



Jeune S3

**Santé, Sexualité,
Sécurité**

MID-TERM REVIEW REPORT

31st October 2018

Technical partners

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1. LIST OF ABBREVIATIONS

ASRHR	Adolescents' Sexual and Reproductive Health and Rights
CODESA's	Community health committee's in DRC
CSE	Comprehensive Sexuality Education
IEC	Information, education & communication
JS3	Jeune S3
KP	Key populations
M&E	Monitoring and evaluation
MoH	Ministry of Health
MTR	Mid-Term Review
MYP	Meaningful Youth Participation
PLHIV	People living with HIV
QSC	Quality Score Card
SRHR	Sexual and reproductive health and rights
STI	Sexually Transmitted Diseases
ToC	Theory of Change
ToT	Training of Trainers
YES	Youth EcoSystem
YFS	Youth-Friendly Services
YP	Young people
YPLHIV	Young people living with HIV

2. INTRODUCTION AND METHODOLOGY

Since the Jeune S3 program is approximately halfway through, the Steering Committee initiated a Mid-term review in the first half of 2018.

The Mid-Term review (MTR) aimed to provide insight in the following:



Theme 1: How are we doing? – community level

To evaluate the progress made during the first two years of Jeune S3 towards the planned mid-term objectives at community level, reflecting with one of two communities per country for all four countries.

Tool : group discussion / Number : 25



If you can't measure it, you can't improve it – country + international level

To provide an overview of the monitoring and the progress towards our targets. Data-quality assessment is the next step.

Tool : data analysis + discussions



Theme 3: Together we are stronger – country + international level

At country level, we have reflected on the alliance and local partner cooperation in all countries. At international level the alliance will be reviewed in three ways: The role of the Steering Committee in guiding and structuring the program + The role of the technical assistance of the international alliance partners + Reflection on the partnership with the Dutch ministry of Foreign Affairs

Tools : partners meetings / Number : 4 + Interviews / Number : 9



Theme 4: Let's reflect & adapt! – country + international level

At country level and at international level, the key results of the above themes will be addressed in a reflection session with representatives of the alliance, youth representatives and local partners. The focus of this reflection will be on the findings of the other themes, linked to the assumptions in the theory of change and the knowledge of the local context.

Tool : Reflections workshops / Number : 5

This has been done with the aim of learning from experiences, improving implementation in the second half of the program and informing and enhancing the 2019-2020 planning processes.

The following number of people participated actively in the mid-term review:

COUNTRY	PROGRAM STAFF	GOVERNMENT STAFF	LOCAL PARTNERS	YOUNG PEOPLE	EDUCATION STAFF	HEALTH STAFF	PARENTS	RELIGIOUS LEADERS	NOT SPECIFIED	TOTAL
International	7	3								10
Benin									55	55
DRC	16	3	5	125	20	3	6	2		180
Cameroon	13	9	58	32	12	6	4	4	11	149
CAR	1	20	3	86	16	16	16	18	31	207
TOTAL	37	35	66	243	48	25	26	24	97	601

2.1 Focus and learning effect of the review

Jeune S3 implements activities at community, provincial, country and international level. The MTR has reviewed these activities at different levels and analysed how they contribute to results at community/beneficiary level. To maximize the learning effect, the review has been integrated as much as possible in program activities and was carried out by the implementing organisations and beneficiaries themselves, facilitated by a consultant.

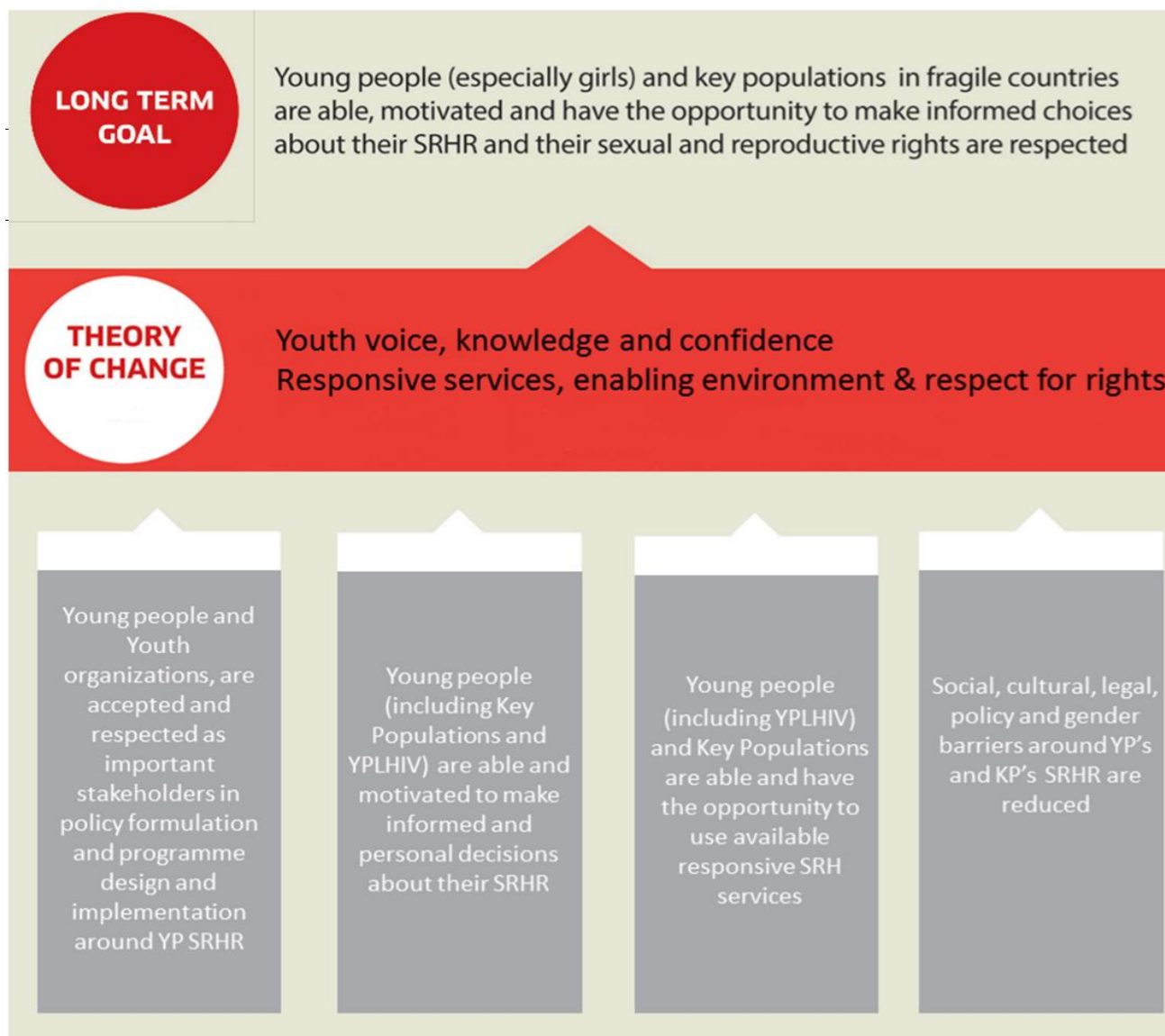
The purpose of this report is to provide an overview of the key findings of the mid-term review. For more in-depth and detailed results, the sub-reports of all four themes per country are available (in French).



Credit photo: Jeune S3, Cordaid, Cameroon 2017.

3. REFLECTION ON THE THEORY OF CHANGE

All partners involved in the MTR in each of the countries reflected on the original Theory of Change (ToC) of the program, its validity and relevance.



Within this section, we summarise the most important conclusions halfway through the programme. The reflection on each individual assumption within the four pathways of the original ToC is provided in Annex 1.

3.1 ToC and synergy between the four pathways

The key assumption of the ToC of the Jeune S3 program is that “while each of the pathways are important on their own, they are mutually reinforcing”. Together they ensure that:

Long term goal

Young people (especially girls) and key populations are able, motivated and have the opportunity to make informed choices about their Sexual and Reproductive Health (SRH) and that their sexual and reproductive rights are respected.

To reach this goal, all pathways need to be addressed (either by the programme or by other actors.) During the start of the implementation of Jeune S3, the activities in all four pathways were set up in specifically chosen geographic areas to facilitate the creation of synergy. At the international level, we continuously ask for attention for increased synergy between the pathways, so that different stakeholders and organisations join forces, work well together and by so doing, reinforce the outcomes of the pathways. The overall conclusion of the review was that the key assumption of the ToC is valid. In the different countries we have seen that when one of the pathways is lagging behind, for instance an enabling environment has not been sufficiently created, this remains a barrier to access to health services. In other areas where youth friendly health services are not in place, we see that demand has been created but there is no place for youth to get SRH services. This is what we see in Benin, where we work primarily in pathway 1 and 41. However, this synergy does not occur spontaneously. Efforts have to be made to ensure that schools and health facilities are linked or that parents allow their children to participate in youth friendly health centres programs or religious leaders meet health workers. Proactively facilitating this synergy has proven to be beneficial in several communities in DRC.

3.2 ToC and fragile situations

Another overall key assumption of the ToC is that “we work in fragile countries and therefore there will be a need to adapt the programme based on different levels of fragility and aspects of fragility”. All four countries are fragile but in different ways and affected in different ways. Within this section we briefly go over some specific challenges, however an extensive gender and situational analysis is part of the annual reports.

The table below gives an overview of some of the key aspects of fragility in the countries/regions of Jeune S3:

KEY FRAGILITY ASPECTS – AND DIFFERENCES BETWEEN THE 4 COUNTRIES	
Benin Alibori: harsh living conditions, trading/smuggling area, high unemployment, high alcohol and drug abuse	Cameroon Extreme north: conflict with Muslim extremism, harsh living conditions, Boko Haram activity East: influx of refugees from CAR
Central African Republic Ongoing conflict and humanitarian crisis that has touched the whole country during the last five years. In the last 2 years our intervention zones Bangui and Mbaiki are more stable, Bouar is most affected by the conflict, and thus more difficult to work in.	Democratic Republic of Congo North and South Kivu. Protracted crisis due to conflicts between government and different militias, with especially in the Grand Nord of North Kivu continuous tension. Also the current break-out of Ebola ² in the Grand Nord makes the work difficult. Other program areas are more stable and accessible, although crime as well as tension related to (postponed) elections remain present.

¹ Initially it was discussed that other partners would fill the gaps in pathway 2 and 3 but that has not yet materialised.

² http://apps.who.int/iris/bitstream/handle/10665/275373/SITREP_EVD_DRC_20181009-eng.pdf?ua=1 (link to most recent report on Ebola in North-Kivu)



Credit photo: Jeune S3, Cordaid, Central African Republic 2017.

