannot be underestimated.

Opposition also arises at community level, where particularly a lack of parental engagement makes support for CSE very fragile in contexts of already high resistance (see Section 4.3.2.2).

6.3.2 Turnover of key actors

The sometimes sudden and regular changes of governments and Ministry officials is a known and clear threat to sustainability.

Some informants, for example in Nigeria, mentioned that after having made gains with some government officials, they were replaced and awareness raising and networking activities had to start all over again, leading to delays in gaining support for CSE.

Turnover does not only affect political support, but also the delivery of CSE in schools. In Cameroon, Nigeria and Zambia, the high turnover of teachers was mentioned as a major threat to sustainability. In Cameroon and Nigeria, it was witnessed that teachers trained in CSE, who are supposed to 'cascade' the knowledge, are often found to be moved to other positions, sometimes in schools where CSE is not provided (especially when CSE is dependent on co-curricular activities), leading to a loss of resources. In Uganda, low capacity of teachers was raised as a threat to sustainability, as well as the fact that only in-service teachers have been trained.

6.3.3 Lack of coordinated efforts in implementation

In several O³ countries, it was felt that efforts concerning CSE and related activities should be better coordinated, not only for efficiency, but also for sustained impact (similar to the MTR that reported fragmented implementation). For example, in Nigeria and Uganda, informants highlighted that a lack of regular engagements between partners negatively affected the consistency and sustainability of the programme. In Cameroon, informants reported that fragmented implementation, where partners have various roles in different stages of the programme, created confusion and a lack of ownership amongst partners. This resulted in a lack of sustained commitment to the programme/CSE efforts in general, as there was a lack of sense of community amongst partners.

Furthermore, a lack of coordination also affects implementation and sustainability at school level; in Nigeria and Zambia, it was reported that multiple demands on schools, sometimes from various actors, lead to contradictory demands; confusion; and lack of commitment, dedication and ownership at school level. Several informants across countries also remarked that the lack of youth and community involvement in the programme, including a lack of budgeting for youth-led CSOs/NGOs to play more prominent roles in the programme, has been a major shortcoming that might affect the sense of ownership and levels of commitment of these constituencies to the programme/CSE.

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6.3.4 Limited domestic funding for CSE

In almost all countries that are part of the O^3 programme, limited domestic funding was reported as a challenge and key threat to sustaining the delivery and expanding the reach of CSE. Despite high-level commitments from some governments, partly reflected in the ESA Commitment, actual budgeting for CSE remains limited, as reported by several regional and country-level informants. Even where there is domestic funding, the COVID-19 crisis and other contextual challenges have shown that CSE, amongst other SRHR-related agendas, is the first to fall off when the education system has to respond to crises. For instance, in Eswatini, it was reported that COVID-19 delayed activities and LSE teaching was deprioritised while schools were trying to catch up with the lost teaching of examinable subjects.

Hence, to secure continuation of efforts, continued funding for CSE is required. Some funders even voiced that more funding is needed to sustain the same level of effort and commitment, in view of the fragility of the education system in some contexts and the increased voice of opposition. In some O^3 countries, UNESCO assisted the government in obtaining funding for CSE from the Global Fund. At the same time, the fact that CSE efforts are often externally funded reinforces the notion that CSE is a foreign agenda, which is often voiced as a key concern of opposing parties.

7. Discussion of good practices and lessons learned

The O³ programme has facilitated an important infrastructure for keeping CSE on the political agenda, despite increased resistance on the continent

The O³ programme has had important positive outcomes in the 33 countries involved. The programme has played a significant role in gaining political commitment and keeping SRHR of AYP on the agenda through networking across different stakeholders. The ESA and WCA Commitment processes, including national consultations, have been instrumental for the purpose of commitment, and the work at regional level has enabled the inclusion of NCs. In some countries, TWGs facilitated by the O³ programme were also key to important gains for CSE. The ESA region has been able to successfully build on a prior programme, and it is expected that the increased programme maturity in WCA will have similar positive effects in the future.

It should be acknowledged that the O³ programme and any similar efforts related to promoting CSE have seen an increased intensity of resistance in SSA. This has become visible in the reduced commitment and opting out of the ESA Commitment in, for example, Ethiopia, Kenya and Uganda. In Malawi, positive developments received a hard pushback when officials decided not to sign the ESA Commitment right before the high-level meeting as a result of targeted opposition.

Given this context, it is especially impressive that political commitments have been achieved in some of the countries, and, in fact, in Senegal, Ghana and Mali – countries where CSE has been extremely controversial for many years – conversations seem to be picking up, particularly in Ghana and Mali. In countries where commitment seems to have reduced, informants felt that this is to a large extent not attributable to the O³ programme, but rather a result of increased opposition. In the coming years, the maturity of the O³ programme might help to better anticipate and respond to contextual challenges. Multi-stakeholder engagement is a key strategy to increase space for and ownership of CSE, which was mentioned as a good practice in some countries. In others, the programme seems to have placed much attention on getting MoEs on board, for understandable reasons, at the cost of engaging MoHs, and Ministries of Youth and Gender. In some countries, it was felt that more political gains could have been made if a wider range of officials would have been included, as well as CSOs and youth. Furthermore, implementation across programme areas can be better coordinated between implementing partners at country level, which will also help in creating a more unified voice in advocacy for CSE. This similarly applies to improved coordination with other UN agencies to increase efficiency, recognising that existing structures make such coordination time consuming at times.

Good practices and lessons learned concerning creating political support for CSE include the following:

Box 7: Good practices and lessons learned concerning creating political support for CSE

Good practices:

- When functioning well, TWGs are key to creating a sense of ownership, coordinating efforts, and including NGOs and youth organisations in shaping the CSE agenda and activities at country level.
- Working with multiple stakeholders, including MPs (e.g., in Zambia) and religious and traditional leaders (e.g., in Eswatini) have been helpful to create support for CSE. In Zambia, working with MPs helped in minimising opposition, championing and implementing CSE in several constituencies as the MPs have political power and are widely respected at community, provincial and national levels.
- The involvement of high-level officials in advocacy (e.g., in Botswana and Gabon) has led to increased support for CSE and ASRHR. In Lesotho, MPs witnessing CSE being taught and adolescent-friendly health services taking place, helped to increase political support and investment.
- Multi-stakeholder communication campaigns on CSE have enabled coordination of messaging around CSE on a large scale.

Lesson learned:

- There is a need for increased multi-sectoral collaboration in some countries where MoHs, and particularly Ministries of Gender and Ministries of Youth could play vital roles in creating a more enabling environment for CSE. The lack of such multi-sectoral collaboration was, in some countries, mentioned as a missed opportunity. Similarly, NGOs and youth groups have not always been included in high-level conversations.

The O³ programme has particularly strengthened the education system for CSE provision, but gains can be made from more community engagement

From the political down to the school level, the O³ programme has made significant contributions to a better education system, including school materials and teacher workforce to deliver good quality CSE and provide safer, healthier, and more inclusive school environments. Policies were revised and adopted in favour of these aims, and the programme reached an impressive number of teachers with CSE training. However, there has been limited attention to the quality of teacher training, which is also not captured in any indicator. Given the sensitive nature of teaching CSE, it is questionable to what extent a 2-5 days training will lead to the desired skills and confidence amongst teachers to implement it, and the cascade model has its downsides as well, including not all or no information being passed on. There is currently no monitoring of how teachers receive and implement the gained training. Within CwR, however, teachers did value the peer support that was part of the activity, which could be scaled up as a good practice and integrated with CSE training follow-ups.

The lack of inclusion of Ministries of Youth and Gender mentioned earlier was also noticed at community level, where many parents felt left out of CSE activities. A stronger focus has been placed on school environments than community environments, which is understandable in light of UNESCO's mandate to work on in-school CSE. However, the lack of parental engagement has, in some countries, given grounds to more opposition and less effective CSE, because of conflicting messages between schools and home environments. As such, informants in all countries recommended stronger parental engagement through, for example, PTA involvement.

Furthermore, limited community engagement has also implications on the AYP reached; vulnerable youth are often not benefitting from CSE, especially when taught co-curricular, because they more often opt out of co-curricular classes in favour of work or other household responsibilities. A large number of informants mentioned the lack of meaningful youth participation as a major weakness of the programme; affecting the sense of ownership of AYP themselves, and better youth participation could have legitimised the programme further at national and community levels.

With respect to creating safer, healthier, and more inclusive environments, the programme led to the adoption of more re-entry policies, school health policies, and some improvements on SRGBV guidance. The CwR tool has led to positive results as well, particularly increased knowledge and awareness about SRGBV among school staff (the level of improved skills and awareness among learners is less known). However, since GBV is so widespread, it is very difficult to see 'quick' successes in this area, and to monitor if and to what extent violence is reducing. In addition, violence is also inextricably linked to substance abuse and mental health issues that are common amongst AYP, making interventions addressing violence even more complex. The O^3 programme seems to have mostly focused on addressing SRGBV in terms of policies, referrals and codes of conduct. A closer collaboration with the health system can enable referring AYP to youth-friendly health services, as was done in Zambia and Zimbabwe. Work on rendering school and community environments more inclusive has grown as the programme matured, and should be gaining ground in the future phase of the O^3 programme.

Good practices and lessons learned concerning delivering good quality CSE and creating safe, healthy and supportive environments include the following:

Box 8: Good practices and lessons learned concerning delivering good quality CSE and creating safe, healthy and supportive environments

Good practices:

- Training of curriculum developers and training of pre- and in-service teachers in the provision of CSE has increased coverage.
- The need for follow-up, supervision and/or monitoring has been expressed by many CSE teachers; and the peer support as part of CwR can serve as an inspiration for future improved practice around this for all CSE teachers. Another good practice around monitoring and supervision of CSE teachers after training is Zambia's college hub model.
- A close collaboration between schools and (youth friendly) health services can facilitate better referrals for AYP who need specialised SRH care.

Lessons learned:

- The content of teacher training is generally comprehensive and appreciated, but there is room for more focus on youth empowerment, as was illustrated by data that indicated a large focus on abstinence and fear-instilled messages within CSE.
- The cascade model has reached a high number of teachers, however its downsides are that the content 'waters down', or even that some teachers do not pass on the information, and might be related to the 'thinning down' of the comprehensive nature of the teacher training.
- Lack of parental engagement has, in some countries, given grounds to more parental opposition in response to CSE manuals (e.g., in Cameroon), and less effective CSE in general because of conflicting messages between school and home environments.
- CSE teachers can only do so much. There is a need to engage parents/PTAs, head teachers and health workers in delivering good quality CSE in schools and providing supportive environments to AYP.

High numbers of AYP were reached through digital and school-based means, and attention to particularly vulnerable AYP has grown throughout the programme

The programme reached over 40 million AYP with CSE in 2021, which is significantly higher than its target of reaching 24.9 million learners by 2022. This high reach has been a result of the integration of CSE in carrier subjects in national curricula and a high reach of teachers with training. Particularly the developed online teacher training module is an added value of the programme, and in line with developments to digitise training and education. However, it remains important to embed these digital trainings into 'live' modules for effective use. AYP likewise were reached through digital means, and multi-media campaigns have been particularly effective in increasing reach. At the same time, known limitations of online means also apply to provision of CSE: they do not reach rural and more vulnerable AYP who do not have access to phones or internet, or are not able to access visual or audio material independently.
This final evaluation provides some evidence on CSE resulting in increased SRHR knowledge, changes in gender attitudes as well as increased self-esteem and empowerment among AYP. Despite the comprehensiveness being questioned in many countries, as discussed above, this is a promising outcome. At the same time, attention for inclusion of vulnerable AYP has happened mostly at policy level, and learners and teachers noticed only a few activities targeting vulnerable AYP in schools and communities. While in some countries, materials were adapted to braille and sessions were organised for hearing impaired students, issues related to stigma, discrimination, and bullying were considered urgent.

With regard to the effect on beneficiaries, including vulnerable AYP, good practices and lessons learned include the following:

Box 9: Good practices and lessons learned concerning effect on beneficiaries, including vulnerable AYP

Good practices:

- The CwR tool has shown positive outcomes concerning AYP's attitudes towards gender equality and incidence of sexual harassment by peers.
- Working with influencers who are popular among the youth can help to attract AYP to the right information online. Radio and TV are better means for young people who do not have access to apps and social media.
- Particularly vulnerable AYP can face double stigma when accessing SRHR-related training or services. Working with, for instance, teachers living with HIV to address stigma has been mentioned as a good practice.

Lessons learned:

Digital tools are promising but no magic bullet; online teacher training can provide opportunities when embedded in a supportive programme that includes follow-up and teacher support/supervision; online apps with CSE information increase reach, but not to the more vulnerable AYP. In line with suggestions of the MTR, 'hybrid' methods (of digital tools in combination with school-based or community-based efforts) can be helpful in increasing reach and inclusion.

The O³ programme has supported a great number of research studies, which could be used even more in advocacy efforts

A great number of studies have been conducted over the years of the O³ programme, which have informed the programme activities and foci within countries and regions. EMIS strengthening has also led to improvements in the number of indicators dedicated to CSE/HIV education, although it remains to be seen to what extent the monitoring will actually take place on these indicators, and what the quality of the data will be. What has happened to a lesser extent is advocacy or wider dissemination based on research findings within the programme, or at least this has not been well documented.

That is, evidence seems disseminated and discussed more at regional and global level. At national level, there is anecdotal evidence of country fact sheets being disseminated within, for instance, TWGs. A stronger national-level dissemination could contribute to a more unified voice and more credibility to the claims of evidence-based programming and delivery of contextualised CSE.

National ownership of policies has been key in providing CSE and SRH services for AYP, yet efforts require continued external funding

Many of the strategies for making a sustainable impact to the delivery of CSE to AYP have been quite successful, including the integration of CSE into the education system, strengthening school staff capacities, and having national ministries in the driving and decision-making seat. However, in some countries, it continues to be felt that CSE is a foreign agenda. In addition, the financial sustainability needs to increase – many of the CSE strengthening activities remain predominantly dependent on external funding. This is unlikely to change in the near future, given the current economic situation worldwide and particularly in SSA; many countries can realistically not expand domestic resources for CSE, and, as a matter of fact, the past years of the O^3 programme show that CSE is among the first issues to fall off the priority list in crisis situations. On top of that, the funding landscape also changes, with some donors significantly reducing their funding due to internal priorities. So, as part of programme area 1, UNESCO needs to invest in maintaining and expanding the level of external funding. This should be done with a clear strategy regarding ownership and together with partners, since the very fact that CSE is funded externally might reinforce ideas that CSE is driven by foreign agendas.

Reflection on the O^3 theory of change

The O^3 programme's theory of change with its four programme areas and related outcomes has been relevant to the aim of the programme. This final evaluation contributes to testing the assumptions of the theory of change. Some assumptions need more research to be able to conclude whether they hold, and most assumptions that are related to outcome and impact levels cannot be assessed in light of the O^3 programme alone. We can conclude, however, that political support contributes to implementation of CSE and promotion of ASRHR, whereby regional commitments contribute towards increasing political support for CSE. Findings also show that in countries where curricula were revised, access to CSE increased. Improved policies have led to more girls going back to school after pregnancy in various countries.

Some assumptions need reconsideration, for example, the integration of HIV/CSE indicators does not automatically lead to better evidence. Other assumptions, as discussed above, need more focus in activity implementation in the next phase of the O^3 programme, for example, the mentorship and supervision of trained teachers and working with gatekeepers, including parents.

Future focus and strategy of the O^3 programme

In light of the above reflection, and given the size and scope of the programme, the future focus and strategy of the O^3 programme might want to take into consideration certain trade-offs that are made between breadth and depth of the programme, as well as the strengths of what has been built up in previous years. This final evaluation points to a strong added value of the programme at the level of political commitment and providing technical guidance to set up enabling infrastructures for CSE. UNESCO has been instrumental in setting up national consultations, TWGs, and engaging with high-level officials to ensure national ownership. This high-level facilitation and infrastructure building for CSE should continue to be UNESCO's focus. The three tiered approach has been particularly useful in enabling cross-country learning and regional efforts, and should therefore be continued.

The O^3 programme has simultaneously been able to achieve a wide reach in terms of beneficiaries and CSE training of teachers, which sparked more attention for CSE and related topics in schools and communities. Yet, this final evaluation has shown that the nature of CSE is such that it cannot be dealt with by the education system alone: CSE is dependent on support from communities, parents, religious and traditional leaders. Whereas efforts have been made in this regard, these ought to be strengthened for a wider support base, in close collaboration with other UN agencies and civil society (including youth) who have the mandate to work beyond the school system, while continuing to strengthen the education sector to deliver good quality in-school CSE.

8. Conclusions

Based on the evaluation findings (Chapters 4-6) and the discussion of good practices and lessons learned (Chapter 7), this chapter presents the final evaluation's conclusions concerning the O^3 programme's effectiveness, efficiency and sustainability. References to the relevant numbered paragraphs in the report are added for each conclusion.

Effectiveness

The O^3 programme has been largely effective in securing and sustaining political commitment and support for AYP's access to CSE in SSA (29, 30, 33-38, 234), although in some countries, this is only partly the case because of increased opposition to CSE (31, 32, 235). In many countries, the O^3 programme contributed to new laws and ruling supporting AYP's SRHR (36, 106, 107, 140). The facts that the ESA Commitment was not renewed by various countries and that the WCA Commitment is not yet materialised do not mean that there is no or limited commitment or support for CSE in SSA (29, 31, 235). In fact, it shows that O^3's coordinated action with multiple sectors and stakeholders (including the youth) at country and regional levels remains of utmost importance (149, 235, 236, 238). To support this effort, the O^3 programme reached millions of AYP and other stakeholders through multiple media platforms, going beyond its set targets (37,38).

The O^3 programme has been partly effective in supporting the delivery of accurate, rights-based, and good quality CSE programmes that provide knowledge, values, and skills essential for safer behaviours, reduced adolescent pregnancy, and gender equality (45-99, 237-240). The final evaluation provided some evidence on CSE resulting in increased knowledge of AYP, changes in gender attitudes as well as increased self-esteem and empowerment among AYP (90-93, 242). Results indicate that a higher percentage of primary and secondary schools deliver some form of CSE in ESA than in WCA (68). CSE curricula were revised and adopted in 12 O^3 countries (45, 46) and in many countries, teaching and learning materials were developed and disseminated (49). The number of pre- and in-service teachers reached with (face-to-face and online) training in CSE exceeded the initial targets (52, 53, 58). However, the effect of teacher training on the actual delivery of quality CSE remains suboptimal (56, 62, 64, 67, 74-78, 80, 237).

While trained teachers reported feeling better equipped to provide CSE (65-66), continuous mentoring is absent in many countries (71-72, 237) and there is proof that the content of CSE provided is not always comprehensive (74-78). Challenges in reaching out-of-school AYP persist, although digital tools have proven to reach out-of-school AYP (37, 96-99), though not the most vulnerable (96, 241, 243). The O^3 programme did have attention for vulnerable AYP, particularly adolescent mothers (140) and AYP living with HIV (144). In 2021-2022, the programme showed increased attention for AYP with disabilities, although efforts could be improved for these and other vulnerable groups (95, 119, 141-143, 145, 244).

The O^3 programme has also been partly effective in ensuring that schools and community environments are safer, healthier, and inclusive for all AYP (104-123, 239, 240, 243). The programme has supported improved policies to address SRGBV and school health (106, 107). At the school level, the programme supported the establishment of SRGBV guidance, successfully implemented CwR in some ESA countries and contributed to referral mechanisms between schools and health services in some countries (104, 105, 108-111, 243). However, in a few countries, teachers were cited to be among the main perpetrators of SRGBV (112). Regarding the community environment, the final evaluation shows that AYP do generally not feel safe in their communities (116). This is despite the implementation of O^3 interventions that involved sensitisation and mobilisation of communities; including PTAs, community and religious leaders and journalists (115-118, 120). Although communities seem increasingly knowledgeable about CSE, more efforts are required to strengthen wider community support and involve particularly parents (84-86, 117, 118, 121-123, 238, 239, 248).

Lastly, the O^3 programme has been largely effective in strengthening the evidence base on CSE and safer school environments (133-139). At both regional and national levels, the O^3 programme contributed to the evidence base for CSE by commissioning many studies on topics related to CSE (133, 134). The study findings were used in advocacy and programming at regional level and (though less prominently) at country level (134, 135, 244). The O^3 programme has made great progress in ensuring that HIV/CSE indicators are integrated into national EMISs in all countries (136-138).

Particularly in WCA countries, much progress was made on integrating core HIV/CSE indicators into EMIS (136, 138), however, the actual collection and reporting on these indicators need improvement (138).

Efficiency

The complementarity of the four O³ programme areas supported by the theory of change (148, 246), the combination of the regional and country programmes (157, 158) and the three tiers of the O³ programme (201-205, 247) all contributed to its efficiency. UNESCO's collaboration with a wide variety of stakeholders at regional and national levels, including RECs, national ministries, politicians, CSOs, and religious and traditional leadership was an effective and efficient strategy to create legitimacy of CSE and enhance its implementation (149, 152-154, 179-182, 184-187, 189, 191-194, 198, 199). Efficiency gains can be made by expanding the multi-sectoral approach in some countries (190), improving the meaningful engagement of AYP in programme design and implementation (127, 183, 238), and by increasing the O³ programme's linkages and coordination with efforts from like-minded stakeholders that target people at community level to create a supportive 'ecosystem' for AYP to access CSE and SRH services (152-154, 195-197, 200).

There is clear evidence that the O³ programme used its M&E system for learning and further shaping of its activities (134, 135, 173), however, the O³ programme's results framework has room for improvement in terms of indicator accuracy and completeness (164-170, 174, 176, 177).

Furthermore, the O³ M&E system should have more attention for monitoring the quality of CSE (171, 172) and could be better geared towards accountability to governments and AYP (175).

The O³ programme responded well to the COVID-19 pandemic (206-208) and continuously dealt with opposition to CSE, where in some countries more efforts were needed than in others, and the effectiveness of the response varied between countries (210-213).

The final evaluation concludes that despite the efficiency gains that could be made, the O³ programme has been largely efficient (158-214).

Sustainability

The O³ programme has been partly sustainable (215-233, 245). Many of O³ programme's intervention strategies were geared towards sustainability (215-219, 245). The final evaluation pointed towards signs of sustained outcomes, such as increased political commitment in many countries (220) and in two countries (Namibia and South Africa), increased allocation of domestic resources for CSE or ASRHR (221). However, it is unclear to what extent the O³ programme contributed to the increased allocation of domestic resources in these two countries. Threats to sustainability are continuously present, in part because of the progressive nature of the CSE agenda (223-227, 245). As mentioned by a regional key informant: *"the road to sustainability of CSE is dealing well with opposition."*

9. Recommendations

The following recommendations have been identified by the evaluation team. The recommendations are based on the conclusions (Chapter 8) and are partly based on the input from evaluation informants and members of the evaluation reference group.

On programme set-up and infrastructure:

The O³ programme should maintain its four programme areas as the pillars of its theory of change, the mix of the regional and country programmes, and the three tiers. Where possible and within the first year of the new phase of the programme, the programme should increase its human resources and streamline its systems to avoid funding delays. *Responsible actor: UNESCO.*

On securing political commitment:

The O³ programme should continue their leading role in multi-sectoral and multi-stakeholder consensus-building approaches and partnerships for CSE. UNESCO should maintain its collaboration with RECs. Depending on the country, better involvement of other sectors than Education and Health (such as Youth and Gender), parent associations, religious bodies, and coordination with other UN agencies and CSOs should be considered. *Main responsible actors: UNESCO and other UN agencies, governments, CSOs, parent associations and religious bodies.*

In line with the MTR, it is recommended to improve meaningful youth participation in the O³ programme. Mechanisms for inclusive dialogue with youth at regional, national and community levels should be established by the end of year 1 of the new phase of the O³ programme. *Main responsible actors: UNESCO, youth-led CSOs and other youth structures.*

All country teams should conduct and annually update a political economy analysis in relation to actors and factors concerning CSE. Country teams should identify strategic entry points for dialogue to enhance (domestic) funding for CSE; facilitate expanded legal and policy bases for the introduction and implementation of CSE; and address potential opposition. Furthermore, in some countries, the O³ programme could aim for increased and dedicated funding for countering opposition and think of ways in which such funding could be used to allow quick action in rapidly changing environments. *Responsible actor: UNESCO.*

The O³ programme should continue with enhancing the CSE agenda through international and regional guidance and multi-media campaigning, and should also continue with supporting countries to adapt guidance and campaigns to their context. For regional campaigns or other activities/materials, a balance should be sought between uniformity and making things context-specific, building on existing programmes, resources and infrastructure already present in the country. *Main responsible actors: UNESCO, CSOs and media.*

On CSE delivery:

The new phase of the O³ programme should continue its efforts in development and revision of CSE curricula. In countries where this is not possible, in coordination with the respective ministries, investments should target extracurricular community and digital interventions to reach AYP with CSE. In addition, in countries where resistance to CSE is strong, adopting a whole-school health-promoting approach to mitigate opposition and solicit broader societal acceptance could be considered. *Main responsible actors: UNESCO and governments.*

In all countries, more and continuous attention is needed to reach out-of-school AYP, but as this is not UNESCO's main mandate, this should be done through strengthened collaboration with *UNFPA, governments and CSOs*.

The O³ programme should continue supporting the training of (preferably) pre-service and in-service teachers in provision of CSE and developing and disseminating context-specific teaching and learning materials. The content of teacher training should be expanded with youth empowerment in some countries. The new phase of the O³ programme should expand its activities on supportive supervision mechanisms and refresher training for trained teachers with a continuous attention to value clarification, techniques in delivering CSE comfortability and confidence-building. The use of the online teacher training programme should be monitored and hybrid approaches to teacher training should be explored. Involvement of other educational staff, such as head teachers, in ensuring support for CSE delivery needs more attention as well. *Main responsible actors: UNESCO and governments.*

The O³ programme should continue its attention to reaching vulnerable AYP, such as AYP with disabilities, AYP living with HIV and pregnant girls. The programme could consider, in collaboration with other stakeholders and where contextually appropriate, increased attention for AYP who are migrants or refugees, AYP living without parents/youth-headed households, sex workers, and LGTBIQ+, including developing strategies addressing bullying, stigma and discrimination at both school and community levels. *Main responsible actors: UNESCO, governments and CSOs.*

UNESCO should consider integrating CwR within CSE curricula, teaching and learning materials, with a focus on building AYP's skills in preventing SRGBV.

