



CONCEPTUAL FRAMEWORK

CENTER OF EXCELLENCE FOR YOUTH CENTERED
PROGRAMMING IN ANGLOPHONE AFRICA

DRIVING CHANGE:
AN ACCELERATION AGENDA TO DELIVER SRHR FOR ALL

2022



PREFACE

One of the priority objectives in IPPF's Strategic Framework is to empower young people to act on their Sexual and Reproductive Health and Rights (SRHR) by expanding their access to quality, rights-based, and gender-sensitive Comprehensive Sexuality Education (CSE). To innovate and push the boundaries of what is business as usual for the Federation, IPPF, with funding from Global Affairs Canada (GAC) has supported MAs in the Americas and Caribbean, and West-Africa, to establish three Centers of Excellence (CoE) on youth-centered programming. The CoEs, and PPAG specifically, will serve to leverage the localized expertise of MAs in Anglophone Africa and serve as a hub for cross-Federation learning and innovation around specific issues regarding gender transformative SRH information and service delivery to young people.

In pursuit to strengthen the technical capacity, governance, and network structure for youth programming among participating MAs, PPAG has developed this conceptual framework to guarantee the functionality of the CoE. A consultative process involving the respective MAs' leadership, Youth Programmes Focal Persons and Youth Advocacy Movements was employed at varied levels, through which key conclusions and guiding principles were garnered to influence the content of the conceptual framework. The framework provides a snapshot of the situation of young people in Anglophone Africa and presents a gap analysis approach to solving the existing problems identified. The document also highlights seven environmental broad actions and four priority actions aligned with global and national agendas such as the 2030 Agenda for Sustainable Development, the AU Agenda 63 and Demographic Dividend targets to facilitate the sustained availability of standard, gender transformative CSE information and service package for both young people in and out of school; strengthen and advance policy accountability mechanisms; and increase active participation of young people in youth related interventions. The framework, in flaunting the comparative advantage of PPAG, also prescribes the management and coordinating arrangements for executing the CoE, with emphasis on programme oversight and the roles/responsibilities of the various players. Notably, the document also outlines key strategies for increasing visibility of the CoE's activities and results.

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Introduction

IPPF has, over the past few years, initiated a Youth Centered Approach (YCA) initiative to advance its Member Associations' (MAs) work and engagement of young people. One of the priority objectives in IPPF's Strategic Framework is to empower young people to act on their Sexual and Reproductive Health and Rights (SRHR) by expanding their access to quality, rights-based, and gender-sensitive Comprehensive Sexuality Education (CSE). CSE responds to the needs of young people for quality, unbiased, and complete information about sex and sexuality, and provides insight into immediate and long-term solutions to issues related to health, inequality, and lack of education. Coupled with youth-friendly health services, CSE is a critical strategy for the health and civic development of young people.

With the coming into being of a new business model, IPPF is expected to continue its leadership in SRHR through its MA-centric model. Through its ongoing development of a new strategic framework, the recent reform process, and the implementation of the Business Plan, IPPF is deeply committed to innovate and push the boundaries of what is business as usual for the Federation. In this regard, IPPF, with funding from Global Affairs Canada (GAC) has supported MAs in the Americas and Caribbean, and West-Africa, to establish three Centers of Excellence (CoE) on youth-centered programming—specifically on CSE and youth-friendly services (YFS). The CoEs will serve to leverage the localized expertise of IPPF MAs to serve as hubs for cross-Federation learning and innovation around specific issues. These CoEs have thus been designed to share best practices and co-develop effective capacity development programs with partners from other countries in the region, with the potential of reaching more underserved young

Center of Excellence Standards

track-record of quality implementation and scale up experience

capacity to proactively bring new and emerging evidence to spread and scale what works in youth centered programming

recognized as a leader in SRHR in the country and the region and the go-to-place

meet IPPF quality standards and responsibilities of membership in all aspects of their work.

have youth accountability mechanisms that provide effective platforms for meaningful participation of young people.

people with CSE and SRH services.

To this end, the project has strengthened the quality of CSE and SRHR services for young people in Colombia, Ghana, and Togo and the capacity of these three MAs to act as CSE CoEs in their respective country, regions and throughout the Federation.

PPAG, the Regional CoE for Youth Programming in Anglophone Africa is required to provide leadership in strengthening the youth programmes structure in Ghana, Sierra Leone, Zambia, Tanzania, Uganda, Botswana and Malawi to effectively engage and serve young people. Through support from Rutgers International and the IPPF, this specialized project innovation will serve to improve Youth Centered Programming and subsequently advance the uptake of quality integrated gender and rights-based youth centered SRHR information, education, and services for young people. The CoE project offers a unique opportunity to consolidate technical expertise and disseminate contextual best practices on gender transformative CSE and youth friendly service delivery. The thrust for the CoE is a two-pronged approach; the first focuses on increasing uptake of quality youth-centered SRH services that take gender and human rights into account; the second focuses on strengthening available support, knowledge and expertise to improve the lives of young people in Anglophone Africa.

In pursuit to strengthen the technical capacity, governance and network structure for youth programming among MAs in Anglophone Africa, PPAG provided leadership in building the capacity of MA representatives on Human Centered Design (HCD) and convened preliminary consultations as an entry point. The HCD training served to position MA Youth Programmes Officers and youth led organizations to innovate, create and design solutions to enable the execution of programmes that effectively and efficiently meet the needs of young people in varying local contexts, and directly contribute to impactful results. The preliminary consultations involved stakeholders from all levels of the Federation, including volunteers, young people, and staff from IPPF's MAs and the CoE Secretariat. Notable among these were a) a youth centered programming forum and b) a brainstorming session to conceptualize the CoE framework. The former consultation which involved MAs' leadership, Youth Programmes Focal Persons and Youth Action Movement (YAM) reviewed the current state of youth programmes being implemented by various MAs. The discussions centered primarily on programme priorities and issues of focus, how they were executed, key impacts or effects, gaps and opportunities for scaling up interventions on HCD and through strategic collaboration with state institutions. A key output of this consultation was the signing of a statement to deepen MAs' commitment to accelerate progress on reaching more underserved young people with CSE and SRHR services. The latter consultation created a platform for Youth Programmes Focal Persons and YAM to deliberate on key elements to be considered in the conceptual framework, informed by a gap analysis based

on the core objectives of the CoE programme and the YCA initiative. Participants also validated tools and guidelines developed and adapted for the assessment of MAs' youth centered interventions under the CoE programme.

The consultative meetings generated the key conclusions and guiding principles that influenced the content of this CoE conceptual framework for youth centered programming by MAs in IPPF Anglophone Africa. The sections are reflective of the trends and programming dynamics on expanding access to CSE, advancing YFS and achieving Meaningful Youth Participation (MYP). The framework also provides strategic pointers for the CoE's practical learning approaches, governance, and collaborative mechanisms to assure the MAs' acquirement of the requisite knowledge and skills for executing impactful youth centered programmes in the respective countries.