To address these different aspects of fragility, some adaptations in the program have been made to ensure that goals will be reached. Some examples of adaptations are given below.

In the Muslim communities in the Far North of Cameroon where Jeune S3 is located, it appeared to be difficult to target youth through mothers. The women cannot decide on their own about giving consent to their children to visit a health clinic. It is even difficult for them to talk in community meetings that are organised within Jeune S3. The team is now also targeting the fathers directly, to reach as many youth and community members as possible with comprehensive sexuality education and strategies that enhance gender equality.

In DRC, in the Grand North of DRC (Beni and Mutwanga) more responsibility has been given and capacity has been built with the local partner organisation to allow them to operate with less direct support and supervision, because it is dangerous to travel to the area.

Reflecting on the fragility aspect in the ToC the DRC participants mentioned the following: *“There is a lot of attention for responsive and youth friendly SRHR services. Information activities can be implemented during all stages whether it is during emergency or a stable situation. Increasing SRHR knowledge and skills and the creation of a favourable environment can best be achieved during relative stability, moderately during average fragility and very little during high fragility times. The voice of youth and self-confidence can only be achieved during the stability phase.”*

An adaptation that is foreseen in CAR (specifically in Bouar), is that social protection measures will be integrated in the program via the Flexible Fund. Young people that have dropped out of school due to the conflict will be supported to re-integrate to school. Here the link with an existing Cordaid education programme will be made.

3.3 Assumptions per pathway

Next to the main assumption described in the previous paragraph, the ToC has been built on individual assumptions per pathway, which were reviewed in most country reflection workshops. An overview of all these assumptions per pathway, their relevance and whether current evidence exists can be found in Annex 1.

It was noted that we tried to address/change some assumptions that are valid, but still they cause challenges in practice. Some key examples:

- Commodities should be available: this is an issue that has been discussed extensively with key stakeholders at country level and with representatives at Ministry of Foreign Affairs level but still causes problems especially in Benin and CAR.
- Cost of services should be reasonable/affordable: This aspect is mentioned a lot in all countries. Any out-of-pocket spending is generally too high for young people even if part of the services is free.
- Motivation of health staff/teachers is key: a great deal of effort goes into training and formative supervision etc. however, the feeling persists that this is an add-on activity, especially when combined with harsh working conditions and irregular salary payments so that in many cases, lack of motivation is still an issue.

In the next chapter, we have used the four pathways to analyse and summarize all sub reports of the themes and countries. The pathways form the structure the description of the results: *‘What is going well’* and *‘What can be improved’*.



Credit photo: Jeune S3, Cordaid, Central African Republic 2017.

4. WHAT IS GOING WELL AND WHAT CAN BE IMPROVED?

In the previous chapter, we reflected on the ToC of the four pathways and the assumptions therein. This chapter will reflect on the progress per pathway and the key interventions. It provides a summary of all original country specific sub reports of the partner review, the community group discussions and several reflection workshops. These can be found in the special folder “Original sub-reports”. In addition, we have included relevant monitoring data until June 2018 to provide a more quantitative view on the progress.

4.1. Benin



Benin represents the smallest part of the Jeune S3 program. It was added to the programme a year later than the other countries. Actual implementation started in mid-2017, with an average budget of €300.000 per year. Good outputs have been achieved so far on pathway 1 and 4, however 2020 targets are not yet defined. The information below is mainly based on the outcomes of the community group discussions, the partner meeting and the 2-day reflection workshop.

Pathway 1 - youth voice and confidence

On pathway 1, Benin is making good progress, with many trainings and sensitization activities performed. Ten youth ambassadors were selected to represent the youth in Banikora. Also, nine youth organisations are included, trained and active in the program, and altogether 113 youth have been trained on advocacy and CSE out-of-school (peer-education).

INDICATOR	RESULT
# youth representatives trained in advocacy and sensitization (ambassadors / champions)	35
# peer educators trained on CSE out-of-school	78
# youth associations involved in JS3	9
# YP reached with SRHR activities	21,566

What is going well?

Youth mobilisation is impressive, the rather small program in Benin reaches a large number of young people:

- There is an active network of youth associations from different ethnic and religious backgrounds.
- Young people are involved in all parts of the program (planning, M&E, validation of research, advocacy activities, etc) .

There is strong good will, involvement, and commitment from local government:

- There is space for young people to present their activities at community council meetings, the Mayor's office is a great advocate for them.
- A piece of land has been provided to the young people involved in Jeune S3 for the construction of a social and educational centre for youth.
- Young people (YP) are involved in activities to link up with the youth parliament.
- YP perceive positive cooperation and links with other organisations:
- There are good links with the health authorities and with the local Red Cross
- Cooperation with the Town Hall and the Police has been established.

What can be improved?

Advocacy could be more structured, more collaborative and could occur at higher levels:

- Advocacy plans for and by youth are being made.
- There is a need for greater involvement of religious and traditional leaders in advocacy towards the policy making level
- Young people aged 10 to 14 need to be more involved in advocacy.
- Closer relations with the authorities at the national level (different ministries, embassies) should be cultivated.
- The reach and coverage of the program could be improved:
- Radio programs by young people that are trained need to be put in place
- Both in- and out-of-school youth should be targeted.
- All municipalities of Alibori should be reached
- There should be greater participation by the younger age group: now most of them are between 16 and 28 years old.

Pathway 4 - enabling environment and respect of rights

Monitoring data show that in terms of output, much has been achieved in the past year in Benin. A great number of religious leaders have been trained and compared to the other countries, a large number of parents have been reached.

INDICATOR	RESULT
# religious leaders reached by advocacy on adolescent SRHR	280
# religious leaders involved in advocacy on SRHR for young people	89
# parents reached by advocacy on SRHR for young people	3,155
# health and education authorities reached by advocacy on adolescent SRHR	13

What is going well?

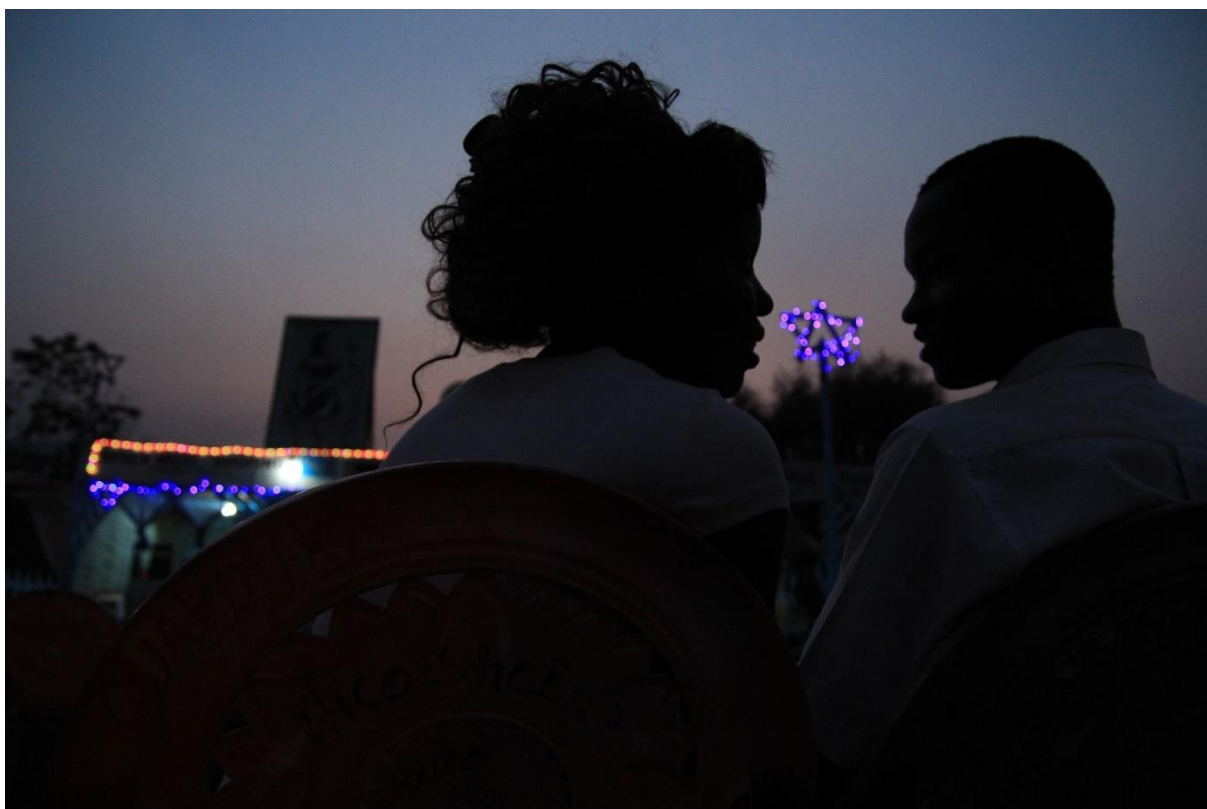
Integration and training of parents, religious and community leaders on SRH is strong, all with active participation by YP:

- Training of religious leaders on SRHR, and sensitization sessions has been carried out by a joint team of youth, religious and traditional leaders.
- Creation of two WhatsApp groups: one specific WhatsApp group for religious leaders to improve communication and coordination on SRHR and one with the youth to make the religious leaders aware of the activities of the YP.
- The activities by religious leaders to involve parents in YP SRHR.
- Supervision of the activities of religious leaders and traditional chiefs is done by peer supervisors in mixed teams at the community level.
- Jeune S3 has conducted sensitization sessions by interreligious teams in villages and city districts;
- There is a strong partnership with local authorities / strategic actors in Alibori (mayor, religious leaders, village chiefs).

What can be improved?

- Legislation, budget lines, and laws are not favourable for young people to access SRHR services and their rights. Serious efforts should be made jointly with others to address this through national advocacy.
- To improve linkages with different stakeholders, the youth organisations and the religious leaders need to share more about their plans and results with each other.
- There needs to be a stronger and more meaningful participation by young people in the activities of religious leaders and the supervision of the activities of religious leaders should be intensified.
- The motivation of the religious leaders could be increased by for instance a motivation package.

PATHWAYS	IN CONCLUSION
Pathway 1	Has made a good start and has reached large numbers of youth.
Pathway 4	Is going well, good numbers of religious leaders have been trained, and many parents have been reached. Youth advocacy plans need additional efforts in the second half of the program.
GENERAL	Not having pathway 2 and 3 in place in Benin poses a dilemma. Demand and a more enabling environment are being created, but youth-friendly services are not available.



Credit photo: Jeune S3, Cordaid, Central African Republic 2017.