On safe and inclusive school and community environments:

The O³ programme should continue its support to policy development concerning prevention of SRGBV and promotion of school health. *Main responsible actors: UNESCO and governments.*

The O³ programme, together with its partners, should put an extra effort in engaging parents via community-based organisations, PTAs, and community, civic, and religious leadership to increase their understanding about CSE that learners receive in school, decrease potential resistance to CSE and support communication between parents and children about CSE and ASRHR. This should be realised by the end of the next phase of the programme. *Main responsible actors: UNESCO, governments, CSOs, PTAs and community, civic and religious leadership.*

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The O^3 programme needs to expand its efforts to strengthen linkages between schools and health facilities to meet the SRHR needs among AYP in schools and out of schools, by the end of the next phase of the programme. *Main responsible actors: Ministries of Education, Ministries of Health, UNESCO and UNFPA.*

The programme should continue its efforts to engage traditional and religious leaders in supporting and delivering CSE. *Main responsible actors: UNESCO, governments, traditional and religious leadership.*

On M&E of the O^3 programme:

It is recommended that the results framework is tailored per tier before the start of the new phase of the O^3 programme: one for the PACs, one for the FCs and a limited one with only qualitative indicators for the NCs, and that a balance is sought between its uniformity across countries and allowing for country-specific adjustments. *Responsible actor: UNESCO.*

For each tier, a smart set of distinct impact, outcome and output indicators and an indicator reference sheet needs to be developed (before the start of the new phase of the O^3 programme) and consistently used by all O^3 programme staff to improve data reliability and comparability. The programme could consider the development of broader M&E quality assurance tools as well. *Responsible actor: UNESCO.*

Qualitative indicators or specific studies should be considered to increase insight into the programme's outcomes concerning 1) the quality of CSE provided, including teachers' experiences and needs; 2) AYP's opinions about CSE received; 3) meaningful youth participation in O^3 programme activities; 4) community participation in CSE; and 5) changes (as a result of CSE) in power relations based on gender and age, and, where applicable, class, ethnicity or ability – by the first year of the new phase of the programme. *Responsible actor: UNESCO.*

O^3 programme annual reports should continue to be annually discussed with implementing partners, governments and other stakeholders, including AYP, to increase accountability, assist in programme adaptation and expand on evidence-based programming. *Responsible actor: UNESCO.*

On strengthening the evidence base on CSE:

The new phase of the O^3 programme should now concentrate its efforts on supporting data collection, analysis and reporting on HIV/CSE indicators in EMIS. *Main responsible actors: UNESCO and Ministries of Education.*

The MTR recommended the O^3 programme to establish longitudinal studies on CSE modalities (CSE as integrated versus stand-alone subject; dosage of information received by learners and teachers; combinations of thematic content; pedagogical approaches). Acknowledging that comparative longitudinal studies might not be feasible in many settings, there is more longitudinal evidence needed on effects of CSE at the country level, over longer periods of time. *Main responsible actors: UNESCO and other UN agencies, Ministries of Education, universities and funders.*

Better documentation of how study outcomes are used in development of products and advocacy should be considered in the new phase of the O^3 programme. A 'data-to-action' framework could be developed, providing guidance on how to use evidence in programme implementation and advocacy. *Responsible actor: UNESCO.*

The O^3 programme should continue to test and evaluate innovations, and document experiences, lessons learned, good practices and testimonies of beneficiaries of CSE (including those of the most vulnerable) on an annual basis, which should be disseminated at national, regional and global levels through multiple platforms, including YPT. *Responsible actor: UNESCO.*

Annexes

Annex 1. Overview of CSE terminology and delivery models in O³ countries

Country	CSE terminology used	CSE delivery models and examination	Target groups
Programme acceleration countries			
Eswatini	Guidance & Counselling- G&C LSE curriculum	The curriculum is a standalone subject at the secondary level, where it is allocated one period per week per class and is compulsory but non-examinable, while at primary level, it is systematically integrated into all learning areas (except mathematics).	Lower primary (foundation), middle primary, and upper primary
Ghana	Reproductive Health Education (RHE)	RHE is integrated into a wide range of topics throughout the existing curriculum for all schools, including Social Studies, Science, Biology, Our Word Our Planet, Religious, and Moral Education, among others. RHE is thus examinable under the general examination of these respective subjects.	Primary and secondary education
Malawi	CSE	CSE is integrated in Life Skills Education. At primary school level, LSE is mandatory from Standards 2-8, while at secondary school level, LSE is only mandatory only in Forms 1 and 2 (Junior Certificate) level. In Forms 3 and 4 it is an elective subject. LSE is an examinable subject at primary (Standard 8), junior certificate (Form 2), and MSCE level (Form 4).	Primary and secondary education
Nigeria	Family Life HIV Education (FLHE)	Although the Federal Ministry of Education (FME) developed a standalone FLHE curriculum for Early Childhood Care and Education (ECCE) to upper primary and another for secondary level, since education is on concurrent legislative lists, different states in the country are at liberty to mainstream FLHE at a level of education of their choice. Consequently, FLHE is mainstreamed in many subjects, but prominent among them are Basic Science, Social studies, Health and Physical Education, Home Economics, and Civic Education/ Religious Knowledge.	Primary and secondary education
Tanzania	CSE terminology has been used interchangeably with other terminologies, such as comprehensive SRH education and comprehensive ASRH/HIV & Gender Education	In Tanzania Mainland, components of CSE are integrated in the primary school curriculum (rolled out in 2015), certificate teacher education curriculum (rolled out in 2020), and education programme courses for undergraduate students of the Open University of Tanzania (rolled out in 2019). All three curricula are compulsory and examinable.	Primary, secondary and higher education
Zambia (FC in 2018-19; PAC since 2020)	CSE, however, this is referred to as Reproductive Health and Sexuality in the revised Zambia Education Curriculum of 2013	CSE features as a cross-cutting theme in the Zambia Education Curriculum Framework and is therefore not taught as a standalone subject, however, it is integrated into a number of examinable carrier subjects.	Primary and secondary education
Zimbabwe (PAC)	Guidance and Counselling, Life Skills Education (G&C-LSE) Life Skills Education.	With the implementation of the Competency-based Curriculum Framework in 2019, CSE, which had previously been delivered through the standalone subject of Guidance and Counselling (G&C), is being regarded as a cross-cutting issue, and thus integrated into general education and pathway subjects. Some components of G&C-LSE became examinable in Grade 7 public examinations for the first time in November 2021 under Social Sciences.	Primary and secondary education

Country	CSE terminology used	CSE delivery models and examination	Target groups
Focus countries			
Botswana	LSE (life skill education)	CSE forms part of the life skills-based Guidance and Counselling (G&C) programme, which is provided in all public schools across all levels and has been adopted by some private schools as well. CSE is currently not examinable, but curriculum developers are working on integrating it into some examinable subjects. In primary school, CSE is integrated into Cultural Studies and Religious and Moral Education. In secondary school, it is integrated into Integrated Science, Moral Education, Religious Education, and Biology. Topics are either taught "as is" or infused during teaching.	Primary and secondary education
Burkina Faso (FC since 2019)	Family Life Education (FLE)	Elements of FLE are gradually introduced into the curriculum, depending on the level of the learners, sciences, including Life and Earth Sciences (SVT), History, Geography, and Social and Family Economics. FLE is not yet examinable.	Primary and secondary education
Cameroon	Integrated Sexuality Education (ISE)	Different education curricula (particularly SVT) have integrated elements of CSE, but do not cover every content area proposed in the national CSE document. To date, the focus has been on SRH, sexuality and the life cycle, rights, and citizenship.	Pre-primary, primary, and secondary education
Côte d'Ivoire	Education for Health and for Healthy Living (ESVS)	ESVS is fully integrated into two subjects, namely Life and Earth Sciences (SVT) and Human Rights and Citizenship Education (EDHC), in all levels of education, and to some degree in other subjects as well, such as languages (French, English, Spanish, German), History, Geography, Visual Arts, Music Education, and Mathematics. ESVS is compulsory and examinable.	Pre-primary, primary and secondary education and out-of-school curriculum
DRC	Family Life Education (FLE)	The FLE module is mandatory and is assessed from the first year of basic education (primary) to the last year of humanities. FLE is increasingly integrated in several other courses, such as Science, Anatomy, French, Biology, Microbiology, Civics, African Sociology.	Primary and secondary education
Ethiopia	Education for Health and Well-being	CSE is not yet integrated in the national curriculum. In view of the EHW guiding framework being declined by the MoE, the ministry, together with government stakeholders, has opted to instead develop a national health education curriculum that is solely specific to Ethiopia.	NA
Kenya	CSE is called human sexuality education in Kenya, as per the curriculum reform framework. It is also referred to as sexuality education.	Human sexuality education is integrated in subjects at primary level and as a standalone life skills curriculum at secondary level. No analysis has been on the quality as yet.	Primary and secondary education
Lesotho	Life Skills Based Sexuality Education (LBSE)	In 2013, LBSE was rolled out in the integrated curriculum. It is compulsory and examinable. From Grades 4-6, LBSE is delivered mainly in two learning areas: Personal Social and Spiritual Learning; and Scientific and Technological Learning. From Grade 7, LBSE appears as a standalone subject, allocated two lessons per week up to Grade 10.	Primary and secondary education
Mali (NC in 2018; FC since 2019)	Reproduction Health Education (RHE)	Although CSE is not integrated in the school curriculum, many of its topics are already integrated such as HIV, and AIDS and other STIs, puberty (explanations on reproduction), and early pregnancy.	Secondary education
Mozambique	CSE has been translated as Educação Sexual Abrangente, which replaced LSE	It was integrated into the primary and secondary curricula in 2004 by the Ministry of Education and Human Development (MINEDH). It is compulsory as well as examinable from Grade 6.	Primary and secondary education
Namibia	Life Skills Education (LSE)	LSE has been part of the formal education programme since independence in 1990 and is a compulsory, but as support (non-promotional) subject for Grades 4-12. LSE is taught for two 40-minute lessons during a seven-day cycle by full-time life skills teachers.	Primary and secondary education
Niger (NC in 2018; FC since 2019)	The accepted terminology for CSE in Niger has changed many times. Currently it is called Reproductive Health Education for Adolescents and Young People.	RHE for AYP is integrated into other subjects at secondary level (Family and Social Economics, Geography, Family Life Education, and Earth and Life Sciences). It is examinable at secondary level.	Secondary education

Country	CSE terminology used	CSE delivery models and examination	Target groups
Senegal (NC in 2018; FC since 2019)	Replacing RHE, currently the term Education for the health and well-being of adolescents and youth is used.. This new terminology, proposed in 2021 by the Working Group for Adolescent and Youth Health Education in Senegal (GTSAJ), replaces RHE, which was used since 2015.	CSE is currently not integrated into the school curriculum. Prior to the 2020 controversy, the Ministry of National Education (MEN) was in favour of a cross-curricular approach with an insertion of content across various disciplines at elementary, middle, and high school levels.	NA
South Africa (FC)	CSE	CSE is offered in the Life Skills and Life Orientation Curriculum as a standalone subject, which is compulsory and examinable. It is offered from Grade R to Grade 12, and is taught by dedicated Life Orientation teachers in both primary and secondary schools, with two hours allocated per week.	Primary and secondary education
South Sudan (NC in 2018-19; FC since 2020)	The term CSE is recognized as one of cross-cutting themes widely integrated into Life Skills and Peace-building Education (LSPE).	LSPE is a standalone subject and is compulsory. It is delivered in pre-primary, primary, and secondary levels. CSE is also integrated into other examinable subjects in the pre-primary, primary, and secondary national curricula, including Christian and Islamic Religious Education, Social Studies, Sciences like Biology, and Languages. CSE is delivered through co- curricular activities as well, such as school clubs and sports.	Pre-primary, primary and secondary education
Uganda	Sexuality Education (SE)	Since 2019, sexuality education has been integrated into the lower secondary school curriculum. It is compulsory and examinable. The National Sexuality Education framework is being implemented through a curriculum integrated in different subjects of lower secondary level like biology, general sciences, music and religious education.	Secondary education
Networking countries			
Angola	ND	Integrated into carrier subjects.	Primary and secondary education
Benin (NC in 2018-21; FC since 2022)	L'education à la Santé Sexuelle (ESS)	ND	Primary and secondary education
Burundi	Education à la sexualité is mentioned most, but also éducation complète à la santé is being used. Consultations need to clarify terminology, but no proposition has been made so far.	Integrated into carrier subjects.	Primary education
Chad	Education à la Vie et à la Santé de la Reproduction	Currently there is no sexuality education curriculum in the country.	NA
Congo	Unclear; ECS is mentioned	Integrated into carrier subjects.	Primary and secondary education
Gabon	Education a la Santé Sexuelle et Reproductive (ESSR) / Éducation complète à la Sexualité (ECS)	ND	Primary and secondary education
Guinea	L'education complete a la sexualite	ND	Primary and secondary education
Madagascar	l'Education à la Vie en Harmonie or Education Sexuelle Complèteare	ND	Optional curriculum in primary and secondary education
Rwanda	CSE	Integrated into carrier subjects.	Primary and lower secondary education
Togo	Values and Sexual Health Education (EVSS)	ND	Secondary education

Annex 2. Evaluation Terms of Reference

Our Rights, Our Lives, Our Future (O^3) final evaluation

UNESCO is seeking the services of an external evaluation team to conduct a Final evaluation of Our Rights, Our Lives, Our Future (O^3) programme.

1. Programme Overview

Our Rights, Our Lives, Our Future (O^3) programme supports countries to work towards a sub-Saharan Africa where adolescents and young people are empowered, healthy and resilient and have the capacity to reach their full potential and contribute to the development of their community, country and region. The program is the largest comprehensive sexuality education (CSE) program in Africa, implemented across 33 countries in sub -Saharan Africa. 2022 marks the 5th and final year of implementing the current phase of the O^3 programme, having commenced in 2018. The O^3 programme is the largest CSE programme in Africa, with a budget of over USD57 million and 52 dedicated staff.

Through the generous support of the governments of Sweden, France, Norway and Ireland, and the Packard Foundation, the programme aligns with current efforts by UNESCO to address the intersections of Sustainable Development Goal (SDG) 4 (education), SDG 3 (health), and 5 (gender equality) and contribute to a sustainable future for Africa's children and young people.

The O^3 Programme supports the delivery of good quality comprehensive sexuality education that empowers adolescents and young people and builds agency, while developing the skills, knowledge, attitudes, and competencies required for preventing HIV, reducing early and unintended pregnancies, and eliminating gender-based violence.

The objectives of the Programme are to:

1. Secure and sustain strong political commitment and support for adolescents' and young people's (AYP) access to CSE and sexual and reproductive health (SRH) services across sub-Saharan Africa (SSA).
2. Support the delivery of accurate, rights-based, and good quality CSE programmes that provide knowledge, values, and skills essential for safer behaviours, reduced adolescent pregnancy, and gender equality.
3. Ensure that schools and community environments are safer, healthier, and inclusive for all young people.
4. Strengthen the evidence base on CSE and safer school environments.

In the Eastern and Southern Africa (ESA) region, the O^3 programme builds on the landmark 2013 Eastern and Southern Africa Ministerial Commitment, which has been instrumental in scaling-up comprehensive sexuality education and access to youth-friendly sexual and reproductive health services for young people. In 2021 the ESA Commitment was renewed to 2030. Similarly, in West and Central Africa (WCA), the O^3 programme supports efforts in securing the Regional Commitment (WCA Commitment) for educated, healthy and thriving adolescents and young people in order to accelerate the implementation of CSE in the region.

The O^3 Programme adheres to a three-tier country system which enables countries to learn from each other:

1. **Programme acceleration countries** receive significant targeted funding to allow for an accelerated scale-up of CSE implementation.
2. **Focus countries** receive intensive support to carry out specific activities to strengthen the development and delivery of CSE based on their specific needs and situations.
3. **Networking countries** are part of the project network and receive seed funding. They benefit from common regional activities, such as joint regional trainings and guidance materials, depending on their individual readiness to participate.

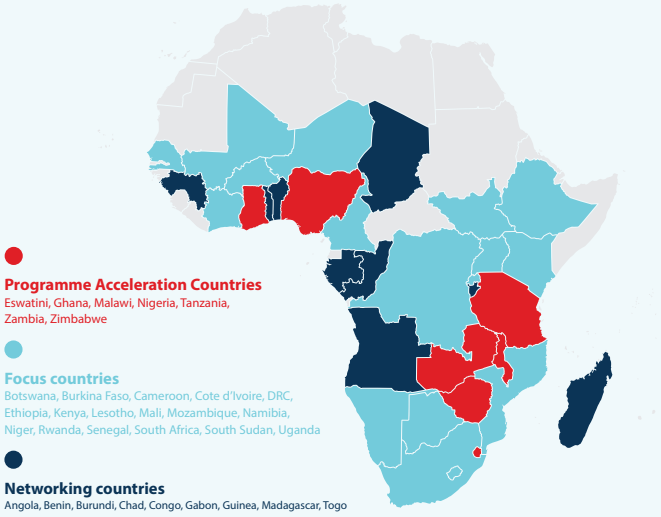

Fig 1: Countries implementing O³ programme

By the end of 2022, the O³ Programme set out to reach 24.9 million learners in 72,000 primary and secondary schools, 51,000 pre-service teachers, and 402,000 in-service teachers. The Programme also aims to reach 30.5 million people (parents, guardians, religious leaders, and young people out of school) through community engagement activities as well as 10 million young people through the Young People Today website and social media platforms.

2. Rationale for the Final evaluation

2022 is the final year of implementing the current phase of the O³ programme, and best practice in programme management prescribe that a final evaluation be conducted for learning, accountability, and decision making, among other key purposes. This final evaluation has both an accountability "looking back" component which aims primarily to assess what was achieved and how well it was achieved but also importantly, a "looking forward" learning component taking into account that evaluation results will feed into the development and design of a new phase

In UNESCO, evaluations are the main independent sources of evidence for programme review, and are an opportunity for learning, adaptive management, a source for informed decision-making and a component for trust-building. As part of mandatory requirements established in UNESCO's revised evaluation policy 2022-2029, a final evaluation is required for the O³ Programme given its scope and magnitude.

Further, the evaluation will also be conducted to demonstrate accountability to funding partners, beneficiaries and other stakeholders. The evaluation will assess where results achieved and how resources were utilized.

The final evaluation follows the recently completed Midterm Review of the Programme that covered the implementation period from 2018 to 2020, as well as the baseline study conducted at the inception with data collected prior to 2018. The evaluation is therefore expected to build on the Mid-term Review with a view to integrate the findings rather than duplicate, as well as provide an analysis of progress against targets set at baseline. This final evaluation will cover 2018 – 2022 period, and will also serve as a baseline study to inform the next phase of the Programme providing suggestions for programming adaptations and adjustments.

The evaluation will be guided by UNESCO's revised evaluation policy, which is in turn based on the United Nations Group (UNEG) Norms and Standards for Evaluation. Evaluation in UNESCO abides by universally shared values of equity, justice, human rights, gender equality and respect for diversity, as well as the systematic integration of social and environmental considerations. It will overall seek to assess the performance of the programme and capture achievements; challenges and flexibility to adapt and respond; proposing good practices and lessons learned to inform future programming. To guide the evaluation process and organize areas of inquiry and questions, the evaluation will use the OECD/DAC criteria of effectiveness, efficiency, impact and sustainability.

3. Scope of the Evaluation

This evaluation will cover the full implementation period from 2018 to 2022, and across all programme countries[11]. While all program countries will be included in the evaluation, data collection methodologies will vary where in-depth data collection is anticipated for the Programme Acceleration and Focus countries. The evaluation is also expected provide data on all quantitative indicators in the programme's results framework, as appropriate (see Annex A).

4. Objectives and Evaluation questions

The objectives of the evaluation are to:

(i) Ascertain the relevance, coherence, effectiveness, efficiency, results and sustainability of the O³ Programme
(ii) Assess progress against targets set at baseline, validate, and populate the results framework

1 6 PAC, 17 Focus, and 10 Networking

(iii) Identify opportunities, challenges, good practices, and lessons that will be useful for strengthening and enhancing the design and implementation of a potential next phase of the programme
(iv) Provide conclusions and actionable recommendations that can shape future programming and implementation by UNESCO of initiatives to advance education, health and wellbeing of adolescents and young people

The evaluation will be guided by the following indicative questions; the external evaluation team will be expected to tailor the questions to the objectives of the O³ programme in consultation with UNESCO.

Relevance and Coherence

The two criteria will not be of priority given the recently completed Med Term Review where these were assessed, and there have been no modifications to the programme design since then.

Effectiveness

(i) To what extent did the Programme achieve its objectives?
(ii) In which areas (geographic/ area of intervention) did the Programme have the greatest achievements? What were the major supporting factors? How can the project build on or expand these achievements?
(iii) In which areas did the project have the least achievements? What were the constraining factors and how could they have been overcome?
(iv) What opportunities for collaboration were utilized and how did these contributed to increased effectiveness? or otherwise?
(v) To what extent were UNESCO's implementation strategies and approaches effective considering the scope and size of the Programme?
(vi) Relative to the baseline state, to what extent did the Programme contribute to improving and expanding access to quality CSE for adolescents and young people,
(vii) Relative to the baseline state, to what extent did the Programme contribute to building safer, healthier and inclusive environments for adolescents and young people?
(viii) What was the country specific and regional progress (ESA, WCA) against indicators in the results framework in comparison to the baseline state, with sufficient disaggregation (at least by gender and age)?
(ix) What changes were brought about by the programme across the different levels e.g., school, country, and region? Were there any unintended effects, both negative and positive?
(x) Did the programme result in any changes in the lives of all intended beneficiaries? Did the intended target groups, including the most disadvantaged and vulnerable, benefit equally from the programme?

Efficiency

(i) To what extent were activities implemented in accordance with plans and available resources, and what were the key enabling factors and obstacles?
(ii) In what ways was programme implementation cost effective, including taking into consideration the advent of COVID-19? What measures were taken to establish a reasonable relationship between costs and results?
(iii) Were efficiencies achieved through the Programme's three-tier approach? What was the added value of the three-tier approach, and specifically for each tier?
(iv) Were there opportunities to reach more beneficiaries with the available budget or to reduce costs while reaching at least the same number of beneficiaries without compromising quality?
(v) In what ways was the O³ programme responsive to emerging issues in the region, including the COVID pandemic, political crisis and growing opposition to CSE?

Sustainability

(i) What were the main factors that facilitate or threaten the financial, political, social and institutional sustainability of outcomes of the O³ programme
(ii) What, mechanisms were established to sustain the programme results? What risks exist?

5. Users of the evaluation

Key users of the evaluation will be UNESCO's Section of Health and Education and ESA and WCA regional and country office teams in order to design and refine programmes and strategies to advance education, health and wellbeing of adolescents and young people, and all funding partners.

Other potential users include UN agencies, government, and civil society partners, regional economic communities, and duty bearers and rights holders.

There will be continuous interaction between the duty bearers, rights holders and the evaluators throughout the evaluation. The duty bearers and rights holders will provide data for the relevant evaluation questions, through the proposed country case studies which will employ a number of data collection methods. Further, the duty bearers and select rights holders will also participate in the validation of the evaluation findings.

6. Methodology

This evaluation will utilize a combination of evaluation approaches and data collection methods. The external evaluation team, in consultation with the UNESCO O^3 Regional teams for Eastern and Southern Africa (ESA) and West and Central Africa (WCA), will develop an evaluation design that meets the evaluation objectives and answers all the evaluation questions. Overall, the design is expected to integrate inclusion, human rights, and gender equality principles.

The methodology will include, but not be limited to (i) to (iii) below. The specific methods will be further refined during the inception phase, in consultation with the Evaluation Reference Group (ERG).

Where appropriate, the external evaluation team will be expected to detail the characteristics of each sample: how it is selected, the rationale for the selection, and the limitations of the sample for interpreting evaluation results.

(i) Desk Study and Secondary data analysis

The desk study will review available data and information on the O^3 Programme. The data sources and documents for the desk study will differ based on whether the data are publicly available or not. Data for the Project Vision (impact) and (Project Goal) indicators will be derived from population-based surveys that provide national estimates on population and health, which include DHS, AIDS Indicator Survey (AIS), Malaria Indicator Survey (MIS), Multiple Indicator Cluster Survey (MICS), United Nations World Population Prospects, Global School health student-based Survey (GSHS), and Violence against Children Survey reports. The external evaluation team is expected to disaggregate data sufficiently.

For the remaining indicators that rely on internal data sources, the following documentation will be reviewed: Programme baseline report, Midterm Review report, and reports for other evaluations and research, annual progress reports; opinion pieces; and policy briefs.

(ii) Country Case Studies

Case studies will be conducted for 10 countries, 5 of which are Programme Acceleration (Eswatini, Nigeria, Malawi, Uganda and Zambia), 3 are Focus (Botswana, Cote d'Ivoire, and Cameroon) and 2 are Networking (Burundi and Gabon). The Case Studies will utilize a mixed methods approach where both quantitative and qualitative techniques will be employed. The 10 Programme Acceleration and Focus countries will serve to contribute to the evaluation with in-depth data and information, opinions, and analysis.

Data collection methods will include, but not limited to: country document reviews, key informant interviews (KIIs) and focus group discussions (FGDs) with a wide array of stakeholders. Stakeholders to be consulted in the KIIs and FGDs include:

- Rights holders - learners, parents/caregivers, teachers (with efforts made to ensure maximum variation of demographic characteristics such as gender, disability, socioeconomic status, rural/urban, adolescent mothers and young people living with HIV, among others)
- Duty bearers - policy/decision-makers, traditional/religious leaders, programme implementers, SRH service providers

(iii) Global and Regional Stakeholder In-depth Interviews

To gain insight into key stakeholders' perceptions and perspectives on the O^3 Programme, in-depth interviews will be conducted with global and regional stakeholders including UNESCO and other UN agency staff; regional CSOs, regional economic community representatives supporting the ESA and WCA Commitments, and funders.

7. Roles and Responsibilities

The evaluation will take place between July and November 2022, and will be managed by Regional Health Advisors for ESA and WCA with backstopping support, if needed, from the Evaluation Office of the Division of Internal Oversight Services (IOS).

The external evaluation team will be responsible for the quality and content of the evaluation. The management of O^3, UNESCO ROSA and Dakar Offices, and IOS will support access to relevant documentation contact details and lists of stakeholders.

The management of the O³ programme will provide a Management Response to the evaluation recommendations which will be appended to the final report.

The evaluation report will be made publicly available on the UNESCO ROSA website, UNESCO Dakar website, CSE Learning platform, and the IOS website.

8. Expected Deliverables

The external evaluation team will deliver the following:

Deliverable 1: Inception report which includes the evaluation framework, adjusted evaluation questions, detailed evaluation methodology and evaluation design matrix, sampling, work plan with clear distribution of tasks among team members, and draft data collection instruments. The draft data collection tools will be produced in English, French and Portuguese.

Deliverable 2: Detailed report outline

Deliverable 3: Draft Evaluation Report which consolidates the findings of the evaluation, and include the populated results framework as well as indicator data tables which incorporate all countries across all indicators. The report will be produced in English and French.

The evaluation report/findings will be presented to UNESCO and stakeholders by the external evaluation team during a workshop at a date to be agreed. The external evaluation team will facilitate the workshop which will be aimed at discussing preliminary findings and conclusions of the evaluation.

Deliverable 4: Final Evaluation report, which reflect input from the stakeholder workshop/ validation workshop. Raw data in any of the following statistical packages (Excel, STATA, SPSS,) and transcribed qualitative scripts will also be submitted together with the final evaluation report. The report will be produced in English and French.

Deliverable 5: PowerPoint presentation and 2-3 page summary of the evaluation findings, conclusions and recommendations.

9. Duration and Schedule

The key tasks, deliverables and timeframes for the evaluation are as follows:

No.	Task	Deliverable	Indicative Timeframe
1.	Desk Review and drafting of inception report including data collection tools	Inception Report	July 2022
2.	Preparation and submission of report outline for the evaluation	Detailed report outline	July 2022
3.	Data Collection		End of July – End September 2022
4.	Data analysis		October 2022
5.	Drafting of evaluation report	Draft evaluation report	Late October 2022
6.	Validation/Stakeholders' Workshop		Late October 2022
7.	Revision of draft report	Final evaluation report, and raw data in any of the following statistical packages (Excel, STATA, SPSS,) and also transcribed qualitative scripts	End November 2022
8.	Preparation of Management Response by O³ Regional Health Advisors for ESA and WCA		End November 2022
9.	Preparation of PowerPoint presentation and 2-3 pager summarising the evaluation findings and conclusions	PowerPoint presentation and 2-3 pager summary	Early December 2022

10. Ethical Clearance

The external evaluation team is expected to obtain ethical clearance from relevant authorities prior to commencement of data collection. Costs related to the ethical clearance are the responsibility of the external evaluation team. The external evaluation team will be expected to sign and adhere to the Pledge of Ethical Conduct in Evaluation.

11. Management

The external evaluation team will report to UNESCO Regional Health Advisors for ESA and WCA regions. The external evaluation team will be responsible for own overheads and logistical requirements such as office space, administrative and secretarial support, telecommunications, and printing of documentation.

12. Required Experience and Qualifications

The firm and the evaluation team members must have no prior involvement in the design, planning or implementation of any of the activities under review to avoid any potential conflict of interest. UNESCO strongly encourages the external evaluators to conduct the evaluation with a team comprising of locally based professionals, where feasible.

The required experience and qualifications are detailed below:

Firm/Entity

Mandatory

- Minimum 5 years of regional experience conducting project/programme reviews or evaluations in sub-Sahara Africa (SSA)
- Have designed and implemented a minimum of three (3) evaluations in the field of adolescent and young people's sexual and reproductive health and rights, and Education in SSA region
- Have designed and implemented a minimum of three multi-country final evaluations

Desirable

- Registered in Africa, or have affiliation with an Africa-based Firm/Entity with presence in at least 5 of the O[3] programme countries
- Previous experience working with the UN on other assignments

Team Leader

The Team Lead should be clearly identified and meet the following criteria:

Mandatory

- Master's Degree in any of the following fields: Education, Development Studies, Social Sciences, Public Health, Evaluation or other related studies; a PhD will be an added advantage
- Minimum 10 years experience in conducting project/programme reviews/evaluations at the national or regional level in Sub Sahara Africa
- Proven experience in conducting project/programme reviews or evaluations in the field of adolescent and young people's sexual and reproductive health and rights (SRHR), and Education, supported by at least three (3) examples/references
- Proven experience conducting multi-country evaluations, supported by at least 3 examples/references

Desirable

- Previous experience working with the UN on other assignments
- Knowledge of Portuguese is desirable

Evaluation Team

Mandatory

- Excellent speaking, reading, writing and comprehension skills in English and French among proposed team members
- Strong quantitative and qualitative data collection and analysis skills
- Evaluation experience in any of the case study countries

Desirable

- A gender balanced evaluation team with diverse geographic representationFirms/institutions are required to provide evidence that support the mandatory and relevant desirable criteria. According to the evaluation grid, proposals with additional references/proof of evidence to the minimum requirements shall receive higher scores.

13. Content of the Technical and Financial Proposal

All interested External evaluation teams are required to submit a Technical and Financial proposal separately via email. The technical proposal will be assessed on the following:

- Approach to assignment that demonstrates extent to which the External evaluation team understands the requirements as set out in TOR
- Feasible and technically sound methodology, appropriate for fulfilling the overall purpose of the evaluation
- Realistic work plan with specific treatment of key deliverables, and clear allocation of tasks among team members
- Expertise and experience of the Firm/Entity; expertise, experience and qualifications of the Team leader

The financial proposal should be should detail the following:

- An appropriate Price Schedule which includes, as a minimum, the consultancy rate per day, and number of workdays per main activity in order to assist the Contracting
- Unit to determine, which items may be negotiated, if applicable, or which items can be modified as per the budget. All fees shall be quoted in US dollars.

All interested external evaluation teams are also required to submit a **sample final evaluation report**.

The sample report will be submitted together with the technical proposal via email, and is expected to be no more than 5 years old. The sample report will be assessed on quality, relevance to the actual evaluation, coherence of arguments and effectiveness of the presentation of findings and conclusions.

Further, the sample report is expected to be for the firm, and not the Team Lead or any other team member independently.