Current State of SRHR Situation Among Young People in IPPF Anglophone Africa

The current state of the SRHR situation among young people in Ghana, Sierra Leone, Zambia, Tanzania, Uganda, Botswana, and Malawi are similar. The period of adolescence especially, profoundly influences the potential of young girls and boys. It is a time of key transitions; from girlhood/boyhood to womanhood/manhood; from primary to secondary education and/or tertiary education; from education to work and family life, among others. Too often, however, transitions go wrong and threaten the achievement of the Demographic Dividend and SDG targets 3,4 and 5 in the said countries: with adolescent pregnancies, unsafe abortions, maternal mortality, high drop-out rates from school; child marriage; exposure to violence, abuse, HIV and sexually transmitted infections; obstetric fistula and mental health challenges. The intersection of different sources of inequality – gender, poverty, and geography – and the prevalent social norms on gender, exacerbate adolescent girls’ disadvantage, making them one of the most vulnerable groups among young people in the seven respective countries.

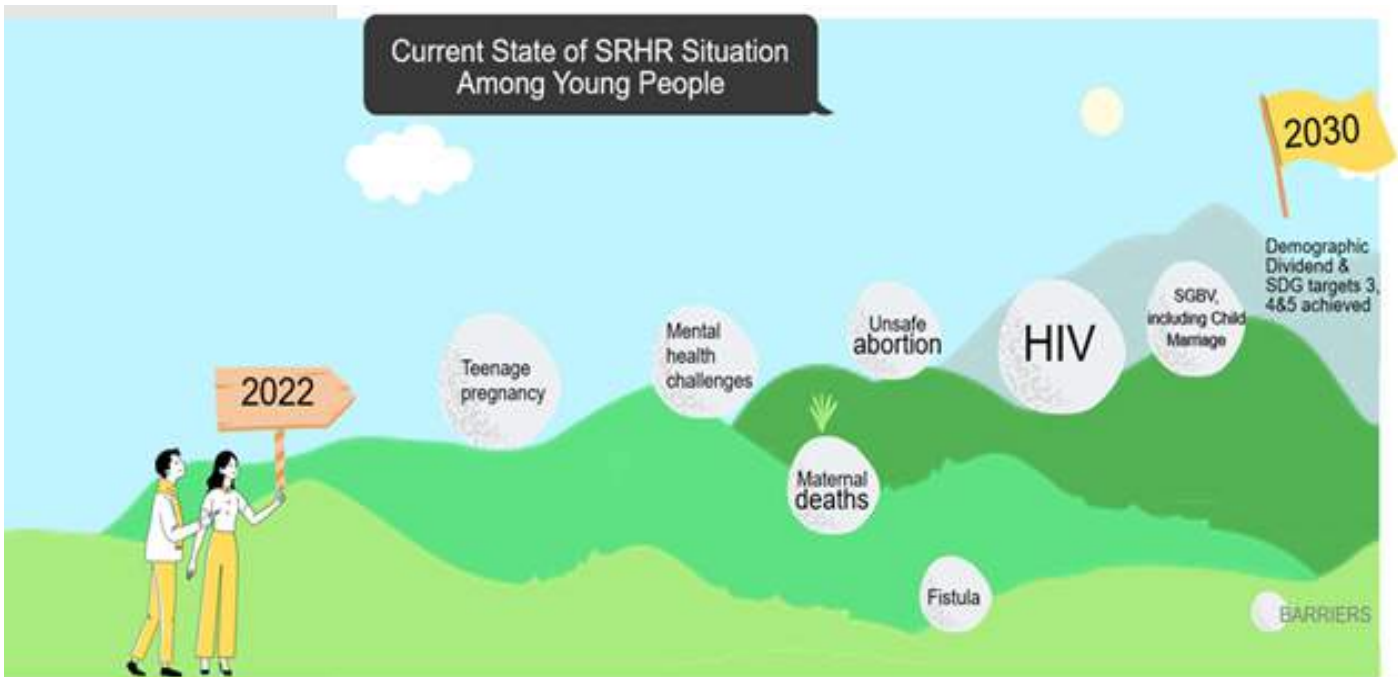


Figure 1: Illustrative Presentation of Barriers to Attainment of DD and SDG Targets

Adolescent/Teenage Pregnancy

Teenage pregnancy is a very serious social and public health issue, particularly in sub-Saharan Africa. It is estimated that every year about 21 million girls aged 15–19 years in developing countries alone become pregnant and approximately 12 million of them give birth. This development has negative health and dire socio-economic consequences on the well-being and development of adolescent girls and their infants. The teenage pregnancy rate in sub-Saharan Africa varies from country to country. In Ghana, the teenage pregnancy rate of 14.4% (Ghana Maternal Health Survey–GMHS, 2017) among adolescent girls aged between 15 and 19 years, is among the lowest in sub-Saharan Africa years. The situation is completely different in Botswana with a higher rate of 46.1%. Zambia also has challenging teenage pregnancy issues in the sub-region as nearly thirty percent (i.e., 29%) of adolescent girls become pregnant by the age of 18 years (Zambia Demographic and Health Survey – ZDHS, 2018). Sierra Leone, a post-war country obviously has one of the highest rates; 28% of girls between the ages of 15 and 19 years have children (UNFPA, 2019). Similarly, in Tanzania about 27% (Tanzania Demographic Health Survey – TDHS, 2015–2016) of girls aged 15 to 19 years are pregnant, and in Uganda a quarter (25%) of teenagers become pregnant by the age of 19 years (Uganda Demographic Health Survey– UDHS, 2016).

Unmet Need for Family Planning

Unmet need for family planning continues to be a major challenge for married and unmarried women or girls. Globally one out of every ten married women have unmet family planning needs, however, in Africa one out of every five women have unmet family planning needs. Varied reasons including the educational status of women, knowledge and attitudes towards family planning, client satisfaction with family planning use, and women decision-making power have been attributed to the high rate of unmet needs for family planning in developing countries. Unmet need among married girls 15–24 years is high in sub-Saharan Africa. In Uganda, the Demographic and Health survey showed relatively high rates (30.4%) of unmet need for family planning for girls between the ages of 15 and 19, and 29.3% for women 20–24 years (UDHS, 2016). For Zambia, the unmet need for women aged 20–24 years is 19.3% (ZDHS, 2018). Botswana recorded a lower rate of 17.3% among married girls aged 15–24 years (Botswana FP Investment Case Report, 2022). Ghana has a high unmet need of 36% among married girls aged 15–19 years, and 61% (Multiple Indicator Cluster Survey – MICS 2018) among unmarried girls aged 15–19 years. For the age category of 15–24 years, the unmet need for FP is 50.7% among married girls and 34% (Ghana Demographic and Health Survey 2014) among unmarried girls.