4.2. DRC



The program in DRC is the largest of all the countries involved in the Jeune S3 program, with an average annual budget of 2,6mln. In general, the program is well structured, roles and responsibilities are clear and logically divided per pathway. This is especially important as DRC has 2 alliance and 4 technical partners that implement in eight different health zones. A strong partnership in the country can be seen as the key driver of good results.

Pathway 1 - youth voice and confidence

A total of 40 local youth associations are actively involved in various activities of the programme. Out of these, 100 youth representatives have been capacitated. They have selected 16 youth ambassadors that form the 'Conseille consultative des Jeunes (CCJ)'. The youth representatives have contributed to activities aimed at other youth, parents as well as advocacy at local and national levels. They are able to advocate at local level and some of them have had the opportunity to get their voice heard at a regional conference. In addition, they are able to teach on SRHR and talk about sexuality to other youth.

INDICATOR	RESULT	TARGET 2020
# youth representatives trained in advocacy and sensitization (ambassadors / champions)	100	192
# youth trained on radio programming or journalism	120	120
# youth associations involved in JS3	40	90 ³
# young people involved in SRHR activities (active involvement in activities)	2,649	17,280

120 young people have been trained as radio journalists. They make radio programmes with and for young people on issues related to SRHR. Listeners clubs have been formed where young people listen to the broadcast and discuss the topics.

What is going well?

Youth mobilisation is strong and impressive :

- 40 youth associations (5 per district) have been trained on SRHR knowledge and advocacy
- Advocacy and sensitization by young people is well set up and eight advocacy plans have been made. Youth have the knowledge and capacity to perform advocacy on local and provincial level.
- Youth produce radio broadcasts and stories that convey key messages on SRHR. A clear change in the capacity of youth has been observed:
- « Nous avons rencontré quelques jeunes journalistes et nous avons constaté qu'il y a de grandes évolutions dans leur capacité en technique journalistique et d'autres ont évolué jusqu'à faire des stages en journalisme dans d'autres radio partenaires. »

The young people perceive a strong cooperation and links to other organisations:

- The CCJ (Conseil consultatif de Jeunes) allows for and facilitates good connections and exchanges between all the local youth associations.

What can be improved?

Clear and respectful, evidence-based messages at various levels still need to be communicated:

- Knowledge and capacity to perform advocacy on national, regional and international level among the youth organisations in the Kivus needs further strengthening. As one participant said: "some champions need to be groomed."
- All local youth associations need to be officially recognized as representatives of youth, otherwise this limits their influence.

³ 80 in total JeuneS3 program and 10 extra with flexible fund.

- Greater account should be taken of the specific needs of key populations (young girls aged 10 to 14, sex workers and young PLHIV). Concrete prioritisation is needed, and the 2019 country planning includes new activities on this.

Pathway 2 – SRHR knowledge and skills

In DRC 104 schools are involved in the CSE programme. They use the National Curriculum and materials, but some additional educational material has been developed to strengthen the implementation. Schools are also supported in the planning of CSE lessons in schools and teachers have been trained extensively. Out of school CSE is provided: 40 youth organisations have been trained and are facilitated to provide a full package of CSE in groups of 20 persons at a time.

Indicator	Result	Target 2020
# teachers trained to provide CSE in school	242	640
# schools that have started providing CSE	104	140
# youth receiving CSE in school	13,622	45,000
# youth receiving CSE out of school	853	35,000
# young people reached by SRHR activities (being present at activities, excl. CSE)	102,780	260,000

Moreover, for young adolescents (10-14 year-olds), the Sarah, Miriam and Joe booklet has been introduced in youth organisations and school clubs. There is active involvement and strong commitment and support by the Ministry of Education and other NGOs in the implementation of CSE. The head of the Kinshasa programme, Dr Nepa, has been involved in a ToT for teachers as well as in follow-up trainings.

What is going well?

CSE in school:

- There is a strong recognition amongst teachers of the SRHR information needs amongst YP.
- 75% of targeted schools have integrated the national EVF program. In the Grand North, they started the second half of 2018. There has been a first measurement in all schools with the use of a specific Quality Score Card (QSC) of the quality of the in-school CSE, which will be reported on this year.
- 13622 pupils have started CSE in school. Data on how many have received 75% or more of the sessions will be available soon.

CSE out of school:

- The quantitative results show that the out-of-school CSE is provided in 40 safe spaces for youth and they offer regular CSE sessions. However, this does not mean that the quality of the CSE is good. Therefore, there has been a QSC measurement of the out-of-school quality CSE recently, which gives an opportunity to start improving the education.
- Through the Youth EcoSystem (YES) there is a direct (mobile) referral of young people from education session to health centres. Services are provided free of charge and they even receive a small incentive. There has been an increased number of young people with access to services in the area where YES has been introduced. The system is used by 94 young people in Sud Kivu and 2073 young people in Nord Kivu.
- The out-of-school CSE is functioning well, with 40 safe spaces for youth offering regular ESC sessions. Quality score cards are used by staff of Swiss TPH to assess the quality in the safe spaces. The average score was 66.8%.

- The module Like Sarah, Miriam and Joe for (10-14 years) has been tested and introduced in 12 locations out of and in school. Teachers have been trained and have filled in evaluation forms during every session. The results will be used to improve the use of this tool.

What can be improved?

Tailor-made, targeted and innovative approaches to reach the various subgroups of young people can be improved:

- Scaling up of "Like Miriam, Sarah and Joe" module at all schools in eight health zones as a complementary interactive manual will improve the reach among 10-14 year-old youth. This will require government level approval for use of the curriculum.
- The reach among young people of other subgroups should be evaluated and a choice must be made whether it is the aim of the program to reach them. The CSE does not take the needs of key populations into account sufficiently.

Coaching/supervising especially out of school CSE and quality and comprehensiveness of education provided is a challenge and should be improved.

Pathway 3 - responsive SRH services

40 health centres have been selected and trained to provide youth friendly health services. They have been assessed and based on the assessment an improvement plan has been developed. They have been equipped to operate a youth corner. In addition, they have been trained on SRHR for young people and have undergone value clarification exercises. Health centres develop six-month action plans to improve their services. Health centres are motivated to ensure MYP of young people and CODESA's (community health committee's) are used to create a more accepting environment for youth-friendly services.

INDICATOR	RESULT	TARGET 2020
# health staff trained on youth-friendly services	99	80
# health centres providing YFHS	40	40
# young people tested for HIV	30,980	186,589
# young people receiving family planning information and consultation	32,141	150,127

What is going well?

Service providers capacity is built on different subjects:

- Increased knowledge, skills of providers in ASRHR and an improved awareness of their own values that influence their services by the exercises on "value clarification". This has been done not only with the services providers, but also with the coordinating structures of the health districts (Aire de santé).

The health services are increasingly youth friendly:

- There are 40 health facilities with corners in place for young people and (to a certain extent) provided with essential SRH products.
- The recent second QSC on the youth friendliness of the health facilities showed a very impressive increase from 40.9% to 63.25%, in one year. This was done by setting up business plans together with the health centres on how to improve on the first measurement of the QSC.

Improved supply chain:

- In the areas where I+solutions works in collaboration with the Dutch funded program led by UNFPA focussing on the availability of contraceptive in the Kivu's has improved.

Involvement and active participation of provincial and local Ministry of Health in the supervision and monitoring of activities is helpful and enable embedding of the programme to ensure long-term results. The coordinators of the

“Aire de Santé” are supervising the health centres included in Jeune S3 on their monitoring of the number of young people received health services.

What can be improved?

The supply of SRH products needs to be increased:

- Only 50% of the demand for SRH products is currently met (in 20 of the 40 targeted health facilities).
- Free STI medication⁴ should be introduced to reduce the relatively high cost of services for STI treatment in health facilities
- Service providers need greater motivation to provide quality (youth friendly) services:
- Although coaching and limited subsidies are available for health care providers, their motivation frequently still requires strengthening.

Pathway 4 - enabling environment and respect of rights

Together with the PNSR (Ministry of Health SRHR Department), Cordaid has developed a training guide for religious leaders (based on the original Cordaid booklet). A ToT for religious leaders has been organised and religious youth leaders/coordinators have been trained in all program sites. All 40 youth in the programme have developed advocacy plans to influence their environment to make it more enabling.

INDICATOR	RESULT	TARGET 2020
# religious leaders reached by advocacy on ASRHR	135	240
# religious leaders involved in advocacy on SRHR for young people	28	240
# parents reached by advocacy on SRHR for young people	212	440
# health and education authorities reached by advocacy on ASRHR	62	72

What is going well?

Parents, religious and community leaders are motivated and involved:

- Parents, religious leaders and CODESA members agree to the involvement and participation of young people in SRH issues.
- 135 religious leaders have been trained and are active in Jeune S3.
- Several religious leaders and youth act as advocates and champions of gender equity

Involvement of young people into shaping their environment is perceived as strong:

- YP are involved in the training and or involvement of religious leaders, health providers and in the School Parent/-Teachers Committee members

Eight advocacy plans have been developed by the youth associations. Implementation of the planned activities will start in the last quarter of 2018.

What can be improved?

YP able to address their questions and concerns with adults in the community:

- So far there is an absence of a structured strategy for ensuring intergenerational dialogue. An intervention logic and timeframe has recently been prepared.
- The country team needs to define the results aimed at on different levels in the overall advocacy strategy. Progress on this pathway is behind expectations, or perhaps the results are not adequately documented.

The implementation of policies, laws and national strategies for the SRHR of adolescents and young people are not (always) effective. Upholding local accountability is still limited.

⁴ This was solved in September 2018

PATHWAY	IN CONCLUSION
Pathway 1	Has made a good start – but progress is less than anticipated: Capacity building of youth ambassadors has been done, facilitating increased youth involvement. (Organisational) capacity building of local associations is a challenge and delays have occurred in the first one and half years of the program.
Pathway 2	CSE seems to be well on track: in-school CSE is well covered. The government has agreed to revise/adapt the curriculum with some improvements by the Jeune S3 program. In addition, the method is promising. Comprehensive out of school CSE is more challenging also due to the weakness of some youth associations and insufficient monitoring by the youth network organisations.
Pathway 3	Youth-friendly services seem to be on track and good progress has been made in relation to quality. However, uptake remains low and contraceptive supply is still an problem in half of the facilities. The cause of the low uptake needs further analysis.
Pathway 4	Advocacy is lagging behind and requires a clearer strategy. A good start has been made with religious leaders and youth advocacy plans, but these and other themes need additional efforts in the second half of the program.



Credit photo: Jeune S3, Cordaid, Cameroon 2017.

4.3. Cameroon



With an average annual budget of 1,2mln, Cameroon represents a smaller part of the program than DRC, but it is larger than Benin. ACMS, under the supervision of PSI-Europe, is responsible for all pathways. This simplifies coordination in-country but it also means that ACMS must either have all the necessary expertise needs in-house or must seek it from the regional experts within Jeune S3.