Annex 3. Evaluation team

Core evaluation team		
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Country teams		
Country	**Lead evaluators**	**Young researchers**
Botswana	Mpho Keetile, PhD	Kgalalelo Segametsi Aston
Burundi	Olivier Makambira	Not applicable
Cameroon	Laure Moukam	William Nzeugan
Côte d'Ivoire	Modeste Kouadio Krah	Michelle Diomande
Eswatini	Jamil Faouk Khan	Nontobeko Makhukhula
Gabon	Olivier Makambira	Not applicable
Malawi	Alister Munthali, Prof Peter Mvula, Prof	Sylvia Siliya Winfrey Chiumia
Nigeria	Emilomo Ogbe, PhD	Cynthia Udeh
Uganda	Christine Nalwadda, PhD	Joviah Gonza
Zambia	Joseph Zulu, Prof	Mirriam Zulu

Annex 4. Evaluation framework

Key evaluation questions	Specific evaluation questions	Data Collection & information sources	Data analysis
A Effectiveness (results/ impact)			
A1. Has the O³ Programme led to increased and sustained political commitment and support for AYP's access to CSE and SRH services across SSA (regional and country level)? A2. Has the O³ Programme led to improving and expanding access to accurate, rights-based, and good quality CSE programmes that provide knowledge, values, and skills essential for safer behaviours, reduced adolescent pregnancy, and gender equality? A3. Has the O³ Programme led to safer, healthier and inclusive schools and community environments for AYP? A4. Has the O³ Programme strengthened the evidence base on CSE and safer school environments? A5. What impact did the O³ Programme make on the lives of all intended beneficiaries? A6. To what extent were UNESCO's implementation strategies and approaches effective considering the scope and size of the O³ Programme?	(i) In which geographical areas (regions and countries) and programme areas (political commitment; access to quality CSE programmes; building safer, healthier and inclusive environments for AYP; and strengthening the evidence) did the O³ Programme have the greatest achievements? Why? How can the programme build on these achievements? (ii) In which geographical areas (regions and countries) and programme areas (political commitment; access to quality CSE programmes; building safer, healthier and inclusive environments for AYP; and strengthening the evidence) did the O³ Programme have the least achievements? Why? How could they have been overcome? (iii) Did the O³ Programme result in any changes in sexual and reproductive health and rights (SRHR) knowledge, attitudes and behaviours (e.g., concerning sexual debut, contraceptives, health seeking, GBV or gender quality) of all intended beneficiaries?If yes, how did the changes happen? (iv) Was there a difference in impact of the O³ Programme among and within the groups of intended beneficiaries, including the most disadvantaged and vulnerable (e.g., disabled youth, adolescent mothers, AYP living with HIV)? (v) What changes were brought about by the O³ Programme across different levels: individual, family, school, community, country, and region? (vi) Were there any unintended effects of the O³ Programme, both negative and positive and if so, which ones and how were they triggered? (vii) What opportunities for collaboration/ partnerships were utilized and did these contribute to increased effectiveness and if so, how?	Desk review of available data on the O³ Programme (baseline report, mid-term review report, other programme-related evaluation and research reports, annual progress reports (incl. M&E data), opinion pieces, policy briefs) Secondary data analysis of population-based surveys (Demographic and Health Surveys, AIDS Indicators Surveys, Malaria Indicator Surveys, Multiple Indicator Cluster Surveys, United Nations World Population Prospects, Global School health student-based Surveys and Violence against Children Survey reports) In-depth interviews with key informants in 10 case study countries: (i) policy/decision-makers (ii) programme implementers, incl. UNESCO country offices and CSOs (iii) traditional or religious leaders (iv) SRH service providers (v) parent teacher associations (vi) teacher associations or training institutions Focus group discussions (FGDs) in 8 case study countries involving: (i) AYP, learners (ii) parents or caregivers(iii) teachers Stakeholder learning sessions in 10 case study countries, incl. youth representatives In-depth interviews with key informants at global and regional level: (i) UNESCO and other UN agencies (ii) regional CSOs (iii) regional economic community representatives supporting the ESA and WCA Commitments (iv) funders	Systematic analysis through using a desk review data extraction tool Secondary statistical data analysis Thematic content analysis of interview and FGD transcripts based on evaluation framework Triangulation between different sources of information Synthesis of data in case studies Cross-country comparison among case studies Consultation with key stakeholders to discuss preliminary findings and reflect on the programme's Theory of Change
B Efficiency			
B1. Have inputs resulted in the targeted outputs? B2. Was the O³ Programme implementation cost-effective? B3. Did monitoring and evaluation systems support the delivery of the O³ Programme?	(i) To what extent were activities implemented and outputs delivered in accordance with plans and available human and material resources, and what were the key enabling factors and obstacles (on the latter, how were they overcome)? (ii) What measures were taken to establish a reasonable balance between costs (e.g., human and material resources) and results?	Desk review of available data on the O³ Programme (baseline report, mid-term review report, other programme-related evaluation and research reports, annual progress reports (incl. M&E data), opinion pieces, policy briefs)	Systematic analysis through using a desk review data extraction tool Thematic content analysis of interview transcripts based on evaluation framework

Key evaluation questions	Specific evaluation questions	Data Collection & information sources	Data analysis
	(iii) Did the programme's three-tier system contribute to efficiency and added value overall and for each tier? (iv) What opportunities for collaboration and coordination (at regional and country level, incl. partnerships) were utilized and did these contribute to increased efficiency and if so, how? (v) Were there opportunities to reach more beneficiaries with the available budget or to reduce costs while reaching at least the same number of beneficiaries without compromising quality? (vi) In what ways was the O^3 Programme responsive to emerging issues in the region, including the COVID-19 pandemic, political crises and growing opposition to CSE? (vii) To what extent was the O^3 Programme embedded in a clear results framework, and how did M&E happen and how did M&E systems (incl. the EMIS and Health Management Information system (HMIS)) support the delivery of and reporting on the programme?	In-depth interviews with key informants in 10 case study countries: (i) policy/decision-makers (ii) programme implementers, incl. UNESCO country offices and CSOs (iii) traditional or religious leaders (iv) SRH service providers (v) parent teacher associations (vi) teacher associations or training institutions Stakeholder learning sessions in 10 case study countries, incl. youth representatives In-depth interviews with key informants at global and regional level: (i) UNESCO and other UN agencies (ii) regional CSOs (iii) regional economic community representatives supporting the ESA and WCA Commitments (iv) funders	Triangulation between different sources of information Synthesis of data in case studies Cross-country comparison among case studies Consultation with key stakeholders to discuss preliminary findings and reflect on the programme's Theory of Change
C Sustainability			
C1. To what extent will the O^3 Programme outcomes be sustained after the seizing the programme? C2. What are best practices and lessons learned in terms of supporting key stakeholders in their efforts to increase AYP's access to CSE and SRH services across SSA?	(i) How was sustainability addressed in programme design and implementation (e.g., mechanisms to strengthen governments' or CSOs' capacity to take leadership and implement CSE)? (ii) Is there any evidence on changes in budget allocations, political will, society acceptance or institutional capacity in relation to CSE in the O^3 Programme supported acceleration countries? (iii) What were the main factors that facilitated or threatened the financial, political, social and institutional sustainability of outcomes of the O^3 Programme? On the threats, how were they or could they be overcome? (iv) To what extent did the O^3 Programme generate evidence on CSE and safer school environments that was used in advocacy and policy by development partners and governments?	Desk review of available data on the O^3 Programme (baseline report, mid-term review report, other programme-related evaluation and research reports, annual progress reports (incl. M&E data), opinion pieces, policy briefs) In-depth interviews with key informants in 10 case study countries: (i) policy/decision-makers (ii) programme implementers, incl. UNESCO country offices and CSOs (iii) traditional or religious leaders (iv) SRH service providers(v) parent teacher associations (vi) teacher associations or training institutions FGDs in 8 case study countries involving: (i) AYP, learners (ii) parents or caregivers(iii) teachers Stakeholder learning sessions in 10 case study countries, incl. youth representatives In-depth interviews with key informants at global and regional level: (i) UNESCO and other UN agencies (ii) regional CSOs (iii) regional economic community representatives supporting the ESA and WCA Commitments (iv) funders	Systematic analysis through using a desk review data extraction tool Thematic content analysis of interview and FGD transcripts based on evaluation framework Triangulation between different sources of information Synthesis of data in case studies Cross-country comparison among case studies Consultation with key stakeholders to discuss preliminary findings and reflect on the programme's Theory of Change

Annex 5. List of documents reviewed

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UNESCO (2021). Assessment of the Psychosocial Impact of COVID-19 on Teachers, Teacher Educators and Learners and Psychosocial Support Needs in Selected Sub-Saharan African Countries.

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Annex 6. Evaluation methods, study areas and stakeholders interviewed

Overview of participants in the ten country case studies

Number of FGD and interview participants	Botswana	Burundi	Cameroon	Eswatini	Gabon	Ivory coast	Malawi	Nigeria	Uganda	Zambia
Focus Group Discussions										
AYP, learners	12		16	15		16	18	24	16	16
Parents/ caregivers	6		8	5		8	19	9	9	7
Teachers	6		8	8		8	7	8	8	7
Key informant interviews										
Youth representatives		1			1					
Policy/decision-makers	1	1	2	1	1	1	1	1	1	1
Programme implementers, incl. UNESCO country office and CSOs	2	3	2	2	3	2	3	5	3	3
Traditional/religious leaders	1		1	1	1	1	1	1	1	1
SRH service providers	1	1	2	1		1	1	1	0	
PTAs	1		1	1		1		3	1	1
Teacher associations/ training institutions	1		1	1	1	1	2		1	1
Stakeholder learning sessions	9	6	14	12	6	12		10	12	15
Total number of participants via interviews and FGDs	31	6	41	35	7	39	52	52	40	37
Total number of participants	40	12	55	47	13	51	52	62	52	52

Overview of study areas in the ten country case studies

Country	Study area	Rationale
Botswana	South-East district (Garabone is located in this district)	Most activities were implemented here: online and in-person CSE trainings, parent-child communication (PCC) and sensitization of religious leaders on ASRHR.
Eswatini	Manzini region, in and around Manzini city	The National Curriculum Centre is located in Mazini city. In this city and region, curriculum designers have been targeted by the programme, as well as teachers and learners. Furthermore, PCC and sensitization of religious leaders on ASRHR have been implemented here.
Malawi	Central region, Mchinji district	A mix of interventions has been implemented: primary school teacher training, early and unintended pregnancy (EUP) campaign, youth-teacher dialogues; engagement of religious leaders and parent-child communication activities.
Uganda	Central region, Wakiso district	Interventions that have been implemented here are: interfaith dialogues for religious leaders and school outreaches by RAHU.
Zambia	Eastern region, Chipata district	Region with 4 interventions implemented and well-known by evaluation team: school-based teacher training, CSE integration through lessons, community engagement, engagements with traditional leaders on EUP and early marriage.
Burundi	Not applicable, only national level.	Not applicable, only national level.
Cameroon	Région de l'est, arrondissement de Bertoua 1er (this is about 350km from the capital city, 2nd choice, as first choice is 1,500km from capital city)	Interventions that have been implemented here are: engagement with community leaders, implementation of a parent-child SRH communication programme in schools and religious settings, teacher training on the use of the pedagogical guide for skills development in reproductive health and HIV and AIDS education, and teacher training using training module for primary school trainers on SGBV.
Côte d'Ivoire	Bouaké région 1 (this is about 100km from the capital city)	Interventions that have been implemented here are: capacity building of the personnel of the DRENA of Bouaké I and II: pedagogical supervisors, trainers of CAFOP I and II, teachers, COGES advisors, DMOSS advisors; delivery of life skills lessons; sensitization of the students of the high school for girls and the high school Nimbo on CSE; presence of religious leaders from Bouaké during the national consultation; sensitization of students on combatting SGBV.
Gabon	Not applicable, only national level.	Not applicable, only national level.
Nigeria	Lagos State, District 4	Interventions that have been implemented here are: teachers trained to deliver Family Life HIV Education (FLHE), capacity building of school principals to provide supportive supervision and mentorship to classroom teachers, delivery of FLHE to 26,048 students, a number of schools setting up SGBV Committees, high reach digital advocacy campaign on GBV including SGBV conducted.

List of organisations that participated in regional/ global interviews:

- UNESCO
- UNAIDS
- UNFPA
- EAC
- SADC
- SIDA
- NORAD
- Department of Foreign Affairs Ireland
- Department of Foreign Affairs France
- Packard Foundation
- SAfAIDS
- Equipop

Annex 7. Data collection instruments

The questions in the first column are larger evaluation questions drawn from the evaluation framework. The questions in the second column will be the questions asked to participants. The third column outlines probes linked to questions in column two that are to be used to get further details on certain answers. Those probes in bold are the ones that are mandatory and must be asked. The order does not have to be strictly followed and the interviewer can adapt to the conversation flow.

Topic guide: In-depth interviews with Programme implementers including UNESCO country offices and CSOs (national and regional/ global level)

Key evaluation questions/ topics	Specific questions	Probes
Introduction		

• Name of the organization / individual
• Organization's experience on O³ Programme
• Key activities and programme areas of the O³ Programme that your organization has been involved in
• Geographical area covered
	• Please introduce yourself. Tell us about your organization's work on the O³ Programme.
	• Which areas/counties do you work in?
		• Can you share some of the key activities that you have been implementing as part of the O³ Programme? If needed, probe for the programme areas:
		  • Political commitment
		  • Access to quality CSE programmes (incl. curriculum design, training of teachers)
		  • Building safer, healthier and inclusive environments for AYP
		  • Strengthening the evidence

Effectiveness		
Changes per programme area **Access to quality CSE programmes** A2. Has the O³ Programme led to improving and expanding access to accurate, rights-based, and good quality CSE programmes that provide knowledge, values, and skills essential for safer behaviours, reduced adolescent pregnancy, and gender equality? **Safer and inclusive environments** A3. Has the O³ Programme led to safer, healthier and inclusive schools and community environments for AYP? **Strengthening evidence** A4. Has the O³ Programme strengthened the evidence base on CSE and safer school environments? **Increased commitment** A1. Has the O³ Programme led to increased and sustained political commitment and support for AYP's access to CSE and SRH services across SSA?	• How do you perceive the CSE activities supported by the O³ Programme? • What changes has the O³ Programme's support to CSE activities brought in the SRHR knowledge, attitudes and behaviour of AYP? • What changes has the O³ Programme's support to CSE activities brought in the SRHR knowledge, attitudes and behaviour of teachers? • What kind of changes has the O³ Programme brought about (or not) concerning safe and inclusive environments for AYP to fulfill their SRHR in schools and in communities? How? • How has the O³ Programme contributed to building the relevant skills for young people to adopt safe behaviour? • How has the O³ Programme strengthened the evidence base on CSE and safer school environments? • How was evidence generated by the O³ programme on CSE and safer school environments used in advocacy and policy by development partners and governments in [country/region/SSA]? • What changes in political commitment and support for AYPs' access to CSE and SRH services has been seen during the programme implementation since 2018?	• Quality? Comprehensive? Rights-based? • Access? Coverage? Gaps in content or target groups? • Sexual debut, contraceptives, health seeking, gender-based violence, gender quality? • Confidence, teaching skills, content knowledge, change in attitude on certain topics? • In school and in communities E.g., mitigation of gender barriers of learners, incl. pregnant learners; promoting menstrual health; prevention of violence, incl. addressing gender norms? • Indications of reduced adolescent pregnancy, GBV? • Research studies commissioned, M&E, testimonials of parents/teachers (associations), feedback from AYP learners, media coverage? • Changes in laws, policies, amendments, roll-out of new programmes, adjustment of existing programmes, more willingness to discuss these topics, calls for partnerships?
Impact of the programme on specific beneficiaries A5. What impact did the O³ Programme make on the lives of all intended beneficiaries?	• Could you speak to any differences in the impact of the programme among and within the groups of intended AYP beneficiaries? • What changes has the O³ Programme brought concerning attitudes of parents and teacher associations towards school-related gender-based violence, early and unintended pregnancy, [and female genital mutilation (FGM/C)[? • What changes has the O³ Programme brought concerning the support of opinion leaders to CSE and SRH services for AYP?	• Disabled youth, adolescent mothers, AYP living with HIV, other marginalized or vulnerable groups, both in- and out-of-school AYP? • School-related gender-based violence, early and unintended pregnancy, [and FGM/C]? • Political, religious and traditional leaders?

Effectiveness of implementation strategies
A6. To what extent were UNESCO's implementation strategies and approaches effective considering the scope and size of the O³ Programme?
	• In which programme areas has the O³ Programme had the greatest and least achievements since 2018? Why?
	• In which geographical areas has the O³ Programme had the greatest and least achievements since 2018? Why?
	• How do you think the programme can build on the aforementioned achievements in the future?
	• Concerning the challenges or targets that you did not meet: how could these have been overcome?
	• Was the mix of 4 programme areas with their different activities effective considering the scope and size of the O³ Programme?
	• Were there any unintended effects of the O³ Programme, both negative and positive and if so, which ones?
		• If needed, probe for the programme areas:
		  • Political commitment
		  • Access to quality CSE programmes
		  • Building safer, healthier and inclusive environments for AYP
		  • Strengthening the evidence
		• What needs to be taken along/ into account in the O³ plus programme?
		• Changes at different levels (individual/family/school/ community)?
		• Ownership of CSE at country level, opposition or proposition from different stakeholders?

Efficiency		
General B1. Have inputs resulted in the targets outputs?	• To what extent were activities implemented and outputs delivered in accordance with plans and available resources? • What were the key enabling factors and obstacles?	• Key enabling factors, key obstacles - how were these overcome?
Monitoring and evaluation B3. Did monitoring and evaluation systems support the delivery of the O³ Programme?	• To what extent was the O³ Programme embedded in a clear results framework? • How did monitoring and evaluation systems support the delivery of and reporting on the programme?	• Use of the results framework? • Ease of collecting data for M&E; using M&E to inform learning or changing actions/course of the programme? • To what extent do the Education Management Information System (EMIS) and Health Management Information system (HMIS) support M&E of CSE?
Cost effectiveness B2. Was the O³ Programme implementation cost-effective?	• How did the programme ensure the optimal use of resources given the target outputs?	• Reasonable balance between costs and results? • Measures taken? • Effects of/In the context of COVID-19? • Examples of efficiency wins, for example, opportunities where more beneficiaries were reached with available or lower budgets, without compromising quality?
Three-tier system	• How do you perceive the programme's three-tier system? [refer to country specific tier]	• Increase in **efficiency**, contextual approach, equity among countries, added value?
Partnership and collaboration	• What opportunities for collaboration were leveraged (or not) at the regional and country level since 2018? What were the advantages or disadvantages of such collaborations?	• Effects on effectiveness and efficiency, partnerships?
Contextual challenges	• In what ways was the O³ Programme responsive to emerging issues in the region, including the COVID-19 pandemic, political crises and growing opposition to CSE?	• Covid-19 pandemic? • Political crises? • Growing opposition to CSE?
Sustainability		
General sustainability C1. To what extent will the O³ Programme outcomes be sustained after the seizing the Programme?	• How has sustainability been addressed in programme design and implementation? • What are the main factors that have facilitated or threatened the financial, political, social and institutional sustainability of outcomes of the O³ Programme? • Is there any evidence on changes in budget allocations, political will, society acceptance or institutional capacity in relation to CSE in the O³ Programme supported acceleration countries?	• Mechanisms such as joint advocacy, M&E and partnerships to strengthen governments' or CSOs' capacity to take leadership and implement CSE? • Financial, political, social, institutional sustainability? • Budget allocation for CSE/ SRHR of AYP? Political will for CSE/ SRHR for AYP? Society acceptance of CSE/ SRHR for AYP? Institutional capacity to provide CSE and promote SHRH for AYP?
Best Practices/Lesson learned C2. What are best practices and lessons learned in terms of supporting key stakeholders in their efforts to increase AYP's access to CSE and SRH services across SSA?	• C2. What are best practices and lessons learned in terms of supporting key stakeholders in their efforts to increase AYP's access to CSE and SRH services across [country/ region/SSA]?	• Any further comments or recommendations for the follow-up programme?

Topic Guide – Focus group discussions with AYP

Key evaluation questions/ topics	Specific questions	Probes
Introduction		
• Demographics of young people in the FGD • Geographical area • Involvement in O³ programme's activities		
Effectiveness		
Changes per programme area **Access to quality CSE programmes** A2. Has the O³ Programme led to improving and expanding access to accurate, rights-based, and good quality CSE programmes that provide knowledge, values, and skills essential for safer behaviours, reduced adolescent pregnancy, and gender equality? **Safer and inclusive environments** A3. Has the O³ Programme led to safer, healthier and inclusive schools and community environments for AYP?	• Have you heard the term 'CSE' [insert term used in the country]. Can you tell me more about it? • What are your aspirations regarding your SRHR? • What are the challenges you face regarding your SRHR? • What do you think about the education on SRHR in your school and communities? • What did you and your fellow learners learn from the SRHR education in your school? • Which changes did you observe in your abilities and skills since the SRHR education began in your school? • Do you feel that schools are safe? Why/Why not? • Do you feel that schools are safe for all different AYP? Why/Why not? • Do you feel that communities are safe for AYP? Why/Why not? • Do you feel that the community is safe for all different AYP? Why/Why not? • What specific activities are there for marginalized youth such as disabled youth, adolescent mothers, AYP living with HIV in your school and community? • Do young people feel supported by their teachers when they want information or when they want to talk about SRHR? Why? What about their parents? Local or religious leaders?	• Definition, topics: health and well-being, life skills, relationships, sex, prevention of adolescent pregnancy, STIs, GBV? • Love and relationships, health, gender equality? • Access to SRHR information at school/ at home/ at health facility/ other places, access to SRH services (incl. contraceptives), stigma and discrimination? • How it is delivered by teachers? Understandable? Relevant to your life? Gaps? Likes/ Dislikes? • Knowledge about different topics? Attitudes, values? • Gender equality, reduced adolescent pregnancy, better decision making, changes in (sexual) relationships, sexual activity, bullying or violence? • Safety to express yourself? Safe from (gender-based) violence (verbal, physical)? • Disabled youth, adolescent mothers, AYP living with HIV? • Safety to express yourself? Safe from (gender-based) violence (verbal, physical)? • Disabled youth, adolescent mothers, AYP living with HIV? • Activities done with these groups, inclusion of these groups, related impact? • Teachers, parents, local and religious leaders. Any changes? Particularly around CSE? (Optional, only ask if youth show being comfortable: school-related SGBV early and unintended pregnancy, [and FGM/C]?)
Recommendations	• What recommendations do you have on the CSE programme? • What are other recommendations to ensure AYP are equipped with relevant SRHR knowledge or skills?	• Topics addressed, teaching methods, role of teachers? • CSE, SRH services?

Topic Guide – Focus group discussions with parents/caregivers

Key evaluation questions/ topics	Specific questions	Probes
Introduction		
• Demographics of parents in the FGD • Geographical area • Involvement in O³ Programme's key activities		
Effectiveness		
Changes per programme area **Access to quality CSE programmes** A2. Has the O³ Programme led to improving and expanding access to accurate, rights-based, and good quality CSE programmes that provide knowledge, values, and skills essential for safer behaviours, reduced adolescent pregnancy, and gender equality?	• Have you heard the term 'CSE' [insert term used in the country]. Can you tell me more about it? • How do you perceive the education on SRHR in the school and communities? • How do you feel the SRHR education has changed SRHR knowledge and attitudes of adolescents and young people in schools? • How do you feel the SRHR education has contributed (or not) to giving AYP the relevant skills to adopt safe behaviour? • Do you feel that schools are safe and inclusive spaces for AYP? Why/Why not? • Do you feel that communities are safe spaces for AYP? Why/Why not?	• Definition, topics? • How is it delivered by teachers? Quality? Rights-based? Access? Gaps? Likes/ Dislikes? • Gender equality, reduced adolescent pregnancy, better decision making, changes in (sexual) relationships, sexual activity, bullying or violence? • Safety to express themselves? Safe from (gender-based) violence (verbal, physical)? Disabled youth, adolescent mothers, AYP living with HIV? • Safety to express themselves? Safe from (gender-based) violence (verbal, physical)? Disabled youth, adolescent mothers, AYP living with HIV? • Activities done with these groups, inclusion of these groups, related impact?

Safer and inclusive environments A3. Has the O³ Programme led to safer, healthier and inclusive schools and community environments for AYP?	• What specific attention is given to marginalized youth such as disabled youth, adolescent mothers, AYP living with HIV in the SRHR education activities in your school and community? • How are parents (associations) contributing to improving young people's knowledge, skills and behaviour around SRHR? • What role are teachers (associations) playing in improving young people knowledge, skills and behaviour around SRHR • What changes has the O³ Programme brought concerning attitudes of parents and teacher associations towards school-related gender-based violence, early and unintended pregnancy, [and FGM/C]? • To what extent are local (traditional) and religious leaders supportive to CSE and SRHR for AYP?	• Particularly around CSE, school-related SGBV, early and unintended pregnancy, [and FGM/C]? Inputs into the O³ Programme/CSE programme? • Particularly around CSE, school-related SGBV, early and unintended pregnancy, [and FGM/C]? • Inputs into the O³ Programme/CSE programme? • School-related gender-based violence, early and unintended pregnancy, [and FGM/C]? • Particularly around CSE, early and unintended pregnancy, [and FGM/C]?
Recommendations	• What recommendations do you have on the CSE programme? • What are other recommendations to ensure AYP are equipped with relevant SRHR knowledge or skills?	• Topics addressed, teaching methods, role of teachers? • CSE, SRH services?

Topic Guide – Focus group discussions with teachers

Key evaluation questions/ topics	Specific questions	Probes
Introduction		
• Demographics of parents in the FGD • Geographical area • Involvement in O³ Programme's key activities		
Effectiveness		
Changes per programme area **Access to quality CSE programmes** A2. Has the O³ Programme led to improving and expanding access to accurate, rights-based, and good quality CSE programmes that provide knowledge, values, and skills essential for safer behaviours, reduced adolescent pregnancy, and gender equality? **Safer and inclusive environments** A3. Has the O³ Programme led to safer, healthier and inclusive schools and community environments for AYP?	• Have you heard the term 'CSE' [insert term used in the country]. Can you tell me more about it? • How do you perceive the CSE programmes/activities in the school and communities? • How do you feel the CSE programme has changed SRHR knowledge and attitudes of adolescents and young people in schools? • How do you feel the CSE programme has contributed (or not) to giving AYP the relevant skills to adopt safe behaviour? • Do you feel that schools are safe and inclusive spaces for AYP? Why/Why not? • Do you feel that communities are safe spaces for AYP? Why/Why not? • What specific attention is given to marginalized youth such as disabled youth, adolescent mothers, AYP living with HIV in the CSE activities in your school and community? • What are the challenges that teachers face in delivering CSE to AYP? How do teachers overcome these challenges? • What has been the role of the CSE/O³ Programme in equipping teachers (associations) to deliver CSE to AYP? • What role are parents (associations) playing in improving young people's knowledge, skills and behaviour around SRHR? • What changes has the O³ Programme brought concerningattitudes of parents and teacher associations towards school-related gender-based violence, early and unintended pregnancy, [and FGM/C]? • To what extent are local (traditional) and religious leaders supportive to CSE and SRHR for AYP?	• Definition, topics? • Quality? Rights-based? Access? Gaps? Likes/ Dislikes? • Gender equality, reduced adolescent pregnancy, better decision making, changes in (sexual) relationships, sexual activity, bullying or violence? • Safety to express themselves? Safe from (gender-based) violence (verbal, physical)? Disabled youth, adolescent mothers, AYP living with HIV? • Safety to express themselves? Safe from (gender-based) violence (verbal, physical)? Disabled youth, adolescent mothers, AYP living with HIV? • Activities done with these groups, inclusion of these groups, related impact? • Divergence with own norms, opposition from parents or other community stakeholders, lack of knowledge/ skills to teach CSE? • Changes in teachers skills, values, changes in the wider school environment? Inputs into the O³ programme/CSE programme? • Particularly around CSE, school-related SGBV in school early and unintended pregnancy [and FGM/C]? • School-related gender-based violence, early and unintended pregnancy, [and FGM/C]? • Particularly around CSE, early and unintended pregnancy, [and FGM/C]?
Contextual challenges	• Are there external factors that have affected the CSE programme in your school?	• Covid-19 pandemic? • Political crises? • Growing opposition to CSE?

Recommendations	• What recommendations do you have on the CSE programme? • What are other recommendations to ensure AYP are equipped with relevant SRHR knowledge or skills?	• Curricula, topics addressed, teaching methods, role of teachers, training of teachers? • CSE, SRH services?

Topic Guide – In-depth interviews with representatives of parent-teachers' associations

Key evaluation questions/ topics	Specific questions	Probes
Introduction		
• Demographic information • Geographical area • Involvement in O³ Programme's key activities	• Can you tell us about some of the CSE or SRHR-related activities implemented by your association?	• Activities with parents and teachers, other community members (religious/traditional leaders), other schools, AYP. Examples of activities: sensitization, dialogues, providing input etc.
Effectiveness		
Changes per programme area **Access to quality CSE programmes** A2. Has the O³ Programme led to improving and expanding access to accurate, rights-based, and good quality CSE programmes that provide knowledge, values, and skills essential for safer behaviours, reduced adolescent pregnancy, and gender equality? **Safer and inclusive environments** A3. Has the O³ Programme led to safer, healthier and inclusive schools and community environments for AYP?	• Have you heard the term 'CSE' [insert term used in the country]. Can you tell me more about it? • How do you perceive the CSE programmes/activities in the school and communities? • How do you feel the CSE programme has changed SRHR knowledge and attitudes of adolescents and young people in schools? • How do you feel the CSE programme has contributed (or not) to giving AYP the relevant skills to adopt safe behaviour? • Do you feel that schools are safe and inclusive spaces for AYP? Why/Why not? • Do you feel that communities are safe spaces for AYP? Why/Why not? • What specific attention is given to marginalized youth such as disabled youth, adolescent mothers, AYP living with HIV in the CSE activities in your school and community? • What are the challenges that teachers face in delivering CSE to AYP? How do teachers overcome these challenges? • What has been the role of the CSE/O³ Programme in equipping parent-teachers associations to facilitate the delivery of CSE to AYP? • What changes has the O³ Programme brought concerning attitudes of parents and teacher associations towards school-related gender-based violence, early and unintended pregnancy, [and FGM/C]? • What role are parents (associations) playing in improving young people's knowledge, skills and behaviour around SRHR? • To what extent are local (traditional) and religious leaders supportive to CSE and SRHR for AYP?	• Definition, topics? • Quality? Rights-based? Access? Gaps? Likes/ Dislikes? • Gender equality, reduced adolescent pregnancy, better decision making, changes in (sexual) relationships, sexual activity, bullying or violence • Safety to express themselves, Safe from (gender-based) violence (verbal, physical), Disabled youth, adolescent mothers, AYP living with HIV • Safety to express themselves, Safe from (gender-based) violence (verbal, physical), Disabled youth, adolescent mothers, AYP living with HIV • Activities done with these groups, inclusion of these groups, related impact • Divergence with own norms, opposition from parents or other community stakeholders, lack of knowledge/ skills to teach CSE? • Changes in teachers or parents skills, values, changes in the wider school environment, communication between parents and teachers on CSE? • School-related gender-based violence, early and unintended pregnancy, [and FGM/C]? • Particularly around CSE, school-related SGBV in school early and unintended pregnancy [and FGM/C]? • Particularly around CSE, early and unintended pregnancy, [and FGM/C]?
Contextual challenges	• Are there external factors that have affected the CSE programme in your school(s)?	• Covid-19 pandemic? • Political crises? • Growing opposition to CSE?
Sustainability	• What opportunities have been there for PTAs to input into the O³ Programme activities? Can you share how you felt about the extent of participation?	• Input into programme design, programme activities?
Recommendations	• What recommendations do you have on the CSE programme? • What are other recommendations to ensure AYP are equipped with relevant SRHR knowledge or skills?	• Curricula, topics addressed, teaching methods, role of teachers, training of teachers? involvement of parents? • CSE, SRH services?