Child Marriage

Adolescent girls are forced into early marriages for a variety of reasons; socially, culturally, economically, and accidentally as a result of teenage pregnancy. Like many developing countries, child marriage remains a major challenge in Ghana, with one in every five girls aged 20–24 years getting married before the age of 18 years. The prevalence rate in Ghana though low as compared to many countries in the sub-region is 19% (MICS, 2018). According to the TDHS, the prevalence rate of child marriage in Tanzania is 23% (TDHS, 2015–2016). In Zambia, 9% of women aged 25 to 45 years were married by the age of 15 (ZDHS, 2018).

Maternal Mortality

More than half of maternal mortality cases in the world occurs in developing countries. In the rural areas and among poorer communities, the situation is worse. Tanzania is one of the countries in sub-Saharan Africa with a high maternal mortality ratio, i.e., 556 deaths per 100,000 live births (TDHS, 2015–2016). The maternal mortality ratio in Uganda and Ghana are respectively 336 deaths per 100,000 live births (UDHS, 2016) and 310 deaths per 100,000 live births (Ghana Maternal Health Survey-GMHS, 2017). As compared to Tanzania and Uganda, Zambia and Botswana recorded lower ratios of 252 deaths per 100,000 live births (ZDHS, 2018) and 166.3 deaths per 100,000 live births (Statistics Botswana, 2019) respectively. The contribution of adolescent death to maternal mortality is significant in all the countries in the sub-region because of pregnancy-related complications and childbirth. Adolescent death contribution to maternal mortality also remains a challenge in Ghana, with adolescent girls (10–19 years) contributing to 7.3% (GMHS, 2017) of maternal deaths. In Zambia, adolescent deaths contributed to 30% of the national maternal mortality rate (ZDHS, 2018). For Botswana, the percentage of female deaths that are maternal is 6.9% for girls aged 15–19 years and 12.6% for girls aged 20–24 years (Statistics Botswana, 2019). Uganda recorded 17% and 24.5% as the proportions of female deaths that are maternal within the age categories of 15–19 years and 20–24 years respectively.

HIV

Globally, it is estimated that 38.0 million people are living with HIV, and about 3.8 million are young people between the ages of 15 and 24 years. The HIV prevalence rate among young people aged 15–24 years is 1.4% in Tanzania (THIS, 2016–2017). In Uganda and Zambia, the prevalence rate for the same target group is 1.8% (Uganda Population Based Impact Assessments – UPBIA, 2020) and 3.1% (ZDHS, 2018) respectively. HIV prevalence among young people 15–24 years in Ghana is relatively lower at 0.7% (UNAIDS, 2020). As observed over the years, HIV prevalence is higher among females than males. In Botswana, 64% of young people living with HIV aged 15–24 years are female, with 36% of them being male (UNICEF 2018). Ghana recorded a prevalence rate of 1% among females aged

15–24 years and 0.4% among the males (UNICEF, 2020). The prevalence rates among males aged 15–24 years in Tanzania, Uganda and Zambia are 0.08% (THIS, 2016–2017), 0.8% (UPBIA, 2020) and 1.8% (ZDHS) respectively, with higher rates for females of the same age category, i.e., 4.4% (THIS 2016–2017), 2.9% (UPBIA 2020) and 5.5% (ZDHS, 2018).

Comprehensive HIV knowledge among young people aged 15–24 years in Ghana is 19.9% (GDHS 2014). HIV knowledge is higher among young people aged 15–24 years in Tanzania (36.9%), Zambia (43%), Uganda (44.8%) and Botswana (48%). Males of the same age category have more HIV knowledge than females as evidenced in Ghana (Males– 28.2%; Females –19.2%; GDHS 2014) and Tanzania (males–37.0%; females–36.7%; THIS–2016–2017). However, HIV knowledge in females aged 15–24 years is higher among females than males in Zambia (Males–41%; Females –43%; ZDHS, 2018) and Uganda (Males–44.8%; Females –45.7% (UDHS, 2016).

The use of condom as a means of protection against HIV is relatively higher in males than females aged 15–24 years. Condom use among males aged 15–24 years is 53% in Zambia (ZDHS, 2018), 41.4% in Uganda (UDHS, 2016) and 34.2% in Ghana (GDHS, 2014). For the females, condom use by the same age category was 35% for Zambia, 26.4% for Uganda and 14.9% for Ghana.

Sexual and Gender Based Violence (SGBV)

SGBV is pervasive in all MA countries. In Zambia, the percentage of adolescent girls aged 15–19 years who have experienced at least one act of sexual violence is 6.7% (ZDHS, 2018), while in Uganda, the proportion of adolescent girls in the same age group who have experienced at least one act of sexual violence is 9.9% (UDHS, 2016). SGBV prevalence among the target group is higher in Ghana, with 38.2% of adolescents aged 15–19 years reporting to have experienced at least one act of sexual violence (Domestic Violence Report– DV Report, 2016). For young girls aged 20 and 24 years, 14.2% in Zambia (ZDHS, 2018), 19.9% in Uganda (UDHS, 2016) and 40.4% in Ghana (DV Report, 2016) reported they had experienced at least one act of sexual violence. As high as 65.7% of adolescent girls aged 20–24 years have experienced at least one act of sexual violence in Botswana, according to the GBV indicators study report (2013).

School Drop-Out Rates

increased school dropout rates. In Tanzania, more than 7,000 girls dropped out of primary and secondary schools due to pregnancy (UNESCO factsheet, 2010). In Ghana, Zambia and Botswana, school dropout rates among girls in basic schools was 3% (MICS 2020), 5% (Education Management System, 2014) and 2.5% (Botswana Education Statistics, 2012) respectively. The school dropout rates for boys tends to be a challenge in Uganda as well. According to the UDHS (2016), 65% of boys and girls dropped out of primary school in Uganda.

Conceptualizing The CoE Framework

The gap analysis approach was engaged to conceptualize the framework for operating the ideals of the CoE. The process involved defining the problems faced by adolescents and young people in the respective MA countries, determining the factors driving these problems, assessing what has been done to solve the problems and finally identifying the current gaps that needs to be addressed. The analysis was conducted to respond to the core operational areas of SRHR information and education; youth friendly services; and meaningful youth participation

a. PROBLEM DEFINITION

Unless SRHR are supported and upheld across a range of dimensions and within a range of settings, young peoples' lives would be negatively impacted. Targeted interventions to improve the SRHR outcomes among young people have yielded some positive results, yet challenges still remain. The existing challenges faced by adolescents and young people in the respective MA countries can be traced to a lack of education on SRHR, the access to SRHR and family planning services, and the disproportionate level of unmet contraception needs among young girls, particularly poor girls living in rural areas.