Pathway 1 - youth voice and confidence

Junior and senior associations carry out the youth voice and confidence activities together with the regional supervisors of ACMS. There were 12 youth ambassadors selected to represent the youth of the two regions. There have been adaptations to the specific context with three big events, the establishment of a hotline, support groups for youth living with HIV, and training of community mobilisers. These 43 trained community mobilisers are working on community sensitization, peer education, referrals to the health centres and other community- based activities.

INDICATOR	RESULT	TARGET 2020
# youth representatives trained in advocacy and sensitization (ambassadors + community mobilisers) ⁵	55	24
# youth trained on radio programming or journalism	12	24
# youth associations involved in JS3	12	12
# young people involved in SRHR activities	170	24 ⁶

What is going well?

There is a strong involvement of youth in the program:

- At all levels of the program, youth participate meaningfully. Young people also participate in the country level steering committee.
- Eleven young people have been trained in effective use of social media and writing techniques to improve the quality of their messages.
- The radio programmes are produced by professional ACMS staff with active and meaningful involvement of young people. Some sessions are facilitated by young people themselves with active involvement of youth aged 10-14 years old.
- The 12 youth ambassadors are supported by the regional supervisors of Jeune S3. From the observations in the Reflection workshop and other international meetings, the Youth Ambassadors are in the process of learning how to show leadership in a large group with participants at an international level.
- While in other countries 20-24 years old is the largest age group, in Cameroon the 10-14 year old group is actively involved.

The young people perceive strong cooperation and links with other organisations:

- Partner organisations like ALVF (Organisation working against violence against women in the extreme north) and RENATA ("army of aunties" to protect vulnerable girls against sexual violence) work together with the young people of Jeune S3. The junior and senior associations that work at local level are the basis of the program.

What can be improved?

YP are aware of their SRHR, but their leadership skills could be reinforced on:

- The community group discussions mentioned that their capacity to mobilise other local youth should be strengthened.

⁵ 12 youth ambassadors + 43 community mobilisers (not all young people)

⁶ These will be revised, targets were not ambitious enough

YP SRHR in national/local policies and programs:

- There is a national curriculum on CSE in the Cameroonian education system, however this has not been used in schools for a long time. Although it may not be feasible to change this situation during this project period, advocacy to implement the curriculum should be targeted towards national and local policy makers.
- The partnership review found that there are government representatives at local level who are involved in Jeune S3 in their domain of expertise (Inspecteurs pédagogiques for the Ministry of Secondary and Primary Education, regional delegate for health). However, these partners and government representatives do not know each other and are not connected in the same way as at the central/national level with the national steering committee. Therefore, local steering committees will be created in the two regions.

Pathway 2 - SRHR knowledge and skills

Pathway 2 is well structured and coordinated in Cameroon. 107 teachers have been trained at 28 schools and there are 32 trained community mobilisers providing CSE out-of-school. A great number (6,566) of youth has started attending CSE sessions in and out of school. Moreover, there are sensibilisation activities like SRHR mass campaigns and "ligne verte" (hotline), as well as HIV support groups which provide the opportunity for YPLHIV to access relevant information easily and share experiences with others in the same situation.

INDICATOR	RESULT	TARGET 2020
# teachers trained to provide CSE in school	107	92
# schools that have started providing CSE	28	28
# youth receiving CSE in school	4,527	36,800
# youth receiving CSE out of school	2,039	30,720
# youth reached with sensibilisation activities (SRHR campaigns, radio broadcasts, telephone hot lines, HIV support groups)	12,218	68,400

What is going well?

Teachers show a great willingness to improve their skills and change their attitudes.

All teachers are trained and demonstrate strong motivation to teach CSE. They say students respond well. Tailor-made, targeted and innovative approaches aiming to target various subgroups of YP:

- The SRHR campaigns are mentioned as a best practice, particularly because these campaigns bring most actors together.
- Support groups have been set up for YPLHIV. Young people who test positive are encouraged to join a support group.
- The hotline in Cameroon has succeeded in responding to many requests for information from the extreme North, an area where religion, culture and curfews limit access to information. The young people are satisfied with the information they get. However, relatively low numbers of girls call while in this context they might be most in need of information.
- Acceptance by parents and the community for CSE for the group of 10-14 year old youth is increasing, especially with the method of Like Sarah, Miriam and Joe.

The Ministry of Education shows strong involvement, commitment and support of in the implementation of CSE:

- At national but especially at local level there is strong support by the governmental structures, like the Ministry of Education and the Inspectors/coordinators of the teachers that are part of the education system. They are involved in Jeune S3.

What can be improved?

The teachers present at the partner meeting, mentioned only a few areas of improvement for activities.

Participants referred to the late arrival of educational materials in Cameroon, both for in-school and out-of-school CSE. A need was also expressed to develop CSE manuals per class/level, because now there is one manual for all levels (except for the 10-14 years old booklets). This could lead to repetition if a young person is going to the next school level.

Another suggestion was to translate the manuals into English, because even though the project takes place in French-speaking regions, there are also English schools.

Pathway 3 - responsive SRH services

Pathway 3 seems to have had a slower start than the other pathways, although 43 health staff from 26 health facilities have been trained. Monitoring data on the total number of youth visiting the health centres for SRH services was not available until very recently since only referrals of young people by the program were recorded.

INDICATOR	RESULT	TARGET 2020
# health staff trained on youth-friendly services	43	150
# health centres providing YFHS	18	50
# young people tested for HIV	2,213	18,000
# young people receiving family planning information and consultation	3,558	6,000
Score on quality score card for youth-friendly services (16 health centres)	61,7%	

What is going well?

Health staff have been trained in YFS, which enables them to provide services adapted to youth.

The referral system is starting to become functional:

- With the Human Centred Design, different strategies were explored to get young people to the health facilities for SRH services. Depending on the prototype tested, there was an increased number of youth going to the health facility. It was interesting to observe that the effects of the prototypes differ between the two regions.
- Referrals are made by the community mobilizers, during the SRHR campaigns and via parents who are included in the parent groups.

Voluntary HIV testing is increased, especially for the younger age group:

- The number of 10-14 year-old youth coming for a HIV test is increasing. By mid-2018, the number had already exceeded the total for the whole year in 2017. Also, this group comprises 20% of the total number of young people tested until now.
- The establishment of the "Test and treat" strategy by the Ministry of Public Health in the fight against HIV is a good approach to ensure young people get quick and active treatment to improve their quality of life.

There is an adequate supply of SRH products in the health centres involved in Jeune S3. The health facilities selected are also included in another program from ACMS. This means that there is a link between the two programs which can lead to increased synergy.

What can be improved?

The health centres score on average 63% on our Quality Score Card on youth-friendly services. Based on the results found, plans will be made with the health centres on how to improve the quality of services.

Involvement and active participation by the Ministry of Health in the supervision and monitoring of activities at local level will be improved.

- More activities that are planned for 2019 will include the local health authorities. For instance, training on Youth-friendly services and carrying out value clarification exercises.

In terms of the monitoring of pathway 3, the Jeune S3 team has not yet been able to collect data disaggregated by age at the health centres. There is still a need to ascertain with the health centres what data can be shared easily since parallel data collection is discouraged strongly by the MoH.

Costs of Family Planning services is an issue. Young people have major difficulties to afford the services and commodities. Whether that is the only reason that young people are not coming is arguable, as the “free services for youth” prototype tested in the Human Centred Design did not seem to lead to an immediate increase of youth seeking SRH services. Further possible barriers should be identified during the coming months, perhaps via short action research projects.

Pathway 4 - enabling environment and respect of rights

Pathway 4 is going well in Cameroon. Ninety religious leaders have been reached, but especially the involvement of the parents can be termed impressive. The community mobilisers work via the parent associations in the communities and special sessions on SRHR are performed.

INDICATOR	RESULT	TARGET 2020
# religious leaders reached by advocacy on SRHR for young people	82	200
# parents reached by advocacy on SRHR for young people	2,634	NA
# health and education authorities reached by advocacy on ASRHR	48	

What is going well?

- Two community group discussions per region (stakeholder and youth) were held. Besides this, a lot of information has been gathered throughout the program.

Parents, religious and community leaders are motivated and involved:

- 2764 people have been reached by advocacy on SRHR. Parents are aware of Jeune S3 and the importance of SRHR of young people. This momentum could be used to reach even more young people.
- There is a large number of dialogues taking place between young people and parents (partnership sub report). Especially in the Extreme North this was unexpected as sexuality is seen as taboo topic. The Human Centred Design method also contributed to this as community group discussions were performed in that process.
- In the process of enrolling young people in the community CSE groups, it was realized that parents need to be properly informed about what sessions their children will be invited to. A strategy has been put in place to train the community mobilisers (those who provide this CSE) in advocacy skills to enable them to approach parents with a clear message and purpose. As a result, 2634 parents were reached and most of them allowed their children to join the CSE groups.

What can be improved?

Policy and legislation on young people SRHR is generally in favour of young people. However, implementation is not always adequate nor are all stakeholders sufficiently aware of existing policies and legislation. There is therefore a role for the Jeune S3 programme and stakeholders to better inform actors, both at professional and official levels and in the community to use the legislation as a strong argument to contribute towards the desired change.

There is a growing awareness and understanding of young people's SRHR among parents, the broader community, traditional and religious leaders. However local (health) policy makers need to be targeted more:

- Ownership and sustainability of local policy makers could be enhanced by setting up of regional (local) steering committee.

- The number of religious leaders involved can be increased and the quality of their involvement and training could be improved, as mentioned in the reflection workshop.

The structure and support of the advocacy activities including the monitoring needs to be improved. Both a local and an international advocacy officer was recruited in 2018, this will strengthen this pathway. Despite this, the youth organisations have been trained on advocacy, and have made advocacy plans. These now need to be implemented.

PATHWAY	IN CONCLUSION
Pathway 1	Has made a good start, many youth have been trained. However next steps should be to increase scale and to improve the capacity of young people to become agents of change.
Pathway 2	CSE activities seem well on track both in school and out-of-school. Also, the mass awareness raising campaigns are working well thus increasing reach. Evaluation of the quality of the CSE and whether it has changed perceptions, knowledge and behaviour can only be done after the first full cycle.
Pathway 3	Youth-friendly services need to be enhanced and are a point of attention for the coming 2,5 years. Currently there is still too little information on the use of services, however it seems that this should increase.
Pathway 4	A lot can be learned from the Cameroon team on inclusion of parents. However, just like the other countries, the advocacy plans of the youth organisations should now lead to more structure and better monitoring of the intended results.



Credit photo: Jeune S3, Cordaid, Cameroon 2017.