Topic Guide – In-depth interviews with representatives of teacher associations/ training institutions

Key evaluation questions/ topics	Specific questions	Probes
Introduction		
• Demographic information • Geographical area • Involvement in O³ Programme's key activities		
Effectiveness		
Changes per programme area **Access to quality CSE programmes** A2. Has the O³ Programme led to improving and expanding access to accurate, rights-based, and good quality CSE programmes that provide knowledge, values, and skills essential for safer behaviours, reduced adolescent pregnancy, and gender equality? **Safer and inclusive environments** A3. Has the O³ Programme led to safer, healthier and inclusive schools and community environments for AYP?	• Have you heard the term 'CSE' [insert term used in the country]. Can you tell me more about it? • How do you perceive the CSE programmes/activities in the school and communities? • How do you feel the CSE programme has changed SRHR knowledge and attitudes of adolescents and young people in schools? • How do you feel the CSE programme has contributed (or not) to giving AYP the relevant skills to adopt safe behaviour? • Do you feel that schools are safe and inclusive spaces for AYP? Why/Why not? • Do you feel that communities are safe spaces for AYP? Why/Why not? • What specific attention is given to marginalized youth such as disabled youth, adolescent mothers, AYP living with HIV in the CSE activities in your school and community? • What are the challenges that teachers face in delivering CSE to AYP? How do teachers overcome these challenges? • What role does your institution/association play in preparing teachers to deliver CSE? • What has been the role of the CSE/O³ Programme in equipping teacher training institutions/ teachers associations to deliver CSE to AYP? • What changes has the O³ Programme brought concerning attitudes of parents and teacher associations towards school-related gender-based violence, early and unintended pregnancy, [and FGM/C]? • What role are parents (associations) playing in improving young people's knowledge, skills and behaviour around SRHR? • To what extent are local (traditional) and religious leaders supportive to CSE and SRHR for AYP? • What changes in political commitment and support for AYPs' access to CSE and SRH services has been seen during the programme implementation since 2018?	• Definition, topics? • Quality? Rights-based? Access? Gaps? Likes/ Dislikes? • Gender equality, reduced adolescent pregnancy, better decision making, changes in (sexual) relationships, sexual activity, bullying or violence • Safety to express themselves? Safe from (gender-based) violence (verbal, physical)? Disabled youth, adolescent mothers, AYP living with HIV? • Safety to express themselves? Safe from (gender-based) violence (verbal, physical)? Disabled youth, adolescent mothers, AYP living with HIV? • Activities done with these groups, inclusion of these groups, related impact • Divergence with own norms, opposition from parents or other community stakeholders, lack of knowledge/ skills to teach CSE, lack of resources? • Value clarification, skill building, knowledge of SRHR, curriculum development/adaptation, teaching sensitive topics, supporting AYP (e.g., dealing with school-related SGBV), increasing safety in schools for AYP and teachers? • Changes in teachers skills, values, changes in the wider school environment communication between parents and teachers on CSE? • Inputs into the O³ programme/CSE programme? • School-related gender-based violence, early and unintended pregnancy, [and FGM/C]? • Particularly around CSE, school-related SGBV in school early and unintended pregnancy [and FGM/C]? • Particularly around CSE, early and unintended pregnancy, [and FGM/C]? • Changes in laws, policies, amendments, roll-out of new programmes, adjustment of existing programmes, more willingness to discuss these topics, calls for partnerships?
Contextual challenges	• Are there external factors that have affected the CSE programme in your school(s)?	• Covid-19 pandemic? • Political crises? • Growing opposition to CSE?
Recommendations	• What recommendations do you have on the CSE programme? • What are other recommendations to ensure AYP are equipped with relevant SRHR knowledge or skills?	• Curricula, topics addressed, teaching methods, role of teachers, training of teachers? involvement of parents? • CSE, SRH services?

Topic Guide – In-depth Interviews with traditional/religious leaders

Key evaluation questions/ topics	Specific questions	Probes
Introduction		
• Demographics of the participant • Geographical area • Involvement in O³ Programme's key activities		

Effectiveness		
Changes per programme area **Access to quality CSE programmes** A2. Has the O³ Programme led to improving and expanding access to accurate, rights-based, and good quality CSE programmes that provide knowledge, values, and skills essential for safer behaviours, reduced adolescent pregnancy, and gender equality? **Safer and inclusive environments** A3. Has the O³ Programme led to safer, healthier and inclusive schools and community environments for AYP?	• Have you heard the term 'CSE' [insert term used in the country]. Can you tell me more about it? • How do you perceive the education in SRHR in the school and communities? • How do you feel the SRHR education has changed SRHR knowledge and attitudes of adolescents and young people in schools? • How do you feel the SRHR education has contributed (or not) to giving AYP the relevant skills to adopt safe behaviour? • Do you feel that schools are safe and inclusive spaces for AYP? Why/Why not? • Do you feel that communities are safe spaces for AYP? Why/Why not? • What specific attention is given to marginalized youth such as disabled youth, adolescent mothers, AYP living with HIV in the SRHR education activities in schools and the community? • How are traditional/religious leaders contributing to improving young people's knowledge, skills and behaviour around SRHR? • Can you share some examples of activities with regard to this? • What changes has the O³ Programme brought concerning the support of opinion leaders to CSE and SRH services for AYP? • What role are parents (associations) playing in improving young people knowledge, skills and behaviour around SRHR • What role are teachers (associations) playing in improving young people's knowledge, skills and behaviour around SRHR?	• Definition, topics? • Quality? Rights-based? Access? Gaps? Likes/ Dislikes? • Gender equality, reduced adolescent pregnancy, better decision making, changes in (sexual) relationships, sexual activity, bullying or violence? • Safety to express themselves? Safe from (gender-based) violence (verbal, physical)? Disabled youth, adolescent mothers, AYP living with HIV? • Safety to express themselves? Safe from (gender-based) violence (verbal, physical)? Disabled youth, adolescent mothers, AYP living with HIV? • Activities done with these groups, inclusion of these groups, related impact? • Particularly around CSE, school-related SGBV, early and unintended pregnancy, [and FGM/C]? • Dialogues, sensitization, engagement with parents, responding to AYP's concerns? • Particularly around CSE, school-related SGBV, early and unintended pregnancy, [and FGM/C]? • Particularly around CSE, school-related SGBV, early and unintended pregnancy, [and FGM/C]?
Sustainability	• What opportunities have been there for religious/ traditional leaders to input into the O³ Programme activities? Can you share how you felt about the extent of participation?	• Input into programme design, programme activities?
Recommendations	• What recommendations do you have on the CSE programme? • What are other recommendations to ensure AYP are equipped with relevant SRHR knowledge or skills?	• Topics addressed, teaching methods, role of teachers and parents? • CSE, SRH services?

Topic Guide – In-depth Interviews with SRH service providers

Key evaluation questions/ topics	Specific questions	Probes
Introduction		
• Demographics of the participant • Geographical area • Involvement in O³ Programme's key activities		
Effectiveness		
Changes per programme area **Access to quality CSE programmes** A2. Has the O³ Programme led to improving and expanding access to accurate, rights-based, and good quality CSE programmes that provide knowledge, values, and skills essential for safer behaviours, reduced adolescent pregnancy, and gender equality?	• Have you heard the term 'CSE' [insert term used in the country]. Can you tell me more about it? • How do you perceive the CSE programmes/activities in the school and communities? • How do you feel the CSE programme has changed SRHR knowledge and attitudes of adolescents and young people in schools? • How do you feel the CSE programme has contributed (or not) to giving AYP the relevant skills to adopt safe behaviour? • Do you feel that schools are safe and inclusive spaces for AYP? Why/Why not? • Do you feel that community spaces such as health facilities are safe spaces for AYP? Why/Why not?	• Definition, topics? • Quality? Rights-based? Access? Gaps? Likes/ Dislikes? • Do you see changes in young people that come for services? • Gender equality, reduced adolescent pregnancy, better decision making, changes in (sexual) relationships, sexual activity, bullying or violence? • Safety to express themselves? Safe from (gender-based) violence (verbal, physical)? Disabled youth, adolescent mothers, AYP living with HIV? • Safety to express themselves? Safe from (gender-based) violence (verbal, physical)? Disabled youth, adolescent mothers, AYP living with HIV?

Safer and inclusive environments A3. Has the O³ Programme led to safer, healthier and inclusive schools and community environments for AYP?	• What specific attention is given to marginalized youth such as disabled youth, adolescent mothers, AYP living with HIV in the CSE activities in schools, health facilities and community? • How are health workers and service providers contributing to improving young people's knowledge, skills and behaviour around SRHR? • How do health workers/facilities collaborate with schools (or not) as part of the CSE/ O³ programme? • What role are teachers and parents (associations) playing in improving young people's knowledge, skills and behaviour around SRHR • To what extent are local (traditional) and religious leaders supportive to CSE and SRHR for AYP?	• Activities done with these groups, inclusion of these groups, related impact? • Particularly around CSE, school-related SGBV, early and unintended pregnancy, [and FGM/C]? • Sensitization, dialogues, service provision in school? Any other activities? • Teachers, Parents, Particularly around CSE, school-related SGBV, early and unintended pregnancy, [and FGM/C]? • Particularly around CSE, early and unintended pregnancy, [and FGM/C]?
Sustainability	• What opportunities have been there for health workers to input into the O³ Programme activities? Can you share how you felt about the extent of participation?	• Input into programme design, programme activities?
Recommendations	• What recommendations do you have on the CSE programme? • What are other recommendations to ensure AYP are equipped with relevant SRHR knowledge or skills?	• Topics addressed, teaching methods, role of teachers, parents, and health workers? • CSE, SRH services?

Topic guide: In-depth interviews with policy/decision makers

Key evaluation questions/ topics	Specific questions	Probes
Introduction		

• Name of the organization /individual
• Organization's experience with the O³ Programme
• Key activities and programme areas of the O³ Programme that your organization has been involved in
• Geographical area covered
	• Please introduce yourself. Tell us about your organization's work on the O³ Programme
	• Which areas/counties do you work in?
		• Can you share some of the key activities that you have been implementing as part of the O³ Programme? If needed, probe for the programme areas:
		  • Political commitment
		  • Access to quality CSE programmes (incl. curriculum design, training of teachers)
		  • Building safer, healthier and inclusive environments for AYP
		  • Strengthening the evidence

Effectiveness		

Changes per programme area
 	
Access to quality CSE programmes
A2. Has the O³ Programme led to improving and expanding access to accurate, rights-based, and good quality CSE programmes that provide knowledge, values, and skills essential for safer behaviours, reduced adolescent pregnancy, and gender equality?
 	
Safer and inclusive environments
A3. Has the O³ Programme led to safer, healthier and inclusive schools and community environments for AYP?
 	
Strengthening evidence
A4. Has the O³ Programme strengthened the evidence base on CSE and safer school environments?
 	
Increased commitment
A1. Has the O³ Programme led to increased and sustained political commitment and support for AYP's access to CSE and SRH services across SSA?
	• How do you perceive the CSE activities supported by the O³ Programme/ UNESCO?
	• From your experience, what can you say about the changes the O³ Programme has brought in:
	  • the SRHR knowledge, attitudes and behaviour of AYP?
	  • the SRHR knowledge, attitudes and behaviour of teachers, parents, and PTAs?
	  • safe and inclusive environments for AYP to fulfill their SRHR in schools and in communities?
	  • building the relevant skills for young people to adopt safe behaviour?
	• How has the O³ Programme strengthened the evidence base on CSE and safer school environments?
	• How was evidence generated by the O³ programme on CSE and safer school environments used in advocacy and policy by development partners and governments in [country/region/ SSA]?
	• What changes in political commitment and support for AYPs' access to CSE and SRH services has been seen during the programme implementation since 2018?
		• Quality? Comprehensive? Rights-based? Access? Coverage? Gaps in content or target groups?
		• Sexual debut, contraceptives, health seeking, gender-based violence, gender quality? Confidence, teaching skills, content knowledge, change in attitude on certain topics? In school and in communities E.g., mitigation of gender barriers of learners, incl. pregnant learners; promoting menstrual health; prevention of violence, incl. addressing gender norms? Indications of reduced adolescent pregnancy, SGBV?
		• Research studies commissioned, M&E, testimonials of parents/teachers (associations), feedback from AYP learners, media coverage?
		• Changes in laws, policies, amendments, roll-out of new programmes, adjustment of existing programmes, more willingness to discuss these topics, more calls for partnerships?

Impact of the programme on specific beneficiaries A5. What impact did the O³ Programme make on the lives of all intended beneficiaries?	• Could you speak to any differences in the impact of the programme among and within the groups of intended AYP beneficiaries? • What changes has the O³ Programme brought concerning attitudes of parents and teacher associations towards school-related gender-based violence, early and unintended pregnancy, [and FGM/C]? • What changes has the O³ Programme brought concerning the support of opinion leaders to CSE and SRH services for AYP?	• Disabled youth, adolescent mothers, AYP living with HIV, other marginalized or vulnerable groups, both in- and out-of-school AYP? • School-related gender-based violence, early and unintended pregnancy, [and FGM/C]? • Political, religious and traditional leaders?

Effectiveness of implementation strategies
A6. To what extent were UNESCO's implementation strategies and approaches effective considering the scope and size of the O³ Programme?
	• In which programme areas has the O³ Programme had the greatest and least achievements since 2018? Why?
	• In which geographical areas has the O³ Programme had the greatest and least achievements since 2018? Why?
	• How do you think the programme can build on the aforementioned achievements in the future?
	• Concerning the challenges or targets that you did not meet: how could these have been overcome?
	• Was the mix of 4 programme areas with their different activities effective considering the scope and size of the O³ Programme?
	• Were there any unintended effects of the O³ Programme, both negative and positive and if so, which ones?
		• If needed, probe for the programme areas:
		  • Political commitment
		  • Access to quality CSE programmes
		  • Building safer, healthier and inclusive environments for AYP
		  • Strengthening the evidence
		• What needs to be taken along/ into account in the O³ plus programme?
		• Changes at different levels (individual/family/ school/community)?
		• Ownership of CSE at country level, opposition or proposition from different stakeholders?

Efficiency		
Monitoring and evaluation B3. Did monitoring and evaluation systems support the delivery of the O³ Programme?	• To what extent do the Education Management Information System (EMIS) and Health Management Information system (HMIS) support M&E of CSE?	
Partnership and collaboration	• What opportunities for collaboration were leveraged (or not) e.g., with UNESCO, at the regional and country level since 2018? What were the advantages or disadvantages of such collaborations?	• Effects on effectiveness and efficiency, partnerships? • Cross-country learning?
Sustainability		
General sustainability **C1. To what extent will the O³ Programme outcomes be sustained after the seizing the Programme?**	• What opportunities have been there for government bodies (MoE and MoH) to input into the O³ programme activities? Can you share how you felt about the extent of participation and involvement? • What are the main factors that have facilitated or threatened the financial, political, social and institutional sustainability of outcomes of the O³ Programme?	• Joint advocacy, M&E and partnerships to strengthen governments' or CSOs' capacity to take leadership and implement CSE? • Financial, political, social, institutional sustainability? Contextual challenges, such as Covid-19, crises, growing opposition to CSE?
Best Practices/Lesson learned C2. What are best practices and lessons learned in terms of supporting key stakeholders in their efforts to increase AYP's access to CSE and SRH services across SSA?	• C2. What are best practices and lessons learned in terms of supporting key stakeholders in their efforts to increase AYP's access to CSE and SRH services across [country/region/SSA]?	• Any further comments or recommendations for the follow-up programme?

Topic guide: In-depth interviews with donors

Key evaluation questions/ topics	Specific questions	Probes
Introduction		

• Name of the organization /individual
• Organization's experience with the O³ Programme
• Key activities and programme areas of the O³ Programme that your organization has been involved in
• Geographical area covered
	• Please introduce yourself. Tell us about your organization's work on the O³ Programme
	• Which areas/counties do you work in?
		• Can you share some of the key activities that you have been facilitating as part of the O³ Programme? If needed, probe in relation to for the programme areas:
		  • Political commitment
		  • Access to quality CSE programmes (incl. curriculum design, training of teachers)
		  • Building safer, healthier and inclusive environments for AYP
		  • Strengthening the evidence

Effectiveness		

Changes/ impact per programme area
 	
Access to quality CSE programmes
A2. Has the O³ Programme led to improving and expanding access to accurate, rights-based, and good quality CSE programmes that provide knowledge, values, and skills essential for safer behaviours, reduced adolescent pregnancy, and gender equality?
 	
Safer and inclusive environments
A3. Has the O³ Programme led to safer, healthier and inclusive schools and community environments for AYP?
 	
Strengthening evidence
A4. Has the O³ Programme strengthened the evidence base on CSE and safer school environments?
 	
Increased commitment
A1. Has the O³ Programme led to increased and sustained political commitment and support for AYP's access to CSE and SRH services across SSA?
	• How do you perceive the CSE activities supported by the O³ Programme/ UNESCO?
	• From your experience, what can you say about the changes the O³ Programme has brought in:
	  • the SRHR knowledge, attitudes and behaviour of AYP?
	  • the SRHR knowledge, attitudes and behaviour of teachers, parents, and PTAs?
	  • safe and inclusive environments for AYP to fulfill their SRHR in schools and in communities?
	  • building the relevant skills for young people to adopt safe behaviour?
	• How was evidence generated by the O³ programme on CSE and safer school environments used in advocacy and policy by development partners and governments in [SSA]?
	• What changes in political commitment and support for AYPs' access to CSE and SRH services has been seen during the programme implementation since 2018?
	• What changes has the O³ Programme brought concerning the support of opinion leaders to CSE and SRH services for AYP?
		• Quality? Comprehensive? Rights-based? Access? Coverage? Gaps in content or target groups?
		• Sexual debut, contraceptives, health seeking, gender-based violence, gender quality?
		• Confidence, teaching skills, content knowledge, change in attitude on certain topics?
		• In school and in communities E.g., mitigation of gender barriers of learners, incl. pregnant learners; promoting menstrual health; prevention of violence, incl. addressing gender norms?
		• Indications of reduced adolescent pregnancy, SGBV?
		• Changes in laws, policies, amendments, roll-out of new programmes, adjustment of existing programmes, more willingness to discuss these topics, more calls for partnerships?
		• To what extent can these be attributed to the O³ Programme?
		• Political, religious and traditional leaders?

Impact of the programme on specific beneficiaries A5. What impact did the O³ Programme make on the lives of all intended beneficiaries?	• Could you speak to any differences in the impact of the programme among and within the groups of intended AYP beneficiaries?	• Disabled youth, adolescent mothers, AYP living with HIV, other marginalized or vulnerable groups, both in- and out-of-school AYP?

Effectiveness of implementation strategies
A6. To what extent were UNESCO's implementation strategies and approaches effective considering the scope and size of the O³ Programme?
	• In which programme areas has the O³ Programme had the greatest and least achievements since 2018? Why?
	• In which geographical areas has the O³ Programme had the greatest and least achievements since 2018? Why?
	• How do you think the programme can build on the aforementioned achievements in the future?
	• Concerning the challenges or targets that you did not meet: how could these have been overcome?
	• Was the mix of 4 programme areas with their different activities effective?
	• Were there any unintended effects of the O³ Programme, both negative and positive and if so, which ones?
		• If needed, probe for the programme areas:
		  • Political commitment
		  • Access to quality CSE programmes
		  • Building safer, healthier and inclusive environments for AYP
		  • Strengthening the evidence
		• What needs to be taken along/ into account in the O³ plus programme?
		• Changes at different levels (individual/family/ school/community)?
		• Reflections on the scope and size of the O³ Programme?
		• Ownership of CSE at country level, opposition or proposition from different stakeholders?

Efficiency		
General B1. Have inputs resulted in the targets outputs?	• To what extent were activities implemented and outputs delivered in accordance with plans and available resources? • What were the key enabling factors and obstacles?	• Key enabling factors, key obstacles - how were these overcome?

Monitoring and evaluation B3. Did monitoring and evaluation systems support the delivery of the O³ Programme?	• To what extent was the O³ Programme embedded in a clear results framework? • How did monitoring and evaluation systems support the delivery of and reporting on the programme?	• Use of the results framework? • Ease of collecting data for M&E; using M&E to inform learning or changing actions/course of the programme? • Any changes needed for M&E/ donor reporting in the next phase of the programme? Why?
Cost effectiveness B2. Was the O³ Programme implementation cost-effective?	• How did the programme ensure the optimal use of resources given the target outputs?	• Reasonable balance between costs and results? • Measures taken? Effects of/In the context of COVID-19? Examples of efficiency wins, for example, opportunities where more beneficiaries were reached with available or lower budgets, without compromising quality?
Three-tier system	• How do you perceive the programme's three-tier system?	• Increase in ***efficiency***, contextual approach, equity among countries, added value?
Partnership and collaboration	• What opportunities for collaboration were leveraged (or not) at the regional and country level since 2018? What were the advantages or disadvantages of such collaborations?	• Partnership between donor and UNESCO/ implementers of the programme? • Effects on effectiveness and efficiency, partnerships?
Contextual challenges	• In what ways was the O³ Programme responsive to emerging issues in the region, including the COVID-19 pandemic, political crises and growing opposition to CSE?	• Covid-19 pandemic? • Political crises? • Growing opposition to CSE?
Sustainability		
General sustainability C1. To what extent will the O³ Programme outcomes be sustained after the seizing the Programme?	• How has sustainability been addressed in programme design and implementation? • What are the main factors that have facilitated or threatened the financial, political, social and institutional sustainability of outcomes of the O³ Programme? • Is there any evidence on changes in budget allocations, political will, society acceptance or institutional capacity in relation to CSE in the O³ Programme supported acceleration countries?	• Mechanisms such as joint advocacy, M&E and partnerships to strengthen governments' or CSOs' capacity to take leadership and implement CSE? • Financial, political, social, institutional sustainability? • Budget allocation for CSE/ SRHR of AYP? Political will for CSE/ SRHR for AYP? Society acceptance of CSE/ SRHR for AYP? Institutional capacity to provide CSE and promote SHRH for AYP?
Best Practices/Lesson learned C2. What are best practices and lessons learned in terms of supporting key stakeholders in their efforts to increase AYP's access to CSE and SRH services across SSA?	• C2. What are best practices and lessons learned in terms of supporting key stakeholders in their efforts to increase AYP's access to CSE and SRH services across [SSA]?	• Any further comments or recommendations for the follow-up programme?

Stakeholder learning session (outline)

Objective

After having collected data from the document review, FGDs and interviews, discussions with key stakeholders will be organised (in all case study countries), to jointly reflect on the effectiveness, efficiency and sustainability of the O³ programme, extract (more) lessons learned and co-create recommendations. This stakeholder learning session is part of data collection.

Participants

These one-day stakeholder learning sessions will include 14 key stakeholders, including:

- four youth representatives
- two policy/decision-makers
- four programme implementers
- one traditional/religious leader
- one SRH service provider
- one parent-teacher association representative and
- one teacher association/training institute representative

Different participants than the ones sampled for interviews and FGDs will be invited for these sessions. The composition of the group of 14 stakeholders could be slightly adjusted, based on the country context. If it is felt that some key stakeholders have not been interviewed, because only 7 key informant interviews were planned, they can be invited for this session to include their perspectives on the O^3 programme.

Facilitators

The stakeholder learning session will be facilitated by the country evaluation lead with the assistance of the young researcher.

Methods

Design-thinking methods will be used to elicit information and facilitate reflection among the stakeholders. Each stakeholder learning session will consist of a short presentation of preliminary findings by the country evaluation lead, followed by feedback from participants, and a reflection exercise to get additional outcomes of the programme through storytelling, concluding with a co-creation exercise on recommendations.

Draft programme (slight adjustments in timing are possible):

09.00 – 09.30	Welcome, introductions and objectives
09.30 – 10.00	Presentation of emerging findings
10.00 – 10.30	Feedback on / validation of emerging findings
10.30 – 10.45	Short break
10.45 – 12.30	Sharing our stories: Collection of outcomes and lessons learnt • Individual reflection and articulation • Storytelling • Guided group discussion • Deep dive into lessons learnt
12.30 – 13.30	- Lunch break -
13.30 – 14.00	Recap from stories/lessons learnt
14.00 – 15.00	Co-creating recommendations • Individual brainstorming • Co-creation of key recommendations for O^3 programme
15.00 – 15.15	Debrief and closing

Preparations for the session

Prior to the session, take stock of the **materials** you need to facilitate the session:

- Projector or a Flipchart (with key points) for presentation of the emerging findings
- Coloured marker pens
- Flipchart with 10 blank papers
- Post its of different colours
- A4 plan paper/drawing paper
- Sketch pens/crayons

Arrangement of the room

If possible, arrange the tables and chairs in the venue prior to the session. Tables can be pushed to the back of the walls, while chairs can be pulled up and arranged in a semi circle. In this way, tables can be used for any writing activities, while freeing up the center of the room for the group to move and interact freely.

Documenting the session outcomes

Aside from the recording, which may be apt for online sessions, if possible, individual drawings and flipcharts would need to be photographed as part of the documentation of the session and data collection. Both facilitators can note down any highlights or interesting findings during the session and ensure that at the end of the session, main points from their notes, the drawings and flipcharts are summarised in a document which can be used to input into the final report.

Before the start of the session

Collect consent forms of participants, registration.

Welcome, introductions and objectives

- Introduction of the evaluation lead and young researcher and all participants (provide an opportunity for all participants to introduce themselves)
- Presentation of the overall objective of the stakeholder learning session and the programme for the day.
- **Invite participants to use I-statements or I-messages:** These are statements about the opinions, beliefs, values etc. of the person speaking, usually formulated as a sentence beginning with the word "I". This contrasts with a "you-message" which often begins with the word "you" and focuses on the other person in a conversation/setting. We use I-statements to share our reality and experiences with the O³ programme with others.
- Start session recording (if wished).

Presentation of emerging findings

Projector for PowerPoint presentation/ oral presentation with flip chart

Shortly elaborate on the overall objective, key evaluation questions and methodology of the O³ programme evaluation. The presentation (ideally supported with flipchart or projected screen to visualise the main messages) should focus on the key emerging findings under effectiveness, efficiency and sustainability. It should highlight findings related to all four objectives of the O³ programme.

These are:

1. Secure and sustain strong political commitment and support for adolescents' and young people's access to CSE[2]and sexual and reproductive health services.
2. Support the delivery of accurate, rights-based, and good quality CSE programmes that provide knowledge, values, and skills essential for safer behaviours, reduced adolescent pregnancy, and gender equality. 3. Ensure that schools and community environments are safer, healthier, and inclusive for all adolescents and young people.
4. Strengthen the evidence base on CSE and safer school environments.

At the end, you can also pose a few questions for discussion specifically on areas that need more substantiation and validation.

Feedback / validation

Invite participants to share short questions and reactions to the presented findings related to the effectiveness, efficiency and sustainability of the O³ programme. More in-depth views can be kept for the next activities.

- Short break -

Sharing our stories: Collection of outcomes and lessons learnt

Marker pens, pens, post its, A4 paper, flip chart

Introduce the exercise for the coming 2 hours and break out into two groups of 7 people, one facilitated by the evaluation lead and one by the young researcher. Make sure you have an audio recorder well located for each group and have obtained the group's permission to record before doing so. Each group should ideally contain a mix of different stakeholders (so not all youth representatives in one group).

Invite participants into individual reflection and articulation (10 min): Participants get 10 minutes to note down keywords or draw an image representing an ***outcome*** (positive or negative), from their perspective and experience, ***of the O³ programme*** that they would like to share. The outcome can be related to any of the 4 programme objectives (see above).

2 Please replace with country-specific term.

Storytelling (40 min): Encourage each participant to share a brief description of what happened, where, when, who was involved (enough detail so the story can be confirmed); as well as a brief explanation as to why they chose this story, why it is significant to them. Ask participants to share and explain the written keywords/drawn image using a few minutes each. Then place it in the middle of the circle - or on the floor - where it can be seen by all 7 participants. After each participant has placed their contribution in the centre, spend a few minutes looking at them, asking for clarification if required.

Guided group discussion (25 min): Use the stories to discuss commonalities and differences in participants' experiences of the O^3 programme. What patterns and synergies do they see? Have them choose someone to write the main points of their discussion using keywords on a blank flipchart paper.

Diving deeper into lessons learnt (30 min): Explain to the participants that this following exercise serves to dive a little deeper into their stories to identify opportunities, challenges, good practices, and lessons learnt from the outcomes shared. As a facilitator, you can ask participants to elaborate on a few specific dimensions of the stories/examples that were shared that have not emerged yet so clearly. You can also invite participants to pose questions to each other. Direct the deep dive toward unpacking more:

- **Key actors:** Who were involved in creating the outcome?
- **Conditions:** What kind of programmatic, political, cultural, social, economic or other conditions enabled or hindered this outcome?
- **Significance of outcomes:** How is this outcome changing the lives of adolescents and young people in the country? Is it affecting others as well (positively or negatively)?
- **Resources:** What has it taken for this outcome to grow? What will it take to sustain it (if desired)?