3.1.1 Information and Education

Education on sexual and reproductive health for adolescents and young people has been at the heart of political and societal debates in the MA countries. CSE delivery in schools is either limited or non-existent in all countries, notwithstanding political leaders' ratification of varied regional commitments on CSE and SRHR for young people. All countries except Zambia have no national curriculum on CSE. While Tanzania, Malawi, Uganda, and Ghana are at varied decision-making levels and steps for considering CSE delivery in schools, systemic and structural gaps such as inadequate human resource capacity continue to hinder the effective roll-out of the in-school CSE curriculum for learners in grade 5 and above in Zambia. CSE delivery out of school is ongoing in all MA countries; however, there is no standardized, coordinated and quality CSE package for the target group especially in Ghana and Uganda. Notably, the use of digital space to complement traditional CSE strategies is insufficient in all MA countries, notwithstanding the emerging technology related opportunities emanating from the COVID-19 pandemic.

3.1.2 Youth Friendly Services

The limited number of youth friendly corners or facilities providing rights-based quality youth friendly SRHR services is evident across all the respective MA countries. Legal and policy frameworks on SRHR and gender equality for young people are not fully implemented. Monitoring, evaluation, or accountability mechanisms for already existing policies that can aid the delivery of youth friendly services are either inefficient or unavailable. Law enforcement and judicial systems are weak or inaccessible; with a tendency to deepen gendered inequalities among marginalized and underserved young people, particularly adolescent girls.

3.1.3 Meaningful Youth Participation

In spite of emphasis on their meaningful participation in CSE and SRHR service delivery, including on programming, leadership, and governance, young people in the relevant MA countries continue to be on the sideline of the response i.e., as passive recipients or beneficiaries of programs intended for them. While there appears to be in existence reasonable level of interest among young people to participate in youth-related programs, they are either not meaningfully engaged in, or do not have the capacity to participate in decision-making and programming processes. In Botswana for example, national and community level consultations exclude young people in view of the nature or set-up of the meetings, hence young people's voices are not heard. Turnover of youth volunteers in the SRHR space in the MAs operational areas is thus high, and there is limited or no program ownership by beneficiaries at the community or rural levels. This problem is further compounded by varied age categorizations of young people by different programs and organizations. The net result is that, it becomes difficult to determine whether or not young people are duly accessing the services and products provided for them through the various interventions.

b. WHY THE PROBLEM EXISTS – FACTORS RESPONSIBLE FOR THE GAPS

The factors responsible for the problems defined are captured under the three (3) focal operational areas of SRHR information and education; youth friendly services; and meaningful youth participation. Though varied in nature, the factors prove to be complimentary in compounding the SRHR plight of young people if left unchecked.

Cultural and religious opposition is a common barrier that can slow CSE delivery to young people in conservative countries. This further translates to parental and community opposition against the work of the MAs whose work on CSE is perceived to promote unacceptable sexual behaviour among adolescents and young people. Stakeholder coordination and collaboration is either limited or non-existent, and this, coupled with lack of political will and resources further deepens the pushback to

CSE delivery for young people, particularly in schools.

Lackadaisical implementation of protocols and policies impede young people's access to quality SRHR and SGBV related services. Resources allocated for the provision of those services are inadequate, and this gap is exacerbated by limited skills of service providers, inconvenient hours of delivering services to young people, and limited community support towards young people receiving SRHR services.

A lack of strategies to identify young people who can be actively involved in youth programming, coupled with CSOs' inadequate capacity in youth programming continues to inhibit the meaningful engagement of young people in programming, leadership, and governance issues on CSE and SRHR service delivery. Lack of trust between the adults and young people also hinders co-existence, formation of strong youth-adult partnerships and effective execution of tasks in SRHR program delivery.

A snapshot of the factors responsible for the problem defined are presented in Figure 2 below:

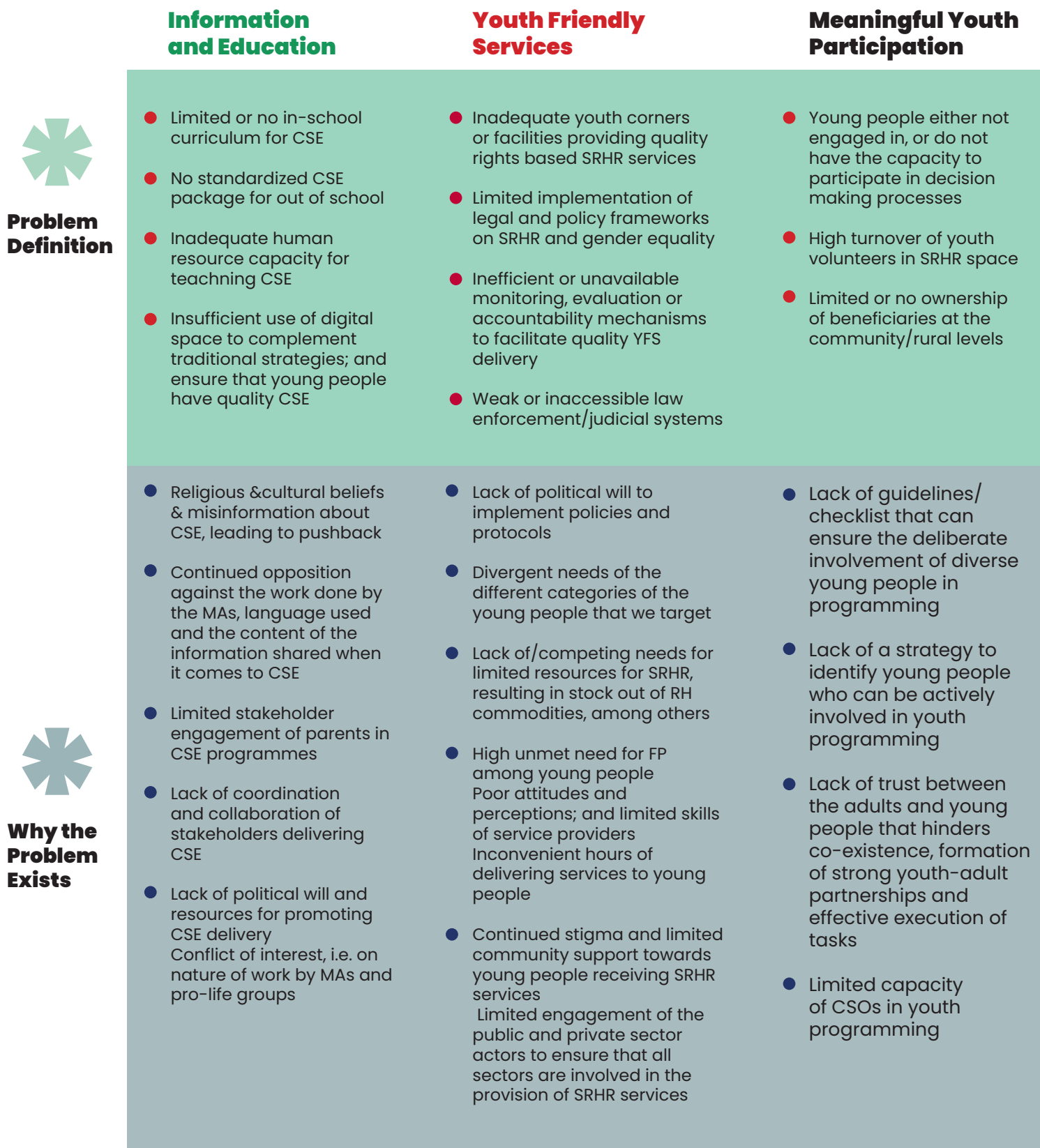


Figure 2: Problem Definition Framework

C. SOLVING EXISTING PROBLEM

i. BROAD ACTIONS

Improving SRHR outcomes for adolescents and young people cannot be achieved without investing efforts: to provide them the required knowledge to make choices which are in their best interest, to deliver quality, integrated and gender-transformative adolescent and youth friendly SRHR services, to keep adolescent girls who fall pregnant in school, to delay girls' age of marriage and motherhood, to promote gender equality and gender equitable socialization among young boys and girls and at the same time to meaningfully engage them and communities to support their aspirations, capacities and opportunities. In working to meet the DD, SDG, ICPD and AU targets, broad actions to improve on the current SRHR problems for adolescents and young people in IPPF Anglophone African countries must focus on the creation of an environment where:

- *There is the implementation of policies that can foster coordinated, consistent, and well-structured CSE programmes for both in and out of school young people.
- *There is the availability of accurate and age-appropriate information for young people
- *There is alleviation of SRHR challenges including teenage pregnancies, sexual and gender-based violence, STIS/HIV, child marriages, unsafe abortions, unmet need for family planning. Governments are committed to improving health outcomes through adequate and deliberate budgetary allocation to RH.
- *Adequate and well-trained health care workers provide YFS to young people.
- *Young people are empowered and meaningfully engaged on the issues affecting their reproductive health and have access to quality SRHR information and services (i.e., facilities have convenient days and hours for service delivery).
- *Youth led activities/initiatives are strengthened.
- *There are available and adequate resources to facilitate youth participation in youth programmes and representation on national decision-making boards.
- *There is a proper plan for transition of young people from volunteer structures to elevated careers.
- *There is documentation of best practices and sharing to foster learning.

3.3.2 SPECIFIC ACTIONS REQUIRED

The following specific actions are required for bridging the gap between the current and the ideal state of SRHR among adolescents and young people:

3.3.2.1 Information and Education:

Increase advocacy with government to accept CSE, lead the development of a CSE model and framework with support from relevant stakeholders, recommend the integration of a gender transformative CSE framework into school curriculum, and fund CSE training for teachers and procurement of materials for CSE delivery. (All: Ghana, Uganda, Sierra Leone, Malawi, Zambia, Tanzania, and Botswana)

Build capacity for teachers in CSE delivery in school and sensitize community members on the CSE curriculum (community gatekeepers). (Zambia)

Organise sensitization campaigns and value clarification exercises for key stakeholders (including parents, religious leaders, traditional/cultural leaders, men and boys, and the media) and targeted discourses (such as parent-communication) to change societal norms and beliefs about SRHR issues. (All: Ghana, Uganda, Sierra Leone, Malawi, Zambia, Tanzania, and Botswana)

Invest in the use of digital, including social media spaces and digital media literacy to complement and ensure that young people are comprehensively reached with quality CSE (All: Ghana, Uganda, Sierra Leone, Malawi, Zambia, Tanzania, and Botswana)

3.2.2.2 Youth Friendly Services

Improve existing youth corners, build capacity of health care workers (including teaching models) and create a demand for SRHR information and services among young people (360 media campaigns). (All: Ghana, Uganda, Sierra Leone, Malawi, Zambia, Tanzania, and Botswana)

Improve the M&E/accountability systems and tools by developing effective tracking tools to continuously evaluate current SRHR strategies and approaches targeting young people. (All: Ghana, Uganda, Sierra Leone, Malawi, Zambia, Tanzania, and Botswana)

Advocate integrating key SRHR services into the national health insurance and implementation of RH policies and frameworks. (Ghana and Uganda)

Upgrade existing digital platforms (such as the U-Report SMS facility and M-Health of Botswana), to include consultation and referral services. (Malawi and Botswana)

3.2.2.3 Meaningful Youth Participation

Build capacity of CSOs on effective youth (young people and adults) programming and

resource mobilization strategies. (Ghana, Uganda, Sierra Leone, Malawi, and Botswana)
Engage young people in planning, implementation, monitoring and evaluation of youth programmes and policy. (All: Ghana, Uganda, Sierra Leone, Malawi, Zambia, Tanzania, and Botswana)

Form coalitions and alliances, including partnerships between state and non-state actors to foster coordinated approaches and strategies towards ensuring the wellbeing of young people. (Ghana, Uganda, Sierra Leone, Malawi, and Botswana)

3.4 RELEVANCE/ ALIGNMENT OF BROAD AND SPECIFIC ACTIONS WITH GLOBAL AND NATIONAL AGENDAS

The broad and specific actions outlined above are aligned at the global level to the 2030 Agenda for Sustainable Development, especially the Sustainable Development Goals (SDGs), and most directly to Goals 3 (Ensure healthy lives and promote well-being for all at all ages), 4 (Ensure inclusive and equitable quality education and promote lifelong learning opportunities for all) and 5 (Achieve gender equality and empower all women and girls). Similarly, at the regional level, the actions align with three African Union Agenda 63 Goals namely: Goals 2(Well-educated citizens and skills revolution underpinned by science, technology, and innovation), 3(Healthy and well-nourished citizens), and 17(Full gender equality in all spheres of life). The proposed actions specified also align with guiding principles of Canada's global commitments to empower young people, particularly adolescent girls through improved access to CSE and rights-based quality reproductive health services. They are also aligned to Canada's Feminist International Assistance Policy where women's rights are human rights, including SRR, and the right to access safe and legal abortions; as well as the GAC's key SRHR outcome, i.e., enhanced enjoyment of SRHR by poor, marginalized and underserved groups in all their diversity, particularly women and girls.

Development policies in the seven IPPF MA countries in Anglophone Africa have been shifting towards harnessing the demographic dividend (DD) of the population 15-64 years but more specifically, young people aged 10-24 years, such that they can be much more productive in their economically active years. These DD elements have been considered in key national policies and strategic frameworks addressing adolescent and youth SRHR, Girls' Education, Gender Equality, Empowerment and Adolescent Protection in the respective countries. In line with IPPF's vision for placing young people at the center of the Federation's framework (i.e., outcomes 1210 and 1220), MAs in Anglophone Africa will thus implement the proposed actions, guided by those country policies and strategic frameworks.