4.4. CAR



Compared to the other countries, CAR is the most fragile and unstable country and thus difficult to work in. The project has started in Bangui and Mbaiki and was expanded to Bouar in 2018, with an average annual budget of 1.1mln. Cordaid is working together with IPPF's local organisation ACABEF and Free Press Unlimited local organisation ARC. Furthermore, the emergency education with the flexible fund grant from the Dutch MoFA will take place in Bouar and is in the start-up phase

Pathway 1 - youth voice and confidence

A total of 18 youth representatives have been trained in CAR and they are actively involved in various activities of the programme. They contribute to activities aimed at other youth, parents as well as advocacy at local and national levels. Furthermore, two youth ambassadors participated actively in the International Aids Conference in Amsterdam in July 2018.

INDICATOR	RESULT	TARGET 2020
# youth representatives trained in advocacy & sensitization (ambassadors / champions)	18	32
# youth trained on radio programming or journalism	51	75
# youth associations involved in JS3	26	30
# young people involved in SRHR activities	259	150

What is going well?

Young people feel they have become aware of their sexuality needs and behaviour and are active advocates to others on responsible sexual behaviour.

- They have learned how to talk about sexuality with their peers as well as their parents, whereas this is still a taboo in many parts of Central African society.

51 young people have been trained to become radio journalists. They have learned to make radio programmes on issues related to sexual and reproductive health and rights in the context of CAR. For these programmes, they interview various relevant actors and organize debates between youth and adults to inform listeners on their (rights to) sexual and reproductive health and regular radio broadcasts are taking place.

There is an increased awareness by young people on their SRHR and they have gained skills to share their knowledge with others:

- All age groups of young people expressed enthusiasm. The topic is new, but they are confident that they have a better level of knowledge now. Many of them share their knowledge with the people around them. Parents also indicate that their children talk increasingly openly about sexuality at home. Some parents expressed pride that their kids were informing or consulting others about their sexuality.
- Leadership skills were visible in the two youth ambassadors who participated in the International AIDS conference and the annual program meeting of Jeune S3 in Cameroon. They presented their work with religious leaders in two workshops at the Youth Preconference and the Inter-Faith preconference. In addition, they spoke in a panel discussion in the main program and participated actively in the rest of the conference. They have shown active participation, however their knowledge of English limits their reach, as they can only use their knowledge and skills in French.

There is a strong sense of youth mobilisation and active participation.

- Young people have the opportunity and the ability to talk about sexual health through the media, according to the community group discussions.
- Young facilitators have been trained in journalism techniques and digital audio editing

There is a strong sense of intergenerational cooperation visible within the project:

- Young people seem to be comfortable working with adults and problems with authority seem to be minor.

What can be improved?

Youth voice has been strengthened quite well in Bangui and to a lesser extent in Mbaiki. Now it is time to ensure that the same level of strength and involvement that is visible in Bangui is achieved in Mbaiki and Bouar regions as well.

Moreover, ensuring that young people SRHR are reflected in policies and programs will be a long process. Respondents say this is the first time these issues have been addressed. The fact that they are now being addressed is thus a good and necessary first step.

There is no clear visible linkage between the youth and other organisations that work on CSE and SRH services. This will have to be built up during the coming years (in the report of the community group discussions).

Pathway 2 - SRHR knowledge and skills

Especially in Bangui, many and varied activities have been implemented to sensitise and inform young people on SRHR themes, reaching a total of over 70,000 young people so far. However, these activities are generally about one or at most only a few subjects at a time and they do not represent a comprehensive package on sexuality education. From 2018, the focus is therefore on reaching young people with a full CSE package (comprehensive sexuality education). Teachers and peer educators have been trained in providing the sessions to the young people in interactive ways. The younger group of 10-14 years is targeted at with a package of information which is age appropriate just like in the other countries.

INDICATOR	RESULT	TARGET 2020
# teachers trained to provide CSE in school	50	375
# schools providing CSE	5	75
# youth receiving CSE in school	358	70,575
# young people reached by SRHR activities	70,216	NA ⁷

What is going well?

- In CAR, until mid-2018, 358 young people have started attending CSE sessions in school.
- A teaching guide and a booklet Like Sarah, Miriam and Joe are in place in the local Sango language for the 10-14 year-old girls and boys, both in and out of school.
- CSE out-of-school has also started in various communities.
- Several big events have been organized for young people during school holidays, reaching large numbers (more than 70,000) with information on various elements of SRHR.
- Activities aimed at providing CSE directly to key populations like men having sex with men and sex workers are implemented through cooperation with local partner organisations.

What can be improved?

This pathway will be strengthened in several ways:

- So far, only five schools have started provided CSE. More schools will be included in the coming months.
- There is a difficulty with the materials - translation into the local language Sango has not proven effective because it is mainly an oral language which people find hard to read.
- Monitoring of the results has been weak. However, since April 2018, a dedicated M&E officer has been recruited, so this is expected to drastically improve.

There should be more emphasis on teachers, educators and trusted community members to work together to overcome social, cultural and religious norms that stigmatise the sexuality of YP, particularly of key populations:

- Community discussions revealed that teachers are not yet much involved in or informed about the other activities of the program. It would be beneficial to link the teachers to the other stakeholders involved.

⁷ Target not set yet

“Teachers and community leaders are delighted to have been involved and trained. On the other hand, they are pessimistic about the implementation of the project because many programmed activities have not been carried out as planned such as the cascade training of teachers, or the availability of resources for sensitization by the district leaders. However, they found that the impact is positive and there is a clear change in behaviour and mentality among the sensitized young people “

Pathway 3 - responsive SRH services

A multitude of activities such as training of health staff has been carried out already and there is a noticeable increase in the number of youth coming for family planning consultations and HIV testing. In addition, a first assessment using the QSC has been done.

INDICATOR	RESULT	TARGET 2020
# health staff trained on youth-friendly services	30	90
# health centres providing YFHS	13	19
# young people tested for HIV	10,126	105,000
# young people receiving family planning information and consultation	5,755	22,500
Score on quality scorecard for youth-friendly services	53%	

What is going well?

Service providers are increasingly able and motivated and have the opportunity to take the special needs of YP and key populations into account and address them:

- There is a strong motivation to increase the knowledge and understanding of youth SRHR.
- Service providers are trained on Youth-friendly services and understand the needs of the youth better. An increasing number of young people is coming to the health centres for HIV tests and other SRH services. The services providers mention that the young people that are coming are better able to express their SRH needs.

There is a referral system in place which is carried out by peer educators:

- Health providers and other actors state that the peer education works well in encouraging young people to ask for services at the health facilities.

What can be improved?

The quality of the youth-friendly services in the health centres will be improved:

- The quality score card on Youth-friendly services shows an average score of 53% for the 13 health centres assessed so far. The dimension on information, education & communication (IEC) scores lowest at 34%. Based on the scores and the strengths and weaknesses found in the various dimensions, tailor-made activities will be developed for quality improvement.

SRH commodities are often out of stock:

- Staff members of Jeune S3 report a lack of SRH commodities. There already are actions planned to address this need at a higher level with the FP2020 platform.

Pathway 4 - enabling environment and respect of rights

In this pathway a large number of activities have been carried out done, however it is necessary to do continue improving the enabling environment a structured manner.

INDICATOR	RESULT	TARGET 2020
# religious leaders reached by advocacy on ASRHR	45	300
# parents reached by advocacy on SRHR for young people	955	5.000
# health and education authorities reached by advocacy on ASRHR	125	NA

What is going well?

Awareness and understanding by parents, the broader community, traditional - and religious leaders and policy makers has increased considerably. Also, young people are able to address their questions and concerns with the adults:

- The parents, religious leaders and community leaders in the focus group discussion were positive about their own increased knowledge and that of young people. Religious leaders have noticed a clear difference between those who benefited from the project and those who have not yet been sensitized. Trained youth can orient, inform and counsel their peers about sexual and reproductive health issues.
- Also, the community leaders have noticed that more and more out-of-school youth who have benefited from the project are becoming aware, engaging in activities and even going back to school.

What can be improved?

Involvement of certain community stakeholders can be improved. This emerged in the various community group discussions led by an independent local consultant:

- It was reported that more parents and religious leaders need training. Parents in particular feel that they should be part of this program.
- Community leaders report being very interested and motivated, but there were also comments that they are not actively playing a role in the program and that there is no funding available for them.

Finally, with the current security situation in CAR and a weak government, policy and legislation on SRHR does not yet reflect the needs of YP.

PATHWAYS	IN CONCLUSION
Pathway 1	Has made a good start, many youth have been trained and the number of youth reached by SRHR activities is impressive in the urban area of Bangui. Youth have become much more vocal and are motivated and involved. However, these good results need to be replicated in Mbaiki (and Bouar).
Pathway 2	Structured CSE implementation is weak, and should be upscaled, both in terms of numbers of schools that provide CSE and number of youth who receive CSE.
Pathway 3	Improving quality Youth-friendly services should be a focus point for the coming 2,5 years. Availability of commodities is a challenge as well: data on availability will be gathered and a lobby strategy started.
Pathway 4	The team in CAR has good and close connections with the different government Ministries which is a good point of entry. The rest of this pathway needs to be more structured in terms of the changes that are aimed for.

5. PARTNERSHIP

Within this chapter, a summary of the most important elements is given. An elaborate partnership report written by Tine Veldkamp is available on request.

5.1. Partnership at country level

Active participation in activities by partners contracted locally is essential and has been ensured. These local partners have been involved in strategic planning processes and they participated in coordination meetings. Annual plans for 2017, 2018 and 2019 were developed and agreed upon at national level. All country coordinators report that involving partners and other stakeholders, informing them, creating awareness at all levels is an intensive process, but they also see it as key to successful program implementation. To further facilitate their participation, local partners have received training and basic equipment like laptops, to enable them to carry out their activities.

Alliance members, technical and local partners have been trained in the understanding and use of the monitoring tools. Their suggestions for improvement of the tools, based on their experience in the field, have been used to further finetune the tools to local needs and context. During monitoring visits, both activities and results reported are discussed and constructive feedback is provided to the partners on how to improve the quality of their work and the results reported.

During the partner meetings at country level, local partners mentioned that they experienced sufficient room to be critical. And the support that they received has been relevant, but not always timely and effective.

5.2. Collaboration between countries

While there are certainly signs of increased synergy between and among partners at country level, it will also be important to strengthen the synergy between and among countries, to ensure that countries work towards common indicators and comparable data and to create a climate for learning from success and failure. Country coordinators and experts talk to each other when they have specific questions, but they are more in contact with Cordaid than with each other. At this moment there is no regular communication/sharing moment between and among country coordinators or experts in the countries.