What to take into consideration as facilitator:

- **Strategic questioning** aims to create motion and opportunities for the persons being questioned to vision and talk freely. Throughout the stakeholder learning session, the facilitators should avoid closed questions (those that can be answered with just a Yes or No). Please focus on How, What and Why questions.
- **Practise and encourage active listening:** Ask participants to share their stories in their own way. This helps to center their agency throughout the process. Focus on the speakers and the intent behind what they are saying. Encourage them to continue speaking by showing non-verbal signs of validation. Ensure that they are not interrupted unnecessarily. Build on what they have just said to formulate your next question. Promoting, rather than directing the conversation, allows the participants to have more control over the content and helps them to set the tone.
- **Take into consideration the power dynamics**: When presenting in a group of diverse stakeholders, it is important to consider the speaker-audience relationship. This form of communication may run the risk of replicating dominant hierarchical structures which we aim to challenge, while negating or disregarding the expertise, knowledge or lived experience of others present. Establish with your participants that it is possible to share understandings of each other's realities while remaining inclusive of other participants' views and experiences. If participants want to react to another, you could ask them to share how they felt hearing others' stories.

- Lunch break -

Recap from main findings added

Marker pens, pens, post its, flip chart

Invite a volunteer participant from each group to share their group's storytelling and reflection exercise. Allow for some time for participants to pose questions or add to the collected findings. Ensure that additional outcomes are added to the flipchart / projected screen.

Co-creating recommendations

Introduce the exercise: For the rest of the session, we will work together to draw conclusions and actionable recommendations that can shape future programmes and initiatives of UNESCO to advance education, health and wellbeing of adolescents and young people.

Individual brainstorming (15 min): Ask participants the following question:

What should UNESCO and partners do in the next phase of the O^3 programme to advance education, health and wellbeing of adolescents and young people in our country?

Ask participants to put their ideas/ recommendations on

post-its and stick them on the wall or board, organised in the categories of the 4 O^3 programme objectives (see above). Promote openness, lots of ideas, and creativity over immediate feasibility of ideas. Generate as many ideas as possible.

Co-creation of recommendations (30 min): Organise the participants in four groups, one of each focusing on 1 of the O^3 programme objectives. Participants can choose their group of interest, but as facilitators you might want to guide the composition to ensure each group has a good number of participants. Ask the groups to discuss the recommendations collected under their objective. Invite each group to agree on and jointly formulate 2-3 recommendations for the O^3 programme that the evaluation team will take forward and write them on a flip chart.

Elaborate how to structure recommendations and provide an example:

- Start with an action
- Clarify who is taking the action and who is the constituent/participant (beneficiary)
- Describe the purpose of the action
- Describe how (when) the action is realised

Reporting back (15 min): Ask a representative of each group to shortly present their 2-3 recommendations in plenary.

What to take into consideration as facilitator:
Co-creation is a creative process in which participants take an active role in developing an opportunity and solution; they share the process of creation. Co-creation breaks down barriers between "experts" and people with lived experience by providing processes in which different types of knowledge are valued.

Debrief and closing

Check-out: At the end of the stakeholder learning session or when a participant is leaving, provide an opportunity for the participants to say how they are feeling, and if they have any unfinished message to the group and facilitators. A potential guiding question could be: What do you think about the process and/or the outcomes of this session? You can also ask what was difficult about it and what, if anything, they would do differently.

Closing: During the closing of the meeting, thank the participants for their time and contributions and briefly describe the next steps of the evaluation, in particular what will be done with the feedback, stories and recommendations shared during the stakeholder learning session.

Staying in touch: Remind participants to share their contact details for ongoing conversations.

Annex 8. Results framework and indicator data tables for all countries

8a. Impact indicators

Summary table by region for all countries

Indicator		Baseline		End-line	
1) Number of new HIV infections among adolescents and young people aged 15–24 years		Female (N)	Male (N)	Female (N)	Male (N)
	ESA				
	WCA				
	SSA				
2) Number of births to women aged 15–19 per 1,000 women aged 15–19 (Adolescent birth rate)		Female (N)		Female (N)	
	ESA	104.5		102.5	
	WCA	129.8		120.9	
	SSA	115.6		110.5	
3) Percentage of women and men aged 15–24 who believe that wife beating is justified for at least one of the 5 specified reasons		Female (%)	Male (%)	Female (%)	Male (%)
	ESA	43.5	32.6	40.9	29.6
	WCA	48.9	39.3	45.6	35.6
	SSA	46.0	35.8	43.0	32.4
4) Proportion of women aged 20–24 years who were married or in a union before ages 15 and 18		Married by 15 (%)	Married by 18 (%)	Married by 15 (%)	Married by 18 (%)
	ESA	5.7	26.4	5.8	26.2
	WCA	12.1	39.0	12.2	39.3
	SSA	8.5	31.9	8.6	32.0
5) Percentage of never-married women and men aged 15–24 who had sexual intercourse in the past 12 months and used a condom at the last sexual intercourse		Female (%)	Male (%)	Female (%)	Male (%)
	ESA	46.3	59.8	46.2	60.3
	WCA	41.6	54.9	38.2	54.3
	SSA	42.7	55.7	41.2	55.6
6) Percentage of young people, aged 15–24 years, who have had sexual intercourse before the age of 15 years		Female (%)	Male (%)	Female (%)	Male (%)
	ESA	10.5	14.6	10.7	14.3
	WCA	15.3	10.2	15.5	10.0
	SSA	12.7	12.6	12.9	12.3
7) Percentage of young people aged 15–24 years who demonstrate desired level of knowledge and reject major misconceptions about HIV and AIDS		Female (%)	Male (%)	Female (%)	Male (%)
	ESA	42.5	46.8	40.6	43.9
	WCA	23.3	31.1	25.6	30.1
	SSA	33.8	39.5	33.8	37.4

* Indicator 1 could not be compiled since for many countries no point estimates are provided. For example, for Burundi, the website only provides information that new HIV infections among women aged 15-24 years is <500 [<100 - <500]. Data format has changed on https://aidsinfo.unaids.org/.

** For all indicators, unweighted averages across countries were computed.

Summary table by region for countries that had new data in end-line (Countries with no new data since baseline were removed)

Indicator		Baseline			End-line	
1) Number of new HIV infections among adolescents and young people aged 15–24 years		N	Female (N)	Male (N)	Female (N)	Male (N)
	ESA					
	WCA					
	SSA					
2) Number of births to women aged 15–19 per 1,000 women aged 15–19 (Adolescent birth rate)		N	Female (N)		Female (N)	
	ESA	9	104.3		100.4	
	WCA	9	115.8		101.9	
	SSA	18	110.1		101.1	
3) Percentage of women and men aged 15–24 who believe that wife beating is justified for at least one of the 5 specified reasons		N	Female (%)	Male (%)	Female (%)	Male (%)
	ESA	6	39.8	31.5	33.0	23.9
	WCA	10	47.6	38.7	43.0	33.6
	SSA	16	45.0	36.5	39.2	29.9
4) Proportion of women aged 20–24 years who were married or in a union before ages 15 and 18		N	Married by 15 (%)	Married by 18 (%)	Married by 15 (%)	Married by 18 (%)
	ESA	4	4.9	21.3	4.8	19.2
	WCA	5	12.0	36.7	12.1	37.6
	SSA	9	8.8	29.8	8.8	29.4
5) Percentage of never-married women and men aged 15–24 who had sexual intercourse in the past 12 months and used a condom at the last sexual intercourse		N	Female (%)	Male (%)	Female (%)	Male (%)
	ESA	4	37.3	50.8	36.7	52.6
	WCA	5	40.4	54.3	31.6	52.5
	SSA	9	39.0	52.7	33.8	52.5
6) Percentage of young people, aged 15–24 years, who have had sexual intercourse before the age of 15 years		N	Female (%)	Male (%)	Female (%)	Male (%)
	ESA	4	9.8	13.2	10.7	11.9
	WCA	7	14.4	9.6	14.8	9.1
	SSA	11	12.7	10.9	13.3	10.1
7) Percentage of young people aged 15–24 years who demonstrate desired level of knowledge and reject major misconceptions about HIV and AIDS		N	Female (%)	Male (%)	Female (%)	Male (%)
	ESA	5	47.2	49.6	40.5	40.4
	WCA	8	22.8	29.2	26.7	27.3
	SSA	13	32.1	37.0	32.0	32.4

* Indicator 1 could not be compiled since for many countries no point estimates are provided. For example, for Burundi, the website only provides information that new HIV infections among women aged 15-24 years is <500 [<100 - <500]. Data format has changed on https://aidsinfo.unaids.org/.

** For all indicators, unweighted averages across countries were computed.

Summary table by tier for all countries

Indicator		Baseline Year		End-line	
1) Number of new HIV infections among adolescents and young people aged 15–24 years		Female (N)	Male (N)	Female (N)	Male (N)
	PAC				
	FC				
	NC				
	Total				
2) Number of births to women aged 15–19 per 1,000 women aged 15–19 (Adolescent birth rate)		Female (N)		Female (N)	
	PAC	119.4		113.3	
	FC	110.1		104.4	
	NC	121.0		117.8	
	Total	115.6		110.5	
3) Percentage of women and men aged 15–24 who believe that wife beating is justified for at least one of the 5 specified reasons		Female (%)	Male (%)	Female (%)	Male (%)
	PAC	38.3	30.9	38.6	29.8
	FC	47.9	38.7	40.3	31.6
	NC	49.0	36.0	49.9	35.3
	Total	46.0	35.8	43.0	32.4
4) Proportion of women aged 20–24 years who were married or in a union before ages 15 and 18		Married by 15 (%)	Married by 18 (%)	Married by 15 (%)	Married by 18 (%)
	PAC	6.8	29.4	6.4	29.1
	FC	8.8	33.0	9.0	33.2
	NC	9.4	31.9	9.6	32.1
	Total	8.5	31.9	8.6	32.0
5) Percentage of never-married women and men aged 15–24 who had sexual intercourse in the past 12 months and used a condom at the last sexual intercourse		Female (%)	Male (%)	Female (%)	Male (%)
	PAC	42.5	58.9	40.9	59.6
	FC	51.0	63.3	49.8	63.5
	NC	37.3	49.1	35.2	48.2
	Total	44.2	57.5	42.6	57.5
6) Percentage of young people, aged 15–24 years, who have had sexual intercourse before the age of 15 years		Female (%)	Male (%)	Female (%)	Male (%)
	PAC	10.2	9.8	10.0	9.4
	FC	13.1	12.6	13.1	12.2
	NC	14.0	14.5	14.8	14.4
	Total	12.7	12.6	12.9	12.3
7) Percentage of young people aged 15–24 years who demonstrate desired level of knowledge and reject major misconceptions about HIV and AIDS		Female (%)	Male (%)	Female (%)	Male (%)
	PAC	43.5	47.0	40.0	41.4
	FC	31.4	37.7	32.7	38.1
	NC	30.5	36.5	31.0	33.7
	Total	33.8	39.5	33.8	37.4

* Indicator 1 could not be compiled since for many countries no point estimates are provided. For example, for Burundi, the website only provides information that new HIV infections among women aged 15-24 years is <500 [<100 - <500]. Data format has changed on https://aidsinfo.unaids.org/.

** For all indicators, unweighted averages across countries were computed.

*** Program Acceleration (PAC) countries: Eswatini, Ghana, Malawi, Nigeria, Tanzania, Zambia and Zimbabwe.

Focus Countries (FC): Cameroon, Botswana, Burkina Faso, Côte d'Ivoire, DRC, Ethiopia, Kenya, Lesotho, Mozambique, Namibia, South Africa, Uganda.

Networking Countries (NC): Angola, Benin, Burundi, Chad, Congo, Gabon, Madagascar, Mali, Niger, Rwanda,Senegal, South Sudan, Togo.

Summary table by tier for countries that had new data in end-line (Countries with no new data since baseline were removed)

Indicator		Baseline			End-line	
1) Number of new HIV infections among adolescents and young people aged 15–24 years		N	Female (N)	Male (N)	Female (N)	Male (N)
	PAC					
	FC					
	NC					
	Total					
2) Number of births to women aged 15–19 per 1,000 women aged 15–19 (Adolescent birth rate)		N	Female (N)		Female (N)	
	PAC	3	120.7		106.3	
	FC	10	107.0		98.5	
	NC	5	109.8		103.4	
	Total	18	110.1		101.1	
3) Percentage of women and men aged 15–24 who believe that wife beating is justified for at least one of the 5 specified reasons		N	Female (%)	Male (%)	Female (%)	Male (%)
	PAC	4	32.7	25.4	33.4	23.4
	FC	6	50.5	51.1	32.2	31.5
	NC	6	48.6	33.7	50.2	32.8
	Total	16	45.0	36.5	39.2	29.9
4) Proportion of women aged 20–24 years who were married or in a union before ages 15 and 18		N	Married by 15 (%)	Married by 18 (%)	Married by 15 (%)	Married by 18 (%)
	PAC	2	12.1	37.5	10.5	36.2
	FC	3	6.3	22.7	6.8	21.3
	NC	4	9.1	31.4	9.6	32.2
	Total	9	8.8	29.8	8.8	29.4
5) Percentage of never-married women and men aged 15–24 who had sexual intercourse in the past 12 months and used a condom at the last sexual intercourse		N	Female (%)	Male (%)	Female (%)	Male (%)
	PAC	2	41.7	53.4	36.2	55.9
	FC	3	51.7	69.9	46.9	70.7
	NC	4	28.2	39.6	22.8	37.3
	Total	9	39.0	52.7	33.8	52.5
6) Percentage of young people, aged 15–24 years, who have had sexual intercourse before the age of 15 years		N	Female (%)	Male (%)	Female (%)	Male (%)
	PAC	2	13.4	10.2	12.9	8.6
	FC	4	11.8	10.6	11.8	9.4
	NC	5	13.2	11.5	14.7	11.3
	Total	11	12.7	10.9	13.3	10.1
7) Percentage of young people aged 15–24 years who demonstrate desired level of knowledge and reject major misconceptions about HIV and AIDS		N	Female (%)	Male (%)	Female (%)	Male (%)
	PAC	3	49.7	52.5	41.5	39.4
	FC	4	26.3	31.7	30.7	33.3
	NC	6	27.3	32.9	28.1	28.2
	Total	13	32.1	37.0	32.0	32.4

* Indicator 1 could not be compiled since for many countries no point estimates are provided. For example, for Burundi, the website only provides information that new HIV infections among women aged 15-24 years is <500 [<100 - <500]. Data format has changed on https://aidsinfo.unaids.org/.

** For all indicators, unweighted averages across countries were computed.

*** Program Acceleration (PA) countries: Eswatini, Ghana, Malawi, Nigeria, Tanzania, Zambia and Zimbabwe.

Focus Countries (FC): Cameroon, Botswana, Burkina Faso, Côte d'Ivoire, DRC, Ethiopia, Kenya, Lesotho, Mozambique, Namibia, South Africa, Uganda. Networking Countries (NC): Angola, Benin, Burundi, Chad, Congo, Gabon, Madagascar, Mali, Niger, Rwanda,Senegal, South Sudan, Togo.

All indicators separately

Indicator: Number of new HIV infections among adolescents and young people aged 15–24 years

	Country	Baseline		End-line	
		Men (15–24 years)	Women (15–24 years)	Men (15–24 years)	Women (15–24 years)
ESA	Angola	1100	4200	1400	4800
	Botswana	<500	1600	<1000	2400
	Burundi	<100	<500	<200	<500
	Eswatini	<500	1800	<1000	3100
	Ethiopia	<1000	2900	1000	3800
	Kenya	2600	9500	3600	12000
	Lesotho	<1000	2000	1300	3600
	Madagascar	<500	1300	<500	<1000
	Malawi	1300	5000	2700	8700
	Mozambique	-	-	-	-
	Namibia	<1000	1900	<1000	2600
	Rwanda	<500	<1000	<500	1100
	South Africa	15000	52000	30000	84000
	South Sudan	1400	3300	1300	2900
	Tanzania	4000	11000	7600	19000
	Uganda	4300	15000	5600	19000
	Zambia	3300	11000	5500	17000
	Zimbabwe	1600	5200	3900	11000
WCA	Benin	<200	<500	<200	<1000
	Burkina Faso	<200	<500	<500	<1000
	Cameroon	<1000	3200	1800	5800
	Chad	<500	<1000	<1000	1200
	Congo	<1000	3500	<500	2600
	Côte d'Ivoire	<200	1100	<1000	2700
	DRC	1400	3400	2400	5300
	Gabon	<100	<500	<100	<1000
	Ghana	<1000	4000	1100	4900
	Mali	<500	<1000	<500	<1000
	Niger	<100	<100	<100	<200
	Nigeria	3600	14000	6500	23000
	Senegal	<100	<200	<100	<200
	Togo	<200	<1000	<500	<1000

* Data compiled from https://aidsinfo.unaids.org/. Year 2021 was used for end-line data and 2016 for baseline data. The website is continuously updated meaning the data represented in this table for baseline does not match the data compiled in the baseline report.

Indicator: Number of births to women aged 15–19 per 1,000 women aged 15–19 (Adolescent birth rate)

	Country	Baseline			End-line**		
		Total	Year of Data	Data Source	Total	Year of data	Data source
ESA	Angola	163	2015–16	DHS			
	Botswana	32	2016	World Population Prospects	49.3	2021	World Population Prospects
	Burundi	58	2016–17	DHS			
	Eswatini	87	2014	MICS			
	Ethiopia	80	2016	DHS	72	2019	DHS
	Kenya	96	2015	MIS	81	2020	MIS
	Lesotho	94	2014	DHS			
	Madagascar	152	2016	MIS	143	2021	DHS
	Malawi	138	2017	MIS			
	Mozambique	194	2015	AIS	180	2018	MIS
	Namibia	82	2013	DHS			
	Rwanda	45	2014–15	DHS	32	2019-20	DHS
	South Africa	71	2016	DHS			
	South Sudan	67	2016	World Population Prospects	99.2	2021	World Population Prospects
	Tanzania	139	2017	MIS			
	Uganda	132	2016	DHS	112	2018-19	MIS
	Zambia	141	2013–14	DHS	135	2018	DHS
	Zimbabwe	110	2015	DHS			
WCA	Benin	94	2011–12	DHS	108	2017-18	DHS
	Burkina Faso	132	2014	MIS	93	2020	DHS
	Cameroon	127	2011	DHS	122	2018	DHS
	Chad	179	2014–15	DHS			
	Congo	147	2011–12	DHS			
	Côte d'Ivoire	129	2011–12	DHS			
	DRC	138	2013–14	DHS	109	2017-18	MCIS
	Gabon	114	2012	DHS			
	Ghana	76	2016	MIS	78	2019	MIS
	Mali	145	2021	MIS	164	2018	DHS
	Niger	206	2012	DHS			
	Nigeria	145	2015	MIS	106	2018	DHS
	Senegal	72	2016	DHS	67	2020-21	MIS
	Togo	84	2013–14	DHS	89	2017	MIS

* STATCompiler was used to retrieve DHS and MIS data for this indicator.
** For end-line values, cells are left empty and shaded since no more recent data was found; no newer surveys were done or surveys not yet finalised and published.

Indicator: % of women and men aged 15–24 who believe that wife beating is justified for at least one of the 5 specified reasons

	Country	Baseline				End-line**			
		Women (%)	Men (%)	Year of Data	Data Source	Women (%)	Men (%)	Year of data	Data source
ESA	Angola	24.9	23.4	2015–16	DHS				
	Botswana	--	--	--	--				
	Burundi	62.7	43.7	2016–17	DHS				
	Eswatini	28.5	22.8	2014	MICS				
	Ethiopia	60.3	31.4	2016	DHS				
	Kenya	42	38.6	2014	DHS				
	Lesotho	41.3	46.2	2014	DHS	27.7	25.6	2018	MICS
	Madagascar	47.1	--	2012–13	ENSOMD	43.4	35	2021	DHS
	Malawi	18.6	19.6	2015–16	DHS	22.3	15.9	2019-20	MICS
	Mozambique	13.9	19.2	2015	AIS				
	Namibia	27.7	26.7	2013	DHS				
	Rwanda	43.9	22.9	2014–15	DHS	51.1	22.2	2019-20	DHS
	South Africa	--	--	--	--	6.4	13.5	2016	DHS
	South Sudan	75.4	--	2010	MICS				
	Tanzania	59.4	47.8	2015–16	DHS				
	Uganda	53.4	31.7	2016	DHS				
	Zambia	48.2	37.3	2013–14	DHS	47.3	30.9	2018	DHS
	Zimbabwe	48.5	44.4	2015	DHS				
WCA	Benin	32.4	19.5	2014	MICS	29.8	17.3	2017-18	DHS
	Burkina Faso	40.8	37.1	2010	DHS				
	Cameroon	35.9	41.7	2014	MICS	27	33	2018	DHS
	Chad	72.2	53.2	2014–15	DHS	74.2	50.5	2019	MICS
	Congo	55.7	44.7	2014–15	MICS				
	Côte d'Ivoire	50.6	49	2011–12	DHS	42.3	28.8	2016	MICS
	DRC	76.2	67.6	2013–14	DHS	43.3	51.1	2017-18	MICS
	Gabon	55	44.1	2012	DHS				
	Ghana	31.8	18.8	2014	DHS	34.5	21	2017-18	MICS
	Mali	69.3	53.1	2015	MICS	76.5	50.9	2018	DHS
	Niger	57.5	36.7	2012	DHS				
	Nigeria	32.2	25.7	2016–17	MICS	29.6	25.7	2018	DHS
	Senegal*	48.6	-	2016	DHS	46.3	36.8	2017	DHS
	Togo	26.8	19.6	2013–14	DHS	26.1	20.7	2017	MICS

Baseline data represented in the O[3] baseline report was including all age groups. In this report we retrieved the data for the 15-24 age group specifically for baseline and end-line.
* Senegal baseline data source not clear. DHS 2016 report does not contain this indicator. As for end-line, DHS 2019 did not include this indicator. DHS 2017 was reported.
** For end-line values, cells are left empty and shaded since no more recent data was found; no newer surveys were done or surveys not yet finalised and published.

Indicator: Proportion of women aged 20–24 years who were married or in a union before ages 15 and 18

	Country	Baseline				End-line¤¤¤			
		Married by 15 (%)	Married by 18 (%)	Year of Data	Data Source	Married by 15 (%)	Married by 18 (%)	Year of data	Data source
ESA	Angola	7.9	30.3	2015–16	DHS				
	Botswana	2.5	10	1988	DHS				
	Burundi*	2.8	19	2016–17	DHS				
	Eswatini**	0.8	5.3	2014	MICS				
	Ethiopia¤	14.1	40.3	2016	DHS				
	Kenya¤¤	4.4	22.9	2014	DHS				
	Lesotho	1	17.3	2014	DHS				
	Madagascar	12.4	41.2	2012–13	ENSOMD	12.7	38.8	2021	DHS
	Malawi¤¤	9	42.1	2015	DHS				
	Mozambique¤¤	16.8	52.9	2015	AIS				
	Namibia	1.6	6.9	2013	DHS				
	Rwanda	0.4	6.8	2014–15	DHS	0.3	5.5	2019-20	DHS
	South Africa	0.8	5.6	2003	DHS	0.9	3.6	2016	DHS
	South Sudan***	8.9	51.5	2010	MICS				
	Tanzania¤¤	5.2	30.5	2015–16	DHS				
	Uganda¤¤	7.3	34	2016	DHS				
	Zambia	5.9	31.4	2013–14	DHS	5.2	29	2018	DHS
	Zimbabwe	3.7	32.4	2015	DHS				
WCA	Benin	7	25.9	2014	MICS	9.4	30.6	2017-18	DHS
	Burkina Faso	10.2	51.6	2010	DHS				
	Cameroon	10.2	31	2014	MICS	10.7	29.8	2018	DHS
	Chad	29.7	66.9	2014–15	DHS				
	Congo	6.1	32.6	2011–12	DHS				
	Côte d'Ivoire	9.8	33.2	2011–12	DHS				
	DRC	10	37.3	2013–14	DHS				
	Gabon	5.6	21.9	2012	DHS				
	Ghana¤¤	4.9	20.7	2014	DHS				
	Mali	16.5	51.5	2015	MICS	15.9	53.7	2018	DHS
	Niger	28	76.3	2012	DHS				
	Nigeria	18.2	43.5	2016–17	MICS	15.7	43.4	2018	DHS
	Senegal	7.9	31.5	2016	DHS	8.8	30.5	2019	DHS
	Togo¤¤	5.5	21.8	2013–14	DHS				

* Data from Burundi as reported in baseline does not align with what is reported in the DHS 2016-17 report. Baseline data updated.
** Indicator for Eswatini is proportion of women aged 20 - 49 years who were married or in a union before ages 15 and 18.
¤ Ethiopia DHS 2019 mini final report is published. This indicator is not included.
¤¤ These countries have a more recent MIS survey. However, this indicator is not included in MIS.
*** Data from South Sudan as reported in baseline does not align with what is reported in the MCIS 1010 report. Baseline data updated.
¤¤¤ For end-line values, cells are left empty and shaded since no more recent data was found; no newer surveys were done or surveys not yet finalised and published.

Indicator: Percentage of Never-Married Women and Men Aged 15–24 Who Had Sexual Intercourse in the Past 12 Months and Used a Condom at the Last Sexual Intercourse

	Country	Baseline				End-line**			
		Young Women Using a Condom During Premarital Sex (%)	Young Men Using a Condom During Premarital Sex (%)	Year of Data	Data Source	Young Women Using a Condom During Premarital Sex (%)	Young Men Using a Condom During Premarital Sex (%)	Year of data	Data source
ESA	Angola	32.5	45.2	2015-16	DHS				
	Botswana	--	--	--	--				
	Burundi	34.9	51.7	2016-17	DHS				
	Eswatini	53.6	69.5	2006-07	DHS				
	Ethiopia	18.8	50.7	2016	DHS				
	Kenya	60.7	74.5	2014	DHS				
	Lesotho	82.4	79.8	2014	DHS				
	Madagascar	5.2	9.7	2008–09	DHS	4.6	7.5	2021	DHS
	Malawi	54.4	72.8	2015-16	DHS				
	Mozambique	55.9	47.4	2015	AIS				
	Namibia	68	82.6	2013	DHS				
	Rwanda	51.1	70.2	2014–15	DHS	45.1	78	2019-20	DHS
	South Africa	53.2	74.5	2003	DHS	62.7	75.9	2016	DHS
	South Sudan	--	--	--	--				
	Tanzania	36.5	41.4	2015-16	DHS				
	Uganda	44.5	57.5	2016	DHS				
	Zambia	39.7	48.9	2013–14	DHS	34.2	48.8	2018	DHS
	Zimbabwe	49.8	81	2015	DHS				
WCA	Benin	38.4	46	2011–12	DHS	27.1	31.7	2017-18	DHS
	Burkina Faso	61.6	75.9	2010	DHS				
	Cameroon	59.4	72	2011	DHS	50.9	66.3	2018	DHS
	Chad	36.5	38.3	2014-15	DHS				
	Congo	44.4	54.6	2011-12	DHS				
	Côte d'Ivoire	38.9	60.4	2011-12	DHS				
	DRC	25.6	28.3	2013-14	DHS				
	Gabon	62.7	78.2	2012	DHS				
	Ghana	19.9	40.9	2014	DHS				
	Mali	18.1	32.3	2012–13	DHS	14.4	32	2018	DHS
	Niger	--	56.3	2012	DHS				
	Nigeria	43.6	57.9	2013	DHS	38.2	62.9	2018	DHS
	Senegal	42.6	63.1	2016	DHS	27.2	69.8	2019	DHS
	Togo	49.4	64.5	2013-14	DHS				

* STATCompiler was used to retrieve DHS except for Niger, original report was used.
** For end-line values, cells are left empty and shaded since no more recent data was found; no newer surveys were done or surveys not yet finalised and published.

Indicator: Percentage of Young People, Aged 15–24 Years, Who Have Had Sexual Intercourse Before the Age of 15 Years

	Country	Baseline				End-line**			
		Women 15–24 (%)	Men 15–24 (%)	Year of Data	Data Source	Women 15–24 (%)	Men 15–24 (%)	Year of data	Data source
ESA	Angola	22.4	34.3	2015-16	DHS				
	Botswana	--	--	--	--				
	Burundi	3.2	8.3	2016-17	DHS				
	Eswatini	3	2.8	2014	MICS				
	Ethiopia	9.4	1	2016	DHS				
	Kenya	12.1	21	2014	DHS				
	Lesotho	5.3	23	2014	DHS				
	Madagascar	17.6	9.1	2008–09	DHS	18.8	9.7	2021	DHS
	Malawi	13.9	18.9	2015-16	DHS				
	Mozambique	24.9	24.1	2015	AIS				
	Namibia	5.4	13.1	2013	DHS				
	Rwanda	5	10.6	2014–15	DHS	3.8	8.3	2019-20	DHS
	South Africa	5	16.7	2012	SABSSM	6.1	14.6	2016	DHS
	South Sudan	--	--	--	--				
	Tanzania	12.2	12.6	2015-16	DHS				
	Uganda	11.9	16.8	2016	DHS				
	Zambia	11.7	16.2	2013–14	DHS				
	Zimbabwe	4.6	5.5	2015	DHS				
WCA	Benin	16	15	2014	MICS	12.2	7.6	2017-18	DHS
	Burkina Faso	9.3	1.9	2010	DHS				
	Cameroon	16	9.3	2014	MICS	14	7.5	2018	DHS
	Chad	22.4	3.7	2014-15	DHS				
	Congo	13.7	16.8	2014–15	MICS	21.2	24.4	2011-12	DHS
	Côte d'Ivoire	18.9	11	2016	MICS	20.2	13.8	2011-12	DHS
	DRC	20	19	2013-14	DHS				
	Gabon	16.3	32.4	2012	DHS				
	Ghana	10.7	8.7	2014	DHS				
	Mali	13.8	6	2015	MICS	17.6	6.3	2018	DHS
	Niger	24.5	1.1	2012	DHS				
	Nigeria	15.1	4.1	2016–17	MICS	11.8	2.3	2018	DHS
	Senegal	7.2	5.2	2016	DHS	6.7	1.6	2019	DHS
	Togo	9.6	9	2013-14	DHS				

* STATCompiler was used to retrieve DHS except for Eswatini, original report was used.
** For end-line values, cells are left empty and shaded since no more recent data was found; no newer surveys were done or surveys not yet finalised and published.