3.5 THE CoE CONCEPTUAL FRAMEWORK IN PERSPECTIVE

The conceptual framework as illustrated in Figure 3 is driven by the need to nurture and promote the right mix of environmental broad actions to facilitate the sustained availability of standard, gender transformative CSE information and package for both young people in and out of school; strengthen and advance policy accountability mechanisms; and increase active participation of young people in youth related interventions. These will be expected to lead to the uptake of quality, gender transformative and rights based SRHR services. A mix of seven environmental broad actions as derived from the list presented in section 3.3.1 to bridge the gaps in interventions will be pursued. These are: Enhancing and managing SRHR policy environment; Promoting increased access to accurate, standard and gender transformative SRHR information; Promoting increased access to accurate, standard, gender transformative SRHR services; Increased availability of trained YFS workers; Increased engagement of young people in the SRHR development landscape; Promoting the career development of young people; and Enhancing the environment to increase SRHR knowledge management practices.

CoE Conceptual Framework

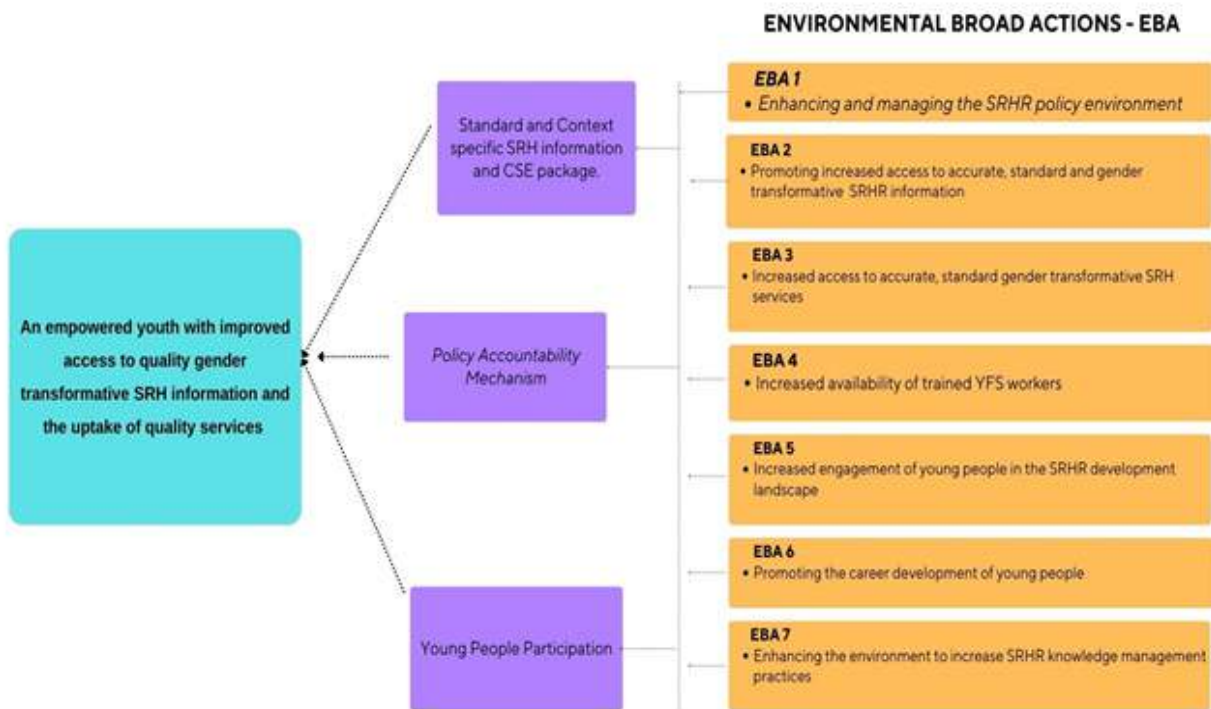


Figure 3: CoE Conceptual Framework

This mix of environmental broad actions will provide the basis for the development of priority areas of focus to be pursued by the CoE. This will also be moderated by information under section 3.2.

Priority Areas of Focus Under the CoE Youth-Centered Framework for IPPF Anglophone Africa

Experience over the years, and best practices around the world, suggest that an effective reproductive health education should cover a wide range of issues including gender equality, power relations, values, human rights, as well as personal and social skills such as self-assertiveness, negotiation and decision-making skills. Evidence shows that gender-transformative CSE programs, coupled with adolescent- and youth-friendly services, can improve SRHR outcomes among adolescents and young people. Notably, evidence has proven that CSE programs can contribute to delayed initiation of sexual intercourse, decreased frequency of sexual intercourse, decreased number of sexual partners, reduced risk-taking, increased use of condoms, and increased use of contraception and prevent unplanned pregnancy and sexually transmitted infections. There is a critical need for the continued development, scale up and dissemination of proven, context-appropriate, and youth-informed approaches to drive achievement of ambitious target for the number of young people completing quality-assured CSE programs. Expanded investment in CSE and gender-transformative SRHR service delivery thus remains an imperative, to both sustain gains and further expand youth centered quality programming, existing evidence on CSE and disseminate knowledge to strengthen effective best practice programming. Through the application of the HCD concept, and in alignment with IPPF's Theory of Change for CSE CoEs, the priority actions and areas of focus will be structured around the following expected results:

GOAL STATEMENT

An enabling and supportive environment that ensures the delivery of quality, gender transformative SRHR information and services to young people, unrestricted access to gender transformative SRHR information and services provided, and young people's involvement/meaningful engagement in issues affecting their reproductive health.

Priority Action

Priority Action 1: To Enable the Delivery of delivery of Quality Gender Transformative SRHR Information and Education for Young People.

Priority Action 2: To Enable the Delivery of Quality and Gender Transformative Youth Friendly SRHR Services.

Priority Action 3: To Promote and Facilitate Meaningful Participation in SRHR Programming.

Priority Action 4: To Facilitate Knowledge Transfer and Technical Support for Youth Focused Organizations to Improve SRHR Programming.

In delivering interventions under these priority areas, the CoE secretariat will provide leadership in strengthening the youth Programmes structure of participating MAs based on the specific actions prescribed in section 3.3.2.

Comparative Advantage of PPAG-Led Center of Excellence for IPPF Anglophone Africa

PPAG is a volunteer-supported, rights-based, Ghanaian civil society organization (CSO), working to advance access and quality of sexual and reproductive health and rights (SRHR) information and services. Established in 1967, it was accredited and joined the International Planned Parenthood Federation (IPPF) in 1969. Over its 54-year history, PPAG has built rigorous governance and accountability structures and systems, decision-making led by women and youth experts, and expansive influence and reach. PPAG works in 13 out of the 16 regions in Ghana with 10 static clinics, 143 associate clinics and franchises and 8 youth centers that are supported by a nine-person elected Board (of which 6 are women), 110 staff (of which all are Ghanaian, and 43% are women), and 475 volunteers. The Board, which meets three times a year, establishes policies, provides oversight on operations and programme implementation, and ensures strategic governance through audit, finance, programme, and resource mobilization committees. PPAG's work spans delivery of SRHR information and services, including clinic- and community-based services, social and economic empowerment of young people, reintegration and completion of schooling and advancing human rights, especially those who are the most marginalized and historically disadvantaged (e.g., young people and persons of diverse sexual and gender orientations).

