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Evaluation of the APHRC-funded project "Challenging the Politics of Social Exclusion" (CPSE)

Final Report

Sida

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Sida Decentralised Evaluation 2025:10
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Abbreviations and Acronyms

ACERWC	African Committee of Experts on the Rights and Welfare of the Child
ACHPR	African Commission on Human and Peoples Rights
AFIDEP	African Institute for Development Policy
AU	African Union
AMREF	African Medical and Research Foundation
APHRC	African Population and Health Research Center
ASRHR	Adolescent Sexual and Reproductive Health and Rights
CAP	Common African Position
CHAI	Clinton Health Access Initiative
COP	Community of Practice
CPSE	Challenging the Politics of Social Exclusion
CRNSA	Child Rights Network for Southern Africa
CSE	Comprehensive Sexual Education
CSO	Civil Society Organisation
EAC	East African Community
EACRN	East Africa Child Rights Network
EAHR	East African Health Research
EAHRC	East Africa Health Research Commission
EAHO	East Africa Health Organisation
EALA	East African Legislative Assembly
EANNASO	Eastern Africa National Networks of AIDS Service Organisations
ECOWAS	Economic Community of West African States
ECSA-HC	The East, Central, and Southern African Health Community
EIDM	Evidence Informed decision-making
EQ	Evaluation Questions
EU	European Union
GIMAC	Gender is My Agenda Campaign
GLC	Guttmacher Lancet Commission
GPC	General Purpose Committee
HDI	Health Development Initiative
HEARD	Health Economics and HIV/AIDS Research Division
HIV/AIDS	Human Immuno-deficiency Virus / Acquired Immunodeficiency Syndrome
ICPD	International Conference on Population and Development
ICPD	International Conference on Population and Development
IPPF	International Planned Parenthood Federation
KELIN	Kenya Legal & Ethical Issues Network
KII	Key Informant Interviews

LGBTQI+	Lesbian, Gay Bisexual, Transgender, Queer, Intersex, and other sexual and gender minorities
MEL	Monitoring Evaluation and Learning
MOU	Memorandum of Understanding
MTA	Mid-Term Assessment
NEAPACOH	Network of African Parliamentary Committees of Health
NSS	National Statistical System
ODA	Official Development Assistance
PAC	Post Abortion Care
PEA	Political Economy Analysis
PPA	Pregnant and Parenting Adolescents
R&D	Research and Development
RECs	Regional Economic Communities
RMNCAH	Reproductive, Maternal, Newborn, Child and Adolescent Health
RRS	Rapid Response Service
SAT	SRHR Africa Trust
SADC	Southern Africa Development Community
SADC-PF	The Southern African Development Community Parliamentary Forum
SDG	Sustainable Development Goal
SDGEA	Solemn Declaration on Gender Equality in Africa
Sida	Swedish International Development Cooperation Agency
SRHR	Sexual and Reproductive Health Rights
STCs	Specialised Technical Committees
STI	Sexually Transmitted Infections
ToR	Terms of Reference
ToC	Theory of Change
UN	United Nations
UNAIDS	Joint United Nations Programme on HIV and AIDS
UNDP	United Nations Development Programme
UNFPA	United Nations Population Fund
UNICEF	United Nations Children's Education Fund
VAWG	Violence against women and girls
VCAT	Values clarification and attitude transformation
WACSOF	West Africa CSO Forum
WAHO	West African Health Research Organisation
WHO	World Health Organisation

Preface

This Evaluation of the APHRC-funded project "Challenging the Politics of Social Exclusion" (CPSE) was commissioned by the Embassy of Sweden in Pretoria.

The evaluation took place from April to August 2025 and was conducted by:

- Dr. Criana Connal, Team leader; and
- Ms. Angie Brasington, SRHR expert

Ms. Katarina Lundblad managed the evaluation process at NIRAS. Mr. Ted Kliest provided quality assurance advice. Mr. Markus Larsson, Programme Officer, managed the evaluation at the Embassy of Sweden in Pretoria.

The authors would like to acknowledge and thank all of those who gave their valuable time to contribute to the evaluation.

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Executive Summary

PURPOSE AND USERS

The **purpose** of the evaluation of Phase One of the *Challenging the Politics of Social Exclusion (CPSE)* project (referred to as CPSE 1.0 in this report) is to take stock of the CPSE project results and achievements from 2018 to 2024, understand the progress, opportunities and challenges during its implementation and identify lessons learned for future research-to-policy programming. As such, the evaluation is both summative and formative. The evaluation team assessed the relevance, coherence, effectiveness, efficiency, and sustainability of the project, in order to map avenues for strengthened design, performance and scaling of interventions in the project's second phase (referred to as CPSE 2.0) and beyond.

In line with the Terms of Reference (Annex 1) the evaluation specifically focuses on:

- Progress towards expected outcomes of the CPSE project at the national, sub-regional, and regional levels;
- Adaptive CPSE design and implementation practices to achieve outputs;
- Results-oriented project monitoring and knowledge management, as well as the adequacy of staffing and budget allocation to achieve planned results; and
- The sustainability of the approaches used to achieve results, including established partnerships and how these can be sustained during and beyond CPSE 2.0.

The **primary users** of this evaluation are the leadership of the African Population and Health Research Center (APHRC) and CPSE project staff drawn from three APHRC technical program areas (Research; Research and Related Capacity Strengthening; and Policy Engagement and Communications), as well as Sida staff in the Africa region.

BRIEF DESCRIPTION OF INTERVENTION

The APHRC is a well-established African-led research-to-policy institution, ranked as the best African think tank influencing domestic health policy in the global 2020 Go To Think Tank Index. Committed to generating an Africa-owned body of evidence to inform decision-making for an effective and sustainable response to the most critical challenges in health and well-being in Africa, APHRC is based in Nairobi, Kenya, with offices in Dakar, Senegal, and works in over 30 Sub-Saharan African countries. Building on previous thinking, APHRC has developed a new Strategy for 2022-2026.

The CPSE project was implemented by a multidisciplinary core team of 12 members, drawn from APHRC's abovementioned technical programs and housed in APHRC's Sexual Reproductive, Maternal, Neonatal, Child, and Adolescent Health Unit.

The CPSE project focuses on three contentious issues in the domain of Sexual and Reproductive Health Rights (SRHR):

- Access to safe abortion and post-abortion care;
- Adolescents' SRHR; and
- Social inclusion of lesbian, gay bisexual, transgender, queer, intersex, and other sexual and gender minorities (LGBTQI+) groups.

The project's interventions are implemented across three pillars of work: (i) strengthening core internal and external capacities of APHRC and partners; (ii) generating research findings/evidence; and (iii) using the evidence in policy engagement and advocacy. The project's work is anchored in partnerships with key government and civil society bodies at the regional level, sub-regional levels in Eastern, Southern, and Western Africa, and the national level in Burkina Faso, Kenya, Liberia, Malawi, Rwanda, Sierra Leone and Zambia.

The project is funded by the Swedish International Development Cooperation Agency. During the period under review, APHRC received funds equivalent to SEK 76,000,000 (USD 7.3 million) which is 100% of the total grant amount. Strongly aligned with Sida's commitment to Sexual and Reproductive Health and Rights (SRHR), Phase 2 of the CPSE project (2024 – 2027) was approved by Sida and has been launched in December 2024.

METHODOLOGY

The overall evaluation approach is theory-based contribution analysis. This entailed constructing a retrospective Theory of Change (ToC) – which served as the evaluation's analytical framework – based on the project's results framework and iterating the ToC twice, together with the CPSE team. Thus, a utilisation-focused approach was integrated into our overall evaluation methodology, allowing for a strong focus on engagement with primary users to promote ownership of the evaluation's lessons learned and recommendations.

Through the participatory design of the ToC during the inception phase of the evaluation, the evaluation team 'unpacked' the 19 key evaluation questions (EQs) into sub-questions and decided on the combination of strategies to be used to deliver the required evidence. The resultant **evaluation matrix** (see Annex 2) was organised in line with OECD-DAC evaluation criteria, namely, effectiveness, relevance and coherence; efficiency; and sustainability.

The evaluation matrix details the following mix of **methods** used by the evaluation team: a desk review of project strategies and plans, monitoring reports and other relevant documentation (see Annex 3 for details); key informant interviews with respondents drawn from diverse stakeholder groups (see Annex 4 for details); focus group discussions with targeted staff discussing critical bottlenecks and promising opportunities in the production and uptake of policy-relevant evidence; and virtual and in-person ToC workshops with CPSE staff.

Analytical findings were triangulated across data sources, with details found in the summary boxes found at the beginning of each discussion of the respective 19 EQs. In addition, we undertook 'deep dive' analyses, presented as Spotlights on key issues at regional (Annex 5) and sub-regional levels (Annex 6), as well as Country-level Spotlights for Kenya (Annex 7); Malawi (Annex 8); and Sierra Leone (Annex 9).

The **evaluation process** included four phases, beginning with a virtual start-up meeting with the evaluation's primary users, to confirm the evaluation scope, approach and timeline. During the inception phase, the evaluation team conducted an in-depth document review and analysis as well as initial interviews with the CPSE team and Sida, to better understand expectations and priorities for the evaluation. As mentioned, the evaluation team also drafted a preliminary ToC and designed specific tools for data collection and analysis. The main output was a comprehensive inception report, discussed with key stakeholders before proceeding to data collection.

The evaluation team launched data collection phase immediately after approval of the inception report, by working with the CPSE team on a data collection plan. We conducted online and in-person key informant interviews and focus group discussions, as well as reviewing further documentation and triangulating this information with the primary data gathered. Throughout this phase, the evaluation team maintained regular communication with the primary users/evaluation reference group.

During the verification, analysis and reporting phase, a ToC workshop held on 6 August 2025 in Nairobi (during a field visit 5-7 August 2025) doubled as an opportunity to debrief and validate key findings with the CPSE team and finalise the ToC. The main output of this phase is the present final evaluation report.

The evaluation team encountered several methodological **limitations**. As anticipated in the inception report, due to multiple challenges, change in terms of desired long-term results could not be attributed to the CPSE project; rather, we focused on the project's contribution to medium-term change, mitigating this limitation by means of our overall evaluation theory of change approach.

While the evaluation's budgetary constraints limited the scope for in-person data collection across countries, the execution of the schedule of remote interviews was a further challenge, as several key informants (10) either did not respond to repeated requests for an interview or were unable to attend scheduled interviews. In addition, inconsistencies in the project's annual reporting, on which we relied heavily, coupled with the absence of consistent complementary quantitative monitoring data presented analytical challenges.

Lastly, the evaluation team's recommendations were introduced 'after the fact', so to speak, as the second phase of the CPSE project is already under implementation. While the recommendations are both pertinent and actionable, the evaluation's recommendations would have been more timely, had the present evaluation been scheduled to coincide with the end of CPSE 1.0.

The **structure of the report**, which comprises six chapters, is as follows. A first introductory chapter is followed by Chapter 2 which provides an overview of the CPSE project's context. Chapter 3 presents the evaluation's key findings under three headings: (i) Effectiveness, Relevance and Coherence (EQs 1-9); (ii) Efficiency (EQs 10-15); and (iii) Sustainability (EQs 16-19).

Chapter 4 begins with a second iteration of the evaluation theory of change, followed by analytical summaries of progress towards outcomes and outputs, followed by key 'Takeaways' and 'Learning Questions' generated by the analysis, which were discussed during the abovementioned ToC workshop in Nairobi.

Chapter 5 provides evaluative conclusions and areas for improvement on the effectiveness, relevance, coherence, efficiency and sustainability of the first phase of the CPSE project. Finally, Chapter 6 offers recommendations for the project in its current (second) phase.

MAIN CONCLUSIONS AND LESSONS LEARNED

The following conclusions and lessons learned (organised in line with the three headings of findings) may be generalised but also point towards evaluation recommendations; references are found in the square brackets following each learning.

Conclusions on Effectiveness, Relevance and Coherence

The CPSE project is making headway in terms of achieving results, incrementally advancing policy commitments on access to safe abortion and post-abortion care, comprehensive adolescent SRHR services, and non-discrimination of LGBTQI+ groups. A committed project team has furthered the production of policy-relevant research and stakeholders increasingly recognise APRHC as a leading and trusted knowledge partner. Partnerships are essential, driving progress towards results.

During the period under review, the CPSE research team effectively co-created, jointly implemented and disseminated 11 country-level studies on abortion, adolescent SRHR and LGBTQI+ rights, as well as a regional study on the impact of COVID-19 on SRHR services. CPSE also established and operated a Rapid Response Service to generate on-demand research-based information products required by decision-makers and CSO partners. Users have generally found that the CPSE research met their needs and priorities. Research on safe abortion services and SRH services for pregnant and parenting adolescents have been particularly relevant for policymakers at sub-regional and country levels. Moreover, the studies have led to further opportunities for research on SRHR policy commitments at all levels.

A wide range of capacity strengthening activities have buttressed the efforts of CPSE research partners and advocacy partners (including media personnel) to engage policymakers in using research findings to influence policy change and programming at and national levels.

The team's efforts to make statistical data accessible to policymakers is viewed as being particularly useful. The project's evidence informed decision-making (EIDM) model has been especially effective in Kenya, Liberia, Malawi, Rwanda, and Sierra Leone, with mixed results in the other target countries.

In terms of policy engagement, CPSE's policy engagement team has leveraged APHRC's existing horizontal (peer-to-peer) partnerships well, rightly recognising sub-regional partners (such as the Secretariat of the East African Community, the East African Legislative Assembly and the Southern African Development Community Parliamentary Forum) 'bridge' between national and regional partners in the vertical AU governance architecture. These relationships can be extended to other sub-regional bodies in Southern and West Africa. Similarly, strategic regional partnerships with the African Charter on the Rights and Welfare of Children and the APCHR have laid a foundation for future work.

There is a good 'fit' between the CPSE project's objectives (higher-level outcomes) and existing global and regional commitments such as the SDGs, Agenda 2063, the Maputo Protocol, and (ACRWC). There is also internal coherence within the project; complementarities between interventions implemented under the three CPSE Pillars (i.e., workstreams for research, capacity strengthening and evidence use at policy level) are reflected in ways in which the team has worked, with team members engaging across CPSE workstreams.

Lessons learned.

1. Efforts to map stakeholders were focused on Sida's regional program partners. The CPSE team recognises the need for a more comprehensive mapping of project partners and stakeholder analysis. Also, the team may usefully reflect on how 'partnership 'is conceptualised: for instance, what differentiates 'stakeholders 'from 'strategic partners', or indeed any other type of partner? Evidence points to a difference between decision-makers at all levels as priority 'strategic partners', and 'tactical partners' (i.e., well-resourced lead organisations in advocacy and capacity building for evidence informed decision-making (EIDM)). This is a critical difference in light of resource constraints for CPSE 2.0. [Ref. recommendations **R1, R2, R6**, Chapter 6]

2. Rigorous scoping reviews conducted at the launch of CPSE 1.0 and a co-creation event for selected partners contributed to a relevant research agenda. However, the policy relevance of this agenda could have been enhanced by more direct participation of senior decision-makers at all levels and relevant national line ministries in the early stages of the EIDM process. The fact that the Rapid Response Service (RRS) got off to a flying start but requests for on-demand research petered out over time, suggests a need to re-think this modality as well as how this resource-demanding support service is financed and managed. [Ref. recommendation **R9,** Chapter 6]

3. Modalities for capacity building tend to merge with modalities for policy engagement. While synergies between the three Pillars bring coherence to the project, the parameters between these Pillars need to be clear: what is, and what is not, 'capacity

building'? This lack of clarity is reflected in the CPSE's somewhat haphazard annual reporting. Relatedly, because it was not clear what specific changes the CPSE team wanted to see, we struggled as evaluators to answer the 'so what 'question with regard to the effectiveness of CPSE capacity building. The Project lacked a comprehensive needs assessment approach [Ref. recommendations **R4, R8**, Chapter 6]

4. Given the current backslide on the Maputo Protocol, as well as a growing concern about domestic public financing for SRHR, the 'projectisation' of regional engagement may not yield results. There is a need to identify a long-view strategy for engaging operationally with policymakers, to take forward regional policy engagement in the medium term. In the absence of a robust analysis of the politics of social exclusion, the CPSE team has not yet fully embraced its role as politically-informed researchers. [Ref. recommendation **R7**, Chapter 6]

5. Learnings from the CPSE team's research experience on contentious issues suggest that the three broadbrush Signature Issues (access to safe abortion and post-abortion care, adolescents' SRHR, and social inclusion of lesbian, gay bisexual, transgender, queer, intersex, and other sexual and gender minorities (LGBTQI+) groups) are a framework for more specific' real 'issues that are meaningful to decision-makers because they are meaningful to their constituencies in current, context-specific policy climates. The CPSE team has not yet fully engaged decision-makers in identifying and engaging with these 'real 'issues. [Ref. recommendation **R10**, Chapter 6]

6. As a Signature Issue, LGBTQI+ rights raises important research questions, but these may not be sufficiently urgent for the political powers to care much about them at present. While research analysis and recommendations for Kenya and Rwanda were robust and are likely relevant in other country contexts, the Project was less effective at driving change at regional/sub-regional levels; a missed opportunity was supporting regional and/or sub-regional structures to analyse and synthesise existing data. Notably, EIDM is a game of strategic patience; the time for insights on particularly contentious issues may yet come. [Ref. recommendation **R11**, Chapter 6]

Conclusions on Efficiency

Overall, the project operated on schedule with progress towards achievements and spending on track. CPSE leveraged Sida's investment to bring additional resources to SRHR work (over USD 8 million to date), including opportunities at the country level as well as leveraging APHRC's established global and regional partnerships, investments and systems.

While outcome harvesting was applied consistently throughout the project and the CPSE team found this process to be valuable, the reliance on this method for routine project monitoring is questionable. Key performance indicators in the Results Tracker are not measurable and there is no evidence of CPSE data collection instruments for routine project monitoring. It is not clear how the planned action-reflection-learning-adaptation sequence was implemented systematically beyond outcome harvesting and in the absence of routine project monitoring data there is a heavy reliance on narrative

data. This resulted in highly detailed reporting where the reader cannot see the forest for the trees, losing sight of the big picture.

CPSE's knowledge products are highly appreciated. However, in the absence of a documented Knowledge Management process, strategy or plan, the audience segmentation for each knowledge product and the use of technologies to tailor products to specific audiences are not clear.

The staffing structure was lean, with resources appropriately focused on research, policy influence, and capacity strengthening at national levels. Sub-regional and regional structures and organisations also received significant staff focus across the three Pillars. However, the relatively more difficult challenge of influencing domestication through 'an accountability lens' required additional approaches, including more tactical partnerships. As Sida also recognises, regional work is more complex.

Lessons learned

7. The initial timeline was overly ambitious given the scope of work. Delays in finalisation of the Advocacy Strategy as well as staffing attrition slowed policy engagement. [Ref. recommendation **R5**, Chapter 6]

8. As the CPSE team has acknowledged in several reports, as well as in the Proposal for CPSE 2.0, the Monitoring, Evaluation and Learning (MEL) system remains weak with a heavy reliance on external consultants to provide inputs on project documents. Shared MEL responsibility across all CPSE staff does not provide adequate accountability for routine monitoring and learning responsibilities. [Ref. recommendation **R12**, Chapter 6]

Moreover, the Theory of Change (ToC) is often viewed as a static roadmap, rather than what it can be: a tool for navigating change. Good use of the ToC requires that it is periodically iterated, particularly where a project context is complex and uncertain and progress takes place step-by-step. An iterated ToC generates insights to feed into and reinforce the CPSE learn-and-adapt approach. [Ref. recommendation **R13**, Chapter 6]

9. Outcome harvesting complements but cannot replace routine project monitoring. The team missed an opportunity of integrating outcome harvesting and routine project monitoring through, for instance a process/implementation evaluation approach, focused on the evidence informed decision-making (EIDM) process in targeted countries in order to track progress towards and through the 'last mile' of domestication, that is implementation. [Ref. recommendation **R13**, Chapter 6]

10. The Project lacked a knowledge management strategy to guide the process (e.g., ensure audience segmentation for each information product) and the CPSE annual workplans did not include knowledge management activities. Given these gaps, the evaluation team struggled to assess the effectiveness of knowledge management. [Ref. recommendation **R5**, Chapter 6]

11. Staff roles and transitions around key functions within the team – MEL and Advocacy – have hampered progress early in the project and again in the final two years. Moreover, gaps remain in the staff structure, particularly in program management and partnership management, which are specialist skill sets. Finally, it is not clear how final decisions on budget allocation/re-allocation are made. [Ref. recommendation **R14**, Chapter 6]

Conclusions on Sustainability

The CPSE team's overall strength in contributing to sustainable change lies in their research capacities and performance. Promising interventions include participating in research agenda-setting; strengthening the capacities of the media to engage in evidence-informed advocacy; and engaging religious leaders as an entry point to address persistent policy blocks. But the scalability of CPSE approaches is undercut by weaknesses in planning. So-called 'annual workplans 'in fact covered a 2022-2024 timeframe and were aspirational rather than operationally feasible. The CPSE project lacked a medium-term (6-10 year) strategic plan to frame development of phased project plans (3-5 years).

Small, incremental changes have taken place in policy discourse on the CPSE Signature Issues at regional and sub-regional levels, with more positive changes observed at country level. But behavioural shifts at policy level are determined by contextual factors which are beyond the control of the CPSE team. A major and ongoing contextual risk affecting results has been the contentious nature of the CPSE agenda. A major threat to the project has been the ongoing mushrooming of national populist agendas (across the globe) which has reinforced the notion that the CPSE agenda is a 'Western 'one. Going forward, a 'big picture', systems thinking' approach – a key feature in APHRC's Strategy for 2022-2026 – can help to ground project design in contextual realities.

Continued partnerships are considered critically important by the majority of CPSE's partners; there is 'unfinished business'. But budget cuts in Official Development Assistance (ODA) undermine the likelihood of CPSE approaches being taken up by partner organisations. Moreover, responsive measures such as joint programming and/or innovative financing mechanisms themselves require significant resource investment.

Lessons learned

12. Sustainable change requires a structured approach to planning that puts the desired changes in context, engages partners in developing clear strategies, as well as in implementing, monitoring, and reinforcing the changes. Without a clear medium-term strategy and a fit-for-purpose operational plan it is difficult – if not impossible – to assess the extent to which planned interventions should be scaled. [Ref. recommendation **R5**, Chapter 6]

13. When used without considering its practical application, 'systems thinking' is often reduced to a buzzword. Reflecting on the CPSE project research and development

ecosystem, there is an inherent contradiction in the CPSE project's rationale – challenging the politics of social exclusion – and APHRC's organisational positioning as a 'neutral advisor'.