Learning as an avenue to improve practice has been given attention at several levels:

- In January 2017 alliance partners and experts met in The Hague for the development of tools and manuals. Another expert meeting took place in Goma in 2017 regarding CSE and M&E.
-

Learning activities like trainings and exchange meetings focussed mainly on improving the implementation of activities. The Jeune S3 alliance has not yet succeeded in developing the concept of learning groups at country level (to enhance cross-country learning) as described in the programme document and should invest more in the process of generating learning.

5.3. Partnership at international level

The MTR found that the collaboration among the International Jeune S3 alliance partners is good in terms of (1) commitment to working together, (2) working in good faith, (3) respect for each other's contribution, role and expertise and (4) an open atmosphere for dialogue and collaboration. Alliance partners developed important tools together (trainings manuals, *Comme Sarah*, *Miriam et Joe* for youth age 10-14, card games etc). When asked, alliance partners said that everyone at international and national level is making a great effort to make the programme a success. There are sometimes communication challenges., misunderstanding, doubts, moments of frustration, different ways of working, different cultures but everyone is trying to do his or her best to stretch and to work with each other in a cooperative way.

Despite all efforts to achieve synergy, some interviewees miss real programme cohesiveness. They wonder what programme partners in one country can say about what is happening in another country or about results from pathways that they are not working on. The interviews revealed that not everyone is convinced that all those involved

in the programme understand and feel that they are part of the larger picture. Other interviewees are more optimistic and say, *'all of us believe that we cannot look at the program without looking at all partners together because there needs to be synergy to really achieve impact and we all feel responsible in terms of what is going on and what we want to achieve'*. This positive perception was also felt in the annual program meeting in Cameroon (September 2018), where there was loads of exchange between the countries and international teams.

The SC is the decision-making body at alliance level in which all International Jeune S3 alliance partners have a seat. It has been observed that not all subjects are discussed at SC level (for example the departure of HE in DRC and the programme budget) and that it is not always clear who is responsible for which decisions. Despite existing examples of collective decision making, some interviewees perceive the SC more as a platform for sharing rather than a body for collective and strategic decision making.

Interviewees at country level mention, unanimously, that they receive the necessary support, mostly via bilateral support from PSI- Europe, Swiss TPH or Cordaid. They appreciate that alliance members are open and clear up misunderstandings.

Some interviewees underline the importance of finding the right balance between steering duties and quality control of the work in the countries on the one hand and the delegation of tasks and responsibilities to country teams on the other. This balance is extremely important because it contributes to ownership at country level, mutual trust and confidence. Chapter 5 describes how we would like to act on these important points.

5.4. Partnership with the Dutch Ministry of Foreign Affairs – central level

The MTR that Tine Veldkamp carried out on the partnership found that the role of the MoFA and the embassies is not clear for everyone (for full report, see folder "All sub-reports together"). Working directly with the Netherlands Ministry of Foreign Affairs as an active partner in the design and steering of a multi-actor programme and in lobby and advocacy (rather than only as a funder) is a novelty. The aim of this strategic partnerships between the Ministry and NGOs is that together they can achieve results that each of them cannot achieve on their own. The Jeune S3 Alliance did hope to find a technical and collaboration partner in the Ministry and wanted to ensure optimal synergy with other programmes supported by the Dutch government. The programme document contains high expectations of the role which the MoFA could play at central and decentral level and of the added value of the Ministry to the four identified pathways of change⁸.

However, (1) turnover in the MoFA may have changed the expectations of MoFA representatives regarding Jeune S3 and the role of the Ministry; (2) the current MoFA representatives need to know the context of the Jeune S3 programme but have not yet had an opportunity to visit, and a new representative is currently being introduced.

When people change position, expectations change, and it takes time for new alliance partners to find their place and fulfil a relevant role. This is well known by alliance members and the MoFA but in practice there is no well-structured onboarding. A joint reflection on the international partnership during the Steering committee meeting confirmed that the engagement of MoFA is useful to share experiences & tools, to create synergy. The mobilizing and coordinating power of MoFA & RNE is useful and the collaboration gives weight to initiatives undertaken. Next steps and expectations are described in chapter 5.

⁸ (1) Youth Voice and confidence- the Ministry as a co-champion for youth rights and participation helping Jeune S3 to get a seat at the table for YP at (inter)national policy fora and working groups; (2) SRHR Knowledge and skills: the Ministry as an advocate for acceptance and integration of CSE within national education curricula ; (3) Responsive SRH services: Ministry/ embassies join efforts to strengthen responsive services and especially improve access to commodity supply; (4) Enabling environment and respect for rights: Ministry /embassies to partner in the area of religion and SRHR collaborate on Jeune S3 advocacy to reduce legal and policy barriers around YP and KP's SRHR and support.

5.5. Partnership with the Dutch ministry - decentral level, embassies

From the partnership report of Tine Veldkamp, it has been concluded that there have been some good examples of a good partnership with the Royal Netherlands Embassies, as we have found that the collaboration in DRC and Benin has been positive.

However, unfortunately in two out of four countries (CAR and Cameroon) there is no active relationship with a representative of an embassy in the country or region, because these embassies do not have the specific SRHR priority (for more in-depth analysis, see Annex 2).



Credit photo: Jeune S3, Cordaid, Central African Republic 2017.

6. CONCLUSIONS AND NEXT STEPS

Progress and results - summary

Generally, progress in all countries is good and the activities that have been implemented contribute to achieving at least the short term and many intermediate results. In Chapter 3, progress per country per pathway has been described, including the challenges (what can be improved) in each of them. Both expected (e.g. fluctuating security situations) and unexpected factors have occurred, such as lately an Ebola outbreak in northern Nord Kivu (DRC). These have an effect on the implementation of the activities in a specific region and may lead to different choices at certain times and putting on hold of activities temporarily. Despite the challenges, real enthusiasm for the programme is found among stakeholders in the countries. There is lots of interest in all the countries in widening the reach or being included in the programme.

In the programme there is space for continuous development: for example, in all countries it has been experienced that parents need more explicit accompaniment, to enable the younger age groups to participate in educational activities and make them feel supported. This has led to context specific activities being implemented to inform parents and involve them in the programme. Besides developments within the programme we also aim to further identify and use links with other programs being implemented in the same regions. For example, in DRC we have started to involve the CODESA (community health committees) in strengthening the links between the (activities at) the health centres and the needs of the young people in the communities.

Within their possibilities, the teams in each country have their specific points of attention to ensure the best possible results by the end of 2020. For most indicators in Chapter 3, targets have also been included. These show our large ambitions in the number of young people we aim to reach with both CSE and youth-friendly services, supported by good investments in the voice and confidence of the young people and including the relevant actors for an enabling environment.

During the reflection on the midterm results, the M&E team meetings and the M&E and country coordinators meetings, we discussed the data that are being collected for each of the pathways. The question “to what extent are the results showing the progress and changes we are looking for, both at output and intermediate outcome levels?”. In this report, the most important monitoring data is included and this gives a good quantitative basis to monitor what has been done. Together with the baseline, the upcoming end line and the data that continuously is collected, this will be of great value to facilitate a quality end evaluation, including both quantitative and qualitative results.

As we have identified the current strengths and weaknesses of the programme in the different countries, we aim to reflect on the further expected progress every six months and will use this for adjustments towards the best possible results, within the security limitations of the countries where we work.

In the next sub-paragraphs, some specific next steps are summarized.

Next steps per country - summary

Among other actions in the 2019 plans, priorities based on the results of the MTR are summarized here.

Benin

- To establish one coordination point, which has taken effect from the September program meeting in Cameroon 2018 onwards.
- To also start a limited program on pathways 2 and 3 to be able to meet the needs of the youth.

DRC

- Specific programmes for key populations, including young people living with HIV, teenage mothers and young sex workers.
- An improved strategy for pathway 4, with a focus on intergenerational dialogue.

Cameroon

- More attention for ensuring the availability of youth-friendly services at the health centres by doing the quality score cards and acting upon the results.
- Payments as incentive for youth-friendly services at health centres.

CAR

- Intensification of Implementation of all pathways in Mbaiki and Bouar.
- Inclusion of more schools and provision of CSE and education materials.

Next steps on cross cutting subjects

Synergy

As the assumption remains valid that all pathways together create a synergy that has a larger impact than the sum of the individual pathways, it is now time to emphasize measures that can increase that synergy. That will be different in every country as official, political structures and societies differ in many ways, but this will be actively steered by the lead organisation Cordaid. Enhancing synergy and sharing learning experiences between countries will be taken up as a focus point in the Cordaid Global Office 2019 plan.

Sustainability after 2020?

All activities within Jeune S3 are intended to be as sustainable as possible. However, without a financial investment at the end of the program, there will be no scaling up of the positive results that we have so far. We have made a first start to discuss the search for funds at various levels and in different ways: all country teams have discussed what they see as in-country possibilities. In addition, the steering committee has made an action plan to ensure funding after 2020. Some of these actions will be taken at the International Family Planning Conference 2018 in Kigali. All members of the Jeune S3 team believe strongly in the Theory of Change, and we believe that this concept can be reproduced in other countries as well.

Safeguarding

Internationally there has been a lot of attention for abuse scandals that have been in the news. Also within the Jeune S3 team, the need for action has been made very clear, as we work with young, vulnerable people. The first steps of creating a specific code of conduct for all people involved in Jeune S3 have been taken, and a working group is being formed.

Country coordination– take it to the next level

The country coordination level is perceived as extremely important and challenging. Country teams and the country coordinators give this a great deal of attention. At the same time, there are challenges of time pressure and heavy workloads, partly due to the reporting requirements. It has therefore been decided that requirements for quarterly reporting will be reduced and will have a different emphasis.

Another challenge is that the communication and contact between countries is difficult because everyone is time constrained. For this reason, the country coordinators will now also attend the Steering Committee meetings to have more interaction with each other and with the steering committee members. This will improve the in-depth discussions between the international program manager and the country coordinators by:

- Giving more weight to learning between countries
- Sharing experiences on how to pull people and insights from different pathways together
- Giving more attention to cooperation and meeting deadlines.

Next steps in Monitoring, Evaluation, Research and Learning (MERL)

We now have an overview of the monitoring efforts and the improvements that can be made. These actions have been discussed with the Jeune S3 MERL team that has a member in every country except for Benin, and two members at Cordaid Global office. Monthly Skype meetings have been agreed on to discuss difficulties and successes and increase learning between countries.

A data quality assessment is planned for T4-2018 and T1-2019 to validate and improve the monitoring processes from field to aggregated level in DHIS2. The DRC M&E expert will be involved in this exercise in at least one of the other countries, to gain experience in performing such evaluations.