Indicator: Percentage of Young People Aged 15–24 Years Who Demonstrate Desired Level of Knowledge and Reject Major Misconceptions About HIV and AIDS

	Country	Baseline				End-line***			
		Female (%)	Male (%)	Year of Data	Data Source	Female (%)	Male (%)	Year of data	Data source
ESA	Angola	32.5	31.6	2015–16	AIS				
	Botswana	--	--	--	--				
	Burundi	52.4	54.9	2016-17	DHS				
	Eswatini	49.1	50.9	2014	MICS				
	Ethiopia	24.3	39.1	2016	DHS				
	Kenya	56.6	63.7	2014	DHS				
	Lesotho	37.6	30.9	2014	DHS				
	Madagascar	22.5	26	2008–09	DHS	26	24	2021	DHS
	Malawi*	41.1	44.3	2015-16	DHS	39.2	43.9	2019-20	MICS
	Mozambique	30.8	30.2	2015	AIS				
	Namibia	61.6	60.6	2013	DHS				
	Rwanda	64.6	64.3	2014–15	DHS	58.8	57.4	2019-20	DHS
	South Africa**	29	28.2	2012	SABSSM	36.1		2017	SABSSM
	South Sudan	9.8	--	2010	MICS				
	Tanzania	40.1	46.7	2011-12	AIS				
	Uganda	45.7	44.8	2016	DHS				
	Zambia	41.5	46.7	2013–14	DHS	42.6	40.6	2018	DHS
	Zimbabwe	46.3	46.6	2015	DHS				
WCA	Benin	21.6	31.3	2014	MICS	15	18.6	2017-18	DHS
	Burkina Faso	31.1	35.7	2010	DHS				
	Cameroon	32	41.2	2014	MICS	40.6	35.8	2018	DHS
	Chad	11.2	15.4	2014–15	DHS	18.5	27.5	2019	MICS
	Congo	26.7	45.3	2014-15	MICS				
	Côte d'Ivoire	24	33	2016	MICS				
	DRC	18.6	24.9	2013–14	DHS	19.9	28.1	2017-18	MICS
	Gabon	29.8	36.1	2012	DHS				
	Ghana	19.9	27.2	2014	DHS				
	Mali	20.4	28.7	2015	MICS	15.6	16.2	2018	DHS
	Niger	13	24.8	2012	DHS				
	Nigeria	29.3	27.9	2016–17	MICS	42.6	33.7	2018	DHS
	Senegal	25.7	32.4	2016	DHS	26.2	33.1	2017	DHS
	Togo	23.3	31.6	2013–14	DHS	34.8	25.7	2017	MICS

STATCompiler was used to retrieve DHS data.
* Malawi baseline data differs from baseline report once checked on STATCompiler. Baseline data updated.
** Report does not disaggregate by gender but it states that there was no difference between males and females.
** For end-line values, cells are left empty and shaded since no more recent data was found; no newer surveys were done or surveys not yet finalised and published.

8b. Overall results framework: summary

Indicator Ref. Number	Indicators	Region	2018	2019	2020	2021
Objective 1: Secure and sustain strong political commitment and support for adolescents and young people's access to comprehensive sexuality education and sexual and reproductive health services across Sub- Saharan Africa						
1.1	Is life skills-based HIV and Sexuality Education incorporated in the country's education policies, strategies, and laws?	SSA	84% (27/32)			97% (32/33)
		ESA				
		WCA				
1.2	Number & Percentage of primary and secondary schools that provided an orientation process for parents or guardians of students regarding life skills-based HIV and sexuality education programmes in schools in the previous academic year	SSA	31% (3/33 countries)			46% (5/33 countries)
		ESA	31% (3/17 countries)			59% (3/17 countries)
		WCA	ND (Guinea NA)			26.5% (2/16 countries)
1.1.1	Has any technical and/or financial support been provided towards securing support for the ESA Commitment and its advancement, through the O³ programme?	SSA				
		ESA	16 out of 16			14 out of 14
		WCA				
1.1.2	Did the country have a functional Technical Working Group to coordinatethe ESA Commitment?	SSA				
		ESA	14 out of 17			15 out of 16
		WCA				
1.3.1	1.2.1 Number of WCA countries that have developed action plans to operationalise the WCA Call to Action	SSA				
		ESA				
		WCA	0 out of 13			ND
1.3.1	Number of young people in and out of school reached with CSE through multiple media platforms	SSA	23,974,123	45,443,799	49,653,879	40,805,980
		ESA	23,957,698	40,297,013	44,020,011	31,695,766
		WCA	16,425	5,146,786	5,633,868	9,110,214
1.4.1	Number of PTAs oriented on skills-based HIV and sexuality education programmes that are offered in schools	SSA	6,707	1,306	977	19,457
		ESA	6,700	905	267	3,343
		WCA	7	401	710	16,114
1.4.2	Number of community members (traditional, religious leaders and parents/ guardians) sensitized on CSE/life-skills education	SSA	12,001,902	13,511,131	21,342,453	3,298,793
		ESA	12,001,698	13,503,541	21,266,987	2,908,204
		WCA	204	7,590	75,466	390,589
1.4.3	Did the country implement parent child communication programmes?	SSA	14			11
		ESA	12			8
		WCA	2			3
Objective 2: Support the delivery of accurate, rights-based and good quality comprehensive sexuality education programmes that provide knowledge, values and skills essential for safer behaviours, reduced adolescent pregnancy, and gender equality						
2.1	Number & Percentage of primary and secondary schools that provided life skills-based HIV and sexuality education in the previous academic year	SSA	No average available			
		ESA	No average available			
		WCA	No average available			

2.1.1	Number of CSE curriculum developers reached with training on designing effective curricula for reducing risk behaviour amongst young people	SSA	8	12	0	264
		ESA	8	12	0	182
		WCA	0	0	0	82
2.1.2	Number of approved and adopted revised curricula for primary, secondary and teacher training	SSA				23 (as of 2022)
		ESA				15 (as of 2022)
		WCA				8 (as of 2022)
2.2	Number & Percentage of learners reached by life skills-based HIV and sexuality education within the previous academic year	SSA	NA			41,060,487 (21/33 countries)
		ESA	indicator 2.2: 83% (6/17 countries) *malawi had only primary data for indicator 2.3.1: 3,871,129			33,315,039 (14/17 countries), + Namibia has a value of 85%
		WCA	indicator 2.2: ND indicator 2.3.1: (11 of 16 countries): 42,686,860 (9/11 countries report 0)			7,745,448 (7/16 countries)
2.2.1	Number of pre-service teachers trained in CSE.	SSA	20,299	18,163	13,872	35,121
		ESA	20,179	16,043	10,735	4,932
		WCA	120	2,120	3,137	30,189
2.2.2	Number of in-service teachers trained in CSE.	SSA	26,353	40,801	73,849	404,030
		ESA	24,245	35,535	38,382	275,919
		WCA	2,108	5,266	35,467	128,111
2.2.3	Number of teacher educators trained in CSE.	SSA	181	331	713	3,319
		ESA	121	211	209	363
		WCA	60	120	504	2,956
2.2.4	Number of training colleges/ universities that have institutionalized CSE.	SSA	1,141 (17/33 countries)			293 (15/33 countries)
		ESA	55 (9/16 countries, of which 7 report 0)			55 (8/16 countries, of which 4 report 0)
		WCA	1,086 (8/17 countries, of which 1 reports 0)			238 (7/17 countries, of which 1 reports 0)
2.2.5	Number & Percentage of CSE trained teachers who are monitored and supervised	SSA	5,354 (6/33 countries)			37,431 (11/33 countries)
		ESA	5,354 (6/17 countries, of which 3 report 0)			3,675 (7/17 countries, of which 4 report 0) & Mozambique and Namibia report 100%
		WCA	0			33,756 (4/16 countries, of which 1 reports 0) & Burkina Faso (9%) , Côte d'Ivoire (100%) & DRC (25%)

2.3.2	Number of young people with disabilities reached with comprehensive sexuality education programmes	SSA	0	0	0	4,733
		ESA	0 (5/17 countries)	0 (5/17 countries)	0 (5/17 countries)	650 (5/17 countries, of which 4 report 0)
		WCA	0 (8/16 countries)	0 (8/16 countries)	0 (8/16 countries)	4,083 (8/16 countries, of which 5 report 0)
2.4.1	Number of new CSE teaching and learning materials that are developed	SSA				334
		ESA				197
		WCA				137
2.5.1	Number of young people in higher and tertiary institutions reached with good quality CSE programmes	SSA	12,092	12,153	12,242	57,151
		ESA	7,092 (10/17 countries, of which 7 report 0)	7,153 (9/17 countries, of which 6 report 0)	7,242 (9/17 countries, of which 6 report 0)	52,151 (9/17 countries, of which 6 report 0)
		WCA	5,000 (8/16 countries, of which 7 report 0)	5,000 (8/16 countries, of which 7 report 0)	5,000 (8/16 countries, of which 7 report 0)	5,000 (8/16 countries, of which 7 report 0)
Objective 3: Ensure that schools and community environments are safer, healthier and inclusive for all young people						
3.1	Number of community members reached with efforts to keep girls in school (any intervention aimed at addressing EUP, child marriage, GBV, and promoting retention of girls in school).	SSA	6,292,740	18,819,036	29,398,669	28,081,760
		ESA	6,292,426 (13/17 countries, of which 5 report 0)	18,761,347 (13/17 countries, of which 1 reports 0)	29,329,920 (13/17 countries, of which 2 report 0)	27,608,322 (13/17 countries, of which 1 reports 0)
		WCA	314 (9/16 countries, of which 7 report 0)	57,689 (9/16 countries, of which 4 report 0)	68,749 (9/16 countries, of which 4 report 0)	473,438 (9/16 countries, of which 2 report 0)
3.1.1	Has any technical and/or financial support been provided towards the development and implementation of education sector policies which address School Related Gender Based Violence and Child Marriage, through the O^3 programme?	SSA	7 out of 8			16 out of 23
		ESA	7 out of 8			9 out of 14
		WCA	None			7 out of 9
3.2	Number & Percentage of educational institutions that have rules and guidelines for staff and students related to physical safety, stigma and discrimination and sexual harassment and abuse that have been communicated to relevant stakeholders	SSA	30.6 (17/33 countries)			60.09 (11/33 countries)
		ESA	61.25 (9/17, of which 2 report 0)			76 (6/17, of which 1 reports 0)
		WCA	0 (8/16 countries, of which all report 0)			40.84 ((5/16 countries, of which 1 reports 0)
3.3.1	Has any technical and/or financial support been provided towards the development and implementation of a policy on learner pregnancy and readmission through the O^3 programme?	SSA	7 out of 9			11 out of 22
		ESA	7 out of 8			8 out of 13
		WCA	0 out of 1			3 out of 9
3.5.1	Has any technical and/or financial support been provided towards the development of comprehensive school health policies that respond to emerging outbreaks such as cholera, through the O^3 programme?	SSA	7 (10/33 countries)			16 (23/33 countries)
		ESA	7 (8/17 countries)			11 (14/17 countries)
		WCA	0 (2/16 countries)			5 (9/16 countries)

Objective 4: Strengthen the evidence base on CSE and safer school environments						
4.1.1	Have any HIV sensitive indicators been integrated into EMIS systems?	SSA	19 out of 33 countries			28 out of 28 countries
		ESA	17 out of 17 countries			17 out of 17 countries
		WCA	2 out of 16 countries			11 out of 11 countries
4.2.1	Number of research pieces commissioned (Average per country)	SSA				3.1 (24/33 countries)
		ESA				3.4 (14/17 countries)
		WCA				2.7 (10/16 countries, of which 1 reports 0)
4.3.1	Number of policy and advocacy information products developed from commissioned research (Average per country)	SSA				1.2* (22/33 countries) * value is rounded
		ESA				0.8 (13/17 countries, of which 7 report 0)
		WCA				1.8* (9/17 countries, of which 4 report 0) * value is rounded
4.4.1	Number of project countries in the SSA region that have an active webpage on the YPT website	SSA	0			0
		ESA	0			0
		WCA	0			0
4.5.1	Percentage of countries who utilise the regional learning platform for sharing knowledge, If ever utilised (for those countries for which data was available)	SSA				85% (17/20 countries) (as of 2022)
		ESA				87.5% (10/12 countries) (as of 2022)
		WCA				83% (7/8 countries) (as of 2022)
4.6.1	Has any technical and/or financial support been provided towards the development of creative and innovative ICT tools to support the delivery of CSE	SSA	11 out of 17 countries			16 out of 23 countries
		ESA	10 out of 16 countries			11 out of 14 countries
		WCA	1 out of 1 country			5 out of 9 countries

8c. Specific data tables for each indicator

Specific data tables for indicators under objective 1

1.1 Percentage of project countries incorporating sexuality education in their policies, strategies and laws		
Data are based on 2018 and 2021 annual reports.	**2018**	**2021**
	84% (27/32)	97% (32/33)

1.1.1 Number of ESA countries engaged to secure support for the ESA commitment		
2018 data are from baseline report, 2021 data from project/NPO reports.	**2018**	**2021**
Angola	Yes	ND
Botswana	Yes	Yes
Eswatini	Yes	Yes
Ethiopia	ND	Yes
Kenya	Yes	Yes
Lesotho	Yes	Yes
Madagascar	Yes	ND
Malawi	Yes	Yes
Mozambique	Yes	Yes
Namibia	Yes	Yes
Rwanda	Yes	ND
South Africa	Yes	Yes
South Sudan	Yes	Yes
Tanzania	Yes	Yes
Uganda	Yes	Yes
Zambia	Yes	Yes
Zimbabwe	Yes	Yes
Total	16 out of 16	14 out of 14

1.1.2 Number of ESA Commitment countries with a functional Technical Working Group to coordinate the ESA Commitment		
2018 data are from baseline report, 2021 data from project/NPO reports.	**2018**	**2021**
Angola	Yes	Yes
Botswana	Yes	Yes
Eswatini	Yes	Yes
Ethiopia	No	Yes
Kenya	No	Yes
Lesotho	Yes	Yes
Madagascar	Yes	No
Malawi	Yes	Yes

Mozambique	Yes	Yes
Namibia	Yes	Yes
Rwanda	No	ND
South Africa	Yes	Yes
South Sudan	Yes	Yes
Tanzania	Yes	Yes
Uganda	Yes	Yes
Zambia	Yes	Yes
Zimbabwe	Yes	Yes
Total	14 out of 17	15 out of 16

1.2 Percentage of primary and secondary schools that provided an orientation process for parents or guardians of students regarding life skills-based HIV and sexuality education programmes in schools in the previous academic year

This indicator is only reported if EMIS or other nation-wide data are available.		**2018**	**2021**
ESA	**Angola**	ND	ND
	Botswana	ND	ND
	Eswatini	ND	ND
	Ethiopia	ND	ND
	Kenya	ND	ND
	Lesotho	24%	ND
	Madagascar	ND	ND
	Malawi	ND	ND
	Mozambique	ND	ND
	Namibia	11%	27% (520)
	Rwanda	ND	ND
	South Africa	ND	ND
	South Sudan	ND	ND
	Tanzania	ND	43% (primary; 11,512) 57% (secondary; 3,002)
	Uganda	ND	ND
	Zambia	59% (2017 data)	100% (10,731)
	Zimbabwe	ND	ND
WCA	**Benin**	ND	ND
	Burkina Faso	ND	ND
	Burundi	ND	ND
	Cameroon	ND	37.4% (8,667)
	Chad	ND	ND
	Congo	ND	ND
	Côte d'Ivoire	ND	7%
	DRC	ND	ND

Gabon	ND	ND
Ghana	ND	ND
Guinea	NA	ND
Mali	ND	ND
Niger	ND	ND
Nigeria	ND	46% (68,521)
Senegal	ND	ND
Togo	ND	ND

1.2.1 Number of WCA countries that have developed action plans to operationalise the WCA Call to Action		
Countries did not report on the WCA call to action, but reported whether they had had national consultations.	**2018**	**2021**
Benin	ND	ND
Burkina Faso	ND	ND
Burundi	No	ND
Cameroon	No	ND
Chad	No	ND
Congo	No	ND
Côte d'Ivoire	No	ND
DRC	No	ND
Gabon	No	ND
Ghana	No	ND
Guinea	NA	ND
Mali	No	ND
Niger	No	ND
Nigeria	No	ND
Senegal	No	ND
Togo	No	ND
Total	0 out of 13	No data

1.2.2 Number of countries that have set targets for implementing CSE and delivering SRH services for adolescents and young people

No data (ND), because questions were not asked to NCs, or because NPOs did not respond to the questionnaire.		Increasing the number of schools that provide life skills-based HIV and sexuality education		Increasing the number of teachers who have received training and have taught lessons in HIV and sexuality education		Ensuring a national CSE strategy for out-of-school youth		Having sexual and reproductive health training for both pre- and in-service health professionals		Increasing the number of pre- and in-service training programmes on the delivery of youth friendly health services		Increasing the number of health service delivery points offering standard, youth friendly services	
		2018	2022	2018	2022	2018	2022	2018	2022	2018	2022	2018	2022
ESA	Angola	Yes	ND	Yes	ND	No	ND	Yes	ND	Yes	ND	Yes	ND
	Botswana	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
	Eswatini	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
	Ethiopia	No	No	No	Yes	No	No	Yes	No	Yes	No	Yes	No
	Kenya	No	No	No	No	No	No	ND	Yes	ND	Yes	Yes	Yes
	Lesotho	Yes	Yes	Yes	Yes	Yes	No	Yes	Yes	Yes	Yes	Yes	Yes
	Madagascar	Yes	ND	Yes	ND	Yes	ND	Yes	ND	Yes	ND	Yes	ND
	Malawi	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
	Mozambique	Yes	ND	Yes	ND	Yes	ND	Yes	ND	Yes	ND	Yes	ND
	Namibia	Yes	Yes	Yes	Yes	Yes	No	Yes	Yes	Yes	Yes	Yes	Yes
	Rwanda	Yes	ND	Yes	ND	No	ND	Yes	ND	Yes	ND	Yes	ND
	South Africa	Yes	No	No	Yes	Yes	Yes	Yes	No	ND	No	Yes	Yes
	South Sudan	Yes	Yes	Yes	Yes	No	Yes	Yes	Yes	Yes	Yes	Yes	Yes
	Tanzania	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
	Uganda	Yes	Yes	Yes	Yes	Yes	Yes	Yes	No	Yes	Yes	Yes	Yes
	Zambia	Yes	No	Yes	Yes	Yes	No	Yes	Yes	Yes	Yes	Yes	Yes
	Zimbabwe	Yes	No	Yes	Yes	Yes	Yes	Yes	Yes	Yes	No	Yes	Yes
WCA	Benin	ND	ND	ND	ND	ND	ND	ND	ND	ND	ND	ND	ND
	Burkina Faso	No	Yes	No	Yes	No	No	No	Yes	No	Yes	No	Yes
	Burundi	ND	ND	ND	ND	ND	ND	ND	ND	ND	ND	ND	ND
	Cameroon	Yes	Yes	Yes	Yes	Yes	No	Yes	Yes	Yes	No	Yes	Yes
	Chad	No	ND	No	ND	No	ND	No	ND	No	ND	No	ND
	Congo	No	ND	ND	ND	No	ND	No	ND	No	ND	No	ND
	Côte d'Ivoire	Yes	Yes	Yes	No	Yes	No	Yes	No	Yes	Yes	Yes	Yes
	DRC	Yes	Yes	Yes	Yes	Yes	No	Yes	Yes	Yes	Yes	Yes	Yes
	Gabon	No	ND	No	ND	No	ND	No	ND	No	ND	No	ND
	Ghana	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
	Guinea	NA	ND	NA	ND	NA	ND	NA	ND	NA	ND	NA	ND
	Mali	No	No	No	No	No	No	No	Yes	No	No	No	No
	Niger	No	Yes	No	Yes	No	Yes	No	No	No	Yes	No	Yes
	Nigeria	Yes	No	Yes	No	No	No	Yes	Yes	Yes	Yes	Yes	Yes
	Senegal	No	Yes	No	No	No	Yes	No	No	No	No	No	No
	Togo	No	ND	No	ND	No	ND	No	ND	No	ND	No	ND

1.3.1 Number of young people in and out of school reached with CSE through multiple media platforms					
Source: project and NPO reports. Blue means value differs from baseline report, because at baseline, other sources/ estimates were used.		2018	2019	2020	2021
ESA	Angola	0	0	0	0
	Botswana	501	559	13,600	23,425
	Eswatini	412,062	550,013	620,000	705,020
	Ethiopia	0	0	0	0
	Kenya	360	15,470	100	76,130
	Lesotho	0	0	73,246	74,420
	Madagascar	0	0	0	0
	Malawi	0	984	15,408	82,805
	Mozambique	0	0	0	6,560,073
	Namibia	171	600,000	469,655	9,018
	Rwanda	0	0	0	0
	South Africa	57,694	79,083	43,569	1,048,000
	South Sudan	5,659	0	0	3,268
	Tanzania	4,343,000	17,400,200	19,800,000	19,800,000
	Uganda	13,500,000	15,004,953	21,172,033	31,491
	Zambia	5,638,251	5,638,251	0	0
	Zimbabwe	0	1,007,500	1,812,400	3,282,116
WCA	Benin	0	0	0	0
	Burkina Faso	0	0	0	0
	Burundi	0	0	0	0
	Cameroon	94	1,992	500,000	4,084,030
	Chad	0	0	0	0
	Congo	0	0	0	0
	Côte d'Ivoire	0	309	250	300,000
	DRC	0	309	250	300,000
	Gabon	0	0	0	0
	Ghana	0	60,000	60,000	75,000
	Guinea	NA	0	0	0
	Mali	0	0	3,850	4,381
	Niger	0	0	0	1,629
	Nigeria	16,331	5,017,226	5,011,518	4,340,902
	Senegal	0	66,950	58,000	4,272
	Togo	0	0	0	0
Total ESA		23,957,698	40,297,013	44,020,011	31,695,766
Total WCA		16,425	5,146,786	5,633,868	9,110,214
TOTAL SSA		23,974,123	45,443,799	49,653,879	40,805,980

1.4.1 Number of PTAs oriented on skills-based HIV and sexuality education programmes that are offered in schools					
Source: project and NPO reports.		2018	2019	2020	2021
ESA	Angola	0	0	0	0
	Botswana	0	190	191	183
	Eswatini	0	0	0	455
	Ethiopia	1	1	0	0
	Kenya	0	0	25	450
	Lesotho	0	0	0	0
	Madagascar	0	0	0	0
	Malawi	0	0	0	0
	Mozambique	0	109	51	0
	Namibia	162	57	0	0
	Rwanda	0	0	0	0
	South Africa	0	0	0	2,200
	South Sudan	188	18	0	55
	Tanzania	745	530	0	0
	Uganda	0	0	0	0
	Zambia	5,604	0	0	0
	Zimbabwe	0	0	0	0
WCA	Benin	0	0	0	0
	Burkina Faso	0	0	0	0
	Burundi	0	0	0	0
	Cameroon	3	64	0	0
	Chad	0	0	0	0
	Congo	0	0	0	0
	Côte d'Ivoire	4	14	497	9,590
	DRC	0	0	0	0
	Gabon	0	0	0	0
	Ghana	0	0	103	116
	Guinea	NA	0	0	0
	Mali	0	0	0	70
	Niger	0	0	0	1
	Nigeria	0	323	110	6,337
	Senegal	0	0	0	0
	Togo	0	0	0	0
Total ESA		6,700	905	267	3,343
Total WCA		7	401	710	16,114
TOTAL SSA		6,707	1,306	977	19,457

1.4.2 Number of community members (traditional, religious leaders and parents/ guardians) sensitised on CSE/life-skills education					
Source: project and NPO reports. Blue means value differs from baseline report, because at baseline, other sources/ estimates were used.		2018	2019	2020	2021
ESA	Angola	0	0	0	0
	Botswana	501	559	1,522	2,005
	Eswatini	0	91	98	570
	Ethiopia	ND	ND	ND	ND
	Kenya	0	0	25	260
	Lesotho	0	0	32	0
	Madagascar	0	0	0	0
	Malawi	0	0	15,408	0
	Mozambique	0	0	70	140
	Namibia	393	749	0	123
	Rwanda	0	0	0	0
	South Africa	100	410	77,298	0
	South Sudan	0	1,134	109	50
	Tanzania	704	594	392	218
	Uganda	12,000,000	13,500,000	21,172,033	2,904,838
	Zambia	0	37 but unclear in which year		
	Zimbabwe	0	4	0	0
WCA	Benin	0	0	0	0
	Burkina Faso	0	0	0	0
	Burundi	0	0	0	0
	Cameroon	130	823	100	3,289
	Chad	0	0	0	0
	Congo	0	0	0	0
	Côte d'Ivoire	0	304	63,969	360,197
	DRC	0	1,080	1,076	1,080
	Gabon	0	0	0	0
	Ghana	0	0	7,000	5,000
	Guinea	0	0	0	0
	Mali	0	0	0	0
	Niger	0	0	0	0
	Nigeria	74	5,383	3,321	21,023
	Senegal	0	0	0	0
	Togo	0	0	0	0
Total ESA		12,001,698	13,503,541	21,266,987	2,908,204
Total WCA		204	7,590	75,466	390,589
TOTAL SSA		12,001,902	13,511,131	21,342,453	3,298,793

1.4.3 Number of countries implementing parent child communication programmes			
2018 data are from baseline report, 2021 data from project/ NPO reports.		**2018**	**2021**
ESA	**Angola**	No	No
	Botswana	Yes	Yes
	Eswatini	Yes	Yes
	Ethiopia	No	No
	Kenya	Yes	No
	Lesotho	Yes	Yes
	Madagascar	Yes	No
	Malawi	Yes	Yes
	Mozambique	Yes	No
	Namibia	No	Yes
	Rwanda	Yes	No
	South Africa	Yes	No
	South Sudan	No	Yes
	Tanzania	Yes	Yes
	Uganda	No	Yes
	Zambia	Yes	No
	Zimbabwe	Yes	No
WCA	**Benin**	No	No
	Burkina Faso	No	No
	Burundi	No	No
	Cameroon	No	Yes
	Chad	No	No
	Congo	No	No
	Côte d'Ivoire	Yes	Yes
	DRC	No	No
	Gabon	No	No
	Ghana	Yes	No
	Guinea	NA	No
	Mali	No	No
	Niger	No	No
	Nigeria	No	Yes
	Senegal	No	No
	Togo	No	No
Total ESA		12	8
Total WCA		2	3
TOTAL SSA		14	11

Specific data tables for indicators under objective 2

2.1 Percentage of primary and secondary schools that provided life skills-based HIV and sexuality education in the previous academic year			
2018 source is baseline report, 2021 source is the Journey towards CSE report unless indicated otherwise.		**2018**	**2021**
ESA	**Angola**	ND	76-100%
	Botswana	100%	76-100%
	Eswatini	30% (secondary)	76-100%
	Ethiopia	ND	ND (primary) 51-75% (secondary)
	Kenya	ND	51-75%
	Lesotho	75%	76-100%
	Madagascar	ND	51-75%
	Malawi	80% (primary)	76-100%
	Mozambique	ND	76-100%
	Namibia	100%	78%*
	Rwanda	70%	76-100%
	South Africa	100%	76-100%
	South Sudan	ND	0-25%
	Tanzania	47%	0-25%
	Uganda	ND	26-50% (primary) 51-75% (secondary)
	Zambia	62%	76-100%
	Zimbabwe	ND	76-100%
WCA	**Benin**	ND	0-25% (primary) 76-100% (secondary)
	Burkina Faso	ND	76-100%
	Burundi	ND	76-100% (primary) ND (secondary)
	Cameroon	100%	64.5%**
	Chad	ND	0%
	Congo	ND	51-75%
	Côte d'Ivoire	ND	6.7% (primary)*** 56.1% (secondary)
	DRC	ND	76-100%
	Gabon	ND	0-25%
	Ghana	61%	40-55%****
	Guinea	NA	ND (primary) 51-75% (secondary)
	Mali	ND	23% (secondary)*****
	Niger	ND	76-100%
	Nigeria	ND	46%*
	Senegal	ND	76-100%
	Togo	ND	76-100% (primary) 26-50% (secondary)

* EMIS report 2021
** SIGE MINEDUB et MINESEC 2021
*** Recensement Scolaire Annuel (annual school census) report
**** Provisional EMIS 2021 data
***** NPO report

2.1.1 Number of CSE curriculum developers reached with training on designing effective curricula for reducing risk behaviour amongst young people					
Source: project and NPO reports. Blue means value differs from baseline report, because at baseline, other sources/ estimates were used.		2018	2019	2020	2021
ESA	Angola	0	0	0	0
	Botswana	**8**	12	0	13
	Eswatini	**0**	62, but unclear in which year		
	Ethiopia	0	0	0	0
	Kenya	**0**	0	0	0
	Lesotho	**0**	0	0	0
	Madagascar	**0**	0	0	0
	Malawi	0	0	0	0
	Mozambique	**0**	0	0	0
	Namibia	**0**	0	0	0
	Rwanda	**0**	0	0	0
	South Africa	0	0	0	31
	South Sudan	**0**	0	0	0
	Tanzania	**0**	0	0	0
	Uganda	**0**	0	0	0
	Zambia	**0**	0	0	39
	Zimbabwe	0	0	0	99
WCA	Benin	0	0	0	0
	Burkina Faso	0	0	0	0
	Burundi	0	0	0	0
	Cameroon	0	0	0	42
	Chad	0	0	0	0
	Congo	0	0	0	0
	Côte d'Ivoire	**0**	57, but unclear in which year		
	DRC	0	0	0	40
	Gabon	0	0	0	0
	Ghana	0	15, but unclear in which year		
	Guinea	NA	0	0	0
	Mali	0	0	0	0
	Niger	0	0	0	0
	Nigeria	0	0	0	0
	Senegal	0	0	0	0
	Togo	0	0	0	0

2.1.2 Number of approved and adopted revised curricula for primary, secondary and teacher training schools			
Source: project and NPO reports.		**2018-2022**	**Comments**
ESA	**Angola**	0	
	Botswana	0	Review of 2 curricula (primary and secondary) ongoing and to be finalized in 2023.
	Eswatini	1	LSE Integration Matrix for Competency Primary School Curriculum.
	Ethiopia	0	
	Kenya	0	
	Lesotho	2	
	Madagascar	0	
	Malawi	0	Curriculum audit conducted and review to be started.
	Mozambique	0	
	Namibia	3	The revised curriculum was implemented in phases: 2018 (grade 9), 2019 (grade 10) and 2020 (senior secondary).
	Rwanda	0	
	South Africa	0	
	South Sudan	0	
	Tanzania	5	Teacher education program of the Open University of Tanzania and Teacher Education Curriculum & Teaching Methods (certificate level) in 2018; Primary school (2014 curriculum was revised to include std 7) in 2019; CSE online module for Universities and pre-primary & primary school education curriculum framework in Zanzibar in 2020.
	Uganda	1	The National Sexuality Education Framework (not curriculum) was developed and approved in 2018. Components of this were then integrated in the new Lower secondary school curriculum.
	Zambia	0	
	Zimbabwe	3	
WCA	**Benin**	0	
	Burkina Faso	2	
	Burundi	0	
	Cameroon	1	The primary programs were revised following the 2018 reform and tested between 2019 and 2020 with the support of the O^3 programme.
	Chad	0	
	Congo	0	
	Côte d'Ivoire	2	EDHC and SVT of primary, CAFOP and secondary
	DRC	2	
	Gabon	0	
	Ghana	0	
	Guinea	0	
	Mali	0	
	Niger	0	
	Nigeria	1	National FLHE curriculum for basic education
	Senegal	0	
	Togo	0	

2.2 Number/percentage of learners reached by life skills-based HIV and sexuality education within the previous academic year
2.3.1 Number of adolescents and young people (boys and girls) reached with comprehensive sexuality education programmes

Indicators 2.2 and 2.3.1 are reported together for 2021, since they are very similar. Indicator 2.2 is increasingly integrated into EMIS. Indicator 2.3.1 is supposed to refer to programme output, however, some countries provided national numbers from EMIS in 2021. Baseline values from EMIS, unless indicated elsewise.