To resolve this contradiction, it is important that the CPSE team 'unpacks' the research and development ecosystem, considers the system's enabling environment, and focuses on what can practically be achieved within the CPSE 2.0 project's lifecycle. [Ref. recommendation **R3**, Chapter 6]

14. The core budget for CPSE 2.0 is significantly smaller than the funds available for CPSE 1.0. The sustainability of existing partnerships hinges largely on how key elements of the APHRC's Strategy for 2022-2026 are put into practice, these include (i) policy engagement on the Signature Issues; (ii) a new partnership model; and (iii) the diversification of funding sources. Going forward, APHRC must make critical choices in terms of project design and implementation. [Ref. recommendation **R15**, Chapter 6]

Our analysis of the evaluation **findings at output level** points to several Takeaways, intended to inform programming for CPSE 2.0 and beyond. We present these below under three headings: Foundational Takeaways to sustain evidence informed decision-making (EIDM) in the long-term; Takeaways for medium-term policy engagement programming; and Takeaways for CPSE project design. Taking account of the reduced budget for CPSE 2.0, we also offer future-oriented 'Learning Questions' associated with each takeaway.

RECOMMENDATIONS

Recommendations for Refining the Design of CPSE 2.0

Recommendation 1 [R1]. Lay the foundation for a new Partnership Model. To take forward the new Partnership Model introduced by APHRC's Strategy for 2022-2026, APHRC should agree on a *typology of priority 'CPSE partners'*. For example, decision-makers at all levels, recognised as priority 'strategic partners', should be differentiated from 'tactical partners'. The latter are well-resourced organisations that are recognised as leaders in key EIDM domains and/or are located in countries where key AU organisations are headquartered. Potential financing partners should be included in the Partner Map (see **R2**).

Recommendation 2 [R2]. Create a Partner Map. APHRC should conduct a *comprehensive mapping of existing and potential partners, beyond partners in Sweden's regional SRHR strategy,* in order to produce a Partner Map for CPSE 2.0. Based on the above-mentioned typology, the Partner Map should include critical partners who may have been left out in CPSE 1.0 and should be periodically updated in line with changes in the project's volatile operational and funding landscape.

Recommendation 3 [R3]. Apply the principles of 'systems thinking'. Taking forward APHRC's strategy of 'strengthening the research and development system', the CPSE team should consider reinforcing its role as *trusted 'knowledge broker'*,

supporting horizontal and vertical synergies between partners involved in the production and use of evidence.

Recommendation 4 [R4]. Sharpen the articulation of CPSE results. To clarify expected outcomes, APHRC should *define the parameters of the CPSE Pillars*. For example, what is 'capacity building' as distinct from 'advocacy' and 'policy engagement'? As discussed in Chapter 4, the results should be specific, measurable, achievable, relevant and timebound.

Recommendation 5 [R5]. Develop planning instruments. The CPSE agenda is unlikely to be fulfilled within a short-term project timeframe. APHRC should invest time and energies not only in sharpening the operational plan for CPSE 2.0 but also *thinking ahead to subsequent phases of the project*. Specifically, the following need to be developed: (i) a Medium-term Strategic Plan (e.g. 6-10-years) accompanied by an estimated budget, to guide fundraising efforts; (ii) a Phased Project Plan and budget (3-5 years) for CPSE 2.0, within the framework of the Medium-term Strategic Plan, as an incremental planning approach to achieving the desired short-/medium-/long-term results; and (iii) viable annual workplans (including planned knowledge management activities) for each year of the Phased Project Plans for CPSE 2.0 (and beyond).

Recommendations for Implementation

Recommendation 6 [R6]. Work with a core group of 'tactical partners' To optimise partnerships for CPSE 2.0, APHRC should work with a core group of 'tactical partners' identified in the CPSE 2.0 Partner Map. Given resource constraints faced by all partners, APHRC and partners may *consider a 'division of labour' in delivering a shared EIDM agenda*; i.e., 'tactical partners' may lead, for example, on strengthening capacities (other than research-related capacities), and/or advocacy efforts to hold decision-makers to account on policy commitments, while APHRC retains the role of lead on co-creating and generating the evidence for policy engagement.

Recommendation 7 [R7]. Conduct a context analysis of the governance architecture. To *develop a strategy for phased policy engagement (particularly at the regional level)* and to identify sustainable modalities for implementing the strategy, APHRC should conduct a policy context analysis of the governance architecture that has been set up to take forward domestication of the Maputo Protocol at regional, sub-regional and national levels. This may combine elements of a mapping of existing policy platforms, a review of existing decision-making processes; and a political economy analysis (PEA) of dynamics between decision-making organs of the African Union (AU).

Recommendation 8 [R8]. Undertake a comprehensive capacity needs assessment. APHRC (and, ideally, a core group of partners) should undertake a comprehensive capacity needs assessment for CPSE 2.0, identifying the *capacity gaps of 'strategic' and 'tactical' partners alike*.

Recommendation 9 [R9]. Catalyse a platform to engage with decision-makers. APHRC and core partners should consider promoting and participating in a sub-regional platform for more and better operational engagement with senior politicians and decision-makers.

Potentially sustainable platforms would be facilities that are owned, led and co-resourced by government entities, which are embedded in the institutional architecture and decision-making processes. An example of such a facility would be *an 'Evidence Lab', physically located in (or near to) the EALA and/or SADC-PF*. Such a facility would provide opportunities for more direct engagement between researchers and civil society activists, parliamentarians and relevant line ministry officials, as well as offering opportunities for mutual capacity strengthening, e.g., the collaborative, user-defined development of a Rapid Response Service.

Recommendation 10 [R10]. Engage operationally with decision-makers. To engage operationally with decision-makers (and to bring greater focus to CPSE 2.0), APHRC and core partners (e.g., SADC-PF) should *take a 'Scorecard Approach'*, using, *for instance*, the SADC SRHR Strategy and Scorecard as a framework. This would entail working closely with country-level decision-makers to identify and make available the evidence they need in order to (a) prioritise one or more outcome(s) in the SRHR Strategy with which they can align; and (b) track the performance of relevant scorecard indicators.

Recommendation 11 [R11]. Position APHRC as a regional hub for social inclusion. APHRC and core partners may collaboratively position APHRC as a regional hub for social inclusion, *including LGBTQI+ rights research and analysis*. A priority activity may be conducting multi-country secondary analysis of the reports of national Civil Society Organisations on LGBTQI+ rights, which are periodically submitted to AU bodies. In addition, ongoing data analysis of political and social discourse around LGBTQI+ issues and policies would reinforce existing locally-led strategies and solutions already implemented in various country contexts by CSO partners.

Recommendation 12 [R12]. Strengthen the CPSE MEL system. Monitoring, evaluation and learning (MEL) must be a priority for CPSE 2.0. The CPSE team has already initiated measures to strengthen the current CPSE MEL system. However, the team should consider, specifically:

- *Revisiting design of the key performance indicators*; for example, the indicators for Output 2 (strengthened capacities) are quantitative measures but there is little consideration of the qualitative elements of change in capacities to challenge the politics of exclusion, at both individual and organisational levels;
- *Establishing a baseline and key performance indicator targets*, to ensure they are measurable;
- *Developing appropriate data collection tools for routine project monitoring* and making better use of 'real-time' data applications; and

- Developing *additional learning tools* beyond outcome harvesting and team meetings as well as developing and supporting a learning agenda to identify and fund best practice.

It is also critically important that the CPSE team collaborates with Sida to design *a simplified reporting template* that combines key project monitoring data with top level narrative analysis of progress and challenges.

Recommendation 13 [R13]. Systematise outcome harvesting. To provide potential financial partners with the evidence of successful implementation, APHRC should consider integrating outcome harvesting **and** routine project monitoring into a *process/implementation evaluation* of EIDM processes for CPSE 2.0, and beyond. This may ensure that learnings from project implementation are timely, as well as mitigating the costs of mid-term assessments and end-line evaluations.. Such an implementation evaluation may also include a case study approach, demonstrating how research supports domestic actors who are trialling solutions that may or may not have been codified in policy.

Recommendation 14 [R14]. (Re)define the Project's management structure and systems. The CPSE team should engage in a '*pause-and-reflect' session* to review the Project's management structure and systems. The following guiding questions may help to clarify where staffing gaps exist and whether these need to filled by *full-time* project staff.

- How are we delineating leadership roles for specific activities and initiatives?
- How clear are our chains of accountability?
- How reasonable are the roles and responsibilities of CPSE staff, given possible other responsibilities beyond the CPSE project?
- Does our organogram depict a clear representation of the structure and relationships across the CPSE team (and connections to other APHRC initiatives/projects)?

Recommendations for Programming in the Medium-term

Recommendation 15 [R15]. Deciding on the best use of Sida funding now and in the longer-term. APHRC ***and*** Sida should reflect on CPSE financing in the short term as well as for programming beyond CPSE 2.0. Possible scenarios (among others) are briefly outlined below. In each case, we recommend careful consideration of a project/program design that is aspirational and actionable.

- **Scenario 1:** Bringing greater focus to CPSE 2.0. This means revisiting the project design. We have suggested some priority interventions for project implementation, which may bring more and better focus to CPSE 2.0 and/or subsequent iterations. It may be useful to factor in an inception phase for subsequent phases of the CPSE project.
- **Scenario 2:** Joint programming with a core group of tactical partners. This means anticipating CPSE 3.0 and initiating joint planning for a third phase *during* the CPSE 2.0 life cycle. Such a scenario would entail (i) using Sida funds as a core budget for the joint program; (ii) agreeing on a shared agenda and a

'division of labour' between partners; and (iii) agreeing on a mechanism for pooled funding.

- **Scenario 3:** Adopting an innovative financing mechanism for pooled funding. This means joint programming which includes non-traditional partners for CPSE, such as philanthropic organisations as well as private sector entities working in the SRHR domain. This would entail piloting an alternative financing mechanism, including ideation in year 1; testing and iteration in years 2, 3 and 4; and scaling in subsequent CPSE phases.

1 Introduction

1.1 BACKGROUND

The ***African Population and Health Research Center (APHRC)*** is a well-established African-led research-to-policy institution, ranked as the best African think tank influencing domestic health policy in the global 2020 Go To Think Tank Index. Committed to generating an Africa-owned body of evidence to inform decision-making for an effective and sustainable response to the most critical challenges in health and well-being in Africa, APHRC is based in Nairobi, Kenya, with offices in Dakar, Senegal, and works in over 30 Sub-Saharan African countries. Building on its previous Strategy (2017-2021) APHRC has developed a new Strategy for 2022-2026.

The ***Challenging the Politics of Social Exclusion (CPSE)*** project was implemented by the APHRC from 2018 to 2024 and housed in APHRC's Sexual Reproductive, Maternal, Neonatal, Child, and Adolescent Health (SRMNCAH) unit. The project is funded by the Swedish International Development Cooperation Agency (Sida). During the period under review, APHRC received funds equivalent to SEK 76,000,000 (USD 7.3 million) which is 100% of the total grant amount. Strongly aligned with Sida's commitment to Sexual and Reproductive Health and Rights (SRHR) (see **Box 1**), Phase 2 of the CPSE project (2024 – 2027) was approved by Sida and has been launched in December 2024.

Box 1. What is SRHR?
Both APHRC and Sida subscribe to the Guttmacher-Lancet Commission's definition of SRHR, which details the requirements for achieving sexual and reproductive health; all people should:

- have their physical integrity, privacy and personal autonomy respected;
- be free to define their own sexuality, sexual orientation, gender identity and expression;
- may decide if and when they want to be sexually active;
- have the right to choose their sexual partners;
- have safe and pleasurable sexual experiences;
- may choose whether, when and whom to marry;
- decide whether, when and how they want to have children and how many children they want to have; and
- have access throughout their lives to the information, resources, services and support needed to achieve the above, without risk of discrimination, coercion, exploitation and violence.

Source: Ghebreyesus, T. and N. Kanem, 2018. Defining Sexual and Reproductive Health and Rights for All. The Lancet Volume 391.

The CPSE project's work is anchored in partnerships with key government and civil society bodies at the regional, sub-regional and national levels in Eastern, Southern,

and Western Africa, with a focus on three contentious SRHR issues (henceforth referred to as 'Signature Issues'):

a) Access to safe abortion and post-abortion care;
b) Adolescents' SRHR; and
c) Social inclusion of lesbian, gay bisexual, transgender, queer, intersex, and other sexual and gender minorities (LGBTQI+) groups.

The CPSE project is implemented by a multidisciplinary core team of 12 members, drawn from APHRC's technical programs (details are found in section 3.2 of this report). The Project's theory of change (outputs, medium- and longer-term outcomes) is discussed in section 3.3 of this report.

1.2 PURPOSE SCOPE AND USERS

This end-term evaluation of Phase One of the CPSE project is both summative and formative. The evaluation team assessed the relevance, coherence, effectiveness, efficiency, and sustainability of the project, in order to map avenues for strengthened design, performance and scaling of interventions in the project's second phase and beyond.

As set out in the Terms of Reference (ToR) found in **Annex 1**, the purpose of the evaluation is to help APHRC and Sida to take stock of the CPSE project results and achievements, understand the progress, opportunities and challenges during its implementation; and identify lessons learned and good practices for research-to-policy programming.

The evaluation has a specific focus on:

- Progress towards expected outcomes of the CPSE project at the national, sub-regional, and regional levels, including how evidence generated has been translated into policies and programs;
- Adaptive CPSE design and implementation practices to achieve outputs, including the balance between regional and national engagement to maximise existing partnerships at APHRC and in the region;
- Results-oriented project monitoring (including outcome harvesting) and knowledge management, as well as the adequacy of staffing and budget allocation to achieve planned results; and
- The sustainability of the approaches used to achieve results once the Sida grant may come or comes to an end, including the partnerships established and how these partnerships can be sustained in the second CPSE phase and beyond.

In terms of scope, the evaluation assesses key intended and unintended (positive and negative) results achieved from 2018 to 2024. It covers all CPSE interventions, including the COVID19 response, across three pillars of work:

- Pillar 1: Strengthening core internal and external capacities of APHRC and partners;
- Pillar 2: Evidence generation; and
- Pillar 3: Using the evidence in policy engagement and advocacy.

The evaluation's geographic scope covers partnerships with key government and civil society bodies at three levels: (a) the **regional level;** (b) **sub-regional levels** in Eastern, Southern, and Western Africa; and (b) the national level in **Burkina Faso, Kenya, Liberia, Malawi, Rwanda, Sierra Leone and Zambia.**

The **primary users** of this evaluation are APHRC's leadership and CPSE project staff drawn from three APHRC technical program areas (Research; Research and Related Capacity Strengthening; and Policy Engagement and Communications); and Sida staff in the Africa region.

1.3 METHODOLOGY

Our overall evaluation approach - **theory-based contribution analysis**[1] - entailed constructing a retrospective Theory of Change (ToC) for the evaluation, based on the original results framework of the CPSE project included in the ToR. We then reconstructed the ToC in line with the revised results framework presented in the CPSE project 2.0 proposal. Finally, the ToC went through a second iteration during the evaluation.

The ToC served as the evaluation's analytical framework, enabling us to assess progress towards the project's longer-term outcomes and overarching goal. As more detailed information about the project emerged during data collection, the evaluation team and the core CPSE team periodically revisited the ToC in a virtual workshop, with a focus on the assumptions behind the identified pathways of change. Our Theory of Change analysis is found in **Chapter 4**.

A **utilisation-focused approach** was integrated into our overall approach, allowing for a strong focus on engagement with primary users in order to promote the principle of ownership of the evaluation lessons learned and recommendations.

1.3.1 Design framework, methods and sources

Designing a preliminary ToC helped us in 'unpacking' the 19 key evaluation questions (EQs) into sub-questions[2] and decide on the combination of strategies to be used to deliver the required evidence.

We developed a detailed evaluation matrix during the inception phase, which is organised in three parts in line with OECD-DAC evaluation criteria: (A) Effectiveness, Relevance and Coherence; (B) Efficiency; and (C) Sustainability. The evaluation matrix is found in **Annex 2.**

[1] Contribution analysis is particularly useful for assessing a project such as CPSE, where attribution is complex if not impossible because change is influenced by multiple other actors, contexts and factors, and where interventions are designed to be flexible and adapt to changing circumstances.

[2] See inception report.

To answer the EQs, the evaluation team used a **combination of methods** (discussed in more detail in the following section), including:

1. **Desk review** of project strategies and plans, monitoring reports and other relevant policy documentation. The list of documents reviewed is found in **Annex 3.**
2. **Two ToC workshops** (remote and in-person in Nairobi) with CPSE staff.
3. **Key informant interviews (KII)** with respondents drawn from diverse stakeholder groups. The list of interviewed respondents is found in **Annex 4.**
4. **Focus group discussions (FGD)** with targeted staff discussing critical bottlenecks and promising opportunities in the production and uptake of policy-relevant evidence.

Data analysis involved qualitative content analysis of documentation and interview transcripts and contribution analysis to assess the plausible contribution of interventions to observed changes in line with the evaluation ToC. We triangulated findings across data sources to identify key themes and patterns and draw key findings, which are found in **Chapter 3** of this report.

We begin each discussion of the respective 19 EQs with a summary box, which includes details of triangulated data sources.

In addition to the above main methods, we undertook 'deep dive' analyses. These are presented as **Spotlights** on key issues at regional (**Annex 5**) and sub-regional levels (**Annex 6**).

While our key findings are drawn from all CPSE target countries, we also undertook country-specific analyses of evidence informed decision-making (EIDM), conducted in a purposive sample of 3 countries, selected in consultation with the CPSE team on the basis of spread across the CPSE focal areas and across sub-regions. Country-level Spotlights are found in **Annex 7, Annex 8 and Annex 9**, respectively.

- Kenya (selection criteria: LGBTQI+ inclusion and EAC);
- Malawi (selection criteria: Adolescent SRHR and SADC); and
- Sierra Leone (selection criteria: Safe abortion and ECOWAS).

1.3.2 Evaluation process

The evaluation process included four phases:

1. **Start-up and scoping phase.** The evaluation began with a virtual start-up meeting with the evaluation's primary users, to confirm the evaluation scope, approach and timeline.
2. **Inception phase.** Following an in-depth document review and analysis, a small number of initial interviews were held with project leadership and key stakeholders to better understand expectations and priorities for the evaluation. As mentioned, the evaluation team also drafted a preliminary ToC and designed specific methods and tools for data collection and analysis. The main output was a comprehensive inception report including the preliminary ToC, detailed

methodology, evaluation matrix, data collection tools and work plan. A remote inception workshop was held to present and discuss the draft inception report with key stakeholders before proceeding to data collection.

3. **Data collection phase.** Immediately after approval of the inception report, the evaluation team worked with the CPSE team on a data collection plan. The data collection phase involved online and in-person key informant interviews and focus group discussions. We also reviewed further documentation, triangulating this information with primary data collection. Throughout this phase, the evaluation team maintained regular communication with the primary users/evaluation reference group, to share emerging findings and adjust the approach as needed, and to foster utility of the evaluation.
4. **Verification, analysis and reporting.** The Theory of Change workshop held on 6 August 2025 in Nairobi (during a field visit 5-7 August 2025) was also an opportunity to debrief and validate key findings with the CPSE team and discuss key 'Takeaways' and 'Learning Questions'. The Theory of Change was verified and finalised. The main output of this phase is this final evaluation report.

1.3.3 Limitations

Attribution challenges.
As anticipated in the inception report, due to multiple challenges, change in terms of desired long-term results could not be **attributed** to the CPSE project. Rather, we focused on the project's **contribution** to medium-term change, mitigating this limitation by means of our overall evaluation theory of change approach. Indeed, strong evidence of the influence of multiple contextual factors *beyond* the CPSE project (also anticipated during inception) informed the iteration of the CPSE ToC, as well as recommendations of the evaluation.

Data collection.
The evaluation's budgetary constraints limited the scope for in-person data collection across countries. Despite the best efforts of CPSE team members, the execution of the schedule of remote interviews was a challenge, as several key informants (approximately 10) either did not respond to repeated requests for an interview or were unable to attend scheduled interviews.

Uncertain data quality and availability.
Given that the evaluation was not designed to collect comprehensive primary data, the evaluation team relied heavily on documentary sources, interviews and focus group discussions with the project team. The team was responsive to requests for documentation such as project monitoring data, annual reports and others, all of which supported our understanding of the project context. However, project annual reports were inconsistent in structure, format and narrative between the different periods. These inconsistencies, coupled with the absence of consistent complementary quantitative monitoring data presented challenges in following and interpretation. To address these limitations, we engaged extensively with the project team to clarify key

aspects of project performance and to better understand the available data. This engagement was particularly valuable given the unique nature of the project, which focuses on research-to-policy processes—an area not easily captured through conventional quantitative methods. These considerations have informed and shaped the evaluation's recommendations.

Timing of the evaluation.
The evaluation team's recommendations are introduced 'after the fact', so to speak, as the second phase of the CPSE project is already under implementation. We have endeavoured to ensure our recommendations are both pertinent and actionable, reviewing these during the second ToC workshop, for example. However, had the present evaluation been scheduled to coincide with the end of CPSE 1.0, our recommendations - particularly those related to project design - would have been more timely.

1.3.4 Structure of the report

This report consists of six chapters. **Chapter 2** provides an overview of the CPSE project's context, specifically in terms of international and regional developments in the SRHR domain, the African Union (AU) governance architecture, the regional and sub-regional policy context and challenges in the process of domesticating the Maputo Protocol.

Chapter 3 presents the evaluation's key findings under three headings: (i) Effectiveness, Relevance and Coherence (EQs 1-9); (ii) Efficiency (EQs 10-15); and (iii) Sustainability (EQs 16-19). References across questions as well as references to other chapters in the report are marked in bold.
Chapter 4 begins with a second iteration of the evaluation theory of change, followed by analytical summaries of progress towards medium- and longer-term outcomes. The analysis also explores the contribution of key findings (**Chapter 3**) to project performance, as well as presenting key 'Takeaways' and 'Learning Questions' generated by the analysis, intended to inform future programming. The latter were discussed during the already mentioned ToC workshop in Nairobi.
Chapter 5 provides conclusions on the effectiveness, relevance, coherence, efficiency and sustainability of the first phase of the CPSE project, as well as identifying areas for improvement.
Chapter 6 offers recommendations for the project in its current (second) phase. These recommendations are structured for a project inception phase; for CPSE 2.0 implementation, and for programming in the medium-term, i.e. beyond the second phase.