PPAG is regionally and nationally recognized by the Government of Ghana, international donors, and multilateral organizations (e.g., the UN agencies, the Global Fund for AIDS, TB & Malaria (GFATM), the Governments of Canada, Netherlands, Sweden, and United Kingdom, amongst others) as a leading programme and technical expert in SRHR for adolescent girls and young women 10–24 years (AGYW). Over the past decades, PPAG has developed models and networks that are ripe for expansion and further impact. In the last 5 years alone, PPAG has trained over 500 service providers (nurses and midwives) across 200 health facilities and provided 4 million services to AGYW. Since 2016, the UNFPA-funded Girls Empowerment and Child Marriage Programmes have reached 46,291 AGYW with SRHR 118,354 services. PPAG was also a key partner under the Get-Up Speak Out (GUSO) programme reaching more than 150,000 AGYW. A particular success of the UNFPA Child Marriage Programme was the development and operationalization of a Comprehensive Sexuality Education

(CSE) manual entitled: 'Reproductive Health Education and Services for Young People (RHESY)'; nationally recognized and adopted by CSOs in Ghana. PPAG is the sole CSO in Ghana mandated by the Ghana Health Services (GHS) and the Nursing and Midwifery Council to deliver high-quality youth-friendly services (YFS) training. To complement adolescent SRHR, PPAG has developed experience integrating economic empowerment, combining financial literacy and economic opportunity with coaching on resisting negative peer pressure, and school reintegration in collaboration with the Ghana Education Services (GES) which resulted in 142 girls returning to school in 2021. The GFATM (from 2010) supported PPAG's work on HIV-SRHR integration, reaching 13,000 prisoners in 43 prisons with integrated services.

PPAG has achieved programme- and systems-change success working to build coalitions and influence movements in Ghana. It has influenced the Maputo Protocol at African regional level, in particular accountability to SRHR commitments. To achieve this impact, PPAG partners with state agencies like the Ministry of Gender, Children and Social Protection (MoGCSP), Department of Social Welfare (DSW), National Youth Authority (NYA), Metropolitan, Municipal and District Assemblies (MMDAs), GHS, GES, community opinion leaders, CSOs, and faith-based organizations. PPAG's influence is expanded through its relationship with IPPF for more robust governance and financial systems, and evidence-exchange. PPAG is an IPPF-designated Centre of Excellence for AGYW SRHR, implementing and adapting evidence-based models to influence research to practice expansion for youth-centered sustainable change. The organization's extensive network and credibility allows it to influence national policy. PPAG is the convener of the Ghana Chapter of the African CSOs League, 32 CSOs and 3 journalists, working on championing SRHR. As part of this, in September 2021, PPAG drafted and presented a memo outlining the human rights implications of the Private Members anti-LGBTI Bill, on universal access to SRHR, and presented it to the Joint Committee of Health and Subsidiary Legislation of Parliament of Ghana. The Bill is under consideration, and PPAG and other CSOs are working to repeal it.

PPAG has over the years deployed Human Centered Design (HCD) to transform its youth programming for SRHR, developing new intersectional models of outreach service delivery, youth-led Digital Health Intervention (DHI) for CSE and abortion self-care. PPAG is currently a CoE; advancing the sharing of best practices and knowledge towards improving youth programming. HCD is youth-driven and engages youth and adolescents throughout the process from design research, synthesis, ideation, prototyping and piloting of solutions. The intervention draws on the uniqueness of young people and existing intersectionalities in designing solutions that are feasible, sustainable, impactful, and desirable. PPAG's deployment of HCD was entirely youth-led thus, support will be granted to other

organizations on how young people can be engaged meaningfully and provided with the necessary support to lead projects from the design research stage to evaluation. Through the CoE programme, PPAG is building on her rich history of achievements and leveraging critical, urgent opportunities to advance gender equality by ending child marriage in Ghana.

PPAG has previously provided technical support to 12 MAs to strategically position SRHR in Africa through advocacy.

Management and Coordination Arrangements for Executing the CoE for Youth Centered Programming in IPPF Anglophone Africa

6.1 Program Oversight and Coordination

Strategic guidance, management oversight and coordination of the CoE activities will be executed at various levels. CoE officers at IPPF, Rutgers and ARO; and the Executive Directors (EDs) of the participating MAs will provide overall strategic direction at the global level. Leadership at the regional level will comprise the MA EDs, ARO CoE focal points and the MA CoE Program Managers. The CoE, M&E and Communications Managers at PPAG will manage the CoE program, and will provide guidance to, and coordinate four technical working groups, namely: Youth Centered Programs, Advocacy, Resource Mobilization, and Communications, as presented in Figure 4.