The results of the partnership review of Tine Veldkamp and from the annual program meeting 2018 in Cameroon made it clear that there is a need for increased learning between countries. There will be more regular exchange visits by the various Jeune S3 in-country and regional experts as they have valuable knowledge (SHRH, CSE, MYP, M&E). These Jeune S3 experts have started identifying subjects that should be on the learning agenda and the MERL-experts of Cordaid Global Office have scheduled time in 2019 to support this agenda. A draft learning agenda will be made in the Jeune S3 expert meeting in the IFPC18 in Kigali.

Improving partnership with Dutch ministry of Foreign Affairs – defining expectations

As clearly defined expectations help to improve a partnership, the Jeune S3 team proposes to discuss the following expectations at the next Steering Committee meeting in February 2019 or earlier if needed. Until the end of implementation in 2020, the Jeune S3 team expects the Dutch MoFA to:

Central:

- Be present at every Steering Committee Meeting.
- Have frequent meetings with JS3 team, minimal 3 times a year.
- Take an active role in stimulating learning linkages between the SP SRHR partners.

Central and decentral:

- Be an active partner for advocacy for the supply chain of commodities.
- Co-host our conferences (a small one with Sharenet in 2019 and an international one in 2020).
- Be a consistent partner. In Benin, there was a sudden change of policy by MoFA which ran counter to agreed activities within the programme, see annex 2.

Of course this is a mutual partnership, so the Jeune S3 team is open for suggestions and discussions.

Concluding notes

The aim of this Mid Term Review was to find out “**What is going well and what can we do better**”, to reach our long-term goal?

We can conclude that this aim was achieved since we now have a clear oversight of the successes and the challenges facing Jeune S3. It must be said that the shared decision to make this MTR into a Jeune S3 team effort, turned out to be successful. It resulted in extra workload at all levels, but the learning effect on how to reflect together with partners (international and national), within the country teams, with the beneficiaries and with the whole Jeune S3 family at the program meeting in Cameroon on our own performance itself constitutes a program result. All these efforts have resulted in useful changes for the 2019 country plans and international level plans, and a great deal of knowledge sharing on the success stories.



Credit photo: Jeune S3, Cordaid, Central African Republic 2017.

ANNEX 1 – ASSUMPTIONS REFLECTIONS

YP and youth organizations will participate and be engaged in decision-making and policy implementation around YP SRHR if:

Assumption	Reflection and evidence
They are aware of their SRHR and have leadership skills to advocate ^a at various levels. [link pathway 2]	<p>The Jeune S3 program has chosen to select “ambassadors” as the representatives of the young people. Several young people, both boys and girls, have been selected in each country and they have been trained in various advocacy and leadership skills. This has enabled and allowed them to be involved in program activities as well as in local and national advocacy:</p> <p>Watch Marietta, young ambassador in CAR here</p>
The environment (parents, leaders, decision-makers) allows for YP’s participation and leadership. [link pathway 4]	<p>In year two of the program a decision was taken to first direct all advocacy efforts of young people at the local/community level. They all mentioned/felt that was the most important and most needed step to improve SRHR in their daily lives.</p> <p>All 4 countries have clearly expressed during the mid-term review that the inclusion of parents is essential and an area on which the program still must expand.</p> <p><i>« En termes de changement induit par le programme, les jeunes avaient cité la place qu’ils occupent désormais dans la commune et la facilité avec laquelle ils peuvent avoir accès à différentes autorités locales et ressources pour la mise en œuvre de certaines activités. »</i> (Community discussion Benin)</p>
YP are mobilised, in sufficient numbers, to become active for their own health.	<p>Experience of JeuneS3 has shown that it has been relatively easy to initially mobilise young people on SRHR as it is a topic that is of interest to them. However, longer term commitment is more challenging as needs and interests of young people are much broader than SRHR. For out-of-school activities emphasis will be given to other recreational and learning activities that keep youth organisations vital.</p> <p>No evidence on “sufficient number”: the experience of CAR shows that a relatively small, but very active group of young people can move things. So sufficient does not have to equal large numbers.</p>
Youth organizations are recognized by YP as their representatives and are youth-led professional, registered, well-networked and sustainable CSOs.	<p>There are so far varied experiences in the Jeune S3 program regarding working with Youth organisations. When they are not formalised or structured in any way, long-term collaboration is difficult. As one partner said, “One day you train a person the next day they are gone, and nobody knows about it”. On the other hand most partners (and youth) felt that to be seen as representative it was not necessary to become a “professional” CSO. Many participants saw this assumption as not valid or less relevant.</p>

Youth organisations and YP are accepted and respected if:

Assumption	Reflection and evidence
Intergenerational cooperation and mutual mentorship is established between adults and YP. [link pathway 4]	The intergenerational dialogue and cooperation are work in progress: in all countries the experience is that parents need to be well-informed to ensure many young people can be reached. Real cooperation and mutual mentorship still need to be addressed. We'll no longer seek to really have mutual partnership, but more parental involvement is priority for the second half of the program. « Grâce au Programme Jeune S3 je n'ai plus peur de parler avec mes parents, » Young girl of 10 years in Cameroon
They are supported and linked with private and public organizations providing Comprehensive Sexuality Education (CSE) Youth-friendly services (YFS and contraceptives). [link pathway 2 & 3]	In several ways youth representatives are linked to or even included in the structures that provide CSE or YFHS. For instance in DRC, youth representatives are part of the community health committee of the health centres. This is a sign that they are accepted and respected and gives them more influence to ensure that services are youth friendly. More of this kind of linkages is useful and actively sought.
They consistently communicate clear, respectful and evidence-based advocacy messages at various levels.	A specific SRHR advocacy training module has been developed and a ToT was held. All youth organisations developed advocacy plans and have started working on that. The level is still varied, and most involved young people have for instance not reached the level yet that they would be ready for strong national or international advocacy. As the programme has put a lot of emphasis on local advocacy not all youth will need to get to this level. More evidence is likely to be available at the end of the program.
Youth organizations are youth-led, gender-balanced and programmes and projects are implemented by YP for YP. [link pathway 4]	This assumption was contested. In the programme we see so far that implementation of programs by youth (led) organisations themselves is not necessarily better than by other NGOs. In addition, in the countries where we work, people up to 30 or even 35 years are considered young people, so youth organisations do often include members that are older than our age group.
Policies and programmes at various levels are more reflective of YP SRHR. [link pathway 4]	These require long-term processes. We expect that some evidence on this will be available at the end of the programme. In implementation of youth friendly health services, we have already observed a real increase in the scores of health centres in DRC from 2017 to 2018.

Teachers, educators and information outlets will be able to provide access to CSE/quality SRHR information in fragile contexts if:

Assumption	Reflection and evidence
There is recognition of the SRHR information needs and realities of various subgroups among YP (in and out-of-school, KP, YPLHIV, young girls aged 10-14).	This is still valid. The programme has designed materials to address specific needs of young people and they have different needs. For instance: Evaluation of booklet 10-14 years has shown that the method was truly appreciated as filling a necessary gap in CSE for the age group 10-14 years old. Requests for re-prints and upscaling come from each of the pilot countries, however budgets of schools and Ministries of Education are limited.
They are willing to improve their skills and change attitudes to provide CSE and quality SRHR information. [link pathway 4]	So far work done with schools indicates that teachers are indeed interested to be trained and then continue to teach pupils. Getting schools interested to be part of the program has not been a problem and Ministries of Education have been supportive. In DRC adaption in the curriculum will be made based on inputs from the JeuneS3 program. Only the Catholic schools in South Kivu have indicated that they don't want to participate in the program at this stage. Data of evaluation of teachers training show that: <i>« Les membres des autres communautés qui ne sont pas concernés par le programme réagissent positivement. Ils s'imprègnent des enseignements du programme Jeune S3 par l'entremise des élèves ou des jeunes qui sont amies ou amis de leurs enfants qui apprennent des autres et diffusent les contenus de ce programme et veulent aussi participer aux activités du projet. »</i> (DRC community assessment report)
Tailor-made targeted and innovative approaches ⁹ to reach the various subgroups among YP are used.	Several tailor-made initiatives are used in the Jeune S3 program: -Young PLHIV talking groups in Cameroon – young people that are tested positive are encouraged to become member of a support group. - Hotline in Cameroon- the hotline in Cameroon was successful in getting many requests for information from the extreme north. An area where religion, culture and curfews limit access to information. The young people are satisfied with the information they get. A challenge is the relative low numbers of girls that call, while in this context they might be most in need of information. -Education sessions CAR have mobilised rather large groups of young people
Teachers, educators and trusted community members work to overcome social, cultural and religious norms stigmatising sexuality of YP, particularly of KP.	The programme has integrated value clarification in the training for all involved organisations and teachers/educators. We have seen that this has been very helpful to allow people to reflect and be aware of their own values and influence on the programme and open their views.

⁹ For instance use of tablets and follow-up monitoring through mobile services.

	<p>In addition, for instance in DRC (SOS Sida, the local partner organisations) organisation organises monthly meetings with youth, teachers, health providers, religious leaders and others involved in the program to improve synergy and to overcome local barriers and norms and allows to learn from their perspectives.</p> <p><i>“Grâce à ce projet, il est possible de se rendre réellement compte que des questions sur lesquelles on ne pouvait jamais traitées publiquement comme par exemple la sexualité chez les jeunes a été débattue sans complexe et sans barrières culturelles sur la place publique. Le secret a été rendu public désormais par les jeunes. Une prise de conscience est en train de s’installer chez les jeunes progressivement et fera certainement tâche d’huile. »</i> (Conclusion RDC Community report)</p>
They know where to refer YP for responsive SRH services and counselling. ¹⁰ [link pathway 3].	The teachers/ information providers are trained to refer young people to the nearest health centre involved in the programme. Collaboration is also stimulated through visits of youth groups to the health centres.

¹⁰ Includes referral in humanitarian situations

Youth will be able to utilize the information to make informed decisions about their SRHR if:

Assumption	Reflection and evidence
Teachers, educators, are committed and involved to provide CSE and quality SRHR information.	We have seen great interest of teachers to be involved. In the second half of the program we will aim to sustain their commitment which might be a challenge but for instance in DRC intensive formative support to the schools seems to support the motivation of teachers.
An enabling environment is in place that allows youth voices to be heard and governments to be responsive and accountable to their commitments to improve the health and wellbeing of YP. [link pathway 1 & pathway 4]	In all DRC, CAR and Cameroon ministries of education have been actively involved in the CSE programs. Together with the Ministry of Education in CAR a curriculum was developed. In DRC, the ministry was actively involved in TOT's. A lot of commitment has been created at government level.
CSE and information provision is closely linked to quality services for young people [link pathway 3]	Geographically, the program aims to ensure that locations where CSE is provided and where services are available are near to each other. E.g. in DRC schools have been selected within the health zones that are being covered by the health centres involved. Furthermore, in the Jeune S3 youth friendly health centres education sessions on SRHR are also part of the services. Referral between education and services is stimulated.
The education and information provided reflects the various youth subgroups' (including KP) realities and is responsive to their needs and preferences.	See also above. Targeted information for instance for the 10-14 years appears to be successful. In Miti-Murhesa in DRC there are waiting lists to enrol in this course. In Cameroon there is a clear increase in the number of youth that call the hotline. From the community group discussions with the youth in the various countries, it has become clear that the information that they have received/are receiving through Jeune S3 is much appreciated and shared with other young people around them (and with parents as well). This is seen as an indicator for the usefulness and responsiveness of the information.