2 CPSE Project Context

2.1 SRHR GLOBALLY AND IN THE REGION

The landmark 1994 International Conference on Population and Development and the 2030 Agenda for Sustainable Development both underscore the interrelationships between human rights, gender equality, sexual and reproductive health, and sustainable development. Yet inclusive access to Sexual and Reproductive Health Rights (SRHR) has remained inequitable globally. This is particularly the case for countries in Sub-Saharan Africa, where the African Union's Agenda 2063 creates important synergies between its own goals and the Sustainable Development Goals (SDG) for health and well-being (SDG 3), gender equality (SDG 5), reduced inequities within and between countries (SDG 10), and inclusive societies (SDG 16).

SRHR is fundamental to health and well-being, gender equality, and democracy, all of which are key dimensions of sustainable development. The landmark **International Conference on Population and Development (ICPD)**, held in 1994 in Cairo, broke new ground by underscoring the mutual dependencies between human rights, population, gender equality, sexual and reproductive health, and sustainable development. The ICPD Program for Action gave prominence to reproductive health and women's empowerment and linking reproductive rights to human rights that were already protected under international laws (Ghebreyesus & Kanem, 2018).

Similarly, the **2030 Agenda for Sustainable Development** recognised that women's access to sexual reproductive health care and information is central not only to their own health and well-being, but also for the social and economic well-being of their children, family, community and at national level. SRHR are cross-cutting by nature and are to some extent embedded in several goals. However specific sustainable development goals (SDGs) are particularly pertinent to SRHR generally, and relevant for the CPSE project in particular. For example: **SDG 3:** Good health and well-being. **Target 3.1:** By 2030, reduce the global maternal mortality ratio to less than 70 per 100,000 live births [and] the integration of reproductive health into national strategies and programs; **SDG 5:** Gender equality. **Target 5.6**: Ensure universal access to sexual and reproductive health and reproductive rights as agreed in accordance with the Program of Action of the ICPD; and **SDG 10:** Reduced inequality within and between countries. **Target 10.2:** By 2030, empower and promote the […] inclusion of all, irrespective of age, sex, disability, race, ethnicity, origin, religion or economic or other status.

The 2030 Sustainable Development Agenda emphasises the importance of 'leaving no one behind' and the critical need to address the roots and consequences of inequality, marginalisation, and exclusion (see also APHRC, 2018). Yet access to SRHR has remained inequitable globally, determined by various factors such as who has power in communities (primarily men and older people), where people live and their economic situation, as well as their gender, sexuality, ethnicity and education (Sida, 2022). Indeed, the scope of the SDGs is limited in terms of advancing the SRHR agenda. Sexual Rights in general and Safe Abortion Care, Sexual Orientation and Gender Identity, specifically, are nowhere mentioned in the agreed documents, and Comprehensive Sexuality Education and issues of adolescent access to quality and confidential SRH services have remained very sensitive and subject to strong opposition.[3]

Similarly, during the ICPD conference held 2019 in Nairobi, referred to as the **Nairobi Summit**, the international community renewed its commitments towards the ICPD. However, progress toward meeting the commitments has been slow, overall; the 2023 report of the High-Level Commission on the Nairobi Summit presented the overall scores on the 12 global commitments (ICPD205, 2023a). Notably, the scores for the Sub-Saharan Africa region, including all 7 CPSE target countries, were particularly low. **Table 1** shows 'traffic light' scores for the Sub-Saharan Africa region; marked in bold are those commitments that are particularly relevant to the CPSE agenda; all of these are reported as receiving the lowest traffic light score (red).

Table 1 Sub-Saharan Africa scorecard on Nairobi commitments.

Global Commitment	Score
2. Zero unmet need for family planning.	
3. Zero preventable maternal deaths and maternal morbidities.	
4. Access for all adolescents and youth, especially girls, to comprehensive and age- responsive information, education and adolescent-friendly comprehensive, quality and timely services.	
5. Zero sexual and gender-based violence and harmful practices.	
8. Harness the promises of the demographic dividend by investing in the education, employment opportunities, health, and SRH services for youth	
9. Building peaceful, just and inclusive societies, where no one is left behind.	
10. Providing quality, timely and disaggregated data.	
11. Committing to the notion that nothing about young people's health and well-being can be decided upon without their meaningful involvement and participation.	

Source: ICPD25b, 2023

[3] Stonewall, 2015; IPPF, 2016.

To ensure the realisation of its objectives and the attainment of a pan-African vision of an integrated, prosperous and peaceful Africa, **Agenda 2063** was developed as a strategic framework for Africa's long term socio-economic and integrative transformation. Agenda 2063 calls for greater collaboration and support for African-led initiatives to ensure the achievement of the aspirations of African people. The African Union's strategic framework is aligned with the Global Agenda 2030 for Sustainable Development. **Table 2** shows key linkages between the Agenda 2063 goals and the SDGs that are of particular relevance to the CPSE agenda.

Table 2 Links between Agenda 2063 and the SDGs.

African Union Agenda 2063 Goals	Agenda 2063 Priority Areas	2030 Agenda for Sustainable Development
Goal 3. Healthy and well-nourished citizens.	Health and nutrition	**SDG 3.** Ensure healthy lives and promote well-being for all at all ages.
Goal 11. Democratic values, practices, universal principles of human rights, justice and the rule of law entrenched.	Human rights, justice and the rule of law	**SDG 16.** Promote peaceful and inclusive societies for sustainable development, provide access to justice for all and build effective, accountable and inclusive institutions at all levels.
Goal 17. Full gender equality in all spheres of life.	Gender-based violence	**SDG 5.** Achieve gender equality and empower all women and girls.
Goal 19. Africa as a major partner in global affairs and peaceful co-existence.	Partnerships	**SDG 17.** Strengthen the means of implementation and revitalise the global partnership.
Goal 20. Africa takes full responsibility for financing her development Goals.	Fiscal systems and public sector revenue	**SDG 17.** Reduce inequality within and among countries.

Source: https://au.int/agenda2063/goals

Against this backdrop, the CPSE project in its first phase emphasises the fact that Sub-Saharan Africa remains one of the world's most socially unequal regions, […] characterised by sluggish progress in addressing 'the colliding burden of marginalisation, growing poverty, gender-based and other forms of inequities' (APHRC, 2018). By 2026, Sub-Saharan Africa will be home to the world's largest cohort of 10- to 24-year-olds: a population facing the chronic challenges of poverty, limited opportunities for schooling or employment, and rapid urbanisation. Young people remain at heightened risk for sexually transmitted infections (STIs), HIV/AIDS, unintended pregnancy and early marriage but lack access to appropriate and responsive youth-friendly health services. Young women and girls also bear the brunt of mortality arising from unsafe abortion. At the same time, the social exclusion of LGBTQI+

people, in both policy and practice, has translated into economic exclusion and repeated, unpunished violations and denial of their basic rights.

Underpinning the three contentious SRHR issues confronting the Sub-Saharan Africa region is the dearth of current, contextual, and trustworthy evidence on adolescent SRHR, safe abortion and social inclusion. Moreover, the limited evidence that is generated is rarely synthesised or presented in formats useful to policymakers; and because it is not produced by African researchers, the research 'raises suspicions regarding intent and ideology and thus providing a convenient excuse for it to be shelved and ignored by decision-makers' (APHRC, 2018).

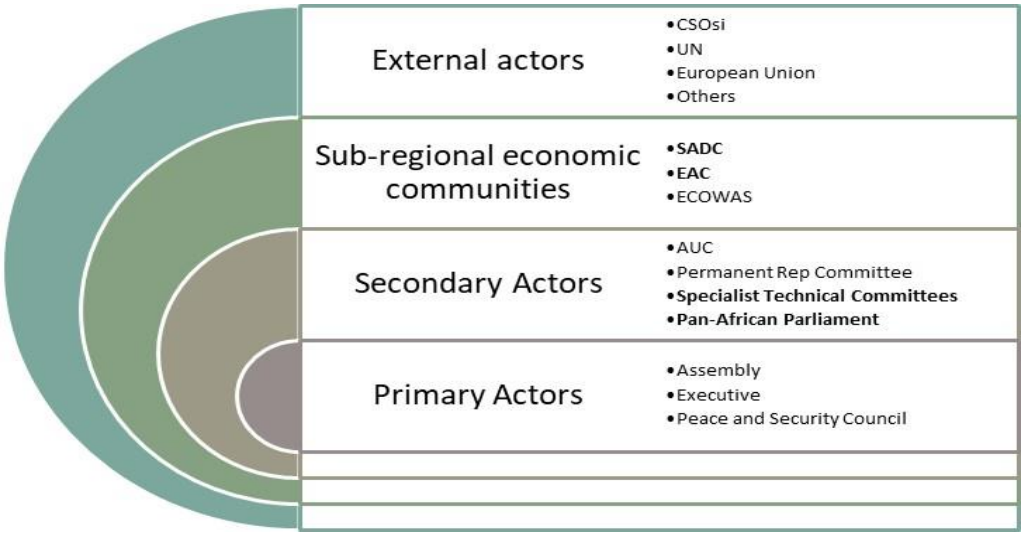
2.2 THE GOVERNANCE ARCHITECTURE

Within the vast and complex institutional architecture of the African Union, decision-making organs that are pertinent to the CPSE agenda include the Specialised Technical Committees (STCs) and the Pan-African Parliament. Examples of the quasi-judicial regional organs and sub-regional decision-making with which the CPSE project has engaged in its first cycle are: the African Commission on Human and Peoples' Rights (ACHPR), and the African Committee of Experts on the Rights and Welfare of the Child (ACERWC). the Southern African Development Community (SADC); and the East African Community (EAC).

The African Union (AU)[4] comprises 55 member states, encompassing all countries on the continent. The AU promotes peace, security, socio-economic development, and good governance in the region, while also enhancing Africa's role in the global economy. The principal decision-making organs responsible for implementing the work of the AU are the Assembly of Heads of State and Government, the Executive Council, the Permanent Representatives Committee, the Peace and Security Council and the African Union Commission. The AU is also working towards the establishment of continental financial institutions: The African Central Bank, the African Investment Bank and the African Monetary Fund. Figure 1 shows the range of decision-making actors; those actors that are particularly important for the CPSE project are briefly discussed below.

[4] While the AU's own documents generally use the term 'continental' to describe its scope of work, this report complies with the CPSE project's use of the term 'regional'; likewise, we use the term 'sub-regions' to refer to the 5 economic communities set up within the AU framework.

Figure 1 Decision-making in the multi-level architecture of the AU.



1. The **Specialist Technical Committees (STCs)** are thematic committees composed of Member States' ministers and senior officials responsible for respective sectors, and are answerable to the Executive Council. Their purpose is to ensure the harmonisation of AU projects and programs as well as coordination with the Regional Economic Communities (RECs). STCs that are potentially relevant to the CPSE agenda are listed below[5].

STC on Gender and Women's Empowerment advocates for ratification and implementation of AU policies and instruments on gender equality, women's empowerment and rights;

STC on Health, Population and Drug Control identifies areas of cooperation and establishes mechanisms for regional, continental and global cooperation, elaborating Common African Positions in its three areas and advising relevant AU policy organs on priority programs and their impact on improving lives;

STC on Justice and Legal Affairs follows up on issues concerning the signature, ratification/accession, domestication and implementation of AU treaties (e.g., in 2017 the STC made a key decision to institutionalise the Pan-African Media Awards on Gender Equality & Women's Empowerment and the contributions of journalists who give attention to the achievement of Agenda 2063.

2. The **Pan-African Parliament**, which sits in Midrand, South Africa, promotes the participation of African citizens and civil society in the work of the AU.

[5] https://au.int/en/stc

The Parliament's organs are the Bureau responsible for the management and administration of the Parliament; and ten ***Permanent Committees*** whose functions correspond to those of the AU Specialised Technical Committees.

The Permanent Committees that are pertinent to the CPSE agenda include: the Committee on Gender, Family, Youth and People with Disabilities; the Committee on Health, Labour and Social Affairs; and the Committee on Justice and Human Rights. In addition, a ***caucus on Women*** and a ***caucus on Youth*** have been set up for each of Africa's five geographic sub-regions.

3. The **African Commission on Human and Peoples' Rights (ACHPR).** The ACHPR is the leading human rights body of the AU established under the 1980 African Charter on Human and Peoples' Rights, the founding treaty of the African human rights system. As a quasi-judicial body, this Commission is made up of 11 legal experts who are elected by the AU Assembly upon presentation of their candidacy by their respective national government but do not represent their country of citizenship. Mandated to interpret the African Charter, the ACHPR has engaged in the development of various 'soft law' instruments (e.g., guidelines, principles, declarations, and resolutions). Notably, it has developed a model law on the right to access to information, which shaped the legislation of various member states on access to information; and has engaged in the drafting of various human rights legal instruments, including the Maputo Protocol, and African Court Protocol, outlined below.

4. The **African Committee of Experts on the Rights and Welfare of the Child (ACERWC).** Like the ACHPR, the ACERWC is a legal technical body that is composed of legal experts who serve in a personal capacity with a focus on child rights. The Committee is mandated to formulate and lay down principles and rules aimed at protecting the rights and welfare of children in Africa and has been engaged in developing various soft law instruments, such as general comments and statements and declarations (e.g., General Comments on Article 27 on Sexual Exploitation and on Article 31 on the Responsibility of the Child.)

Regional Economic Communities (RECs) serve as the building blocks of AU's work, facilitating sub-regional economic integration between AU members in the respective regions as well as through the wider African Economic Community. In its first cycle, the CPSE project has principally engaged with the Southern African Development Community (SADC) and the East African Community (EAC).

5. The **Southern African Development Community (SADC)** comprises 16 Member States (CPSE target countries in italics): Angola, Botswana, Comoros, Democratic Republic of Congo, Eswatini, Lesotho, Madagascar, *Malawi*, Mauritius, Mozambique, Namibia, Seychelles, South Africa, Tanzania, *Zambia* and Zimbabwe. The SADC Common Agenda guides the regional Integration agenda; a key policy objective is to achieve complementarity between national and regional strategies and programs.

6. The **East African Community (EAC)** is composed of eight Member States (CPSE target countries in italics): Burundi, Democratic Republic of Congo, *Kenya*, *Rwanda* Somalia, South Sudan, Tanzania and Uganda. While the work of the EAC is guided by the Treaty which established the Community, a process of moving towards an East African Political Federation is being fast tracked.

2.3 REGIONAL AND SUB-REGIONAL POLICY LANDSCAPE

A range of existing regional and sub-regional treaties, policies and protocols are relevant to the CPSE agenda (adolescent SRHR, safe abortion and social inclusion). However, given the socio-political and economic diversity of geographies within the Africa region, mapping the terrain of legislative reform and policy-making across the African continent is challenging to say the least. Overarching regional frameworks are 'customised' in line with sub-regions' specific priorities. These are tailored, in turn, to Member States' specific yet multi-faceted (political, security, economic, cultural, etc.) contexts.

Key treaties and protocols that have been introduced at regional and sub-regional levels are outlined below.

The already mentioned **African Charter on Human and Peoples' Rights (ACHPR) 1980** ACHPR, also known as the Banjul Charter, is Africa's foremost human rights treaty. Article 18 (3) of the charter obliges Member States to eliminate all forms of discrimination against women and to protect the rights of women and children, as provided for in international declarations and conventions. It has been ratified by all the AU Member States except Morocco.

The also mentioned **African Charter on the Rights and Welfare of the Child (ACRWC) 1990:** Adopted in 1990, the ACRWC came into force in 1999. It sets out rights and defines principles for the status of children and has been signed and ratified by 49 out of the AU 55 Member States.

The Protocol to the African Charter on Human and Peoples' Rights on the Establishment of an African Court on Human and Peoples' Rights 1998: Referred to as the **African Court Protocol**, this protocol provides for a continental court to decide cases based on any human rights instrument ratified by Member States (Article 3). It has been ratified by 33 states with eight AU Member States (including ***Malawi)*** have ratified the Article 34(6) declaration, permitting individuals and CSOs to bring cases directly to the African Court. Between 2016-2020. However, four Member States (including ***Rwanda and Benin***) withdrew from the Article 34(6) declaration.

The **Protocol to the African Charter on Human and Peoples' Rights on the Rights of Women in Africa 2003:** Popularly known as the **Maputo Protocol**, this protocol derives from an AU initiative and is legally binding for states that have ratified it. The

Protocol requires states to take measures to ensure the protection of women from all forms of violence, particularly sexual and verbal violence (Article 3) and the right to decide whether to have children (Article 14 2c sets that governments have a legal obligation to protect the reproductive rights of women by authorising medical abortion in cases of sexual assault, rape, incest, and where the continued pregnancy endangers the mental and physical health of the mother or the life of the mother or the foetus). It has been ratified by 33 Member States.

In the SADC region the **Strategy for Sexual and Reproductive Health and Rights in the SADC Region** (2019-2030) was launched as a ground-breaking strategy with a corresponding scorecard to measure progress. The Strategy provides a framework for Member States to fast-track a healthy sexual and reproductive life for the people in the region, creating an environment where they are able to exercise their rights. Other relevant policies that support women and girls' rights include SADC Declaration on Gender and Development, 1997; SADC Gender Policy, 2007; SADC Protocol on Gender and Development, 2008; SADC Model Law on Eradicating Child Marriage and Protecting Children already in Marriage, 2016.

Based on the lessons in developing the SADC SRHR Strategy, the East African Community (EAC) is redrafting SRHR Bill. Notably, the EAC is the only regional entity that has institutionalised consultations with civil society through a Consultative Dialogue Framework, which has contributed to progress in driving legislation. It has developed several other frameworks focusing on gender equality and women and girls' rights, including: EAC Social Development framework, 2013; EAC Youth Policy, 2013; EAC Child Policy, 2016; EAC Prohibition of Female Genital Mutilation Act, 2016; and EAC Gender Policy, 2018.

2.4 THE CHALLENGES OF DOMESTICATION

Several barriers hamper the process of domesticating policy reform. While some present significant systemic challenges, others may arguably be addressed through strategic partnerships over time. Overall, such barriers render the domestication process uncertain, particularly vis-à-vis policy implementation, the 'final mile' of domestication.

The domestication of policy reforms takes place in the context of the AU's complex institutional architecture as well as a policy landscape that is marked by enormous diversity. Consequently, the domestication of policy reform is fraught by uncertainties. This is particularly the case where AU Member States seek to 'go the final mile' of domestication: the translation of policy intent into action. Important barriers to domestication for EAC and SADC Member States (adapted from a useful assessment of the domestication of global, continental and regional frameworks into national policies, strategies and frameworks, see Together4SRHR-UNFPA, 2024) are:

- **The non-binding and unenforceable nature of regional frameworks.** Countries have significant room to ignore provisions at will. While new policies

have emerged that incorporate international SRHR commitments, *many countries lack enabling laws to give effect to these policies.*

- **Challenges of continuity in the context of democratic elections.** *Priorities inevitably change as different political parties take control of governments.* Such *change is accompanied by a change of personnel within government departments involved in domestication* and accountability processes, which also affects continuity.
- **Cross-cutting nature of SRHR and the challenge of coordination.** Having to engage with various structures, processes and stakeholders can result in *coordination challenges in policy design, implementation and monitoring.*
- **Competing priorities that push SRHR down the pecking order.** This is particularly the case in conflict-prone countries, where issues such as peacebuilding is prioritised over SRHR.
- **Limited stakeholder engagement.** African Union policy deliberations involve high-level government delegations and are characterised by limited involvement of civil society organisations (CSOs) and domestication and implementation at national level.[6] As a result, *policy ownership and compliance are weak.*
- **Lack of capacity among government officials.** While high ranking officers engage in international forums where domestication issues are discussed, *high staff turnover in key policy positions in government deprives government institutions of experienced staff trained in SRHR*. There is a need to build the capacity of government officials in policy design and domestication processes
- **Cultural and religious sensitivities that have resulted in selective domestication at best.** This has been attributed to *a lack of political will, in the context of cultural and religious sensitivities.*

[6] A recent UNDP survey of CSOs working across Africa and the Round 8 (What Africa Wants) Afrobarometer public opinion survey uncovered an overwhelming consensus: the African Union can do better to serve its citizens (UNDP, 2025). While the AU is viewed as pivotal in promoting African unity and representing the continent's interests internationally, recommendations emanating from these surveys underscore the need to more and better collaboration between AU decision-making processes and platforms for non-state actors to contribute to this process.

3 Findings

3.1 KEY FINDINGS ON EFFECTIVENESS, RELEVANCE AND COHERENCE

3.1.1 Progress towards Medium-term Outcomes (EQ1)

The CPSE team and their partners have advanced the production of quality policy-relevant evidence by co-creating, implementing, and disseminating 11 country-level studies on adolescent SRHR, abortion, and LGBTQI+ rights as well as a regional study. They have advocated for and facilitated the uptake of research findings in policy reform and programming. Relatedly, there is strong evidence of increasing recognition of and engagement with APHRC as a leading knowledge partner and neutral advisor. While progress has been made towards the CPSE project's medium-term outcomes, as seen in our discussion of findings (section **3.1 of Chapter 3**), there is room for improvement in terms of the effectiveness, relevance and coherence of the project. An analysis of the CPSE Theory of Change (ToC) across all the evaluation criteria is found in **Chapter 4**.

Sources: CPSE Annual Reports 2018-2025; Key informant interviews (EAC, EALA, ACHPR, EACRN, EANNASO, SADC PF, ACERWC, UNFPA. UNDP, GIMAC); FGD CPSE Team.

Below we summarise progress made towards the CPSE project's two medium-term outcomes. We link these overarching findings to further discussion of the Project's effectiveness, relevance and coherence under subsequent evaluation questions, marked in bold (**sections 3.1.2** to **3.1.9**). A more detailed analysis of the CPSE Theory of Change is found in **Chapter 4.**

CPSE Medium-term Outcome 1. *APHRC, national or sub-regional academic, CSOs, or policy bodies engage more in and advance the production of quality policy-relevant evidence on Adolescent SRHR, abortion, and LGBTQI+.*

During the period under review, APHRC and CPSE partners *advanced the production of quality*[7] *policy-relevant evidence*, bringing together government, civil society, academic, and technical partners to co-create a research agenda, identifying the evidence needed to catalyse positive change in terms of the 3 Signature Issues.

[7] Note, as the ToR makes no reference to an analysis of the quality of the research studies, we do not discuss this aspect of APHRC's research in our evaluation.