		2018 (2.2)	2018 (2.3.1)	2021	Source 2021
ESA	Angola	ND	ND	ND	
	Botswana	100%	583,602	510,833	Programme reports
	Eswatini	100%	342,062	313,690 (100%)	Programme reports
	Ethiopia	ND	ND	1,200	Programme reports
	Kenya	ND	ND	54,600 via O[3] and nationwide 100%	Programme reports and EMIS
	Lesotho	50%	243,235	341,250	Based on number of teacher trained
	Madagascar	ND	3,000	532,500 (11%) (primary)	Programme reports
	Malawi	93% (primary)	ND	2662112 (54%)	EMIS
	Mozambique	ND	710,979	235,950	Programme reports
	Namibia	ND	ND	85.8%	EMIS
	Rwanda	ND	ND	ND	
	South Africa	ND	ND	13,409,249	EMIS
	South Sudan	ND	ND	23,960	Programme reports
	Tanzania	ND	ND	11,677,969 (85%)	BEST 2021
	Uganda	ND	ND	12,560	Programme reports
	Zambia	40%*	1,988,251	2,089,431	Programme reports
	Zimbabwe	27%**	ND	1,449,735	Programme reports
WCA	Benin	ND	0	ND	
	Burkina Faso	ND	0	ND	85,533 in 2022
	Burundi	ND	ND	ND	
	Cameroon	ND	ND	658,811 and 100%	Programme reports, from 2020
	Chad	ND	0	ND	
	Congo	ND	0	ND	
	Côte d'Ivoire	ND	ND	5,986,924	Programme reports
	DRC	ND	ND	241,500	Programme reports
	Gabon	ND	0	ND	
	Ghana	ND	6,935,237	45,000	Programme reports
	Guinea	NA	NA	ND	
	Mali	ND	0	50,800	Programme reports
	Niger	ND	0	ND	
	Nigeria	ND	35,905,577	736,493	Programme reports
	Senegal	ND	0	25,920	Programme reports
	Togo	ND	0	ND	

* Census data
** National AIDS Council Annual Report (2017)

2.2.1 Number of pre-service teachers trained in CSE

Source: project and NPO reports. Blue means value differs from baseline report, because at baseline, other sources/ estimates were used. Note that some countries report nation-wide data, while others report programme outputs.

		2018	2019	2020	2021	Comments
ESA	Angola	0	0	0	0	
	Botswana	**208**	120	345	191	
	Eswatini	**8**	13	9	0	
	Ethiopia	**120**	3,250	1,043	0	
	Kenya	0	0	0	0	
	Lesotho	**650**	350	0	2	
	Madagascar	**0**	0	0	0	
	Malawi	0	0	0	0	
	Mozambique	**241**	291	0	140	
	Namibia	**172**	543	38	0	
	Rwanda	0	0	0	0	
	South Africa	0	0	0	0	
	South Sudan	**0**	0	0	0	
	Tanzania	**7,280**	7,839	600	0	For 2018 (baseline), these were the total number of students in teacher training colleges reached by CSE trainings in 2014-2015.
	Uganda	0	0	0	0	
	Zambia	11,500	3,600	8,700	4,500	
	Zimbabwe	0	37	0	99	Data are those supported by O3, however, the number of trainee teachers reached with the Health and Life Skills Education course, which is compulsory for all students, was 25,237 in 2018; 28,541 in 2019; and 28,541 in 2020.
WCA	Benin	0	0	0	0	
	Burkina Faso	0	0	0	0	In 2022, 1,177 were trained.
	Burundi	0	0	0	0	
	Cameroon	120	720	320	3,289	
	Chad	0	0	0	0	
	Congo	0	0	0	0	
	Côte d'Ivoire	0	1,400	2,717	1,200	
	DRC	0	0	0	0	
	Gabon	0	0	0	0	
	Ghana	0	0	0	0	
	Guinea	NA	0	0	0	
	Mali	0	0	0	0	
	Niger	0	0	0	0	
	Nigeria	**0**	0	100	25,700	800 were reached directly and 25,000 were reached through cascade training by teacher educators.
	Senegal	0	0	0	0	
	Togo	0	0	0	0	
Total ESA		20,179	16,043	10,735	4,932	
Total WCA		120	2,120	3,137	30,189	
TOTAL SSA		20,299	18,163	13,872	35,121	

2.2.2 Number of in-service teachers trained in CSE

Source: project and NPO reports. Blue means value differs from baseline report, because at baseline, other sources/ estimates were used. Note that some countries report nation-wide data (see comments column), while others report programme outputs.

		2018	2019	2020	2021	Comments
ESA	Angola	0	0	0	0	
	Botswana	**1,278**	749	201	454	
	Eswatini	**18**	175	36	284	
	Ethiopia	**120**	189	196	0	
	Kenya	**360**	215	0	89	
	Lesotho	**913**	650	331	1,398	
	Madagascar	0	0	81	0	
	Malawi	**6,724**	0	0	1,735	
	Mozambique	**250**	560	0	235,950	The 2021 data concern nation-wide data, not programme outputs.
	Namibia	**12,444**	15,166	15,669	13,888	
	Rwanda	**0**	0	0	0	
	South Africa	**183**	16,340	20,116	20,086	
	South Sudan	0	219	49	185	
	Tanzania	**1,655**	371	1,210	1,508	
	Uganda	0	500	289	115	
	Zambia	**200**	200	204	161	
	Zimbabwe	**100**	201	0	66	
WCA	Benin	0	0	0	0	
	Burkina Faso	0	0	0	0	And 91,726 in 2022.
	Burundi	0	0	0	0	
	Cameroon	**90**	951	600	176	
	Chad	0	0	0	0	
	Congo	ND	ND	ND	ND	And 419 in 2022; 4,942 reported over 2018-2021, unclear in which years.
	Côte d'Ivoire	**55**	616	28,278	120,272	The 2021 data concern nation-wide data, not programme outputs.
	DRC	**125**	900	3,737	180	
	Gabon	0	0	0	0	
	Ghana	0	120	0	3,200	This concerned 120 master trainers in 2019 and 800 master trainers in 2021.
	Guinea	NA	0	0	0	
	Mali	0	0	502	635	And 1,391 in 2022.
	Niger	0	0	0	0	And 275 in 2022.
	Nigeria	**1,838**	1,200	2,350	3,189	
	Senegal	0	1,479	0	459	
	Togo	ND	ND	ND	ND	
Total ESA		24,245	35,535	38,382	275,919	
Total WCA		2,108	5,266	35,467	128,111	
TOTAL SSA		26,353	40,801	73,849	404,030	

2.2.3 Number of teacher educators trained in CSE
Source: project and NPO reports. Blue means value differs from baseline report, because at baseline, other sources/ estimates were used.

		2018	2019	2020	2021	Comments
ESA	Angola	0	0	0	0	
	Botswana	74	57	21	25	
	Eswatini	8	13	9	0	
	Ethiopia	0	0	0	0	
	Kenya	0	0	0	0	
	Lesotho	0	0	0	0	
	Madagascar	0	0	0	0	
	Malawi	0	0	125	238	
	Mozambique	0	0	0	48	
	Namibia	24	0	0	0	
	Rwanda	0	0	0	0	
	South Africa	0	0	0	0	
	South Sudan	0	40	24	3	
	Tanzania	15	64	30	49	
	Uganda	0	0	0	0	
	Zambia	ND	ND	ND	ND	65, but is does not indicate in which year.
	Zimbabwe	0	37	0	0	
WCA	Benin	0	0	0	0	
	Burkina Faso	0	0	0	0	And 2,016 in 2022.
	Burundi	0	0	0	0	
	Cameroon	60	120	84	66	
	Chad	0	0	0	0	
	Congo	0	0	0	0	
	Côte d'Ivoire	0	0	0	245	
	DRC	0	0	360	365	And 480 in 2022.
	Gabon	0	0	0	0	
	Ghana	0	0	0	0	
	Guinea	NA	0	0	0	
	Mali	0	0	0	100	
	Niger	0	0	0	0	And 60 in 2022.
	Nigeria	0	0	60	2,180	
	Senegal	0	0	0	0	
	Togo	0	0	0	0	
Total ESA		121	211	209	363	
Total WCA		60	120	504	2,956	
TOTAL SSA		181	331	713	3,319	

2.2.4 Number of training colleges/ universities that have institutionalized CSE
2018 data are from baseline report, 2021 data from project/ NPO reports.

		2018	2021
ESA	Angola	ND	ND
	Botswana	ND	14
	Eswatini	5	3
	Ethiopia	ND	0
	Kenya	ND	ND
	Lesotho	2	1
	Madagascar	ND	ND
	Malawi	15	No value (all teacher training colleges in Malawi)
	Mozambique	ND	ND
	Namibia	1	2
	Rwanda	ND	ND
	South Africa	ND	0
	South Sudan	0	0
	Tanzania	1	4
	Uganda	ND	0
	Zambia	17	14
	Zimbabwe	14	17
WCA	Benin	ND	ND
	Burkina Faso	ND	8
	Burundi	ND	ND
	Cameroon	ND	9
	Chad	0	ND
	Congo	0	ND
	Côte d'Ivoire	ND	16
	DRC	ND	ND
	Gabon	0	ND
	Ghana	46	0
	Guinea	NA	ND
	Mali	0	0
	Niger	0	0
	Nigeria	1040	205
	Senegal	0	0
	Togo	0	ND

2.2.5 Number or percentage of CSE trained teachers who are monitored and supervised
2018 data are from baseline report, 2021 data from project/ NPO reports.

		2018	2021	Comments
ESA	Angola	ND	ND	
	Botswana	0 (0%)	2,682	
	Eswatini	109 (6%)	228	
	Ethiopia	5,200 (20%)	0	
	Kenya	ND	ND	
	Lesotho	ND	0	
	Madagascar	0 (0%)	ND	
	Malawi	45 (4%)	ND	
	Mozambique	ND	100%	MINEDH supervises all teachers in the system.
	Namibia	ND	100%	All teachers monitored by heads of department.
	Rwanda	0 (0%)	ND	
	South Africa	ND	0	
	South Sudan	ND	0	
	Tanzania	ND	ND	
	Uganda	ND	ND	
	Zambia	ND	765	
	Zimbabwe	ND	ND	
WCA	Benin	ND	ND	
	Burkina Faso	ND	9%	
	Burundi	ND	ND	
	Cameroon	ND	1,817	All trained in-service teachers are supervised by National Inspectors.
	Chad	0 (0%)	ND	
	Congo	0 (0%)	ND	
	Côte d'Ivoire	ND	100%	
	DRC	ND	25%	
	Gabon	0 (0%)	ND	
	Ghana	ND	3,050 (95.3%)	
	Guinea	NA	ND	
	Mali	0 (0%)	ND	
	Niger	0 (0%)	0 (0%)	
	Nigeria	ND	28,889	
	Senegal	0 (0%)	ND	
	Togo	0 (0%)	ND	

2.3.2 Number of young people with disabilities reached with comprehensive sexuality education programmes
Source: project and NPO reports.

		2018	2019	2020	2021	Comments
ESA	Angola	ND	ND	ND	ND	
	Botswana	0	0	0	650	
	Eswatini	0	0	0	0	
	Ethiopia	0	0	0	0	
	Kenya	ND	ND	ND	ND	
	Lesotho	ND	ND	ND	ND	
	Madagascar	ND	ND	ND	ND	
	Malawi	ND	ND	ND	ND	
	Mozambique	ND	ND	ND	ND	
	Namibia	ND	ND	ND	ND	
	Rwanda	ND	ND	ND	ND	
	South Africa	0	0	0	0	
	South Sudan	ND	ND	ND	ND	
	Tanzania	0	0	0	0	
	Uganda	ND	ND	ND	ND	
	Zambia	ND	ND	ND	ND	
	Zimbabwe	ND	ND	ND	ND	
WCA	Benin	ND	ND	ND	ND	
	Burkina Faso	0	0	0	0	256 in 2022.
	Burundi	ND	ND	ND	ND	
	Cameroon	0	0	0	1,750	
	Chad	ND	ND	ND	ND	
	Congo	ND	ND	ND	ND	
	Côte d'Ivoire	0	0	0	0	1,652 in 2022.
	DRC	ND	ND	ND	ND	
	Gabon	ND	ND	ND	ND	
	Ghana	0	0	0	1,530	
	Guinea	NA	ND	ND	ND	
	Mali	0	0	0	0	
	Niger	0	0	0	0	
	Nigeria	0	0	0	803	
	Senegal	0	0	0	0	
	Togo	NA	ND	ND	ND	
Total ESA		0	0	0	650	
Total WCA		0	0	0	4,083	
TOTAL SSA		0	0	0	4,733	

2.4.1 Number of newly developed CSE Teaching and learning materials developed and disseminated
Source: project and NPO reports. There is a difference in what types of materials countries report.

		2018-2021	Comments
ESA	**Angola**	0	
	Botswana	5	• Living: Skills for Life, Botswana's Window of Hope material for primary and secondary schools (in use) • Living: Skills for Life, Botswana's Window of Hope material (review ongoing) • Living: Skills for Life, Botswana's Window of Hope material usage guidelines for junior and secondary schools • Life Skills Education curriculum development (ongoing) • Development of PCC manual (ongoing)
	Eswatini	2	2019 -Integration and implementation of LSE concept into Foundation Phase -Grade 1) teaching and learning materials 2020- Integration and implementation of LSE concept into Foundation Phase (Grade 2) teaching and learning materials
	Ethiopia	0	
	Kenya	10	During the COVID-19 pandemic lockdown that led to closure of schools, UNESCO supported KICD in the development and dissemination of 20 (10 in English and 10 in Kiswahili) animated messages on health and well-being. To ensure inclusivity, sign language was also included. The messages were aired as fillers during out-of-classroom online learning through radio and TV platforms, as well as being uploaded to the Kenya Education Cloud. The messages touched on teenage pregnancy, HIV, GBV, alcohol and substance abuse, and mental health, among others.
	Lesotho	6	
	Madagascar	50	34 support tools, 13 radio recordings, 1 booklet on human development, 2 stigma awareness campaigns
	Malawi	3	Menstrual hygiene management (MHM), SRGBV, and early forced and child marriage (EFCM)
	Mozambique	0	
	Namibia	1	Teenage pregnancy magazine
	Rwanda	ND	
	South Africa	80	Scripted lesson plans
	South Sudan	2	Connect with Respect tool was translated into sign language and braille.
	Tanzania	31	
	Uganda	1	The Lower secondary curriculum that integrates SE in 6 core subjects was developed and disseminated.
	Zambia	0	
	Zimbabwe	6	

WCA	**Benin**	0	
	Burkina Faso	3	
	Burundi	0	
	Cameroon	100	100 lessons were produced, digitized and put online through the distance learning platform.
	Chad	0	
	Congo	0	
	Côte d'Ivoire	5	
	DRC	15	12 student manuals and 3 teacher's guides.
	Gabon	0	
	Ghana	2	
	Guinea	0	
	Mali	0	
	Niger	1	A harmonized module is developed adapted by level for primary, secondary and normal school teachers. This unique module is retained as the one to be used by all actors from now on.
	Nigeria	7	FLHE basic education curriculum; FLHE Lesson Plans for teachers; training modules; SRGBV Training Manual.
	Senegal	2	SRGBV training guidelines and Handbook on gender-based violence in schools.
	Togo	2	UNESCO supported the revision of 2 training modules for teachers and student teachers on responding to GBV.
Total ESA		197	
Total WCA		137	
TOTAL SSA		334	

2.5.1 Number of young people in higher and tertiary institutions reached with good quality CSE programmes
Source: project and NPO reports. Blue means value differs from baseline report, because at baseline, other sources/ estimates were used.

		2018	2019	2020	2021	Comments
ESA	Angola	ND	ND	ND	ND	
	Botswana	0	0	0	5,310	
	Eswatini	**0**	0	94	0	
	Ethiopia	0	0	0	0	
	Kenya	ND	ND	ND	ND	
	Lesotho	1,206	ND	ND	ND	Baseline data from Faculty of Education of National University of Lesotho.
	Madagascar	ND	ND	ND	ND	
	Malawi	ND	ND	ND	ND	
	Mozambique	56	56	0	0	
	Namibia	0	0	0	0	
	Rwanda	ND	ND	ND	ND	
	South Africa	0	0	0	0	
	South Sudan	0	0	0	0	
	Tanzania	0	549	600	14,859	
	Uganda	ND	ND	ND	ND	
	Zambia	ND	ND	ND	ND	
	Zimbabwe	5,830	6,548	6,548	31,982	2018-2020: Bindura University of Science Education; 2021: figure extracted from the O³ Plus Baseline Study report, focussing on 12 HTEIs only.
WCA	Benin	ND	ND	ND	ND	
	Burkina Faso	0	0	0	0	
	Burundi	ND	ND	ND	ND	
	Cameroon	5,000	5,000	5,000	5,000	
	Chad	ND	ND	ND	ND	
	Congo	ND	ND	ND	ND	
	Côte d'Ivoire	0	0	0	0	
	DRC	0	0	0	0	
	Gabon	ND	ND	ND	ND	
	Ghana	**0**	0	0	0	
	Guinea	ND	ND	ND	ND	
	Mali	0	0	0	0	
	Niger	0	0	0	0	
	Nigeria	ND	ND	ND	ND	
	Senegal	0	0	0	0	
	Togo	ND	ND	ND	ND	
Total ESA		7,092	7,153	7,242	52,151	
Total WCA		5,000	5,000	5,000	5,000	
TOTAL SSA		12,092	12,153	12,242	57,151	

Specific data tables for indicators under objective 3

3.1 / 3.4.1 Number of community members reached with efforts to keep girls in school (media and face to face interventions addressing GBV, EUP, child marriage)
Source: project and NPO reports. Blue means value differs from baseline report, because at baseline, other sources/ estimates were used.

		2018	2019	2020	2021	Comments
ESA	Angola	ND	ND	ND	ND	
	Botswana	**350**	559	1,522	2,005	
	Eswatini	**0**	91	1,500	1,635	
	Ethiopia	147	90	46	112	
	Kenya	**15**	120,000	33	13,001,050	
	Lesotho	0	360	360	500	
	Madagascar	ND	ND	ND	ND	
	Malawi	**0**	0	15,408	38,688	
	Mozambique	**241**	291	0	0	
	Namibia	**643**	749	567	284	
	Rwanda	ND	ND	ND	ND	
	South Africa	**100**	410	404	297	
	South Sudan	**0**	900	0	2,934	
	Tanzania	**5,290,930**	14,560,080	14,560,080	14,560,080	
	Uganda	0	3,077,817	13,000,000	587	
	Zambia	ND	ND	ND	ND	4,250,000 but unclear how it is spread over the years.
	Zimbabwe	**1,000,000**	1,000,000	1,750,000	150	
WCA	Benin	ND	ND	ND	ND	
	Burkina Faso	0	0	0	0	And 1,000,800 in 2022.
	Burundi	ND	ND	ND	ND	
	Cameroon	**240**	823	100	250	And 1,453 in 2022.
	Chad	ND	ND	ND	ND	
	Congo	ND	ND	ND	ND	
	Côte d'Ivoire	0	403	63,969	391,551	
	DRC	0	1,080	1,076	1,080	
	Gabon	ND	ND	ND	ND	
	Ghana	**0**	50,000	283	61,000	
	Guinea	ND	ND	ND	ND	
	Mali	0	0	0	2,100	And 3,450 in 2022.
	Niger	0	0	0	0	
	Nigeria	**74**	5,383	3,321	10,957	
	Senegal	0	0	0	6,500	
	Togo	ND	ND	ND	ND	
Total ESA		6,292,426	18,761,347	29,329,920	27,608,322	
Total WCA		314	57,689	68,749	473,438	
TOTAL SSA		6,292,740	18,819,036	29,398,669	28,081,760	

3.1.1 Number of countries supported in the development and implementation of education sector policies which address School Related Gender Based Violence and Child Marriage
2018 data are from baseline report, 2021 data from project/ NPO reports.

		2018	2021
ESA	Angola	ND	ND
	Botswana	ND	Yes
	Eswatini	ND	Yes
	Ethiopia	ND	Yes
	Kenya	Yes	Yes
	Lesotho	ND	No
	Madagascar	Yes	ND
	Malawi	Yes	No
	Mozambique	ND	No
	Namibia	ND	Yes
	Rwanda	Yes	ND
	South Africa	Yes	Yes
	South Sudan	ND	No
	Tanzania	No	Yes
	Uganda	Yes	Yes
	Zambia	ND	No
	Zimbabwe	Yes	Yes
WCA	Benin	ND	ND
	Burkina Faso	ND	No
	Burundi	ND	ND
	Cameroon	ND	Yes
	Chad	ND	ND
	Congo	ND	ND
	Côte d'Ivoire	ND	Yes
	DRC	ND	No
	Gabon	ND	ND
	Ghana	ND	Yes
	Guinea	NA	ND
	Mali	ND	Yes
	Niger	ND	Yes
	Nigeria	ND	Yes
	Senegal	ND	Yes
	Togo	ND	ND
Total ESA		7 out of 8	9 out of 14
Total WCA		None	7 out of 9
TOTAL SSA		7 out of 8	16 out of 23

3.2 / 3.2.1 Percentage of educational institutions that have rules and guidelines for staff and students related to physical safety, stigma and discrimination and sexual harassment and abuse that have been communicated to relevant stakeholders

This indicator is only reported if EMIS or other nation-wide data are available. 2018 data are taken from baseline report. 2018 data are taken from baseline report.

		2018	2021	Comments
ESA	Angola	ND	ND	
	Botswana	ND	ND	NPO reports 1,005 public schools.
	Eswatini	100%	100%	628 primary and 292 secondary schools. School Rules and Regulations supported by INQABA CSTL Framework are available in schools.
	Ethiopia	ND	ND	Assumed 100% based on the School-related Gender-based Violence Code of Conduct for Ethiopia (2014). Currently working with the MoE's Gender Directorate to update and implement the SRGBV code of conduct for primary and secondary schools.
	Kenya	ND	ND	Assumed 100% based on Kenya's School Health Policy.
	Lesotho	0%	ND	
	Madagascar	0%	ND	
	Malawi	ND	ND	
	Mozambique	ND	ND	13,725 schools.
	Namibia	80%	ND	1,954 schools, it is assumed that all of them have rules and guidelines, but no data collected.
	Rwanda	100%	ND	
	South Africa	100%	100%	In 2021, DBE developed Guidelines for the Management and Social Inclusion of Sexual Orientation, Gender Identity, Expression and Sex Characteristics in schools.
	South Sudan	ND	0%	
	Tanzania	30%	59.9% (primary) 53.8% (secondary)	Source: BEST report.
	Uganda	ND	ND	26,717 schools. It is a requirement that all schools follow the Gender in Education guidelines that enforces learners safety, GBV, stigma and discrimination guideline.
	Zambia	80%	100%	10,731 schools.
	Zimbabwe	ND	100%	9,625 schools, reported through EMIS but not included in survey, so it is an assumption.
WCA	Benin	ND	ND	
	Burkina Faso	0%	ND	
	Burundi	ND	ND	
	Cameroon	ND	38.8%	8,998 schools.
	Chad	0%	ND	
	Congo	0%	ND	
	Côte d'Ivoire	ND	59.4%	18,757 primary and 2,737 secondary schools.
	DRC	ND	ND	Codes of good conduct on sexual violence in schools, developed with technical support from UNESCO, have been circulated (online) for all primary and secondary schools in the DRC.
	Gabon	0%	ND	
	Ghana	ND	60%	
	Guinea	NA	ND	
	Mali	0%	ND	Data collection planned for 2022-23.
	Niger	0%	0%	177,332 schools.
	Nigeria	ND	46%	
	Senegal	0%	ND	
	Togo	0%	ND	

3.3.1 Number of countries supported in the development and implementation of a policy on learner pregnancy and readmission
2018 data are from baseline report, 2021 data from project/ NPO reports.

		2018	2021
ESA	Angola	ND	ND
	Botswana	ND	Yes
	Eswatini	ND	Yes
	Ethiopia	ND	No
	Kenya	Yes	Yes
	Lesotho	ND	Yes
	Madagascar	ND	ND
	Malawi	Yes	Yes
	Mozambique	Yes	ND
	Namibia	ND	No (policy in place before 2018)
	Rwanda	Yes	ND
	South Africa	Yes	Yes
	South Sudan	ND	No
	Tanzania	No	No
	Uganda	Yes	Yes
	Zambia	ND	No
	Zimbabwe	Yes	Yes
WCA	Benin	ND	ND
	Burkina Faso	ND	No (but yes for 2022)
	Burundi	ND	ND
	Cameroon	ND	No (but yes for 2022)
	Chad	ND	ND
	Congo	ND	ND
	Côte d'Ivoire	ND	Yes
	DRC	No	No
	Gabon	ND	ND
	Ghana	ND	Yes
	Guinea	NA	ND
	Mali	ND	No
	Niger	ND	No
	Nigeria	ND	Yes
	Senegal	ND	No
	Togo	ND	ND
Total ESA		7 out of 8	8 out of 13
Total WCA		0 out of 1	3 out of 9
TOTAL SSA		7 out of 9	11 out of 22

3.5.1 Number of countries supported in the development of comprehensive school health policies that respond to emerging outbreaks such as cholera. *2018 data are from baseline report, 2021 data from project/ NPO reports. For 2021, support on COVID-19 guidelines is taken as a Yes.*

		2018	2021
ESA	Angola	ND	ND
	Botswana	ND	Yes
	Eswatini	ND	Yes
	Ethiopia	ND	No
	Kenya	Yes	No
	Lesotho	ND	Yes
	Madagascar	ND	ND
	Malawi	Yes	Yes
	Mozambique	Yes	Yes
	Namibia	ND	Yes
	Rwanda	Yes	ND
	South Africa	Yes	Yes
	South Sudan	ND	No
	Tanzania	No	Yes
	Uganda	Yes	Yes
	Zambia	ND	Yes
	Zimbabwe	Yes	Yes
WCA	Benin	ND	ND
	Burkina Faso	ND	No
	Burundi	ND	ND
	Cameroon	ND	No
	Chad	ND	ND
	Congo	No	ND
	Côte d'Ivoire	ND	Yes
	DRC	ND	No
	Gabon	ND	ND
	Ghana	ND	Yes
	Guinea	NA	ND
	Mali	ND	Yes
	Niger	ND	No
	Nigeria	ND	Yes
	Senegal	ND	Yes
	Togo	ND	ND
Total ESA		7 out of 8	11 out of 14
Total WCA		0 out of 1	5 out of 9
TOTAL SSA		7 out of 9	16 out of 23

Specific data tables for indicators under objective 4

4.2.1 Number of research pieces commissioned in the project countries
4.1 / 4.3.1 Number of policy and advocacy information products developed from commissioned research.
Source: project and NPO reports.