Public and private health service providers in fragile states become more responsive to the needs of YP and key populations, and deliver quality SRH services and products to them if:

Assumption	Reflection and evidence
Service providers are able, motivated and can take the special needs of YP and KP into account and address them. □	Baseline assessments show that service providers in for instance DRC in majority feel competent to provide youth-friendly services (72% Sud Kivu, 63 % Nord Kivu). Training in youth-friendly services including value clarification has taken place in DRC, CAR and Cameroon. The reactions of health providers have been positive.
Services are designed to be practical, appealing, respectful and easy to access for youth.	The quality and youth-friendliness of health centres is assessed through score-cards. This includes aspects of information, privacy, access etc. Scores collected so far show a mixed picture. In addition, information has been collected through the process of mystery clients in DRC and Human Centred Design in Cameroon. The human centred design process consist of different prototypes of ideas that make services more appealing. The information and scores collected are used to further improve the quality and youth-friendliness.
There is a sustainable referral system in place and where possible SRH and HIV services are integrated.	Referral exists but besides the experiences in the YES pilot referral has not been systematically monitored or put in place in a sustainable way. The integration of HIV and SRHR services has not been systematically reviewed. SRHR and HIV services are usually provided in the same health centre, but not always on the same time, in combination (e.g. somebody who does and HIV test is also informed on FP), etc. Based on experience so far, a checklist card with minimal information will be developed to support health workers in the information provision to young people.
Services and products are accompanied by robust communications and distribution efforts that help ensure wide acceptance and proper use. [link Pathway 2] 19	Robust communication is part of the social marketing approach in Cameroon, but not actively practised in the rest of the program.
There is an adequate supply of SRH products, with specific attention to the last mile distribution. [link Pathway 4]	This is unfortunately not the reality in all countries. We have been able to make significant progress with improving the supply chain in DRC through work of I+ Solutions and collaboration with C3. For the other countries I+ is currently undertaking an assessment to get an up-to date situation analysis. Especially in CAR and Benin access to contraceptives and STI treatment is lacking. In DRC, a big gap in STI treatment has recently been addressed.

<p>Health service providers are motivated to deliver these responsive SRH services.</p>	<p>Motivation of health providers is essential, this was also confirmed by the young people, but it is a challenge in all countries. Actions taken include:</p> <ul style="list-style-type: none"> - peer coaching and contract with health centres to improve the motivation of health workers (DRC), - collaboration with other ACMS program to address this (Cameroon).
<p>Services are properly linked to (peer) educators and youth groups providing CSE and SRHR information and Behaviour Change Communication (BCC). [Link Pathway 2]</p>	<p>We have positive examples of youth groups involved with services for instance as part of the Codesa (local health committee) in DRC and generally teachers and community level (CSE) educators are aware of where they can refer the young people to for services. Standardised implication of youth in the health centres has not yet been realised.</p>

YP (including YPLHIV) and key populations will access and utilize SRH services and products if:

Assumption	Reflection and evidence
They have comprehensive SRH knowledge. [Link Pathway 2]	So far, we have no clear evidence on influence of the CSE received by the program and use of services. The cohort and operations research that Swiss TPH is conducting should provide more information on this shortly.
They are motivated and enabled to reduce their risk and can use services that respect and respond to their specific needs and are available in the appropriate context.	Youth involved in the program indicate that they are willing to use services when these respond to their needs.
They are able to afford the services and/or willing and able to use vouchers to access the services for free or against a reduced price.	Youth Eco System (YES) Pilot : through the YES system there is a direct referral of young people from education sessions to health centres. Services are provided free of charge and they even receive a small incentive, this has led to a large increase in the number of young people that have accessed services in the areas in DRC where YES was introduced. In other countries, for instance Cameroon, the cost of services is still a major obstacle. With the introduction of YES in Cameroon the intention is to reduce this obstacle.
They do not feel criminalized and/or judged when using the services. [Link Pathway 4]	The mystery client survey in public health centres in the DRC shows that over 3/4 of the youth-friendly services have been rated as good and reasonably good. Nevertheless, in 3 out of the 40 centres the mystery client was told that she could not access FP services because she was not married. So there is still work to do.

Attitudes, laws and policies will be more supportive of YP's and KP's SRHR if:

Assumption	Reflection and evidence
Parents, the broader community, traditional - and religious leaders and policy makers - have a better understanding of YP's and KP's realities and the issues and challenges they face regarding their SRHR in fragility. - are open and willing to shift their attitudes towards YP's and KP's SRHR.	<p>From different angles JeuneS3 has worked to create a more enabling environment and including community actors .</p> <p>For instance, in all 4 countries training of religious leaders has been included.</p> <p>Parents in Cameroon are actively involved in the program and in Benin dialogues between religious leaders and youth are organised.</p> <p>There is no hard evidence yet that general attitudes have shifted but community discussions done during the MTR indicate that changes are seen.</p> <p><i>« Tous avaient mentionné la franchise et la dextérité avec lesquelles les jeunes et les leaders religieux abordaient les questions liées à la sexualité des jeunes et autres membres de la communauté ainsi que les opportunités, bien que limitées, de participation aux activités les uns des autres. »</i> (community discussion Benin)</p>
Effective lobby and advocacy is executed by youth organizations and like-minded CSO's at various levels. [link Pathway 1]	Development of advocacy plans has been completed by most youth organisations and implementation has started and will be intensified in 2019.
Men (and boys) especially are open and willing to adopt alternative gender norms and more equal understanding of masculinity and femininity in order to prevent sexual violence.	The program has put a clear emphasis on gender in its education materials and training but explicit attention for male involvement and masculinity has not yet been implemented. The program will develop some education material on masculinity in 2019.

Social, cultural, legal, policy and gender barriers around YP's and KP's SRHR will be reduced if:

Assumption	Reflection and evidence
Policy and legislation that protects YP's SRHR is in place and enforced with commitment and adequate resource allocation.	In all countries a policy mapping has taken place. As member of the CTMP in DRC Cordaid together with others has successfully lobbied for a budget for family planning in the provincial health budget.
Policy makers and community leaders consistently give YP opportunities to meaningfully participate in SRHR decision-making.	Jeune S3 ambassadors have been asked on several occasions to participate in policy processes in their country.
Men and boys are agents of transformative gender norms and are acting as enablers and champions of gender justice.	See above – this has not been a focus of the programme so far and will not be implemented as a major strategy. But gender roles will remain part of all CSE curricula.
YP and KP are able to address their questions and concerns with adults in the community.	No clear evidence yet whether this has become easier for youth. Anecdotal evidence of the midterm review indicates that young people are more open and feel more confident to talk about these issues with their parents. More activities with parents and other community members through intergenerational dialogue are planned in the second half of the program.
YP and KP have access to comprehensive SRHR services and information. [link Pathways 2 & 3]	The barriers to access services and information have been reduced by the program with for instance access to 71 health centres that provide youth-friendly services and specific education for different groups including Young People living with HIV, young people aged 10-14 years, etc.

ANNEX 2 - RELATIONSHIP EMBASSIES/JEUNE S3 COUNTRIES

Benin	
Coordination from	RNE Benin
Relationship	Active
Specifics	In Benin, the collaboration with the RNE started strong. The inception phase of Jeune S3 in Benin coincided with the shift of the focus of RNE Benin to the Alibori region, and this provided a good opportunity to team up. Furthermore, the RNE supports ABMS and ABPF financially and technically and these organisations are also active in the Jeune S3 programme. Communication has been regular and all parties are committed to continue this practice with the recent arrival of the new SRHR Expert at RNE Benin. However, during 2017 it became clear that RNE Benin could not keep its promise to direct funding to ABMS and ABPF for Alibori concerning YFHS and CSE, because of the shift of the MoH of Benin to another region. This has led to an unequal thematic focus of JS3 in Alibori, which will be solved by directing some JS3 funds to create links to those intervention strategies and actions. Dialogue with AMBS, ABPF and RNE will continue on country level.
Cameroon	
Coordination from	RNE Benin
Relationship	Passive
Specifics	RNE Benin was represented at the official launch of Jeune S3 in Bertoua, Cameroon in November 2016. No follow up after 2016. SRHR in Cameroon is not a thematic priority for the RNE.
CAR	
Coordination from	RNE Sudan Khartoum
Relationship	not maintained
Specifics	The RNE made a visit to the CAR including Jeune S3 in 2017 which was appreciated. SRHR is not a thematic priority for the RNE. Therefore, a continuous partnership relation is not maintained. Collaboration between the RNE and Cordaid CAR has been mainly in the field of humanitarian aid and health care programs.

DRC	
Coordination from	RNE Kigali (Rwanda), RNE Bujumbura (Burundi) and RNE Goma (DRC)
Relationship	Active and positive
Specifics	RNE Rwanda coordinates the Great Lakes Regional Program and monitors several projects in DRC, North- and South Kivu. The embassy regularly visits Jeune S3 activities, gives advice and guidance on administrative or programmatic issues and asks logistic assistance for visits from authorities or experts. The embassy facilitates meetings of Dutch funded SRHR programs and created an informal platform to strengthen synergy, to avoid overlap, to develop common approaches and to streamline the use of educational materials. However, it has been difficult to define a common agenda. The senior SRHR expert from RNE Bujumbura (Burundi) and SRHR expert RNE Kigali work together closely in their contacts with Jeune S3. RNE Goma does not have an SRHR focus, as this is taken care of by Kigali RNE. The general relation and contact with the Jeune S3 Cordaid team are good.

ANNEX 3 - AVAILABLE SUB REPORTS

All sub reports are available on request.

Sub-reports	Written by	Language
Terms of Reference Mid Term Review	Cordaid global office	English & French
Partnership review Jeune S3	Tine Veldkamp (Coalition Factory)	English & French
4x Sub report of Partnerships meetings	All countries	French
Report of Community group discussions	All countries	French
Presentation Community group discussions CAR	Consultant CAR	French
Summary reports Mid Term Review	All countries	French
Extra overview report Mid Term Review	Consultant Cameroon	French
Summary presentations Mid Term Review	All countries	French



Santé Sexualité Sécurité