We discuss the relevance of the research in terms of evidence-informed policies and programming under **3.1.2.**

The following 11 studies were conceptualised and conducted by APHRC in collaboration with in-country research partners:

1. 'The incidence of abortion, magnitude of complications, and health system costs of unsafe abortions in Sierra Leone', conducted with Statistics Sierra Leone;
2. 'The incidence of abortion, magnitude of complications, and health system costs of unsafe abortions in Liberia', conducted with Clinton Health Access Initiative (CHAI), Liberia;
3. 'Understanding the experiences of pregnant and parenting adolescents in Malawi: a mixed-methods study', conducted with the Centre for Social Research, University of Malawi;
4. 'Understanding the experiences of pregnant and parenting adolescents in Burkina Faso: a mixed-methods study', conducted with the Institut Supérieur des Sciences de la Population, Burkina Faso;
5. 'Understanding the experiences of pregnant and parenting adolescents in Kenya: a mixed-methods study', conducted with Miss Koch-Kenya;
6. 'The lived experiences of the LGBTQ+ community in Kenya: a mixed methods exploration of gender identity, sexual orientation, mental health, and public perception', conducted with members of the LGBT community involved as research assistants.
7. 'The lived experiences of the LGBTQ+ community in Rwanda: a mixed methods exploration of gender identity, sexual orientation, mental health, and public perception', conducted with the Health Development Initiative, Rwanda;
8. 'Increasing adolescents' access to sexual and reproductive health information and services in Malawi: a political economy analysis', conducted with the Health Economics and HIV/AIDS Research Division (HEARD) Institute and Kamuzu University of Health Sciences;
9. 'A political economy analysis towards LGBT inclusion in Nairobi, Mombasa, and Kisumu counties in Kenya', conducted with the HEARD Institute and LGBT community involved as research assistants;
10. 'The politics of abortion in a liberalised abortion context in Zambia: a political economy analysis', conducted with the HEARD Institute; University of Zambia; and
11. 'Public opinion survey on abortion in Kenya', conducted with Geopoll.

APHRC also partnered with an Ipas Alliance-led consortium[8] to conceptualise and undertake an Africa-wide study: 'Documenting the impact of COVID-19 response on reproductive health care service provision in Sub-Saharan Africa'.

Research findings were broadly disseminated by the CPSE team and their partners. Post-dissemination engagement activities were conducted for the studies numbered 1-6, above; we discuss the achievements and shortfalls of post-dissemination engagement in advocacy under **3.1.3.** The CPSE team also conducted a wide range of capacity building activities enabling researchers, CSOs and policymakers to engage more in evidence generation (medium-term outcome 1); we discuss these under **3.1.4.**

A notable exception to the dissemination and uptake of research findings is the study in Zambia, where dissemination was stalled by the Ministry of Health, which we explore further in **3.1.8** and **3.1.9.**

CPSE Medium-term Outcome 2. APHRC is *recognised as a leading knowledge partner and engaged as a neutral adviser* by regional, sub-regional, and national level SRHR policy actors.

We also found substantial evidence of increasing *recognition of APHRC as a leading knowledge partner*. A comprehensive summary of our findings is found in **Annex 10.** These findings suggest that by leveraging APHRC's already well-established reputation as a research institute, the CPSE team followed an incremental 'trajectory of change'. *Strategic engagement in policy forums* at regional and national levels were important entry points which led to invitations to *share evidence at global, continental, regional levels*. They also resulted in invitations to *contribute to research agenda-setting at various levels*. Below, a 'snapshot' of the CPSE team's evidence-sharing efforts in 2020 alone is an important indication of the range of local, national, sub-regional engagements.

1. APHRC *provided oral comments and a written brief on provisions in the Reproductive Health Bill, 2019 on adolescent sexual rights and health (SRH)and abortion at a public hearing held by the Kenya Senate Committee.* Subsequently, Senators committed to considering APHRC's recommendations.

2. APHRC *shared the objectives of the planned research on abortion in Sierra Leone at a stakeholders workshop hosted by Statistics Sierra Leone* in Freetown; this resulted in early engagement of stakeholders and 'buy-in' for the research.

[8] Consortium partners: AMREF Health Africa, Kenya; the Centre for Reproductive Rights; the Reproductive Health Network Kenya; Planned Parenthood Global; and the Network for Adolescent and Youth of Africa.

3. Following *APHRC's contributions during a dialogue to assess the legal and policy frameworks for the age of consent to SRHR services for young people in Sub-Saharan Africa*, a petition was submitted to the Zimbabwean parliament, urging legislators to enact rights-based laws granting all people access to SRH services.

4. APHRC *shared insights on the legal and policy environment of SRHR in East Africa at the Civil Society Organisation Regional Workshop* in Kampala, Uganda, which aimed at preparing the agenda for a workshop organised by the East African Community (EAC) and the East African Legislative Assembly (EALA) and other entities aiming to take forward the SRHR Bill (see 5. below).

5. *APHRC's contribution at the workshop on the SRHR Bill organised by* the Eastern Africa National Networks of AIDS Service Organisations *(EANNASO), UNFPA, EAC, and EALA* in Bujumbura, Burundi, resulted in EALA Parliamentarians' agreement on a common position on contested areas of the SRHR Bill and the development of a road map for the redrafting of this Bill.

The sharing of evidence has reinforced existing strategic partnerships and informed developments in SRHR policy and legislation. Examples of the gains made as well as the CPSE project's underperformance are found under **3.1.2** (country-level), **3.1.5** (sub-regional level), and **3.1.6** (regional level).

In addition, CPSE partners recognise APHRC's role as a neutral advisor. For example, in 2019 the EAC Roundtable Joint Technical Meeting report, signed off by all EAC Member States, recognised CPSE's role in 'reconciling the current evidence with regards to the EAC SRHR Bill, identifying gaps and packaging the evidence well for specific groups to inform the redrafting of the process' (CPSE, 2019). Moreover, the demand for evidence to inform policy and action has increased over time. The 11 abovementioned studies led to further requests for new knowledge partnerships and additional evidence generation, as well as evidence-informed programming. A few examples are:

- Building on CPSE's studies on the lived experiences of pregnant and parenting adolescents, APHRC, the Institut Supérieur des Sciences de la Population in Burkina Faso and the Centre for Social Research, University of Malawi (funded by the International Development Research Centre, Canada) launched the empower adolescent mothers in **Burkina Faso** and **Malawi** to improve their sexual and reproductive health project.
- Building on previous research in Malawi, APHRC and the Population Reference Bureau launched the launched the 'Action to empower adolescent mothers in Burkina Faso and Malawi to improve their sexual and reproductive health' (PROMOTE) project in **Malawi.**
- APHRC and Health Development Initiative 1 (HDI) undertook research on sexual and gender minorities in Rwanda. This collaboration prompted HDI to

review its organisational strategy to be more evidence-driven, leading to four research projects and two manuscripts.

- APHRC supported the Division of Adolescent and School Health's (Ministry of Health, Kenya) the First National Adolescent SRH survey in **Kenya,** demonstrating the value placed by the Ministry of Health on generating evidence to inform policy and action to improve adolescents' SRHR.
- The CPSE team and other APHRC colleagues undertook cognitive testing of WHO's Global standard instrument for assessing sexual health-related practices and behaviours, in **Nairobi and Kiambu Counties, Kenya.**

3.1.2 Translation of evidence into policies and programs at country level (EQ2)

The uptake of evidence in policy-making[9] is determined in part by the relevance of research findings and the extent to which it meets users' needs. While the CPSE team made strong efforts to shape a relevant research agenda, more direct participation of government decision-makers in early stages of the evidence informed decision-making (EIDM) process was, arguably, a missed opportunity. At country-level, the uptake of evidence was largely determined by the strategic in-country partnerships (including with relevant ministries) required to navigate policy contexts. In this sub-section we focus on the use of evidence at country level. Evidence use at sub-regional and regional levels is discussed under 3.1.5 and 3.1.6 respectively.

Sources: CPSE Annual Reports 2018-2025, CPSE, 2020; Ajayi, A. et al, 2020; Ajayi, A. et al, 2021a; Mwoka, M. et al, 2021; Key Informant Interviews (SADC-PF, UNDP, Ipas, CPSE team, ACERW, EAC); FGD-CPSE Team.

Ensuring the relevance of CPSE research

CPSE research has been designed with the user in mind, ensuring it is 'useful, relevant, and will influence decisions with a long-term impact in the lives of the people' (CPSE, 2020). The process of evidence generation began with **scoping reviews** of evidence on the three CPSE Signature Issues. We found evidence of scoping review protocols for all three CPSE areas. For example, the scoping review for adolescents' (aged 10–19) sexual rights and health (SRH) mapped and synthesized existing research (English and French language peer-reviewed publications and grey literature) on adolescent sexual and reproductive health (SRH) in the Africa region, published between January 2010 and June 2019.

Preliminary findings from the scoping review were presented during **the CPSE co-created research agenda** event held over two days in October 2019 in Nairobi. This was a 'policy-and-civil society research dialogue' that brought together civil society,

[9] Our broad understanding of 'policy-making' encompasses the production of plans, legislation and regulations by state actors as well as the program-based implementation of public policies by non-state actors and those engaged in service delivery.

academic, and technical partners. The meeting aimed to prioritise evidence and approaches needed to support advocacy and policy engagement in the domestication and implementation of continental commitments related to CPSE Signature Issues.
It is unclear how early on in the evidence informed decision-making (EIDM) process the CPSE team engaged with high-level government decision-makers. We note, however, that due to budget constraints, the co-creation meeting was limited to 45 participants. As a result, some strategic partners were not engaged in setting research priorities; *"They've never engaged with us on what research is required – there is a growing interest in certain countries in intersex issues; if APRHC reached out on this issue in the future, we'd be glad to engage"* (KII: UNDP).

To disseminate the co-created research agenda, CPSE prepared and submitted three summaries of research priorities to peer-reviewed journals. For example, in the area of adolescent SRH the CPSE team identified the following main research priorities: *understanding the needs and service access of vulnerable adolescent populations; implementation research on the delivery of comprehensive sexuality education and adolescent-friendly SRH services; mapping the legal and policy provisions addressing the age of consent to SRH services for adolescents; and understanding the impact of child marriage;* (Mwoka, M. et al, 2021). The summary of priorities in the area of adolescent SRH was disseminated to 300 individuals by email. These priorities were considered relevant by respondents; for instance, "*the issue of unplanned pregnancies was very relevant for Member States, especially after Covid-19*" (KII: SADC Parliamentary Forum)."

Participation in CPSE research dissemination events has been useful - *"it gave me an idea of how we could benefit from APHRC's work"*. A key aspect of UNDP's partnership with APHRC has been the CPSE publications themselves: *"We are delighted that CPSE include a focus on LGBTQI+ issues in a policy engagement program; work on sexual orientation and gender identity issues is critical"* (KII: UNDP).

Engaging the users of evidence in the production of evidence

The preparation of research priority summaries was intended to be followed by policy analyses of target countries as well as the development of policy briefs for each issue and target country, to be shared with civil society organisations as the basis of future engagement in these countries. Indeed, the team undertook collaborative political economy analyses (PEA) for Malawi (see **Box 2**) Zambia and Kenya in collaboration with the HEARD Institute.

However, the "*focus of work changed*" and we found no evidence of policy briefs (KII: CPSE team). Arguably, the production of policy briefs and the feedback of decision-makers in national government on such briefs would have served as a critically

important step in the EIDM process, i.e., getting decision-makers to engage directly in the production of research on contentious issues in SRHR.

Box 2. Key findings and recommendations of the PEA in Malawi

Systemic factors affecting adolescents' access to sexual and reproductive health (SRH) information and services in Malawi include: (i) policy ambiguity and a lack of alignment between ministries; (ii) an underfunded health system that is heavily reliant on donors; and (iii) youth-friendly health services that are often inaccessible in rural areas.

Barriers to Comprehensive Sexuality Education include resistance from religious and traditional leaders; teachers who lack training and often adopt values-based approaches; weak monitoring and evaluation mechanisms.

Stakeholder analysis showed: (a) High-interest, high-influence actors who should be closely engaged include the Ministry of Health, Ministry of Education, UNFPA; low-interest, high-influence actors who require targeted advocacy include Parliament and religious leaders; low-influence, high-interest actors who should be informed and empowered include youth and teachers.

Recommended key leverage points: Improve coordination between the mentioned ministries to harmonise SRH service delivery. Engage traditional leaders to reform cultural practices and support Comprehensive Sexuality Education. Enhance teacher training and develop standardised lesson plans.

Source: APHRC, HEARD & Kamuzu University, 2023.

The use of evidence in target countries

Findings from the study on the *lived experiences of pregnant and parenting adolescents (PPAs)* have been used for awareness raising in **Burkina Faso**. Organisations like Voix de Femmes and the Association for the Protection of Orphans used findings proactively, reaching out to PPAs instead of waiting for them to seek them out. In 2023, the Burkinabé child protection association Keoogo convened a public dialogue in Ouagadougou on the socio-economic reintegration of PPAs. At the end of 2024, a four-day symposium convened by APHRC, brought together stakeholders from government, civil society, media, and SRHR champions to evaluate and advance SRHR in the country, highlighting the media's pivotal role in shaping public opinion and policy regarding SRHR.

In **Kenya**, findings of the *National Survey on Public Opinion and Attitude towards Abortion* were used for evidence-based advocacy on legislation on abortion. The CPSE team participated directly in the redrafting of the ***EAC SRHR Bill*** (discussed under 3.1.5). A dissemination event for the Ministry of Health, the county governments of Kilifi, Makueni, and Migori, health care providers, CSOs, adolescent and youth organisations, women's rights organisations, research institutions, and media was an opportunity to discuss the state of unintended pregnancies and abortion in Kenya as well as the further dissemination of the findings of the study. APHRC partnered with

the Reproductive and Sexual Health Programme for Kenyan Teenagers to increase awareness on SRHR among teenagers in Kenya and other relevant stakeholders, which led to an increase in the program's research allocation in their 2024-2027 strategic plan.

The study on the *lived experiences of the LGBTQ+ community in Kenya and a political economy analysis of LGBTQ+ inclusion in Nairobi, Mombasa, and Kisumu Counties* (see **Spotlight** in **Annex 7**), engaged those most affected by exclusion of sexual and gender minorities in quality research. The project's research findings have inspired influential community members to shift their perspectives on non-discrimination of LGBTQ+ groups. National and international stakeholders acknowledged a trend of strong opposition to advancing inclusion of sexual and gender minorities that is increasingly well-financed and organised.

The study on *the Incidence of Abortion and Severity of Complications*, conducted in collaboration with the Ministry of Health and Clinton Health Access Initiative, was used as a tool for legislative change in **Liberia**. Following capacity building, CSO and media personnel used the study findings – the first national survey in the country – to advocate for access to comprehensive SRHR services, for example during the National Sexual and Reproductive Health Conference held in May 2023. Also in 2023, for the first time ever, the Ministry of Health requested abortion-related data to guide programming on abortion-related service delivery and resource allocation. The ministry subsequently developed a Comprehensive Abortion Care Patients Register for health facilities to systematically track abortion and post-abortion management nationwide. Study findings shaped discussions on the draft Public Health Law (one of the most progressive laws in Sub-Saharan Africa), provided the Lower House of Parliament with a strong basis for passing the bill, which was later endorsed by the Upper House. The Ministry of Health has now been granted the flexibility to begin work on comprehensive abortion care (discussed further in **3.3.2**).

In Malawi, complementary studies on understanding the experiences of pregnant and parenting adolescents' and a political economy analysis of adolescents' access to sexual and reproductive health information and services made a 'connect' between a multi-dimensional problem and a multi-dimensional solution (see **Spotlight** in **Annex 8**). The *Action to empower adolescent mothers in Burkina Faso and Malawi to improve their sexual and reproductive health* project (also referred to as PROMOTE) engaged local researchers and diverse government counterparts across multiple sectors and target subjects (health, education, gender, and youth) to generate strong and relevant data, while also nurturing important relationships with a wide range of SRHR advocates. Findings informed ongoing programmatic research that tests a plausible, multi-sectoral solution that could be sustained through public sector policy and financing. CPSE's capacity strengthening inputs resulted in strengthened CSO partners and engaged media that continue to advance SRHR issues and shift public perceptions through ongoing advocacy.

Findings from *the study on the lived experiences of LGBTQI+ people and public perceptions of sexual and gender minorities* were used for evidence-based advocacy as a tool for change in **Rwanda.** The studies were accompanied by a stakeholder mapping exercise to understand the influences and interests of different stakeholders, prompting a broader reflection on how to integrate such insights into advocacy and stakeholder engagement campaigns. The capacities of media groups as well as local community-based organisations working with the LGBTQI+ community to improve their communications strategy were strengthened. This included attention to open channels of communication and dialogue with the government and CSOs on contentious issues, reducing biased information flow, and increasing evidence. Community dialogues with parents of LGBTQI+ persons (204) and local leaders (169) and law enforcement agencies were also conducted. These activities point to good practices in building media capacities as well as in engaging religious leaders in advocacy for LGBTQI+ rights (see **3.3.1**).

In **Sierra Leone**, study findings on *the incidence of abortion, magnitude of complications, and health system costs of unsafe abortions* were used to support evidence-informed advocacy on legislative change (see **Spotlight** in **Annex 9**).

The CPSE team successfully strengthened over 30 CSOs to champion SRHR[10] using a structured process that began with capacity needs assessments and included online and in-person training workshops, mentoring, joint policy analysis and strategy development, and convenings that built connections among groups with a common goal. CPSE's support to a community of practice among SRHR advocates in Sierra Leone and Liberia enabled them to exchange knowledge, share experiences and push for accountability with elected representatives. CPSE partner CSOs successfully supported the Prohibition of Child Marriage Act 2024, which established 18 years as the minimum legal age for marriage with no exceptions and eliminated earlier loopholes such as customary or parental consent for underage unions.

A common thread runs through each of these country-level examples: ***context matters*** in the domestication of regional/international policy objectives, and the use of evidence at country level is driven by the ***strategic in-country partnerships***, including with relevant ministries. All is required to navigate country-specific policy contexts (we discuss this further in our Theory of Change analysis in **Chapter 4**).

[10] Capacity strengthening of CSOs in Sierra Leone was also supported by a USD 81,477 grant from the Guttmacher Institute for the capacity strengthening of CSOs in Liberia and Sierra Leone to advocate for access to safe abortion.

3.1.3 Effective stakeholder engagements (EQ3)

Implementation of the CPSE Advocacy Strategy and its Rapid Response Service (RRS) have served as two key channels for stakeholder engagement. Some planned advocacy activities were implemented but gaps in the other two Pillar activities compromised the effectiveness of CPSE advocacy work. These gaps included thorough stakeholder mapping, policy analyses as well as a comprehensive capacity needs assessments. While the RRS got off to a flying start in the year of its establishment (2020), the requests dwindled in subsequent years. The combined effect of these shortfalls in stakeholder engagement are the mixed results observed in terms of the domestication of policy objectives at country level.

Sources: APHRC, 2020, CPSE Annual Reports for 2020-2024; Key Informant Interviews (EAC, ACERW, EARCN, Ipas, CPSE team); FGD on Advocacy.

To achieve concrete results within the project period, the **CPSE Advocacy Strategy** identified three overarching approaches for stakeholder engagement. However, evidence suggests that implementation gaps in one Pillar area compromised implementation in another.

1. ***Advocacy stakeholder mapping and analysis.*** The CPSE team intended to conduct advocacy stakeholder mapping and analyses at regional, sub-regional, and national levels, identifying stakeholders with the potential to support or block CPSE advocacy objectives. Opposition media monitoring has assessed the positions of various stakeholders, identifying potential allies based on the convergence of purpose and values. However, in the absence of a comprehensive mapping of stakeholders across all three Pillars, including policy partners in the governance architecture at all levels, the team relied on research partnerships to facilitate connections with impactful advocacy organisations in target countries. For example, *"in Malawi, the Centre for Social Research connected us with CSOs working in advocacy"* (KII: CPSE team). Similarly, limited advocacy context analysis and policy environment mapping suggest that CPSE advocacy efforts relied heavily on partner CSOs' understanding of local political processes and contexts.

2. ***Advocacy capacity assessments and capacity strengthening.*** Regular advocacy needs assessments of CSOs and decision-makers were intended to be undertaken to ensure effective advocacy capacity strengthening initiatives. However, in the absence of comprehensive capacity needs assessments, the CPSE team relied on advocacy partners self-reported capacity needs. CPSE investment in internal and external capacity building has aimed at building sustainable institutions and approaches to advocate for SRHR services in the region; 'we conduct strategic capacity strengthening for CSOs and decision-makers [and] invest in initiatives that encourage sharing lessons and practices for cross-pollination of knowledge among our partners and ourselves' (CPSE, 2020). Capacity strengthening is discussed in **3.1.4.**

3. *Research uptake and policy engagement.* The CPSE team has relied on long-term relationships and dialogue approaches to take evidence to the next level: decision-making. Strategic communication channels have included digital platforms such as social media as well as TV, radio, and other publication platforms. Sub-regional bodies, such as the EAC Secretariat and the East African Legislative Assembly (EALA), have been important entry-points for CPSE advocacy work. At the same time, access has been more limited at the African Union level where APHRC relied on leveraging existing relationships with former colleagues.

During the period under review, the CPSE team implemented planned advocacy activities, in line with the **implementation plan** included in the Advocacy Strategy. These included:

- Convening spaces for evidence-sharing on SRHR in the Eastern, Southern, and Western Africa sub-regions; the CPSE team also produced blogs/op-ed articles, fact sheets, and on-demand policy briefs (discussed in **3.1.5**);
- Participating in strategic sessions at the forums of the African Union's organs e.g. ACHPR, and the ordinary sessions of the African Committee of Experts on the Rights and Welfare of the Child (ACERWC) (discussed in **3.1.6**);
- Holding dissemination events for studies conducted in the targeted countries which included significant media engagement and preparation of media information packs; digital media campaigns/digital storytelling, social media campaigns in collaboration with the partners (see **3.3.1**).

Going forward, while regional meetings and policy dialogues have been opportunities to ensure a focus on key issues, the CPSE team revealed an important issue: *"with a leaner budget we will be more strategic in convening partners, leveraging virtual spaces like webinars to facilitate discussions"* (KII: CPSE team). With respect to direct policy engagement it was pointed out that, *"it will be important to engage in technical working groups to influence policy reforms, particularly in Malawi where we have strong relationships with key ministries"* (KII: CPSE team).

The Advocacy Strategy implementation plan also details advocacy objectives and key messages, targeting partners at various levels. There is evidence of coherence across policy objectives, CPSE advocacy objectives and key messages at the regional and sub-regional level[11], as well as at country level (see **Annex 11**). As further discussed in sections **3.1.5** and **3.1.6**, initial incremental progress has been made in advocacy at both levels. However, we found mixed results in terms of advocacy efforts that support the domestication of continental policy objectives at the national level.