		4.2.1 Number of research pieces commissioned over 2018-2021 (excl. base and mid-line)	Comments 4.2.13	4.1 / 4.3.1 Number of policy and advocacy information products developed from commissioned research over 2018-2021	Comments 4.1 / 4.3.1
ESA	**Angola**	ND	ND	ND	ND
	Botswana	4	1. New Policy based on the School Health Policy review 2. Knowledge, Attitude and Practice on CSE in Botswana 3. Situational Analysis on the Global Standards of the Health Promoting Schools Pilot study 4. Baseline Study for the UNESCO-Peking University Girls project addressing School	2	Development of COVID-19 School Re-Opening Guidelines and development of COVID-19 Educational Material for Lower and Upper Primary learners.
	Eswatini	1	As part of the 2021 regional qualitative study on attitudes, perceptions, and experiences of CSE in schools in the region, a draft report was developed for Eswatini	1	EUP policy after situational analysis conducted in 2018.
	Ethiopia	2	1. Evaluation of the impact of the different interventions MoE made to prevent HIV from the education sector 2. Baseline Survey focusing on the level of Knowledge and Attitudes of upper Primary and Middle level learners on HIV and SRH	2	ND
	Kenya	2	1. UNESCO 2022 Religious Leaders Brief submission 2. An analysis of selected legislations, policies and guidelines related to Teenage Pregnancy	1	ND
	Lesotho	6	1. Situation analysis of learning management systems in public teacher education/training institutions for teacher training and education on CSE in sub-Saharan Africa. 2. Assessment of the psychosocial impact of COVID-19 on teachers, teacher educators, and learners and psychosocial needs in selected countries. 3. Needs assessment on violence and bullying of children with disabilities in the ESA region 4. The Impact of COVID-19 on AYP's SRHR 5. A situation analysis of SRH and HIV in Lesotho higher education institutions 6. Analysis of 2017 and 2018 Grade 7 LBSE results to determine the quality of CSE delivery	2	ND
	Madagascar	ND	ND	ND	ND
	Malawi	4	1. UNESCO supported the MoEST to conduct a situation analysis on LSE in primary schools in Malawi 2. Situation assessment of CSE in secondary schools and tertiary institutions in Malawi 3. Malawi was part of a 7 country study on attitudes, perceptions and experiences of teachers and learners on CSE 4. Needs assessment in 5 countries on CSE for learners with disabilities	0	NA

3 Studies listed are those identified by the document review.

	Mozambique	1	Study, through the Rapariga BIZ programme, assessing the degree of transmission of CSE knowledge by teachers and level of assimilation by students in three provinces	ND	ND
	Namibia	2	1. The situational analysis on the status of SRH of young people in tertiary institutions. 2. The study on attitudes, perceptions and experiences of learners and teachers towards CSE	0	NA
	Rwanda	ND	ND	ND	ND
	South Africa	3	1. Documentation of CSE opposition 2. Study on school violence and bullying of children with disabilities 3. Study on impact of COVID 19 on ASRH services	0	NA
	South Sudan	1	1. Study on the impact of CSE among school learners	0	NA
	Tanzania	7	1. Situational analysis of the status of EUP in 10 ESA countries 2. Policy briefs from the findings of the "situational analyses on the status of sexuality education and availability of SRH services within Higher and Tertiary Education Institutions (HTEI's)" 3. Needs assessment of young people with disabilities in the school system, 4. A knowledge, attitudes and perception (KAP) study on SRH, HIV and GBV for learners in primary and secondary school 5. Re-entry policy study 6. Analysis of experiences and outcomes from pilot of the CwR tool 7. O^3 PLUS project country baselines report and health facility assessment	0	NA
	Uganda	4	1. ESA Commitment Evaluation 2013-2018 2. A Qualitative Study On Attitudes, perceptions and Experiences on Comprehensive Sexuality Education In Schools And school communities in Uganda 3. ASRH and Sexuality Education in Higher Learning Institutions 4. Case-study on CSE opposition	0	It seems policy briefs were developed, but no specific data.
	Zambia	4	1. Longitudinal study in two districts from 2017 to 2020 to generate evidence on the overall linkage between CSE and access to SRH services and information by young people in schools 2. Needs assessment young people with disabilities with regard to their access to adolescent SRH information and services, including in schools 3. Attitudes, perceptions, and experiences of learners and teachers on CSE	0	NA
	Zimbabwe	6	1. Situational analysis study on the SRH status of students in teacher training colleges 2. EUP situation analysis 3. Needs assessment on CSE for young people with disabilities 4. Impact of the pandemic on ASRHR in ESA countries 5. A review of the Bindura University of Science Education (BUSE) health education course 6. Exploring ICT based platforms in teaching and learning of comprehensive sexuality education for learners with disability	2	ND
WCA	**Benin**	ND	ND	ND	ND

Burkina Faso	3	1. AnImRS study to analyse the national response to SRGBV 2. Study on the integration of FLE in Burkina Faso's school curriculum 3. A geospatial mapping of SRH, protection, and/or legal and support services available to AYP in the country	ND	ND
Burundi	ND	ND	ND	ND
Cameroon	1	Research on the policy of keeping girls in school	4	Passport against SRGBV, guide on ECS, module on SRGBV
Chad	ND	ND	ND	ND
Congo	ND	ND	ND	ND
Côte d'Ivoire	5	1. Parents' perception of the ECS; 2. The impact of the Hello Ado application 3. Action research on strategies to combat SRGBV 4. Action research on the resilience of the system and the effectiveness of distance learning services implemented during the period of class closures due to the COVID 19 pandemic 5. Analysis report on GC2, GC3, GC4, GC5 indicators in progress	3	Leaflets, posters, capsules in 5 video and audio languages
DRC	1	SERAT study on the legal and policy framework for CSE and SRH for AYP	0	NA
Gabon	ND	ND	ND	ND
Ghana	6	1. Situation analysis study on the status of ASRH and CSE in TTCs 2. Study on attitudes, perceptions and experiences of learners and teachers on CSE 3. Documentation opposition to CSE across six countries 4. Base-line study and end-line study for the Youth Empowerment Project (YEP) 5. A desk study was conducted to review the existence of RHE topics in approved textbooks and perceptions of stakeholders 6. An assessment of reproductive health education was carried out in Savana Signatures schools	0	NA
Guinea	ND	ND	ND	ND
Mali	0	NA	0	NA
Niger	2	7. 1. The AnimRS study on national responses to SRGBV 2. SERAT report	0	NA
Nigeria	7	1. SERAT analysis of school-based CSE curricula 2. SERAT studies from during the previous year used to inform an impending needs assessment of CSE curriculum implementation 3. Impact of COVID-19 on AYP in terms of their access to learning, evolving household situations, and exposure to violence 4. Survey to understand the differentiated gender impact of COVID-19 on boys and girls, and their needs.	7	ND
Senegal	1	1. Hello Ado study to map services in 14 new cities in Senegal	1	ND
Togo	1	ND	1	ND
Total	74		25	
Average per country ESA	3.4		0.8	
Average per country WCA	2.7		1.7	
Average per country SSA	3.1		1.1	

4.2 / 4.1.1 Number of project countries integrating at least one (1) HIV /CSE indicator into EMIS systems
2018 data are from baseline report, 2021 data from project/ NPO reports.

		2018	2021
ESA	Angola	Yes	Yes
	Botswana	Yes	Yes
	Eswatini	Yes	Yes
	Ethiopia	Yes	Yes
	Kenya	Yes	Yes
	Lesotho	Yes	Yes
	Madagascar	Yes	Yes
	Malawi	Yes	Yes
	Mozambique	Yes	Yes
	Namibia	Yes	Yes
	Rwanda	Yes	Yes
	South Africa	Yes	Yes
	South Sudan	Yes	Yes
	Tanzania	Yes	Yes
	Uganda	Yes	Yes
	Zambia	Yes	Yes
	Zimbabwe	Yes	Yes
WCA	Benin	No	ND
	Burkina Faso	No	Yes
	Burundi	No	ND
	Cameroon	No	Yes
	Chad	No	ND
	Congo	No	Yes
	Côte d'Ivoire	Yes	Yes
	DRC	No	Yes
	Gabon	No	Yes
	Ghana	Yes	Yes
	Guinea	No	ND
	Mali	No	Yes
	Niger	No	Yes
	Nigeria	No	Yes
	Senegal	No	Yes
	Togo	No	ND
Total ESA		17 out of 17 countries	17 out of 17 countries
Total WCA		2 out of 16 countries	11 out of 11 countries
TOTAL SSA		19 out of 33 countries	28 out of 28 countries

4.4.1 Number of project countries in the SSA region that have an active webpage on the YPT website

None of the countries have an active webpage on the YPT website.

4.5.1 Percentage of countries who utilise the regional learning platform for sharing knowledge

As the RLP was developed in 2019 and launched in 2020, there are no 2018 data (although there are data in the baseline report) In 2022, NPOs were asked how often they utilized the RLP for sharing knowledge. The answer options were: Never, I have used this one to five times in total, Every 3 months, Every month, Every week, Other.

		How often do you utilize the O³ regional learning platform for sharing knowledge?
ESA	Angola	ND
	Botswana	I have used this one to five times in total
	Eswatini	ND
	Ethiopia	Never
	Kenya	Other: content is shared with regional colleagues for uploading on the platform whenever there is a key activity
	Lesotho	Never
	Madagascar	ND
	Malawi	Every 3 months
	Mozambique	ND
	Namibia	I have used this one to five times in total
	Rwanda	ND
	South Africa	I have used this one to five times in total
	South Sudan	I have used this one to five times in total
	Tanzania	I have used this one to five times in total
	Uganda	Every 3 months
	Zambia	Every month
	Zimbabwe	I have used this one to five times in total
WCA	Benin	ND
	Burkina Faso	I have used this one to five times in total
	Burundi	ND
	Cameroon	ND
	Chad	ND
	Congo	ND
	Côte d'Ivoire	I have used this one to five times in total
	DRC	I have used this one to five times in total
	Gabon	ND
	Ghana	Every 3 months
	Guinea	ND
	Mali	I have used this one to five times in total
	Niger	Never
	Nigeria	I have used this one to five times in total
	Senegal	I have used this one to five times in total
	Togo	ND
Total ESA		10 out of 12
Total WCA		7 out of 8
TOTAL SSA		17 out of 20 (85%)

4.6.1 Number of countries supported to develop creative and innovative ICT tools to support the delivery of CSE
2018 data are from baseline report, 2021 data from project/ NPO reports.

		2018	2021	ICT tool
ESA	**Angola**	Yes	ND	ND
	Botswana	No	No	NA
	Eswatini	Yes	Yes	CSE Online Learning Module
	Ethiopia	Yes	No	NA
	Kenya	Yes	Yes	RADA app on SRH for University of Nairobi
	Lesotho	No	No	NA
	Madagascar	Yes	ND	ND
	Malawi	Yes	Yes	Malawi version of Dzidzo Paden
	Mozambique	Yes	Yes	ND
	Namibia	No	Yes	Online CSE module
	Rwanda	Yes	ND	ND
	South Africa	No	Yes	CSE online training and webinars for educators on CSE
	South Sudan	No	Yes	SRGBV material (CwR) and regional CSE teacher training manual were saved in form of text and speech into 100 digital recordings to be used in future training for teachers
	Tanzania	Yes	Yes	Infor for Life Tz: a youth-led initiative that disseminates CSE through multimedia platforms including WhatsApp, push text messages, Instagram and twitter; a CSE digitized course designed and offered online to learners who are in higher and tertiary learning institutions
	Uganda	No	Yes	Kyaddala, Its Real drama series
	Zambia	ND	Yes	ND
	Zimbabwe	Yes	Yes	Dzidzo paden
WCA	**Benin**	ND	ND	ND
	Burkina Faso	ND	No	NA
	Burundi	ND	ND	ND
	Cameroon	ND	Yes	Content recording and digitization studios
	Chad	ND	ND	ND
	Congo	ND	ND	ND
	Côte d'Ivoire	ND	Yes	Scripted ESVS manual for teachers
	DRC	Yes	No	ND
	Gabon	ND	ND	ND
	Ghana	ND	Yes	Digitization of CSE teacher training content for hybrid training, online youth friendly anonymous CSE and SRH services/referrals, youth TV/radio series on CSE/SRH services for AYP and content for social media engagement with AYP on CSE/SRH services
	Guinea	ND	ND	ND
	Mali	ND	No	NA
	Niger	ND	No	NA
	Nigeria	ND	Yes	Apps FRISKY, Diva and Linkup
	Senegal	ND	Yes	Hello Ado
	Togo	ND	ND	ND
Total ESA		10 out of 16	11 out of 14	
Total WCA		1 out of 1	5 out of 9	
TOTAL SSA		11 out of 17	16 out of 23	

Annex 9. Overview of multi-country studies and reviews conducted within the O³ programme

Type/ title of study or review	Countries	Main outcomes and use
Review school health policies (2017)	• Programme acceleration countries: Malawi, Zambia and Zimbabwe • Focus country: Lesotho	Based on the review, recommendations were made on countries' approaches to school health.
Situational analysis on the status of EUP in 10 ESA countries (2017-2018)	• Programme acceleration countries: Malawi, Tanzania, Zambia and Zimbabwe • Focus countries: Kenya, Lesotho, Namibia, South Africa and Uganda • Other countries: Swaziland	The analysis found that not only was EUP increasing in all 10 countries, it is driven by multiple factors, including poverty, lack of information and access to reproductive health services, cultural norms, peer pressure, and sexual coercion and abuse. In addition, although many countries do have policies in place to prevent EUP and ensure girls continue their education after pregnancy, implementation is weak as a result of lack of awareness by communities and negative norms and attitudes towards girls who become pregnant. The study results were used to shape the regional multimedia EUP campaign under programme area 1. The study results also contributed towards the development of the SADC SRHR Strategy.
Baseline study (2018)	32 countries	The baseline study provided data for the quantitative components of the results framework and assessed the readiness of O³ programme countries to provide data for the results framework. It found that none of the countries was able to report on all the indicators. Reporting capacity varied by geographic region, with the ESA countries being able to report on more indicators than WCA countries. Furthermore, interpretation of the indicators diverged across countries, indicating confusion around the target populations, time periods, and unit of specificity. It was recommended to prioritise the operationalisation and rollout of the results framework, focusing on ensuring mutual understanding of indicators and strengthening data reporting capacity; and to strengthen the comprehensiveness and quality of CSE delivery.
Needs assessment for sexuality education curriculum implementation in Eastern and Southern and West and Central Africa (2019)	• Programme acceleration countries: Ghana, Eswatini, Zambia and Zimbabwe • Focus countries: Cameroon, Côte d'Ivoire, DRC, Kenya, Lesotho, Mozambique, Namibia, Nigeria, South Africa and Uganda	The top priority areas identified were the development of a standard package for in-service teacher training, development of learners' books and materials for young people with disabilities with regard to teaching and learning materials, and training curriculum developers within curriculum development. Study findings were used to prioritise areas of technical support and develop tailored trainings and activities for strengthening CSE curricula and implementation. For example, the ESA in-service teacher training package on CSE (2019) and the regional coaching and mentorship strategy (2020) were developed based on the needs assessment.
Evaluation of the ESA commitment (2020)	• ESA countries, 10 countries with in-depth study: • Programme acceleration countries: Eswatini, Malawi, Tanzania and Zambia • Focus countries: DRC, Mozambique, South Africa and Uganda • Networking country: Rwanza • Other country: Mauritius	The evaluation assessed the processes and achievements made through the ESA Commitment efforts and drew lessons that informed the rationale for the extension of the ESA Commitment to 2030 to align with Agenda 2030.

Mid-term evaluation of the 'Let's Talk!' campaign (2020)	• Programme acceleration country: Malawi • Focus countries: South Africa and Uganda	The mid-term evaluation found that the campaign concretized the magnitude of EUP, raised awareness about the impact of EUP, sparked conversation and enhanced collaboration between governments and partners, provided an entry point for advocating for the adoption of CSE as a way to reduce EUP, and resulted on more positive reporting about cases of EUP.
Regional analysis of the situation of AYP in WCA, along with a compendium of individual country data syntheses for 24 WCA countries (2020-2021)	• WCA countries	The report was used as evidence for the need for improved CSE and SRH services for AYP towards the WCA commitment and for advocacy purposes. It was launched in 2021. It includes country progress boxes summarising the status of (commitment to and implementation of) CSE so far.
Situational analysis on CSE and SRH services for young people in higher and tertiary education institutions (HTEIs)	• Programme acceleration countries: Tanzania and Zimbabwe • Focus country: Uganda (separate report)	The study revealed low levels of comprehensive knowledge on HIV and AIDS; misconceptions around CSE; and a pervasive culture of silence and apparent collusion around SGBV involving students and staff. Based on the study, a meeting with development partners, university policy-makers, and CSOs was held, where advocacy was conducted for inclusion of sexuality education and ASRH services in universities and other HTEIs, as well as leverage resources for implementation of the programmes.
Pilot of the Connect with Respect (CwR) tool (analysis of experience and outcomes of Connect with Respect violence prevention programme - a five country study (2021)	• Programme acceleration countries: Eswatini, Tanzania and Zambia, and a partial pilot in Zimbabwe	Results from the pilot showed that CwR is relevant for secondary schools and that the activities are effective in increasing knowledge and understanding of gender and social norms, as well as developing positive gender attitudes influencing behaviour change. The pilot further established that the CwR activities had positively impacted on learners' connectedness and collaboration, although undesirable behaviours such as bullying had persisted in some pilot schools. Overall, the delivery of CwR activities was found to have been constrained by factors such as limited teaching time, large class sizes, teacher overload, and teacher's beliefs which conflicted with CwR content. These findings were considered factors in scaling the implementation of the tool (from 2021).
Qualitative study on attitudes, perceptions, and experiences of learners and teachers on CSE across six countries (2020-2021)	• Programme acceleration countries: Eswatini, Ghana, Malawi and Zambia • Focus countries: Botswana and Uganda	The study found that the learners had positive attitudes towards learning CSE due to the perceived benefits and relevance to their own lives. They did, however, have concerns about the capacities of teachers to deliver CSE topics, ranging from clarity of content to consistency and depth of information, citing reasons such as some teachers being shy or embarrassed by the topics and others not giving adequate explanations and rushing through the topics. Teachers concurred with this assertion. The study also pointed to limited access to CSE for AYP with disabilities.
Needs assessment on the current state of CSE for Young People with Disabilities in the East and Southern African region (2020-2021)	• Programme acceleration countries: Eswatini, Malawi, Tanzania, Zambia and Zimbabwe	The assessment demonstrated that delivery of CSE to children and young persons with disabilities is largely considered by stakeholders to be better in specialist provision, such as special needs schools, where teachers are more equipped to adapt resources and tailor their approach. The lack of skills among teachers in mainstream settings, often adopting a 'one size fits all' approach, highlights the urgent need to strengthen the overall teacher capacity for working with learners with disabilities. The assessment also highlighted that there is no curricular content to support delivery of CSE for learners with disabilities in teacher training institutions. In 2021, a virtual workshop on CSE for learners with disabilities in ESA was conducted with over 120 participants. Additionally, a training-of-trainers (ToT) for 73 participants on CSE for AYP with disabilities took place in Malawi and Zimbabwe on the Breaking the Silence (BtS) approach, which aims to make CSE accessible to learners with disabilities, drawing on interactive learning methods to empower educators with skills and tools. In WCA, a virtual four-day workshop, organised in partnership with Handicap International and the Forum for African Women Educationalists (FAWE), gathered education authorities, associations of people living with disabilities, CSOs and financial and technical partners from Burkina Faso, Cameroon, Côte d'Ivoire, DRC, Ghana, Mali, Niger, Nigeria, Senegal, and Togo. Together they identified pressing issues and planned for activities to be implemented at country level, while UNESCO and partners contributed towards building their capacities.

Review analysing the legal and policy frameworks related to sexuality education in 11 WCA countries (using part of SERAT) (2021)	• Programme acceleration country: Ghana • Focus countries: Burkina Faso, Cameroon, Côte d'Ivoire, DRC, Mali, Niger, Nigeria and Senegal • Networking countries: Gabon and Togo	Based on this review, 10 fact sheets were developed presenting a summary of the aspects that are favourable, partially favourable, or adverse to the provision of sexuality education for each country. The regional synthesis that concludes the review shows that while the situation varies greatly among countries, there is an important need to strengthen national legal and policy frameworks and to reinforce the legal status of SRHR. The report was launched and published in 2021. The ultimate goal is for countries to explore possible legal and policy reforms that would ensure a more supportive environment for sexuality education and a more rights-based approach to SRH.
Mid-term review of the O³ programme covering 2018-2020 (2021)	All countries	The mid-term review revealed that the O³ programme is well-aligned with national and regional ASRHR plans, strategies, and programmes and has helped raise the political priority of CSE in many countries, contributed to the delivery of quality and effective CSE, and increased visibility and dialogue on issues of GBV in the education sector. However, obstacles and challenges for CSE and AYP SRH programming remain, particularly opposition to CSE, social and cultural constraints to the acceptability of CSE, and operational challenges to scale up CSE and ensure its quality delivery. The review recommended, among others, conducting a political, economic, and situation analysis to map stakeholder power dynamics and identify strategic entry points for neutralising or countering false narratives; prioritising building the evidence based on what works through longitudinal studies; and elaborating on innovations developed to expand the reach and access of programme interventions.
Landscape analysis and mapping of CSE-related resistance at global, regional, and country levels (2020-2021)	• Programme acceleration countries: Ghana and Zambia • Focus countries: Ethiopia, Namibia, South Africa and Uganda	Findings from this exercise focused on reasons for and tactics of opposition to CSE, and identified how countries successfully responded to opposition. Recommendations on how to further address opposition were made. Based on the study results, the following has been done: • Adaptation of CSE nomenclature to WCA context • Recapturing the narrative: strategic communication through media and targeted campaigns
Qualitative research on school violence and bullying (SVB) against learners with disabilities (2021)	• Programme acceleration country: Zambia • Focus countries: Botswana, Lesotho, Mozambique and South Africa	SVB was found to be widely prevalent. Policy-implementation gaps were identified in all countries, specifically with regard to how disability inclusion would be managed and monitored. Several recommendations were made from this study.
Endline 'Let's Talk' campaign (2021)	• Programme acceleration countries: Eswatini and Malawi • Focus country: Kenya	The evaluation established that the campaign was positively received, with participants perceiving it as highly relevant, especially in the context of the prevalence of EUPs in communities that was deemed to have been exacerbated by the COVID-19 pandemic. A prominent qualitative finding from the evaluation was that the target audiences, including girls, teachers, and parents, acquired the knowledge that girls have SRHR, including the right to return to school after pregnancy. There were strong testimonies from Malawi of young girls returning to school after pregnancy, and this was attributed to the campaign's focus on the school readmission policy.
Study on the Covid-19 psychosocial impact on and support needs of learners, teachers, and teacher educators was undertaken	• Programme acceleration countries: Ghana, Eswatini, Malawi, Zambia and Zimbabwe • Focus countries: Botswana, Cameroon, Côte d'Ivoire, DRC, Ethiopia, Kenya, Lesotho, Mali, Mozambique, Nigeria, Senegal, South Africa, South Sudan and Uganda • Networking country: Rwanda • Other countries: Gambia and Liberia	Recommendations from the study included setting up well-equipped counselling units in schools, conducting counselling sessions and workshops for both learners and teachers, adjusting the curriculum to support the delivery of lessons via digital technology, introducing diverse learning platforms, and providing PPE and vaccination.

Annex 10. Overview of global core indicators included in EMISs in the O³ countries

	2. Percentage of educational institutions that have rules and guidelines for staff and students related to physical safety, stigma and discrimination and sexual harassment and abuse that have been communicated to relevant stakeholders	3. Percentage of schools that provided life skills-based HIV and sexuality education in the previous academic year	4. Percentage of schools that provided an orientation process for parents or guardians of students regarding life skills-based HIV and sexuality education programmes in schools in the previous academic year	5. Percentage of schools with teachers who received training, and taught lessons, in life skills-based HIV and sexuality education in the previous academic year
ESA				
Angola	Not integrated	Not integrated	Not integrated	Not integrated
Botswana	2015	2015	2015	2015
Eswatini	Not integrated	Not integrated	Not integrated	Not integrated
Ethiopia	Not integrated	Not integrated	Not integrated	Not integrated
Kenya	Not integrated	Not integrated	Not integrated	Not integrated
Lesotho	Not integrated	2018	2018	2018
Madagascar	Not integrated	Not integrated	Not integrated	Not integrated
Malawi	2018-2020	2018-2020	2018-2020	2018-2020
Mozambique	Not integrated	Not integrated	Not integrated	Not integrated
Namibia	Not integrated	2016	2016	2016
Rwanda	Not integrated	Not integrated	Not integrated	Not integrated
South Africa	Not integrated	2015	2019	2015
South Sudan	Not integrated	Not integrated	Not integrated	Not integrated
Tanzania	2017	2017	2018	2017
Uganda	2018	2018	2018	2018
Zambia	2014	2014	2014	2014
Zimbabwe	Not integrated	Not integrated	Not integrated	2018 and 2020[9]

4 Appears twice but differently *"Percentage of orphaned and vulnerable children, aged 5-17 years who received social support excluding bursary in the previous academic year"*.
5 Proposed for integration. Indicators previously integrated in EMIS but were later removed.
6 Collected but not reported.
7 Collected but not reported.
8 Collected but not reported.
9 Collected but not reported.

	9. Percentage of orphaned and vulnerable children, aged 5-17 years, who received bursary support, including fee exemptions, through schools in the previous academic year	10. Percentage of orphaned and vulnerable children, aged 5-17 years, who received emotional/ psychological support through schools in the previous academic year	11. Percentage of orphaned and vulnerable children, aged 5-17 years, who received social support, excluding bursary support, through schools in the previous academic year	12. Percentage of educational institutions that implement an HIV Workplace programme	14. Percentage of students who permanently left school due to illness or death in the previous academic year	15. Teacher attrition rate in the previous academic year
	Not integrated	Not integrated	Not integrated	Not integrated	Not integrated	Not integrated
	2015	2015	2015	2015	2015	2015
	Not integrated	Not integrated	Not integrated	Not integrated	2018	2018
	Not integrated	2016	2016[4]	Not integrated	Not integrated	2016
	Not integrated	Not integrated	Not integrated[5]	Not integrated	2022[6]	Not integrated
	2018	Not integrated	Not integrated	Not integrated	Not integrated	Not integrated
	Not integrated	Not integrated	Not integrated	Not integrated	Not integrated	Not integrated
	Not integrated	2018-2020	2018-2020[7]	Not integrated	Not integrated	Not integrated
	Not integrated	Not integrated	Not integrated	Not integrated	Not integrated	Not integrated
	Not integrated	Not integrated	Not integrated	Not integrated	Not integrated	Not integrated
	Not integrated	Not integrated	Not integrated	Not integrated	Not integrated	Not integrated
	2015	2015	Not integrated	2015	2015	2015
	Not integrated	Not integrated	Not integrated	Not integrated	Not integrated	Not integrated
	2017[8]	Not integrated	Not integrated	2017	2017	2017
	Not integrated	Not integrated	Not integrated	Not integrated	Not integrated	Not integrated
	2014	Not integrated	Not integrated	2014	2014	2014
	2018	Not integrated	Not integrated	Not integrated	2018	2018

	2. Percentage of educational institutions that have rules and guidelines for staff and students related to physical safety, stigma and discrimination and sexual harassment and abuse that have been communicated to relevant stakeholders	3. Percentage of schools that provided life skills-based HIV and sexuality education in the previous academic year	4. Percentage of schools that provided an orientation process for parents or guardians of students regarding life skills-based HIV and sexuality education programmes in schools in the previous academic year	5. Percentage of schools with teachers who received training, and taught lessons, in life skills-based HIV and sexuality education in the previous academic year
WCA				
Benin	No data	No data	No data	No data
Burkina Faso	2022	2022	2022	2022
Burundi	No data	No data	No data	No data
Cameroon	2019	2019	2019	2022
Chad	No data	No data	No data	No data
Congo	2022	2022	2022	2022
Côte d'Ivoire	2019	2019	2021	2019
DRC	2021	2021	2021	2021
Gabon	2022	2022	2022	2022
Ghana	2019	2019	2019	2019
Guinea	No data	No data	No data	No data
Mali	2022/2023	2022/2023	2022/2023	2022/2023
Niger	2022	2022	2022	2022
Nigeria	2019	2019	2019	2019
Senegal	2021	2021	2021	2021
Togo	No data	No data	No data	No data

	9. Percentage of orphaned and vulnerable children, aged 5-17 years, who received bursary support, including fee exemptions, through schools in the previous academic year	10. Percentage of orphaned and vulnerable children, aged 5-17 years, who received emotional/ psychological support through schools in the previous academic year	11. Percentage of orphaned and vulnerable children, aged 5-17 years, who received social support, excluding bursary support, through schools in the previous academic year	12. Percentage of educational institutions that implement an HIV Workplace programme	14. Percentage of students who permanently left school due to illness or death in the previous academic year	15. Teacher attrition rate in the previous academic year
	No data	No data	No data	No data	No data	No data
	Not integrated	Not integrated	Not integrated	Not integrated	Not integrated	Not integrated
	No data	No data	No data	No data	No data	No data
	Not integrated	Not integrated	Not integrated	Not integrated	Not integrated	Not integrated
	No data	No data	No data	No data	No data	No data
	Not integrated	Not integrated	Not integrated	Not integrated	Not integrated	Not integrated
	Not integrated	Not integrated	Not integrated	Not integrated	Not integrated	Not integrated
	Not integrated	Not integrated	Not integrated	Not integrated	Not integrated	Not integrated
	Not integrated	Not integrated	Not integrated	Not integrated	Not integrated	Not integrated
	Not integrated	Not integrated	Not integrated	Not integrated	Not integrated	Not integrated
	No data	No data	No data	No data	No data	No data
	Not integrated	Not integrated	Not integrated	Not integrated	Not integrated	Not integrated
	Not integrated	Not integrated	Not integrated	Not integrated	Not integrated	Not integrated
	Not integrated	Not integrated	Not integrated	Not integrated	Not integrated	Not integrated
	Not integrated	Not integrated	Not integrated	Not integrated	Not integrated	Not integrated
	No data	No data	No data	No data	No data	No data

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