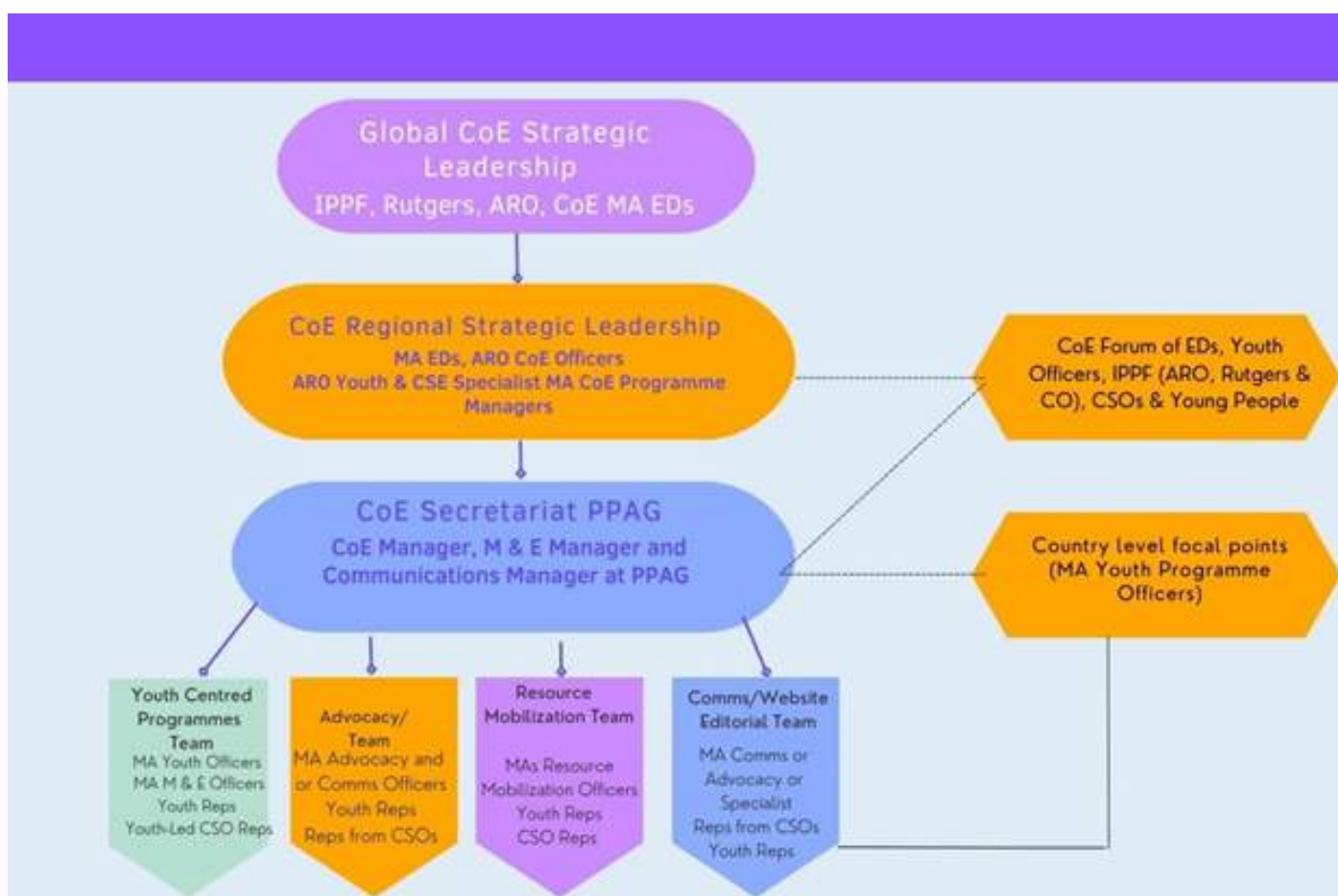


Figure 4: CoE Governance and Coordination Mechanism

6.2 Roles and Responsibilities

The global CoE strategic leadership team will be responsible for resource mobilization and provision of technical support to the regional teams and CoE program secretariat, among others. The Regional Team will facilitate peer to peer support among MA's and ensure the effective implementation of the CoE and MA youth programs. The team will also provide technical assistance to the CoE secretariat and MAs. PPAG, the CoE program secretariat will see to the daily management of the program, coordinate technical working groups and country focal persons from the respective MAs. Program implementation, documentation, monitoring and learning activities will be initiated and coordinated by the CoE secretariat with technical support from the CoE officers at ARO and Rutgers.

Figure 5 represents the roles and responsibilities of the core teams under the CoE programme.

ROLES/RESPONSIBILITIES	
TEAM	ROLES & RESPONSIBILITIES
Global CoE strategic Leadership Team	Provide Global Strategic Direction & Leadership Resources Technical Support
CoE Regional Strategic Leadership Team	Ensure Effective implementation and Follow up on CoE and MA Youth Programmes Peer to Peer Support
CoEs Programme Secretariat	Coordinate TWG and In Country Focal Persons See to Daily Management of CoE at PPAG Programme Implementation, Documentation and M&E
Technical Working Groups	Undertake Key Technical Tasks Under the Various Thematic Areas

Figure 5. Roles and Responsibilities of Team Members

6.3 Communication Strategy

Communication is a central component of the core business of the CoE, as it is prudent to communicate effectively with a variety of interested groups. The CoE Secretariat will provide leadership in the development of a communications strategy, which will aim to ensure that:

- *The CoE’s objectives and performance targets are met
- *Internally, i.e., CoE Forum of EDs, Youth Officers, IPPF (ARO, Rutgers & CO), CSOs & young people are well engaged and informed; and
- *Externally, other researchers, end-users, funding bodies, partners, potential partners, and the general public are engaged and informed.

The strategy, as presented in Figure 6, will guide consistency of the CoE’s communication approach, and focus on improving the visibility of the CoE’s activities and results to reach a broader target audience and strengthen linkages between the CoE and relevant potential donors and partners. The communications strategy’s target audiences and key stakeholders implied by the CoE’s functionality will include youth development institutions/experts, NGOs/CSOs Organisations, national and regional research community, the private sector, the general population, and funding bodies.

The CoE’s communication methods will be informed by the message intended for sending and the target audience. The key tools and activities for information sharing will include research publications, training workshops, annual symposia and fora, media engagements, branding and promotional materials, corporate stationary, email signature, website, brochure and newsletters, annual reports, exchange and professional development programmes.

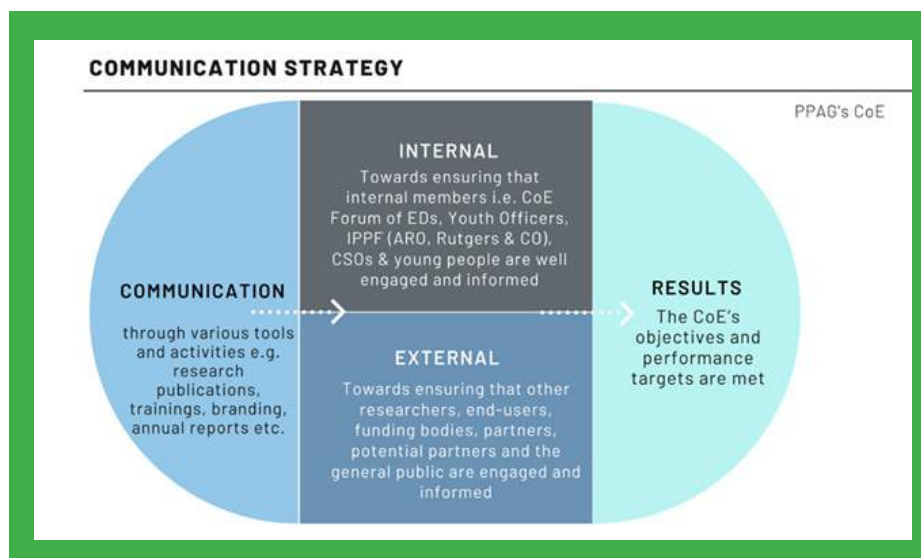


Figure 6. Communication Strategy – CoE for Youth Centered Programming

6.4 Advancing the CoE Agenda

This conceptual framework ably positions PPAG to blaze a trail in deepening the capacities of the participating MAs to empower youth with improved access to gender transformative SRH information and uptake of quality SRH services. To further guarantee the functionality of the CoE, key binding documents (i.e. commitment statement and technical assistance/learning and sharing tool) endorsed by Executive Directors, Youth Officers and young people from the MAs have been included as Annexes. Participating CoE MAs are expected to dutifully abide by the tenets prescribed in the said documents.