[11] The key advocacy message at the regional level is 'to promote the use of evidence in tracking implementation of the SDGs and Agenda 2063'. At sub-regional level, messages are to enact the EAC SRHR Bill, promote comprehensive sexuality education, implement the SADC SRHR Strategy, and adopt and enact the Gender-Based Violence Model Law.

Table 3 tells the story of evidence informed decision-making (EIDM) in Malawi. This underlines the coherence between the evidence generated and its use in advocacy (*on the supply side*) and the policy environment in Malawi and research priorities identified in the focal area of adolescent sexual and reproductive health ASHR (*on the demand-side*).

Table 3 Supply and demand of evidence in Malawi: the case of sexual and reproductive health (ASHR).

Policy Context	Research priorities for A SHR	Evidence Generation
Ratified Maputo Protocol and ESA Commitments; the SRHR Policy 2017–2022 supports adolescent SRH. But abortion is illegal except where it can save a woman's life. The Re-Admission Policy allows re-entry for adolescent mothers but mandatory withdrawal from school upon pregnancy.	- The needs and service access of vulnerable adolescent populations; - The delivery of comprehensive sexuality education and adolescent-friendly SRH services; - The legal and policy provisions addressing the age of consent to SRH services for adolescents; and - The impact of child marriage.	Problem-driven political economy analysis to explore the gaps between policy commitments and delivery of comprehensive sexuality education and ASRH services. The mixed-methods research study: 'Understanding the experiences of pregnant and parenting adolescents in Blantyre, Southern Malawi'.
Evidence informed decision-making (**EIDM) in Malawi**		
Planned advocacy objectives	**Evidence-informed advocacy**	**Results: uptake at policy level**
(1) National-level decision-makers shift behaviours, plans, or perspectives on access to comprehensive adolescent SRHR services; and (2) Policy and civil society partners plan more effectively and sustainably and deploy evidence to advocate for comprehensive SRHR services.	(1) National Symposium on Adolescents and Young People's SRHR; and (2) National SRHR policy dialogue on the high incidence of abortion, the lived experiences of pregnant and parenting adolescents, community norms influencing adolescent SHR and the financing of adolescent SHR.	Continued engagement with the line ministries (Health, Gender and Education) to pass the Termination of Pregnancy Bill in Parliament. Review of four policies (e.g. the Ending Child Marriage Strategy; the Adolescent Girls and Young Women Strategy; and the National SRHR Policy).

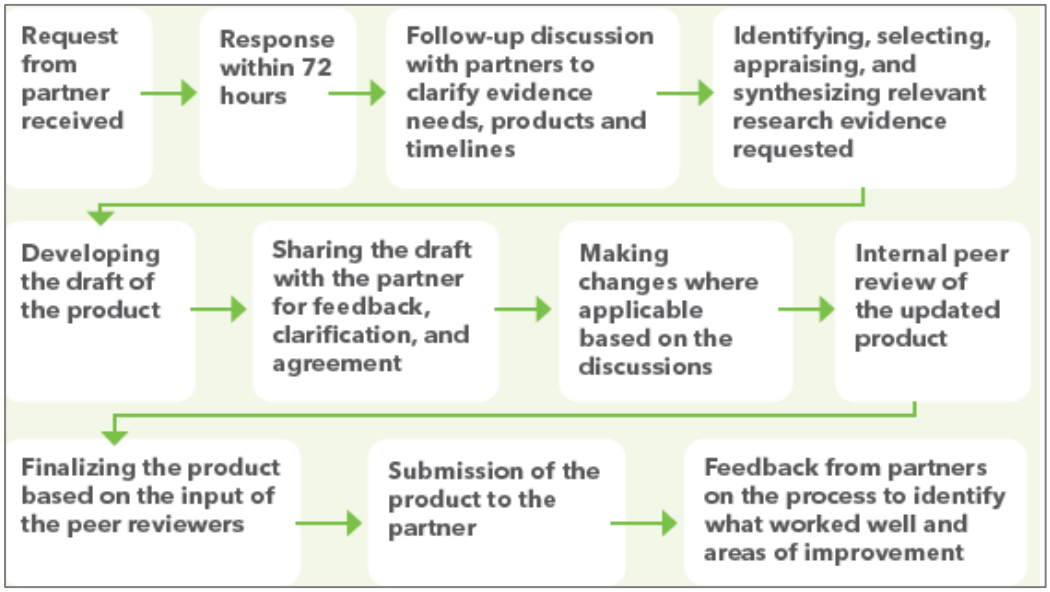
The results achieved in terms of the uptake of evidence are promising for future engagement in EIDM. Implicit in this 'story of change' is that policy analysis and problem-driven political economy analysis are critical links in the EIDM chain, enabling evidence generation and use for advocacy to be driven by policymakers' needs. Going forward, APHRC intends to build on these gains: *"We maintain strong relationships with Department of Reproductive Health, the Ministry of Education, and Ministry of Gender in Malawi [and] with the Break Free Consortium to support implementation of policy objectives"* (KII: CPSE team).

The Advocacy Strategy implementation plan also details planned activities for the **Rapid Response Service (RSS)**. The RRS was established in 2020 to provide policymakers and other policy actors with readily available and accessible evidence on demand. It offers 'innovative, user-friendly, and accessible knowledge translation products, customised to each target audience' (APHRC, 2020). These include short and

long policy briefs/factsheets; short research reports (2 months); power points; media talking points; and infographics. A brochure prepared and disseminated by the CPSE team describes the process of making a request and the response process (see **Figure 2**).

Source: RRS Brochure (APHRC, 2021).

Figure 2 Rapid response process



In 2020, CPSE responded to requests from the following CPSE policy partners to produce short- and long-term evidence information (CPSE Annual Report 2020):

- The Eastern Africa National Networks of AIDS Service Organisations (EANNASO), the East African Community (EAC), and the East African Legislative Assembly (EALA) requested: a three-page paper documenting the reasons why the EAC region needs SRHR legislation to be used by members of parliament and civil society organisations; a one-page paper highlighting why the EALA needs the SRHR Bill to be used by EANNASO and the regional SRHR Steering Committee in their engagements with parliamentarians and the public; a presentation on the overview of the evidence, statistics, and case studies on SRHR in the EAC member states.
- A parliamentary researcher from Namibia working at the Parliamentary Forum of SADC (SADCPF) requested a presentation slide deck on ending teenage pregnancy and unsafe abortion for use in a regional sectoral policy dialogue with religious and traditional leaders from 16 SADC member states.
- The Kenya AIDS NGOs Consortium (KANCO) requested a brief report on teenage pregnancy, unsafe abortion, HIV/AIDS and sexually transmitted infections (STIs), and harmful practices;
- SADCPF requested a brief on the Marriage 2019 Bill, assessing whether its provisions mirror the SADC-PF model laws for ending child marriage and protecting children already in marriage. It also requested a brief on parental leave to contribute to the debate on the amendment of the Employment Act to make it more

inclusive. A researcher noted '. It [the slide deck] is detailed and graphic and the lawmaker was really pleased with it' (CPSE, 2020).

Nevertheless, subsequent demands for the RRS appear to have dwindled over the years. While in 2021the COVID pandemic interrupted requests for evidence synthesis received through the RRS Platform, in 2022, APHRC did not receive requests through this designated Platform, but rather received direct requests to share evidence in a variety of other platforms. We point at two main issues in this regard.

First, the CPSE team intended to 'continually monitor the effectiveness of the RRS through the CPSE Results Tracker and via consultations with policy actors, in order to better respond and address their evidence needs' (CPSE, 2020). Indeed, output indicator 3.3.4in the results tracker is designed to monitor the number of completed RRS requests. Instead, however, the Results Tracker lists participation in a variety of platforms. For example, in 2023 APHRC responded to a request to participate in a panel discussion in the 39th Gender is My Agenda Campaign (GIMAC) pre-summit meeting in Addis Ababa on 'Implementation of the African Continental Free Trade Area, Breaking the Trade Barriers of African Women and Youth to Ensure their Inclusion'.

Second, and relatedly, the lines between *requests for evidence and invitations to participate in evidence sharing, and capacity strengthening initiatives* appear to be blurred. It is challenging to plan activities where the parameters of an intervention area are not clear, let alone monitor them. We discuss this point further under **3.1.4**.

3.1.4 Internal and external capacity building (EQ4)

During the period under review, the CPSE team undertook diverse capacity building activities for a wide range of stakeholders, including research partners, CSOs and activists, SADC parliamentarians and researchers, journalists and editors, university staff and students, and healthcare professionals, among others. However, it is difficult to assess the effectiveness of the delivery of the output related to actual capacity building. This is for three reasons: the lack of a comprehensive capacity needs assessment, the lack of a dedicated capacity building plan, and a conceptualisation of 'capacity strengthening that presents a confusing picture, as evidenced by CPSE's annual reports.

Sources: CPSE Annual Reports for 2019-2024; Dercon, 2024; Key Informant Interviews (CPSE team, Sida, SADC-PF, EACRN); FGDs on Advocacy and Policy engagement; Country Spotlights.

Internal and external capacity building activities

Internal training in political economy analysis, values clarification and attitude transformation (VCAT) and monitoring, evaluation and learning (MEL) conducted in the early years of the project (2019-2022) led to follow-on external training in these areas. A table summarising capacity strengthening activities as well as the documented

application of acquired skills is found in **Annex 12**. We discuss the application of skills acquired in these types of training under **3.3.2.**

Following the above, the CPSE team engaged in a wide range of other external capacity building activities. In 2022, the team conducted an interesting series of 14 capacity-strengthening sessions for the SADC-PF parliamentary staff and members of parliament, as part of a joint workplan (see also **3.1.5**). The sessions were:

- Overview of SRH in the SADC, in-depth situational analysis of SRHR in the sub-region, and current context of sexual reproductive and health rights in the SADC region;
- Stakeholder mapping, and engagement and fundamentals of the media landscape;
- Bridging research and policy and the importance of using the right SRHR terminologies, how to interact with policy tracking and online tools to get information, qualitative research and its value in highlighting people's lived experiences related to SRHR, use of evidence in policy-making and strategies for disseminating and communicating research findings to inform policy decisions;
- Crafting a compelling message and elevator pitch, how to choose the right channel for a target audience, developing policy briefs, writing and packaging key messages for a general audience, and crisis communication.

Subsequently, in 2024, the SADC-PF invited APHRC to be part of the Capacity Development Session/Workshop for the SADC Parliament on SRHR and HIV/AIDS Governance, to equip SADC parliamentary researchers with the knowledge and tools to research SRHR interventions and engage with stakeholders. A few further recent examples of capacity strengthening in research, advocacy, and VCAT are outlined below.

Increasing evidence generation through research capacity strengthening. In November 2023, the CPSE team held a writing workshop for researchers from Statistics Sierra Leone, the University of Liberia, and CHAI Liberia. Following on from the training, participants led the production of three manuscripts, such as 'Abortion-related morbidity and mortality in Sierra Leone: Results from a 2021 cross-sectional study'.

Enhancing media engagement and advocacy for effective communication on sensitive SRHR issues. The CPSE team engaged media personnel in Burkina Faso, Kenya, Liberia, Malawi, Rwanda and Sierra Leone, particularly SRHR journalists and editors, on the parameters of accurate SRHR reporting to influence public opinion and engage policymakers in adopting SRHR policies using evidence (see **3.3.1**).

Building capacity for SRHR service providers through VCAT training. Leveraging the skills gained from a previous internal training, the CPSE team facilitated a two-day VCAT workshop for the University of Nairobi's Deans of

Students and student counsellors, who play a critical role in providing SRHR information to students. The workshop participants acknowledged changes in their attitudes. As one student counsellor put it, 'I will embrace a diverse and open-minded approach to sexual and reproductive health without judgment [and] address issues directly without attributing them to Christianity' (CPSE, 2023). Subsequently, the University of Nairobi invited APHRC to facilitate a two-day capacity-strengthening session for student champions, aimed at implementing a digital communications strategy and promoting the student-led Rada mobile app.

Similarly, building on the VCAT training workshops for CSOs implemented since 2022, APHRC received a request to provide training materials for a session on diversity and sexual orientation, and gender identity for healthcare professionals in Nimba County, Liberia. These materials were used to train 30 healthcare workers. Following the training, some of the providers served as focal people for LGBTQI+ people at their health facilities, demonstrating how capacity-strengthening activities can translate into institutional change. Evidence shows that newly acquired skills in research and advocacy, as well as attitude shifts, were valued by trainees.

The concept of 'capacity strengthening'

The way in which 'capacity strengthening' has been conceptualised in CPSE's Advocacy Strategy presents a complex and confusing picture. Moreover, in the absence of a comprehensive capacity needs assessment (for all targeted partners) and relatedly, the lack of a dedicated CPSE capacity building plan (detailing **which** specific modalities are planned for **whom** and **how** it is measured with appropriate indicators and targets), it is impossible to assess the effective delivery of the planned outputs related to internal and external capacity building.

In the CPSE Advocacy Strategy, capacity building for advocacy includes the following thematic areas: (i) Evidence use for policy-making and coordination (regional and sub-regional level), (ii) VCAT on abortion and LGBTQI+ issues (iii) Use of digital media to reach various stakeholders, (iv) Communicating with stakeholders, and (v) Media sensitisation for health reporters.[12] The Advocacy Strategy envisages several *modalities* for delivering capacity building. These include (i) formal training workshops and webinars, (ii) targeted training sessions (iii) direct technical assistance requested by CPSE partners, (iv) collaborative research, and (v) participation in policy-level forums.

As indicated above (3.1.3), the CPSE team has been highly active in implementing training workshops and targeted training sessions. But it was also clearly important for the team to remain flexible in order to respond to requests for capacity strengthening

[12] The conceptual framework also includes 'proposal writing and fundraising', targeting stakeholders at sub-regional level (it is not clear why this particular group was targeted), but we found no evidence that stakeholders received training in this area.

support through direct technical assistance and collaboration in research and participation in policy-level forums. For example In Kenya, the team was invited by the Ministry of Health, Division of Adolescent and School Health to provide *direct technical assistance* in analysing adolescent health survey data and report writing. The team also contributed to the drafting of the Division's 'Handbook for Engaging Adolescents, Parents, and Leaders in the Community', as well as providing financial support for printing and translating this handbook.

Interestingly, we found that in the CPSE annual reports, interventions under the output 'Strengthening capacities' are also reported under the outputs on 'Research and evidence use'. On the one hand, this usefully underlines the importance of complementarities between planned results. On the other hand, it is not clear if and how some interventions actually succeeded in strengthening CPSE stakeholders' capacities, or indeed if an intervention constitutes capacity building at all. The following examples were reported as 'capacity building':

- 'The CSPSE team is the lead research partner in a consortium that is conducting a multi-country study on the effect of the COVID-19 pandemic on sexual and reproductive health services' (CPSE, 2021);
- The team undertook collaborative research with the Centre for Social Research at the University of Malawi, the Institut Supérieur des Sciences de la Population in Burkina Faso, and the Health Development Initiative in Rwanda;
- APHRC responded to invitations to write newspaper articles and blogs on Kenya's proposed Reproductive Health Bill, 2019 and on the state of abortion services provision in Kenya.

While it goes without saying that these are all important interventions, it is not possible to assess their effectiveness in terms of 'strengthening capacities'. Annual reporting in most programs and projects is generally based on an identifiable implementation monitoring plan. For the CPSE project, lacking a clear distinction between (a) capacity building through conventional training sessions/workshops and (b) activities which include a 'learning-by-doing' dimension, it is not clear what is, and what is not 'capacity building'.

Identifying and addressing capacity gaps

Diverse respondents agreed that a critical gap in the SRHR domain has been the lack of a 'knowledge broker' to bridge the divide between researchers and policy actors. APHRC has helped to fill that gap by transforming complex research findings into clear, concise, and actionable information for policymakers.

The CPSE team's participation in a Community of Practice is a case in point, where the team, together with the Human Science Research Council in South Africa, trained activists and other upcoming researchers on evidence generation; while activists have trained researchers on the use of social media in advocacy.

Nevertheless, documentary evidence, backed by the views of CPSE team members, points to a potential gap within the research community itself: the limited understanding of the political incentives of senior decision-makers (not simply their stated objectives in speeches and roundtables), which are generally a muddle of well-meaning objectives mixed with a quest for power and re-election. Phrased otherwise: 'we need to be *politically informed researchers'* (Dercon, 2024).

In line with this thinking, respondents suggest that 'Evidence Labs', embedded in (or close to) governments, may extend the benefits of the Community of Practice to senior decision-makers. APHRC's Strategy mentions 'Research Hubs for policy-relevant training in partnership with and within academic institutions' as part of a research and development ecosystem (APHRC, 2022). It should be noted that 'Evidence Labs' take the notion of 'academia-centred Research Hubs' a step further, by providing opportunities for more direct engagement between researchers and activists on the one hand, and decision-makers on the other, thereby creating opportunities for mutual capacity strengthening.

3.1.5 Partnerships established and leveraged to achieve project goals (EQ5)

The CPSE team made good use of existing APHRC partnerships as well as forging new relationships to take the CPSE project forward. This includes national-level partnerships (discussed under 3.1.2) regional partnerships (discussed under 3.1.6), and sub-regional partnerships with the EAC, EALA, and SADC-PF (discussed in this section). Two critically important partners who have been left out of CPSE project engagement are the SADC Secretariat and ECOWAS, primarily due to a lack of entry points for such engagement.

Sources: CPSE Annual Reports 2018-2025; Project proposals; SADC, 2019; Key Informant interviews: EAC, EALA, UNFPA, EACRN, SADC-PF SADC. Coordination Unit, Ipas, and Sida.

Engagement with critically important partners in the East Africa sub-region

Through their collaboration with **the East African Community (EAC) Secretariat and the East Africa Legislative Assembly (EALA),** the CPSE team pulled off one of their most significant policy-level engagements: direct participation in the redrafting of the EAC SRHR Bill (See **Box 3**).

Box 3. The EAC Sexual and Reproductive Health Rights **(SRHR) Bill of 2021**

First introduced in 2017, the Bill is premised on Article 118 of the Treaty for the Establishment of the East African Community. It recognises the obligation of Member States under several international, continental, and community frameworks to respect, protect and fulfill the right to health by facilitating, providing and promoting the highest attainable standard of health and providing measures towards the full realisation of the right to health.

In 2021, the East African Legislative Assembly (EALA) withdrew the EAC SRHR Bill of 2017, paving way for the Committee on General Purpose to redraft this legislation. A stakeholders' workshop was held in Bujumbura, Burundi, in January 2020, to review the Bill and address stakeholders' concerns. For example, a misalignment of the language contained in the Bill (e.g., the terms 'abortion' and 'abortion services') and the domestic laws of Member states. ***"The grounds for access to safe abortion vary in different countries in the EAC"*** (KII: SADC-PF). In addition, stakeholders noted the absence of SRHR for adolescents, young women and men, beyond HIV protection, SRHR for older people, menstrual hygiene for young girls, and health professionals access to technology. A further critical gap was 'a missing link to culture and religion'. For instance, provisions in the Bill for surrogacy, assisted reproduction and in-vitro fertilisation would be against the traditions of some EAC citizens.

The redrafted Bill was re-introduced in 2022 as a Private Member's Bill by South Sudan's EALA representative, Kennedy Mukulia, but it has faced opposition and criticism. In 2024, **the EACRN** called for renewed efforts: 'It is up to us as CSOs to push the East African Legislative Assembly (EALA) to pass the East Africa Community SRH Bill of 2021'.

Source: https://www.eac.int/press-releases/1933-eala-withdraws-bill-on-sexual-and-reproductive-health-rights

Discussions the EAC and EALA, initiated in 2019, resulted in the identification of opportunities for collaboration around the process of redrafting the EAC SRHR Bill. Worth mentioning are linkages with the EAC's East Africa Health Research Commission, the EAC Ministers of Health joint roundtable meeting, and capacity strengthening for EALA's Women's Forum and other legislators to become champions of the Bill within their respective parliaments. 'APHRC helped in elaborating the foundations of SRHR' (Senior Official, EALA cited in CPSE, 2020).

During the year-long consultative period, the CPSE team synthesised evidence, developed fact sheets, and made presentations to key policy actors (e.g.,

parliamentarians, EAC secretariat staff, and religious leaders) on abortion, harmful practices, sexual and gender-based violence, adolescent SRHR, assisted reproductive technology, and SRHR services for men. Decision-makers used the evidence to inform the framing of the Bill. Presentations were also made to sub-regional CSOs, including the Eastern Africa National Networks of AIDS Service Organisations (EANNASO), the Faith to Action Network, Kenya Legal & Ethical Issues Network, Ipas, Akina Mama wa Africa, and Health Development Initiative. In the coming years, the EAC SRHR Bill of 2021 will remain a key focus of advocacy efforts of CPSE 2.0 and its continued engagement with the EAC Secretariat, the General-Purpose Committee of EALA, and the Department of Health. A Memorandum of Understanding (MoU)with EANNASO has facilitated APHRC's access to the EAC space and provided opportunities to promote the use of evidence and strengthen capacities of EAC region policymakers.

These partnerships led to collaborations in 2021 and 2022, with other SRHR CSOs in East Africa to establish an advocacy movement: *#East Africa Pamoja 4 SRHR.* This hashtag is a call to action for East Africans to advocate for and improve SRHR within the region, serving as a platform for sharing information, raising awareness, and fostering collaboration among various actors working towards realising better SRHR outcomes.

The CPSE team's relationship with the Eastern Africa Child Rights Network (EACRN) is a productive one; *"We have had good interaction with APHRC in several areas, like identifying research issues to inform advocacy in the EAC and with the African Union Commission as well as building capacities of partners in advocacy on child rights targeting relevant government actors"* (KII: EACRN). This relationship has opened up opportunities to create synergies between partners. An example is the 25th session of the CSO Forum in Maseru, Lesotho in 2024 ("Accountability and the Education Sector in Africa"), where APHRC was able to engage with key stakeholders to discuss evidence-driven strategies for strengthening accountability in education policies and practices across the continent. The CSO Forum's more than 100 delegates included representatives from the African Committee of Experts on the Rights and Welfare of the Child (ACERWC), regional child rights networks, and policymakers.

Another highlight of partnerships has been the annual East African Civil Society Summit, held before the ACERWC Ordinary Sessions. *"The Summits are key opportunities for APHRC and EARCN to jointly develop and submit the Summit Outcome Statement to present in the ACERWC Session; APHRC supports financially (e.g., rapporteur costs) and technically; just being there is also important – they come not only as APHRC but they represent their partners who aren't there"* (KII: EACRN). Future partnering with the EACRN will involve working on joint advocacy on child rights activities in the region and strengthening the capacities of the national child rights' coalitions and CSOs to advocate for the adoption of the Safe School's Declaration. Participation in the annual East African Civil Society Summit will allow

the CPSE team to share research findings from their policy analysis on pregnant and parenting adolescents.

Engagement with critically important partners in the South Africa sub-region

CSPE research studies were used by SADC-PF Member States in domesticating Model Laws on unintended pregnancies and early child marriage; *"we are addressing obsolete legislation that threatened our girl child and a lot of cases are being tried now – this was not the case before"* (KII: SADC-PF).

In 2020, APHRC was granted observer status at the SADC-PF Plenary Assembly, enabling evidence-sharing on SRHR issues. Subsequently, the CPSE team participated in the Joint Partners meeting organised by SADC, aimed at consolidating efforts to engage national Parliaments on SRHR issues. All participants in the meeting signed a Joint Financial and Technical Cooperation Agreement Framework for further action; *"We are working 24/7 with APHRC on our workplan"* (KII: SADC-PF). Since 2022, APHRC has attended SADC-PF Plenary Assembly sessions[13], for example, providing expertise in the planning and execution of the 51st and 52nd sessions, as well as resources and technical support in developing the communiques for the 55th and 56th sessions. The CPSE advocacy and communication team also provided technical support to the SADC-PF Secretariat by reviewing the SADC Gender-based Violence Model Law.

Going forward, APHRC will work with SADC-PF in focus areas in their recently launched Strategic Plan 2024-2028[14]. These include: (i) a pregnant and parenting adolescents policy analysis; (ii) technical support in monitoring the SADC-PF Forum's efforts to domesticate and implement model laws on safe abortion; (iii) helping to defining and scaling up a national minimum package of interventions to reduce the incidence of unsafe abortions; and (iv) contributing to discussions on the exclusion of key populations and the LGBTQI+ community.

Leveraging APHRC's partnership with a key sub-regional CSO, the **Child Rights Network for Southern Africa (CRNSA),** the CPSE team shared evidence on the lived experiences of pregnant and parenting adolescents in Malawi at the Southern Africa Child Rights Conference convened by CRNSA in 2023 in Botswana. APHRC also participated in a sub-regional child rights advocacy seminar in Harare, Zimbabwe, organised by CRNSA in collaboration with the SADC-PF, and the Southern African Council of Non-Governmental Organisations. This seminar focused on advancing the adoption and implementation of the SADC Protocol on Children, providing a valuable

[13] The APHRC's Executive Director gave a solidarity statement during the 51st Plenary Assembly.

[14] https://www.sadcpf.org/index.php/en/documents/strategic-plans/sadc-parliamentary-forum-strategic-plan-2024-28/download.

platform for discussing ways to create a more supportive environment for children across Southern Africa.

Future engagement with CRNSA on the children's rights legislative framework front will include (i) providing them with support in pushing for the adoption and ratification of the SADC Protocol on children by the 16 SADC member states; (ii) advocating for the realisation of education as a fundamental right of all children and effective implementation of school re-entry policies and programs by all SADC member states; and (iii) participation in the annual child rights advocacy seminar to share findings on school re-entry.

Critically important partners who have been left out

While APHRC's engagement with the SADC-PF has been substantial, entry-points for engagement with the **SADC Secretariat** were limited, due to APHRC's limited 'reach' with decision-making entities. This is an important omission, since the Strategy for Sexual Reproductive Health and Rights (SRHR) in the SADC Region (2019-2030), spearheaded by the SADC Secretariat and supported by the EAC Secretariat, provides an important policy and programming framework for SADC Member States seeking to achieve the following ten SRHR outcomes:

1. Maternal mortality ratio reduced to fewer than 70 deaths per 100,000 live births (SDG 3.1.);
2. Newborn mortality ratio reduced to fewer than 12 deaths per 1,000 births (SDG 3.2.);
3. HIV and AIDS ended as a public health threat by 2030 (SDG 3.3.);
4. Sexual and gender-based violence and other harmful practices, especially against women and girls, eliminated (SDGs 5.1, 5.2 and 5.3);
5. Rates of unplanned pregnancies and unsafe abortion reduced;
6. Rates of teenage pregnancies reduced;
7. Universal access to integrated, comprehensive SRH services, particularly for young people, women, and key and other vulnerable populations, including in humanitarian settings, ensured (SDGs 3.7 and 5.6);
8. Health systems, including community health systems, strengthened to respond to SRH needs; (SDG 5.6);
9. An enabling environment created for adolescents and young people to make healthy sexual and reproductive choices that enhance their lives and well-being (SDGs 4.7 and 5.6);
10. Barriers – including policy, cultural, social and economic – that serve as an impediment to the realisation of SRHR in the region removed (SDGs 5.1).

The Strategy is accompanied by a Scorecard, a high-level strategic tool to track progress at a political level across the SADC region in the implementation of the Strategy for SRHR in the SADC region against 20 core indicator. The importance of targeted engagement is discussed in the **Spotlight** 'Strategic planning for focused sub-regional engagement', see **Annex 6.**

Another strategic partner that has been 'left out' is the Economic Community of West African States (ECOWAS), where *"we have had limited traction"* (KII: CPSE). This was primarily due to geographical constraints, which have since been addressed by the APHRC's West Africa Regional Office. Going forward, the CPSE team intend to work with the **West African Health Organisation (WAHO)**, to engage ECOWAS Health Ministers in guiding adolescent and youth health policies and strategies.

3.1.6 Regional engagement approaches to influence national strategies and practices (EQ6)

The CPSE project established strategic partnerships with organisations within the African Union as well as regional CSO forums. These are strategic entry-point platforms for regional engagement in domestication of the Agenda 2063 and the Maputo Protocol, through for example, participation in Ordinary Sessions of the ACHPR, the ACRWC CSO Forum, and GIMAC, and a MoU with the Pan-African Parliament. It has become clear that the CPSE team takes an incremental approach, laying foundations that can be built upon over time. However, regional engagement approaches are also accompanied by certain systemic challenges, as discussed in our Regional Spotlight (annex 5).

Sources: CPSE Annual Reports 2019-2024, Aggad, F. and P. Apiko, 2017; KIIs: ACERWC, CPSE team; FGD on Policy engagement.

Regional engagement in the SRHR domain

During the period under review, the CPSE project established a range of regional-level partnerships, engaging with them in a variety of ways. However, a number of strategic partnerships have been forged with AU entities that are generally not directly involved in the CPSE Signature Issues but which serve as strategic entry-point platforms for engagement within the AU's institutional landscape.

The CPSE team has sought for possibilities in connection with the **African Commission on Human and Peoples' Rights (ACHPR)** through close collaboration with the Special Rapporteur for Women's Rights in Africa as well as with Solidarity for African Women's Rights. A recommendation drawn from CPSE's COVID-19 study was included in the ACHPR Statement by the Special Rapporteur on the Rights of Women in Africa on the Occasion of the "Global Day of Action for Access to Safe and Legal Abortion". In 2023, the team shared research findings (the lived experiences of pregnant and parenting adolescents in Malawi and Burkina Faso) at the 'Maputo Protocol at 20' commemoration, seeking the commitment of the ACHPR to influence AU member states to fulfil their commitments under the Maputo Protocol.

Continued collaboration with the Special Rapporteur of the African Commission on Human and Peoples Rights (ACHPC), as well as ongoing participation in the Commission's Ordinary Sessions will enable APHRC to: (i) offer technical expertise in the recently adopted resolution on the development of a Model Law on the implementation and domestication of the Maputo Protocol; (ii) support ACHPR's call

for the decriminalisation of abortion in AU Member States; (iii) support commitments made under the Maputo Protocol, particularly Article 14(2)(c) on safe abortion; (iv) share research findings on pregnant and parenting adolescents from Burkina Faso, Kenya, and Malawi at the AU level with an emphasis on school re-entry and access to adolescent SRHR services.

The CPSE team has also collaborated with the Special Rapporteur for Health and Wellbeing of the **African Committee of Experts on the Rights and Welfare of the Child (ACERWC)**. This collaboration is very much appreciated: *"Everybody says this: 'children are the future of Africa' but [Member States] don't implement the laws that protect children. APHRC helps me in my mandate to advocate for the rights of the child. we need to target religious leaders, they are an entry-point to reach the decision-makers"* (KII: ACERWC).

In 2021, APHRC joined the **CSO Forum** of the **African Charter on the Rights and Welfare of the Child (ACRWC)**. In the same year, the Forum adopted three recommendations on adolescent SRHR, drawn from an evidence synthesis of the CPSE's lived experiences survey of pregnant and parenting adolescents in Malawi, as well as from a CPSE communique to the ACERWC. The Forum subsequently endorsed APHRC's nomination as the thematic lead on health. Going forward, the CPSE team will seek to solidify its relationship with the **ACERWC** Special Rapporteur for Health and Wellbeing. *"Our challenge is the Member States, they say 'I am independent!'- if they don't have the will, you can't push it, they have sovereignty. But with good advocacy you can get the Parliamentarians on board, you can get the Union on Board, you can get the Member States on board. You need a long-term action."* (KII: ACERWC).

Through its engagement with the **Gender is my Agenda Campaign (GIMAC) Network,** specifically through the CPSE team members' *participation in the GIMAC bi-annual convenings,* the CPSE has supported the implementation of the Solemn Declaration on Gender Equality in Africa (SDGEA)[15]. It has also been supporting the GIMAC 2024 outcome statement on implementing the African Union Convention on Ending Violence Against Women and Girls, aiming at a ratified convention before the end of 2025. *"APHRC is a very strategic partner for our work in evidence-based advocacy, their strong research skills have shaped AU directions on positive masculinities, for example"* (KII: GIMAC). Ongoing *participation in the GIMAC bi-annual convenings,* will allow the CPSE team to use the platform to share research findings. Indeed, a significant opportunity to deepen this partnership is the Network's

[15] The SDGEA is an instrument to score the reports on gender equality that are submitted by Member States. The SDGEA uses indicators to track progress and award the highest-scoring State as a reputational incentive for commitment to gender-related policy objectives.

plan to set up a "*research pillar to institutionalise APHRC within GIMAC"* (KII: GIMAC).

The **International Planned Parenthood Federation (IPPF)** contributed to the co-created CPSE regional research agenda. Subsequent collaboration has included analysis of online survey data from the Africa civil society's consultation on a Common Africa Position, the reported findings were presented at the African Union Civil Society conference and subsequently submitted by IPPF to the African Union.

In the lead up to the ICPD+25 Nairobi Summit, a consortium of global actors, led by APHRC, convened the **ICPD-U Youth Boot Camp** for youth advocates and campaigners.[16] The Boot Camp was funded by the Dutch NGO Hivos, Canada's International Development Research Centre, and the Bill and Melinda Gates Foundation.

Together with Bristol University and UNFPA, APHRC hosted a parallel session at the **3rd AU Girls' Summit** in 2021 on 'Ensuring quality data and evidence generation for stronger coordination, shifting actions, and programming for change'. This resulted in the inclusion of a recommendation in the AU's Niamey Call to Action on Eliminating Harmful Practices that focuses on expanding access to data and evidence, strengthening the AU research agenda, as well as systematic and comprehensive data collection mechanisms in prevention, care and rehabilitation of survivors of harmful practices in Africa.

CSPE and the Maputo Protocol

The CSPE project's engagement with the Maputo Protocol has been twofold.[17] Initially, its engagement focused on the 'push' for ratification of the treaty, in recent years there has been a *"shift to domestication, checking that national efforts align with the spirit of Protocol"* (KII: CPSE). As a supplementary treaty, the Maputo Protocol builds on the African Charter on Human and Peoples' Rights by specifically focusing on guaranteeing and protecting the rights of women in Africa; "*when CPSE engages with one, we engage with other*" (KII: CPSE). The CPSE team has focused on specific areas related to CPSE Signature Issues, i.e., on health and reproductive rights (Article 14) and marriage (Article 6).

[16] The members of the consortium were: AMREF, CHOICE for Youth & Sexuality, FP2020, IPPF, International Youth Alliance for Family Planning, Pathfinder International, Plan International, Humanity and Inclusion, Population Reference Bureau, Rutgers, SRHR Africa Trust, Right Here Right Now, Restless Development, and the Youth Coalition for Sexual and Reproductive Rights).

[17] By 2023 (three years after the commitment to a universal ratification by 2020) eleven states had not yet ratified the Maputo Protocol, none of which are GPSE target countries. 38 out of 55 African states have enacted laws and policies that protect adolescent girls' right to education during pregnancy and motherhood. While Rwanda has set a positive example by removing reservations to the Protocol, women's rights organisations have called upon all states, including Kenya, to do the same https://soawr.org/resources_posts/20-years-of-the-maputo-protocol-where-are-we-now/

Against this backdrop, the number and range of the CPSE project's regional partners has grown incrementally over time; *"Sida has helped in making connections but we ourselves have made connections and we will have more regional partners in time, the problem is that we don't get to set the agenda"* (KII: CPSE). Notably, several CPSE regional partners (e.g., ACHPR, ACERWC, the Pan African Parliament) are members of the African Governance Platform. however "*the politics between partners is a huge issue and needs to be navigated"* (KII: UNDP).

It is important to note that the politics of social exclusion are different at various levels in the governance hierarchy (see **Box 4**).

Box 4. Divergent political interests within the African Governance Platform

The African Governance Platform was established by the African Union Commission to bring together different institutional actors, *including non-state actors*, in order to create synergies, coordinate, and build convergences between them. However, as an informal coordinating mechanism, this Platform is not part of the AU's 'policy organs' nor does it have a place in the decision-making process. Moreover, because AU Governance issues touch on core state functions, Member States differ in their views on the participation of civil society in decision-making. Given this, the formal status of the Platform continues to be contested.

Attempts to ensure that the Platform's recommendations have a formal place in the AU's decision-making processes have received mixed reactions. On the one hand, an attempt to contain the Platform was made by the Permanent Representatives Committee (comprising Member States' representatives to the Union) which recalled the AU's decisions on participation CSOs through the Economic, Social and Cultural Council. On the other hand: *"The State always thinks the CSOs are against them but they have the same responsibility: children are citizens of the State and also part of society – they are not two, they are one. ACERWC reporting is not a contradiction of the State's Report to the AU – we should be able to produce complementary reports so the voice of the State and the voice of civil society are one voice. Each organisation needs visibility but together we are stronger than apart"* (KII: ACERWC).

Source: Aggad, F. and P. Apiko, 2017.

We discuss this issue, along with other related challenges, in the **Regional Spotlight** in **Annex 5.**

3.1.7 Regional/sub-regional engagement on LGBTQI+ rights (EQ7)

CSPE's comprehensive political economy analysis study in Kenya provides findings and recommendations that are likely to be relevant in other contexts, as do the studies on the lived experiences of LGBTQI+ people in Kenya and Rwanda. However, strategic partnerships at regional and sub-regional levels have had limited effect in terms of driving change on greater social inclusion of LGBTQI+ people. Unfortunately, CSPE missed the opportunity to conduct a multi-country secondary analysis (synthesis) of national CSO reports that are periodically submitted to AU bodies. Sub-regional and regional stakeholders expressed a need for ongoing data analysis of political and social discourse around LGBTQI+ issues and policies, and identification of promising locally-led strategies and solutions that could be supported in multiple country contexts; information that CPSE could access through its country level CSO partners.

Sources: CPSE Annual Reports 2019-2024, CPSE 2.0 proposal, FGDs with CPSE staff, KIIs with regional, sub-regional and country partners (also see the annexed Spotlights).

Regional engagement approaches and national strategies for social inclusion.

CPSE's regional engagement approach regarding LGBTQI+ policy advancement is not clear. The project established a range of regional-level partnerships to advance SRHR priorities. At the same time, there is no evidence that CPSE systematically engaged these regional and sub-regional partners in LQBTQI+ during evidence generation or research dissemination. Indeed, one regional partner refused to engage in this area (CPSE 2021).

CPSE has operated a LGBTQI+ research and a policy influence agenda in two of its seven focal countries, namely Kenya and Rwanda. CPSE's problem-driven political economy analysis (PEA) in Kenya explored the underpinning of social exclusion practices focusing on LGBTQI+ communities in Kenya. It relied on both primary and secondary data; more specifically, a policy desk review to explore various policies on LGBTQI+ people and key actors, their activities, and practices influencing social exclusion and inclusion of LGBTQ+ people. The research included KIIs and FGDs with people most affected by the issues, as well as community mapping with LGBTQI+ people. The Kenya PEA study started in April 2021 and was published in 2024.

Delays in completing its research activities may have hampered CPSE's ability to make use of the evidence to energise regional engagement approaches. For example, CPSE's survey of pregnant and parenting adolescents was influential at the regional level CSO Forum of the **African Charter on the Rights and Welfare of the Child (ACRWC)** (see **3.1.6**). However, the CPSE team did not present a synthesis of lived experiences of LGBTQI+ surveys from Rwanda and Kenya at the CSO forum. This is likely because the Kenya survey was published in 2024, and by then phase 1 of the project ran out of time.

In Rwanda, CPSE noted that its media advocacy capacity strengthening with journalists in 2023 resulted in collaboration with Health Development Initiative (HDI) in community dialogues and post-dissemination activities. Training of local organisations in Rwanda also improved their communications strategies to include open channels of communication and dialogue with the government and CSOs on contentious issues, reducing biased information flow, and increasing evidence-based discussions. However, it is not clear whether CPSE's study of lived experiences of LGBTQ+ people in Rwanda (APHRC and HDI, 2022) was actively disseminated with regional and sub-regional partners.

Challenges faced in sub-regional/regional engagement in LGBTQI+ rights

Internal and external challenges existed in addressing regional and global commitments for greater inclusion of LGBTQI+ people at national and/or sub-regional levels.

From the beginning of the CPSE project, internal discomfort and disagreement within APHRC with this topic was a source of tension. Notably, while adolescent SRHR and abortion are two of APHRC's Signature Issues, advancing access to services for and broader realisation of the rights of sexual and gender minorities is not.

The mid-term assessment of the project noted that greater clarity of CPSE's positioning was important and could lead to enhanced visibility of its work specific to the three thematic areas: 'At the time of the assessment there continued to be internal debate and often fiercely held opposing views within APHRC' (NIRAS, 2021). APHRC subsequently issued a position statement regarding research on contentious issues. CPSE annual reports and the Phase 2 project proposal point at the need for values clarification and attitude transformation (VCAT) training for new staff an indicating that APHRC is committed to addressing these internal challenges.

CPSE also documented significant external challenges to domestication of regional/global commitments for greater inclusion of LGBTQI+ people at national and/or sub-regional levels. As noted in annual reports as well as the CPSE 2.0 proposal, there was a significant increase in anti-rights and anti-gender movements across the continent between 2018 and 2024. These adverse movements are increasingly well-funded and organised internationally.

APHRC perceives its reputation as a neutral advisor as critical to CPSE's overall effectiveness with influencing governments and non-government organisations alike. As such, the Project appears to have shied away from regional and sub-regional policy engagement on LGBTQI+ issues. This was likely a matter of expedience rather than a conscious decision.

Increasing influence on LGBTQI+ issues

Regional and sub-regional stakeholders identified robust regional research to inform advocacy and policy as critically important in advancing issues related to LGBTQI+ rights. They stressed the importance of documenting lived experiences, in order to

demystify LGBTQI+ people while engaging with policymakers at all levels. Overall, the gaps in research in this area are significant.

In the CPSE 2.0 proposal, the team specifically aims to generate evidence on what works in changing negative norms driving the exclusion of LGBTQI+ groups. Finding creative ways to engage broader audiences and shift harmful narratives around LGBTQI+ issues is critical in order to counter anti-LGBTQI+ and anti-gender narratives in Africa. Credible evidence from organisations like APHRC would, in the hands of strategic partners with resources to use it, be powerful. A pilot study in Kenya and Uganda conducted by Swayable, surprisingly showed that a message about universal love resonated well with Kenyan audiences; *"AI tools can be used to conduct randomised control testing of messages across different regions"* (KII: Sub-regional CSO). APHRC could employ this type of research to help advocacy partners translate evidence into effective messaging.

It is also important that LGBTQI+ issues are viewed as *"cross-cutting and integrated into human rights issues, not an isolated issue*" (KII: sub-regional CSO). Advocacy experts highlighted the effectiveness of using the health sector as an entry point for discussing LGBTQI+ rights. It is not clear whether CPSE has looked for opportunities to integrate the LGBTQI+ agenda within broader SHRH engagement. More intersectional research on LGBTQI+ issues, including connections with disability rights, feminist movements, and HIV/AIDS communities, should lead to more integrated and potentially more effective approaches rather than isolating LGBTQI+ concerns. This would also include raising awareness on the benefits of social inclusion, in contrast to the outcomes of social exclusion.

Since APHRC needs to remain neutral (i.e., they cannot lobby directly) they must have well-positioned regional (in addition to national) partners for advocacy. It is therefore critical that the CPSE project connects with organisations that are already active in this space. For example, evidence sharing and dialogue with the African regional chapter of the International Lesbian, Gay, Bisexual, Trans and Intersex Association could ensure that vocal proponents of LGBTQI+ rights on the continent access and use CPSE's evidence to inform decision-makers. A better understanding of how national CSOs are currently interacting with and reporting to regional/sub-regional AU policy-making structures and systems would be helpful.

3.1.8 Major risks affecting CPSE results (EQ8)

The CPSE team faced several risks anticipated by the project's risk register, all of which were mitigated in various ways. Risks included opposition during the EAC SRHR Bill redrafting process; the non-endorsement of research findings by the Ministry of Health in Zambia; and limited capacity to deliver the Rapid Response Service. Unanticipated risks also affected the project's capabilities, including the turnover of staff in partner organisations, and disputes with research partners around issues of data ownership. A major, foundational and ongoing risk has been the contentious nature of the CPSE agenda.
Sources: CPSE Annual Reports 2018-2025; Key informant interviews (EALA, CPSE, EARCN); FGD on Advocacy.

APHRC made good use of the project's risk register to identify, assess, and manage risks associated with CPSE's operations and an analysis of risks was included in most of the project's annual reports. Our analysis suggests that the following major risks affected the project's results.

Opposition to the three CPSE Signature Issues based on religious or African cultural or traditional standpoints. To mitigate this risk, APHRC developed a position statement that sets out the values and rationales that inform and underpin the Center's implementation of the CPSE project, emphasising the Center's stand as a neutral knowledge broker. However, during the process of redrafting the EAC SRHR Bill, counter petitions by citizen and religious leaders continued to avert the cause.
In response, APHRC has mobilised strong alliances with CSOs as advocacy partners (e.g. serving as Chair of the EACPamoja4SRHR Movement which advocates for the EAC SRH Bill), It also implemented publicity campaigns to unpack the contents of the Bill and create awareness in the general public, and monitored opposition moves and statements to inform campaign strategies.

Non-endorsement of findings by relevant stakeholders. To mitigate this risk, APHRC held consultative meetings with critical government, civil society and technical stakeholders in order to forge partnerships relevant to CPSE's program of work. In 2023, however, the HEARD Institute and the local partner (the University of Zambia) notified APHRC that the Ministry of Health, Zambia, had declined the request to disseminate the findings of a study (discussed in more detail under **3.1.9**); in response, APHRC and partners put the dissemination on hold.

Limited internal capacity to implement the project, which could lead to the project failing to deliver outcomes and impact as agreed/promised. The Rapid Response Service is viewed as a valued CPSE investment but in 2022, it was clear that it required more staff capacity to deal with demand and ideally exploration of the potential for expansion beyond CPSE's partners. APHRC dedicated additional staff time towards expanding the Rapid Response Service, which is now envisaged as being institutionalised for the entire Center. Additionally, CPSE experienced shortages of staff with experience working in advocacy and communication in 2021/2022. This may

have delayed completion of a strong advocacy strategy (as recommended by the 2021 Mid-Term Review). A senior advocacy officer and a communications officer were recruited in 2021.

Unanticipated risks include:

- **Turnover of partners.** For example, in Rwanda, a significant number of staff of Health Development Initiative who worked on the study on the lived experiences of LGBTQI+ left the organisation, which slowed the implementation of post-dissemination activities.
- **Partnership disputes around data ownership.** While APHRC's agreements with consultants note that data is jointly owned, a challenge emerged in engagement with the HEARD Institute around data ownership and sharing. In response, the leadership of APHRC engaged the HEARD Institute leadership in finding a resolution.

Notably, the 'contentious' nature of the three focal areas constituted a major risk. Though CPSE's selection of countries and research topics was based on an analysis of potential for policy influence through research, several countries experienced shifts in public opinion over the duration of the project that made the topics more difficult to explore and discuss. Relatedly, the issues themselves may have affected results. Given CPSE's focus, some of the most influential organisations were unwilling to collaborate, limiting CPSE's scope for partnership. For example, ECOWAS stated they would not work to address rights of sexual minorities.

3.1.9 External threats and the project's adaptive responses (EQ9)

Several external changes in the Project context led to effective programming adaptions by the CPSE team. These range from global health threats and geo-political power shifts to anti-rights sentiments and laws in Kenya, Liberia and Zambia, which resulted in changes in the publication and dissemination of CPSE research findings. The notion that the CPSE focus on safe abortion, adolescent SRHR and LGBTQI+ rights constitutes a 'Western' agenda is an ongoing threat in the current climate of national populist ideologies, resulting in a backslide on the gains made by the Maputo Protocol.

Source: CPSE Annual Reports 2018-2025; Ipas 2025, APCF 2025; Key informant interviews (EAC, EACRN, CPSE, UNDP)

As for so many organisations, the COVID-19 pandemic presented a major challenge restricting traveling, in-person contacts including advocacy and policy engagement. Planned activities were halted, postponed, or reprogrammed to take place online. Importantly, the pandemic delayed the finalisation of research studies, a significant hurdle as research findings form the basis of CPSE's policy and advocacy work. Other global threats have affected civil society partners' advocacy work. For example, national leadership attitudes to human rights across the Continent have shifted as China has become an increasingly strong voice in development cooperation; *"A new world order means that conversations around the AU and one continent were pegged on*

certain Western support, but this has dried up and our human-rights based approaches are diminished" (KII: EACRN).

During the period under review, the CPSE team found that research findings are something of a double-edged sword: research findings can be used to advocate for CPSE Signature Issues but they can also be used by opposition groups to advance anti-rights sentiments and laws. In **Kenya**, for example, the Kenya Christian Professionals Forum commissioned an opinion survey in 2020 that showed that 85% of Kenyans oppose abortion and disseminated these findings widely to advocate against the legalisation of abortion. Considering the possibility that findings from the Kenya study on abortion could be misinterpreted such anti-abortion groups, the CPSE team decided to hold off on the publication of a study report. Instead, the team focused on developing manuscripts contextualising public opinion on abortion, offering insights on how program staff and SRHR advocates can use the findings to inform actions to promote access to safe abortion.

Similarly, CPSE research on the lived experiences of LGBTQI+ people could inform efforts to advocate against the Kenya Family Protection Bill 2023 (which includes up to 50 years in prison for non-consensual same-sex acts). However, the findings could also fuel anti-right groups and parliamentarians advocating for the passing of the Bill. This prompted the CPSE team to exercise caution in selecting participants for knowledge sharing events and to hold closed door sessions in venues considered safe by the community.

In **Zambia,** APHRC, the Health Economics and HIV/AIDS Research Division (HEARD) Institute, and the University of Zambia conducted a political economy analysis on abortion. In May 2023, the Zambian Ministry of Health blocked dissemination of the study report on the grounds that abortion is illegal in Zambia. The Ministry's position was that the study was based on information that is not in line the with Pregnancy Termination Act of 1972 and with the Zambian Constitution. Concerns arose that the dissemination could have negatively affected the discussions and negotiations with the Ministry of Justice around the approval of the Termination of Pregnancy Law, which derails the gains that stakeholders in Zambia have made towards improving access to safe abortion services. As a result, the team focused instead on developing peer-reviewed scientific publications.

A change of government in **Liberia** following the national election in 2023 resulted in a shift in the political landscape of the country. This undermined the CPSE team's partnerships and relationships, as they had engaged with previous government officials and the leadership of the Ministry of Health in the abortion incidence study and contributing to discussions on the Public Health Law. However, the team turned the challenge into an opportunity for project implementation, focusing on 'strengthening the capacity of the network of CSOs on how to strategically engage policymakers and conduct advocacy on domestic public funding for SRHR, which helped to keep the

momentum going in advocacy for the Public Health Law [and] building alliances and ties with the newly appointed Ministry of Health leadership' (CPSE, 2025).

An interesting threat that was flagged by the CPSE team from the outset is the widespread perception that international frameworks are informed by 'Western' ideas and have no relevance in African countries. While most respondents contacted during our evaluation recognise this perception, some point out that the notion of 'Western agendas' is a nuanced one. For example, *"LGBTQI+ issues are not generally seen as a western agenda within SADC but it is much more difficult to engage in Francophone Muslim countries; and there are also generational differences: in West African countries we find that it is younger people who are more homophobic, which is the opposite of East Africa, where the older generation more hostile"* (KII: UNDP). Similarly, while the Maputo Protocol is relevant for a wide range of rights for different groups, 'countries have different dynamics [and there is the] need to be cautious of blanketing countries; what works in one country might not work in another' (UNFPA, 2024).

Moreover, the view that CPSE agenda is 'foreign' is somewhat *"ironic"* (KII: UNDP). The recent 2nd Pan-African Conference on Family Values, held in Nairobi in May 2025 was hosted by the African Christian Professionals Forum and financed by the Trump administration, among others. The Conference suggests a backslide on key gains made by the Maputo Protocol (Ipas, 2025). The 'grave concerns' of participants in this forum included:

1. 'The *imposition of values that are inconsistent with African cultures and constitutional frameworks* through development aid conditionalities, trade negotiations, and diplomatic engagement;
2. The *promotion of Comprehensive Sexuality Education in schools*;
3. The *push to normalise gender fluidity and non-biological sexual identities* in law, education, and healthcare, contrary to established biological, cultural, and religious norms;
4. *Normalisation of Abortion as a Right; and*
5. External manipulation of National Legislative processes' (APCF, 2025).

3.2 KEY FINDINGS ON EFFICIENCY

3.2.1 Delays in program implementation (EQ10)

Initial delays due to COVID-19 did not impact CPSE's planned outcomes, since Sida extended the project's timeline to December 2024. Given the level of effort and time required to build partner relationships in three thematic areas, map stakeholders in multiple structures and geographies, and develop consensus around priority research agenda, the initial timeline was overly ambitious. Delays in finalisation of the Advocacy Strategy and staffing attrition and transition in Advocacy positions may have slowed the delivery of advocacy and policy engagement programming. Overall, however, the program operated on schedule with progress towards results and spending on track.

Sources: CPSE Annual Reports for 2020-2024; CPSE Audit reports, Key Informant Interviews (Sida, Sub-regional CSOs, Government Partners); FGD CPSE team.

Major causes of delay during CPSE implementation

In years one and two, most program activities (i.e. research and advocacy) were delayed as the team needed to initiate and strengthen partnerships to create entry points into new spaces that APHRC had not previously worked. Though the team perceived this as a delay, it was rather an underestimation of how long it would take to lay these foundational steps. Indeed, CPSE reported that discussions on common areas of work and development of action plans took longer than expected. Once the CPSE team had invested in developing partnerships, project activities went according to expected timelines.

The CPSE team adapted to the COVID-19 pandemic by focusing on desk-based evidence generation, and by shifting many activities to virtual platforms. During the pandemic, the CPSE team made significant programmatic progress in developing knowledge products from the 2019 research agenda setting up virtual workshop and conducting scoping reviews on the three focus issues. They also worked with in-country partners to conceptualise primary research studies. While the shift to virtual platforms and other necessary COVID accommodations resulted in lower spending, program expenditure and outcomes were back on track beginning in year 3 (2021).

Despite the pandemic, CPSE did not experience significant delays in internal capacity strengthening activities (such as VCAT training for all staff, the Guttmacher Institute training on SRHR communication and abortion research methodologies, rapid reviews, and personal awareness and safety training). Planned capacity strengthening of partners on outcome harvesting was also not delayed significantly.

CPSE experienced several staff transitions, particularly on the advocacy team that slowed program implementation (see **3.2.6**). In 2021, both the senior advocacy officer and communication officer positions were vacant for most of the year. In 2023, the

senior advocacy officer transitioned out after only two years. The team reported ensuring knowledge transfer sessions and production of handover notes during these periods. CPSE also mitigated transitions by maintaining an internal knowledge-sharing platform. However, the absence of senior advocacy staff in particular has affected the systematic budgeting, planning and execution of strategic advocacy activities.

Unintended (positive and negative) consequences of these delays

As was the case globally, COVID 19 had positive and negative consequences for how everyone works. For CPSE, a rapid transition to hybrid meetings and training, and slowed initiation of primary research activities resulted in savings that could be allocated to under-funded areas, like building effective internal systems and platforms for virtual training, or investments in financial management systems. For example, in the initial years when spending was slower than expected, Sida encouraged APHRC to invest in advanced financial software and information technology systems. With Sida's flexibility in reallocation of resources, and APHRC's responsiveness to Sida's guidance, the APHRC team made investments with longer term payoffs.[18]

COVID-19 delays also allowed a slower CPSE start-up, which was needed to develop strong collaborative partnerships and understand new thematic areas, institutions and geographies. Although CPSE was initially designed as a four-year project, six years was a more realistic timeframe in which to achieve measurable results on its ambitious agenda within the original budget parameters.

3.2.2 Internal and external opportunities leveraged to increase efficiency (EQ11)

CPSE leveraged Sida's investment to bring additional resources to SRHR work and cement APHRC's recognition as one of Africa's premier research-to-policy institutions. The project also leveraged opportunities at the country level to support advocacy objectives as well as leveraging APHRC's established global and regional partnerships, investments and systems to increase efficiency.

Sources: CPSE final technical narrative report, CPSE project proposals Phase 1 and 2, KIIs with staff of international, sub-regional and national CSO organisations.

Additional grants leverages to expand work on priority issues

Adolescent SRHR, abortion, and the social exclusion of sexual and gender minorities are focal areas for the SRMNCAH unit in APHRC that 'houses' CPSE. Adolescent SRHR and abortion are also signature issues for APHRC. As such, APHRC has

[18] Strong financial tracking and monitoring systems are valued by all donors and may have contributed to APHRC's ability to efficiently access and manage multiple donor funding streams during a period of rapid growth for APHRC.

continually sought (and received) funds to support research, advocacy and capacity building around these topics.

Between 2018 and 2024, APHRC leveraged CPSE's work to raise an additional USD 8 million through 15 grants that expanded research and policy inputs on critical SRHR issues. This significant funding came from multiple sources and created opportunities to sustain efforts that improve SRHR outcomes in Africa. For example, most recently APHRC received a USD 3.36 million grant from the Gates Foundation (2024-2029) to support research on very young adolescent SRHR, with the National Council for Population and Development and the Ministry of Health in Kenya. APHRC also received USD 872,000 from the Canadian International Development Research Centre (2024-2030) to support APHRC's role as the East and Southern Africa Health and Policy Research Organisation for the 'Addressing Neglected Areas of Sexual and Reproductive Health and Rights in Sub-Saharan Africa' initiative, focused on generating evidence on gender-transformative SRHR interventions.

These additional funds will continue to advance progress on improved SRHR outcomes in Africa and cement APHRC's position as a leading SHRH research institute and policy influencer. CPSE's partnerships will continue to reap dividends in access to national, sub-regional and regional policy spaces that can be mobilised to deploy evidence.

In addition, CPSE made important investments to strengthen APHRC's Virtual Learning Academy and strengthen staff capacities in VCAT, abortion research, and problem-driven political economy analysis in other projects undertaken by APHRC. These investments also increased CPSE's ability to operate efficiently.

Partnerships leveraged and future opportunities

In focal countries like Malawi and Kenya (**Spotlights,** annex **7 and 8**), CPSE tapped committed local partners as entry points and facilitators for research and policy engagement. CPSE did not fund partners directly (i.e., through subgrants), and yet the value of their contributions to CPSE's results is hard to overstate. Partners who were already active in fields provided significant in-kind technical, logistical and administrative support to CPSE's programming. Since CPSE did not have APHRC staff in focal countries, it relied heavily on local individuals with coordination skills and knowledge of existing networks to do things like identify CSOs for training and convene policymakers and influencers with whom they disseminated evidence.

Because partners trusted APHRC and understood the potential of CPSE's work to advance their common purpose, individuals and organisations dedicated time and resources to facilitate CPSE's activities. Local partners co-facilitated training and meetings, booked conference rooms and followed up with participants to confirm that they had received invitations and intended to attend meetings, once the CPSE team would have arrived in the country. CPSE's reporting consistently acknowledged the many local partners with whom they worked to strengthen capacity and influence

policy. Conversations with partners during the evaluation corroborated the many ways local partners were essential to CPSE's efficiency and effectiveness.

Several CSOs also reported that the increased capacity that they gained through collaboration with CPSE allowed them to raise additional resources (primarily donor grants) to continue their SRHR programming and advocacy.

CPSE also leveraged APHRC's reputation in other ways that also contributed to CPSE's efficiency and effectiveness. For example, APHRC is a member of **the Africa Abortion Research Leadership Coalition**, primarily funded by the Guttmacher Institute. This Coalition brought together diverse stakeholders from across the continent to create an African-led coalition to strengthen abortion research and advocacy with a shared vision, objectives, theory of change and governance structures.

There are **future opportunities** for synergies with other APHRC initiatives. CPSE plans to collaborate with the team implementing the **Countdown to 2030 initiative**, where APHRC is a regional initiative lead. This collaboration with universities, ministries of health, and public health institutions in over 20 African countries will generate evidence and strengthen countries' capacity to measure progress towards the SDGs in reproductive, maternal, newborn, child and adolescent health. Leveraging this initiative, CPSE has the opportunity to collaborate on key thematic areas and support additional countries to use CPSE data alongside Countdown to 2030 outputs to advocate for policy change in more countries. For work on climate change and SRHR, CPSE will leverage the newly established, multi-disciplinary **Climate and Health Synergy Group** to identify potential areas of joint activity including research agenda setting and fundraising.

Utilisation of audit reports for efficient financial management

Sida noted that the project provided strong and timely financial reporting. The regional Sida team could easily converse with CPSE's financial officer whenever needed. While Sida initially provided significant financial reporting guidance in the first two years of the project, later this was not needed. The low spending rate at the beginning of the project coincided with the COVID-19 pandemic and was (as indicated earlier) related to the time required to establish partnerships and research agendas. In later years CPSE's spending went according to budget.

The CPSE team had internal mechanisms to routinely review actual spending against planned spending. These included monthly meetings to review progress and scheduled activities, as well as discuss any new opportunities. CPSE also held monthly meetings with the Sida program officer(s) to review finances and programming.

Good internal communication allowed timely adjustments that would have been too late had they relied on an annual audit. When spending was not possible due to stalled progress or delays beyond CPSE's control, the CPSE team shifted resources to seize other opportunities and keep their spending on track. Sida encouraged this flexibility

and recognised the inherently difficult work that CPSE was doing, especially noting the complexity of regional work compared to country level work. Sida considers APHRC an excellent partner for their transparency, responsiveness, strong financial reporting and results.

3.2.3 Efficiency in tracking results (EQ12)

The current CPSE Monitoring, evaluation and learning (MEL) system is weak in terms of design and use of key performance indicators to capture results. This has led to a heavy reliance on narrative reporting and a reliance on outcome harvesting - which complements but is not the same thing as project monitoring -as the main vehicle for learning and adaptation. During CPSE 2.0 various measures have been proposed to strengthen the MEL system, and shed light on where APHRC, Sida and others should prioritise additional investments to achieve ambitious domestication goals.

Sources: CPSE final technical narrative report, CPSE Annual Reports (2020-2023), CPSE MTA report, CPSE project proposals for Phase 1 and 2, CPSE outcome harvesting reports, Results Tracker and FGDs with CPSE staff.

Strengths and weaknesses of CPSE's MEL

Given multi-level contexts that are uncertain, unpredictable and constantly evolving (discussed in **Chapter 2** and **Chapter 4**), a MEL approach that captures and makes sense of how the project is learning, adapting and contributing to meaningful change is critical. The CPSE team recognises the value of learning from reflection, and then adapting subsequent strategies based on the learning. The team has made efforts to document shifts in complex field environments and tracking progress across multiple studies, emphasising the importance of adaptive management and continuous monitoring through outcome harvesting sessions. They recognise, however, that additional close monitoring is required to identify new policy windows and strategic partnerships; *"we have focused on strengthening our internal monitoring and evaluation capacities – we are building the boat as we are sailing it"* (FGD on MEL).

Four of CPSE's core team of 12 staff participated in a training workshop on results-based management and adaptive management organised by Sida as part of its MEL support for development partners. Sida offered this training support after CPSE's mid-term assessment (NIRAS, 2021) recommended improvements to the MEL system. MEL training has contributed to a system which CPSE staff at all levels use. The project's results framework serves as the foundation to determine potential outcomes of activities linking each activity to specific targets and intended impacts. For example, the team tracks and documents outcomes from activities like conferences and dissemination to ensure accountability and measure the project's contribution to change.

The team's Learning Questions centre on strengthening core research and advocacy capacities, enhancing skills in abortion incidence measurement, and improving stakeholder engagement, with ongoing work to measure impact; *"learning is a focus*

for the team" (FGD on MEL). The entire CPSE team meets monthly to review progress against the annual plan and spending against the budget. All staff participate in discussions about achievements as well as any adaptations that may be required. For example, if an activity was delayed or progress stalled due to issues outside CPSE's control, this was discussed and solutions identified.
This said, we note several shortfalls in the design and implementation of performance monitoring and learning, as outlined below.

1. The project's MEL relies heavily on a Results Tracker, which serves as the CPSE monitoring plan. The Results Tracker also includes a table of knowledge products produced by year (Appendix 1 of the Results Tracker), suggesting that the Tracker doubles as a knowledge management tool.
2. The Results Tracker includes range of useful quantitative key performance indicators. However, the key performance indicators do not have a baseline and annual targets and cannot therefore be used to track CPSE's performance. Moreover, the sources of data for the indicators are restricted to documentary evidence and no mention of project monitoring instruments as source of data to track indicator performance (see **Annex 13**). Indeed, we found no evidence of data collection tools for routine project monitoring.
3. As a result of the above, the CPSE team have relied heavily on extremely detailed narrative reporting which includes insightful analysis but presents a haphazard picture of project performance (as mentioned under section 1.3).
4. It is also not clear how the 'action-reflection-learning-adaptation sequence' referred to in the Project Phase 1 proposal actually took place beyond annual outcome harvesting sessions.

In the second phase of the project, the CPSE team intends to continue using the Results Tracker to monitor project performance but has also proposed to address these shortfalls, specifically (i) designing tools for monitoring results; (ii) producing relevant project monitoring reports; and (iii) holding fortnightly internal meetings and monthly meetings with the Sida program officer to review project progress, challenges and opportunities. In CSPE 2.0, the CPSE team also intends to engage more actively with APHRC's MEL unit, which will, for example, support the CPSE team to plan and facilitate mid-year pause-and-reflect sessions.

3.2.4 Efficient implementation of outcome harvesting (EQ13)

CPSE consistently applied outcome harvesting throughout the project. CPSE's annual reports indicated that some of the interpretation and synthesis of qualitative data may have been skipped and could have been useful in adapting project strategies and/or identifying gaps in progress. A key question for consideration moving forward is which additional tools would be most feasible, acceptable and efficient in providing a more complete picture of CPSE 2.0's results for the remainder of the project.

Sources: CPSE final technical narrative report, CPSE Annual Reports (2020 - 2023), CPSE MTA report, CPSE project proposals -Phase 1 and 2, CPSE outcome harvesting reports, Results Tracker and FGDs with CPSE staff.

Outcome harvesting can be a highly efficient tool for monitoring project results, especially in complex projects like CPSE where outcomes are not necessarily linear. Experts generally recognise outcome harvesting as particularly efficient in policy advocacy, governance, and systems-change work. Outcome harvesting asks: 'what has changed (CPSE "outcomes") and working backwards, what harvested evidence determines whether and how an intervention has contributed to these changes?'

From the project's inception, outcome harvesting was intentionally designed to track complex outcomes like behaviour change and policy shifts, involving both internal capacity building and collaborative partner engagement. CPSE began using outcome harvesting systematically in 2021 and invested in training its entire team on outcome harvesting with the support of Southern Hemisphere, a South Africa-based consultancy firm. CPSE institutionalised annual outcome harvesting workshops for its staff and partners and developed an outcome harvesting tool for routine documentation use. The CPSE team used findings from annual outcome harvesting workshops as a starting point for work planning and for adjusting focus in order to address areas that did not show progress. CPSE staff and stakeholders who participated in outcome harvesting reported that it was an important learning activity. Outcome harvesting was conducted in participatory workshops involving partners. This resulted in also strengthening local partners' capacities for analysis of their collective work and often motivated them to focus on achieving further results.

The CPSE team clearly tied harvested outcomes to the results framework. Even when outcomes did not link to specific Learning Questions, the outcome harvesting process was useful to the team and to tracking the project's progress to the results framework. CPSE staff understand the importance of documenting both outcomes and processes in their work. The team has also highlighted the need to better document the processes leading to outcomes, referencing feedback from their recent annual review and a case study written by a CPSE staff member. Internal outcome harvesting sessions and quarterly reporting processes helped the team reflect on challenges and learn from each other's experiences.

CPSE staff did not mention drawbacks of outcome harvesting. They greatly value capturing lessons learned from various stakeholders using this tool, finding it useful and efficient in tracking project results. However, our analysis across the evaluation questions suggests a number of potential issues in using outcome harvesting:

- It may provide an incomplete picture of project performance in terms of progress towards higher-level results;
- It is somewhat resource intensive. In CPSE's case, outcome harvesting workshops required convening stakeholders in a central place (traveling to/from Nairobi for example), significant time of skilled facilitators, and extensive documentation;
- Analysing the results of outcome harvesting is not quick or simple. Review of the outcome harvesting reports and tables included in CPSE's annual reports indicated that some of the interpretation and synthesis of qualitative data may have been skipped and could have been useful in adapting project strategies and/or identifying gaps in progress;
- Participants (partners and CPSE staff) may feel compelled to surface "positive" results annually to show success. CPSE staff reported to the evaluation team that this was not a real concern since they also reflected on negative changes during outcome harvesting sessions. However, it did not become clear how, for example, the CPSE team validated results claims, which is an essential step in outcome harvesting.

Underpinning the above is the uncertain relationship between outcome harvesting as a method tracking results and routine project monitoring of key performance indicators.

3.2.5 Efficiency of the knowledge management process (EQ14)

Stakeholders overwhelmingly appreciate CPSE's knowledge products, especially 'simplified and easy-to-understand' study findings that have been presented during research disseminations and conferences. However, the project lacked a knowledge management strategy to guide the process and annual workplans did not include knowledge management activities. There is no evidence that audience segmentation (e.g. targeting youth, local policymakers, CSO programmers, researchers) was considered in defining and designing knowledge products. It is unclear to what extend the project took advantage of software for testing messages for various audiences and/or Artificial Intelligence to support efficient tailoring and tracking of knowledge products, especially social media inputs and outputs. Informants of the evaluation suggested that APHRC's well-used online platform and all knowledge products could benefit from adding recommended actions that users can take to advance use of research and policy change.

Sources: CPSE annual reports, policy briefs, research publications and fact sheets; KIIs with regional sub-regional partners and local CSOs.

CPSE produced a wealth of knowledge products as documented in annual reports, summarised in CPSE's Final Technical Report (APHRC, 2025) and shared on APHRC's website. CPSE 2.0 has a dedicated staff member who oversees knowledge management functions (in addition to responsibilities for advocacy). This is a new function in the project, although a communication officer joined the CPSE team in 2022.

The users have appreciated CPSE's knowledge products. Cumulative data on the reach of knowledge products (reported as 'research impact') was documented through views and reads of research on the APHRC website. CPSE has also reported citations of research by others in peer reviewed literature, which may be considered a proxy for the usefulness of knowledge products. Reported interactions through tweets appeared low. However, such interactions are difficult to assess without investing in software that scans social media for conversations and hashtags.

An effective knowledge management process needs to include a feedback loop to understand the relevance, quality and timeliness of all products. Insights and feedback are important to refine future knowledge product development. However, CPSE did not share evidence of a documented process for routinely gathering feedback and learning around knowledge products. Typically, product creators collect user feedback and document instances of how a product was used, if possible. They also track influence on policy or practice where possible, which CPSE does through citations of their research in peer reviewed literature, for example.

The stated objective of APHRC's internal knowledge management and learning platform is to capture and use staff knowledge systematically and routinely to improve

the quality of the Center's knowledge products (source: website description). An essential component of good knowledge management planning is working directly with users to understand what they need, what formats are most useful and how they are using CPSE's products to achieve the project's aims.

It is unclear whether or not CPSE 2.0 will have easy access to knowledge management skills through the broader APHRC staff. Moreover, thus far the CPSE team lacks a clear planning approach for the knowledge management process which is important particularly if there are new or changing audiences during the second phase of the project.

CPSE's mandate was extremely ambitious given its budget and time parameters. The project operated with a smaller than initially envisioned staff, but the final composition of the project team was appropriate for the proposed results with the notable exception of a dedicated knowledge translation, advocacy and monitoring and evaluation position. In the early year, resource allocated to policy analysis and engagement at sub-regional and regional levels were insufficient to map how these structures and systems could be optimally used and influenced for greater SRHR policy domestication. Staff leadership responsibilities and transitions around key functions within the team (particularly MEL and policy/advocacy) have hampered progress early in the project and again in the final two years.

Sources: CPSE final technical narrative report, CPSE Annual Reports (2020 - 2023), CPSE mid-term assessment report, CPSE Phase 1 and 2 project proposals, CPSE outcome harvesting reports, Results Tracker, KIIs with sub-regional CSOs, and FGDs with Sida and CPSE staff.

3.2.6 Efficiency of staffing set up and adequacy of budget (EQ 15)

Sufficiency of available financial resources in view of the project's scope

The project was set up efficiently in terms of budget, in that it was in line with APHRC's planned activities. Of total direct spending on the project's three Pillars, research consumed the largest portion of non-staff project resources (43%). Second was advocacy (37%), and last was capacity strengthening (19%). CPSE's original budget allocated roughly equal funding to each of the Pillars (not including staffing). Given Sida's requirement for a regional approach, the project's strategic decision to select two focus countries for research on each thematic area was necessary. This strategy increased the feasibility of generating relevant evidence within the project timeframe, especially given the contentious research areas.

During project start-up, CPSE dedicated sufficient financial resources and staff to creating research agendas as well as generating the evidence. There is no evidence, however, that CPSE allocated sufficient financial (and human) resources to regional and sub-regional policy analysis in the first two years. Staff turnover in CPSE's policy engagement functions was likely the biggest adverse factor, as discussed below.

Additional resources may have been helpful in identifying facilitators and barriers to advancing SRHR policy domestication at sub/regional level.

Sufficiency of available human resources

An analysis of CPSE's proposed budget versus actual expenditures from annual audit reports shows that the project's largest line-item expense was staffing (see **Annex 14**). Since staff planned and executed all programming directly (CPSE did not provide subgrants to partners to conduct research, for example) this is not unusual for a technical assistance project.

CPSE originally planned to have a full-time MEL position. However, in the first year the project decided to include MEL responsibilities in all staff positions instead. The primary reason for this switch was difficulties in identifying and hiring a locally available monitoring and evaluation expert. The team believed this approach worked well, particularly because they had fully dedicated staff (working on CPSE only, not working on multiple APHRC projects) and these staff understood both CPSE activities and monitoring and evaluation requirements. With hindsight, this decision likely contributed to insufficient attention to the project's MEL plan and systems. The team has faced challenges, noting that the project's focus on advocacy and research required a different monitoring and evaluation strategy than in 'standard projects', as they learned during the first year. Although they continued to struggle, they stuck with this staffing structure.

The mid-term assessment (NIRAS, 2021) noted the need for more attention to strengthening CPSE's MEL systems and specifically recommended a comprehensive MEL system and tools be applied to track CPSE-specific inputs, outputs and eventual outcomes. At this point Sida also supported the team with training in results-based management. The team also tried to strengthen MEL with a more consistent application of outcome harvesting and use of the Results Tracker (see EQ 12 and 13 for more discussion of MEL). However, absence of strategic leadership for the project's MEL, in the form of a full-time MEL position likely led to insufficient support and the continuing lack of data collection tools (beyond outcome harvesting workshops).

Recognising the increased need for advocacy, policy engagement and knowledge management tasks in the last two years of the project, efforts were made to address this increased demand, within the limited available resources, with the addition of an extra three staff members (two communications and one policy specialist), although these staff additions only partially addressed the existing gaps to manage the existing workload within the multiple partnerships

Due to limited resources to hire additional advocacy/partnership staff, research staff also engaged in and co-worked with advocacy experts to manage partnerships and influence connections at all levels. However, how this pragmatic cadre staff mix approach may have impacted or accelerated the overall project engagement efforts was

not clear to provide lessons for the next phase. A formali sed approach of this cadre synergy could provide lessons for the next phase.

Changes in staffing and management over the course of the project

The total core staff began as a team of ten. In 2024, the core team included 13 positions. All staff are based in Nairobi. It is not evident from available project documents whether additional APHRC staff provided surge support during Phase 1. CSO partner staff provided in-kind support for many aspects of country level programming (see EQ: 10). Analysis of audit reports indicated that CPSE did not fund sub-awards to any organisations.

CPSE experienced many more extended vacancies and transitions among senior policy and advocacy staff than among research staff. At the end of 2020 the original policy officer left. This position was filled in the first half of 2021 with added responsibilities to oversee CPSE partnerships in the EAC region and coordinate policy engagement at regional and national levels. The staff member also supported capacity strengthening, knowledge translation and policy analysis. In late 2021 a senior advocacy officer joined to coordinate advocacy and policy engagement partnerships in West Africa and at the continental level, as well as support capacity strengthening and knowledge translation activities. This position became vacant in 2023.

Other key positions added to the core team included a communications officer (2022) and a communications assistant (2024). While the head of the Advocacy Unit left CPSE in 2025, two new staff, a senior policy officer and a senior advocacy officer, joined in the same year.

CPSE management reporting lines are not entirely clear. How the team assigns lead responsibility among staff whose responsibilities/accountabilities seem to overlap and be mutually dependent is also not clear. Staff necessarily wear multiple hats. The mid-term assessment (NIRAS 2021) recommended that CPSE develop a more explicitly defined team management structure to support achievement of results. This recommendation has not however been prioritised by the CPSE team.

Moving forward CPSE plans to engage more with APHRC's new MEL Unit for 'pause-and-reflect sessions'. The CPSE team may explore if and how additional APHRC staff can support their theme-specific partnership development and policy engagement. Undoubtedly multiple APHRC staff interact with the same organisations at various levels (particularly regional and sub-regional).

3.3 KEY FINDINGS ON SUSTAINABILITY

3.3.1 Which approaches are scalable (EQ16)

Respondents across the board agree that APHRC's overall strength in contributing to sustainable change lies in producing evidence, particularly making statistical and qualitative data accessible to decision-makers. Examples of specific interventions that worked well and which may be maintained, expanded and/or replicated in other geographies include participating in research agenda-setting; strengthening the capacities of media to engage in evidence-informed advocacy; and engaging religious leaders, an entry point to address persistent policy blocks.

Sources: CPSE Annual Reports 2018-2024; KIIs with the EAC, SADC-PF, EACRN, Ipas, UNDP, and Sida; FGD on Policy engagement.

Promising developments

Respondents across all CPSE stakeholder groups informed the evaluation team that APHRC's strength lies in evidence generation: as an Africa-led organisation with a solid track record, *"APHRC's strength is in research, it is very important that they share information on key topical issues"* (KII: EACRN). For example, while the EAC organs set a sub-regional agenda to promote harmonised approaches, it is the Member States that choose the focus. In this context, *"the domestication of laws depends on countries' buy-in – so we need to share the raw statistics on SRHR"* (KII: EAC). Likewise, in Southern Africa, *"our members of parliament come from different backgrounds and education levels; my plea and my prayer is to that APHRC will continue to help them understand disaggregated baseline data"* (KII: SADC-PF).

Evidence also points to a number of specific interventions that worked well and which could be taken forward. Examples are provided below.

1. Participating in research agenda-setting. Research-agenda-setting is an important entry-point for deepening partnerships. At the close of the first phase of the project, CPSE team members contributed to an interesting range of interventions to set research agendas, influencing research priorities and identifying knowledge gaps. These included participating in the following:

- A research priority-setting exercise on the *SRHR of very young adolescents*, building on recommendations in a supplement of the Journal of Adolescent Health that included an article authored by APHRC staff and partners from the Johns Hopkins Bloomberg School of Public Health and Karolinska Institute;
- A workshop on *'Improving measurement of abortion incidence and safety:* Innovations in methodology and recent empirical studies';
- A workshop on improving the measurement of intention to use family planning and contraceptives, convened by the Gates Foundation;
- A study led by the International Center for Research on Women, 'Setting the Research Agenda *on SRHR and Women's Economic Security and Inclusion* in East Africa'.

Relatedly, potential linkages can be made between future political economy analyses (PEA) and the situation analyses UNDP conducts in new partner countries. Also of interest to respondents is the prospect of a regional policy review/context analysis; *"I hope they reach out to us to co-create this agenda"* (KII: UNDP). Indeed, such a regional policy review/context analysis conducted by APHRC may learn from the Gender is my Agenda Campaign (GIMAC) Network's mapping of the policy platforms for gender equality and women's empowerment that are managed by the Women, Gender and Youth Directorate of the African Union (AU), and their integration into the AU's decision-making processes (GIMAC, 2018).

2. Strengthening media engagement in advocacy. Strengthening the capacities of media personnel has been particularly effective in influencing decision-makers on sensitive SRHR issues. In Burkina Faso, Kenya, Liberia, Malawi, Rwanda and Sierra Leone, the CPSE team engaged media personnel, particularly SRHR journalists and editors, on accurate SRHR reporting to influence public opinions and persuade policymakers to adopt SRHR policies using evidence. As we report under EQ17 (see the next section), these engagements have been particularly effective in terms of shifting the social discourse on abortion in Liberia and Sierra Leone, the rights of adolescent mothers in Malawi, SRHR issues in Kenya, and LGBTQI+ rights in Rwanda. In addition, they have influenced progressive legislation in Liberia and Sierra Leone. Such engagements have also strengthened collaboration between the media and CSOs, resulting in improved reporting and communication of SRHR issues; 'after going through the training on digital media advocacy by the APHRC team, we leveraged our newly acquired skills on social media, which attracted a funder who financed our work.' (CSO in Sierra Leone, cited in CPSE, 2023).

Following capacity strengthening workshops with the media, 15 media outlets in Kenya, 4 media outlets in Liberia, and 3 media outlets in Sierra Leone cited CPSE research findings, published articles citing the results of the study of incidence of abortion and severity of complications study and referred to the study on the radio. Likewise, as a result of media advocacy capacity strengthening in Rwanda, journalists played a key role in community dialogues and post-dissemination activities for the study on the lived experiences of LGBTQI+ people and public perceptions of sexual and gender minorities in that country.

3. Engaging religious leaders as an entry point to address persistent policy blocks. Respondents from diverse stakeholder groups have underlined the importance of working with religious institutions as these often obstruct decision-makers from passing legislation. For instance, "*a coalition of all faith leaders were part of the Bill process but the Catholic Association of Medical Doctors in Kenya never came on board and it is they who have the ear of the Ministry"* (KII: EAC).

Evidence also underlines the importance of bringing together diverse stakeholders, as in Rwanda (see **Box 5**).

Box 5. Recommendations from the study of LGBT people's lived experiences and public perceptions of sexual and gender minorities in Rwanda.

1. Government and civil society organisations should conduct awareness campaigns among LGBT people to ensure that they know their human rights and legal protections available to them, as well as LGBT-related policies.
2. Government and civil society organisations should implement programs that raise community awareness about LGBT people and which foster acceptance of gender and sexual diversity through:
    - Community dialogues, which bring together LGBT and non-LGBT people for open discussions as these can be a viable pathway to creating awareness.
    - Trained community leaders (e.g., religious leaders) who would facilitate such dialogue sessions. It would be essential to identify strategies that frame LGBT people's rights which resonate with the local citizenry when implementing such programs.
3. Government and civil society organisations should provide training on human rights to healthcare workers, law-enforcement officers, members of the media and education sectors, judges and lawyers. Such training would include the rights of LGBT people to access services.
4. Involve faith leaders in influencing community perceptions of LGBT people. It will be necessary to conduct awareness campaigns among faith leaders on the inclusion of LGBT people.
5. Advocate for, enact and implement comprehensive anti-discrimination legislation and policies that address all forms of direct and indirect discrimination including sexual orientation and gender identity. This should be supplemented with capacity strengthening of law enforcement officials to implement and monitor these laws and policies in an accountable manner.

Source: APHRC and HDI, 2022

In **Liberia**, religious leaders and CSOs participated in the Senate Joint Public Hearing on the proposed Public Health Law of Liberia in May 2023. This engagement helped to mitigate a key barrier to abortion-related advocacy, amplifying the need for safe abortion policies and laws and contributed to an accelerated process of reforming restrictive abortion laws.

In **Kenya**, APHRC engaged select religious leaders in in-depth conversations on strategic advocacy initiatives for the rights of sexual and gender minorities, alongside knowledge-sharing sessions based on study findings on the lived experiences, public views and perceptions and a political economy analysis (PEA) on the social exclusion of LGBTQI+ people; 'These things are real; as a pastor, I am grateful to God that I got a chance to meet LGBTQ people […] I did not believe they were real people until I attended this conference' (local pastor cited in CPSE, 2024). In July 2023, the participation of religious leaders, local leaders, healthcare providers, law enforcement officers from Mombasa, Nairobi, Kisumu, and Uasin Gishu Counties in workshops

held to validate the LGBTQI+ studies in Kenya demonstrated a positive change in their attitude toward LGBTQI+ community.

In **Malawi**, in a meeting convened by the SRHR Africa Trust Malawi and APHRC, religious leaders joined research institutions, CSOs, SRHR advocates, healthcare providers, adolescent and youth organisations, and women organisations in a stakeholder dialogue to discuss SRHR issues and share best practices in non-state and state-led SRHR interventions.

Traditional leaders, alongside government officials from key line ministries, committed to continuously engage in efforts to address unintended pregnancies and supporting the SRHR agenda. Also in Malawi, members of the Coalition for the Prevention of Unsafe Abortion in Malawi developed a communication strategy on unsafe abortion, targeting traditional and religious leaders' influence in the passing of the Termination of Pregnancy Bill in parliament.

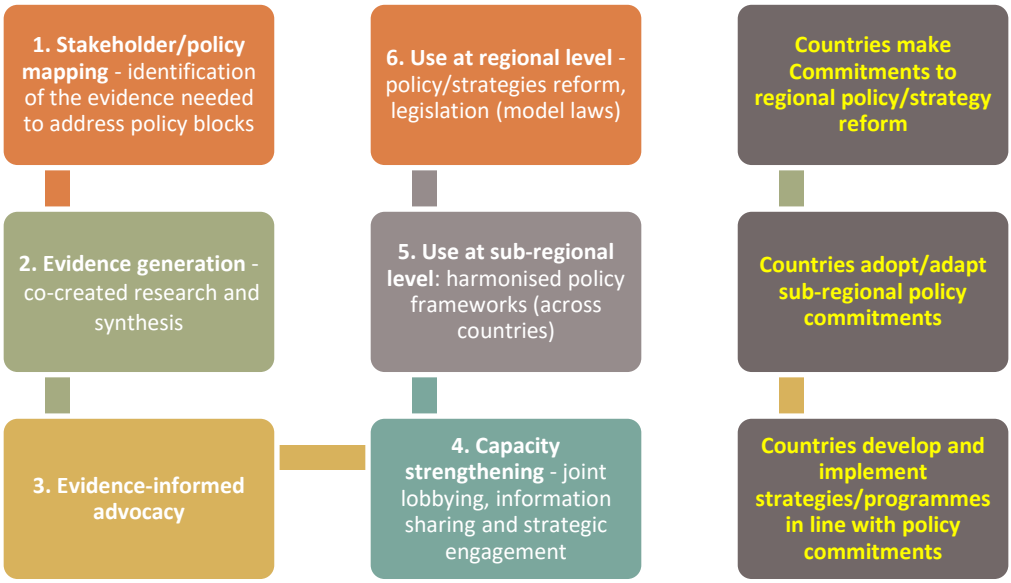
APHRC participated in the 'High-Level Dialogue on Population Dynamics and Demographic Dividends' meeting, convened by **the All-Africa Conference of Churches** in Addis Ababa, Ethiopia. This offered an opportunity for faith leaders from 26 African countries and multiple denominations engaged to bridge sociological and theological perspectives on SRHR, family planning, and gender equality.

In the words of one participant, *'we needed this important information to kickstart our discussions, [making it] clear at the outset that faith and science need to work together for the achievement of sustainable families for sustainable population growth and development'* (Director, Gender and Women All, Africa Conference of Churches, cited in CPSE, 2024).

Shortfalls in strategic and operational planning

'Scaling' is broadly understood as the process of increasing the reach and impact of *sustainable change*. 'Sustainable change' in the CPSE context is best described as the evidence-informed domestication of regional and/or international policy and legislation within the Sub-Saharan African region. However, at various stages of the evaluation process, the evaluation team was wondering: *what does evidence informed decision-making (EIDM) really mean, particularly in terms of policy 'domestication'?* To answer this question, we drew on evaluation findings to deconstruct the EIDM model (i.e., reducing it into its constituent parts) in order reconstruct it and draw further insights. As **Figure 3** below illustrates, the EIDM process entails six inter-related approach/interventions areas.

Figure 3 The EIDM model



The above approaches correspond to the three CPSE Pillars: (i) identifying policy blocks; (ii) generating the evidence needed to address those policy blocks; (iii) conducting evidence-informed advocacy (iv) building capacities to promote evidence-based policy change; (v) harmonised policy/legislative change at sub-regional level; (vi) policy and legislative change at regional level. In sum, EIDM can be seen as a series of *incremental steps to be taken over time.* It should be noted that the *translation of policy intent into actions* to promote greater access to essential services and advance human rights is the critical 'last mile' on this route of EIDM (text highlighted in yellow in Figure 3).

3.3.2 Evidence of shifts in discourse at societal and policy level (EQ17)

As mentioned in the inception report, it is beyond the scope of this evaluation to assess change at societal level. During CPSE 1.0, small, incremental changes have taken place in policy discourse on CPSE Signature Issues at regional and sub-regional levels, with more positive changes observed across the Project's target countries. However, such behavioural shifts at policy level are determined by a range the contextual factors, which are beyond the control of the CPSE team. While APHRC's move to embrace a 'systems-thinking' approach is a step forward, recognising the 'big picture' context of EIDM (see Chapter 2 and Chapter 4), the implications of this step for the CPSE 2.0 project are unclear.

Source: CPSE Annual Reports for 2022-2024, Goldman & Pabari, 2021, APHRC 2022; KIIs with CPSE team, EAC, APHRC leadership, Ipas, and Sida).

Progress towards longer-term outcomes.

One of the CPSE project's long-term outcomes is 'Regional, sub-regional, or national-level decision-makers shift behaviours, plans, or perspectives, toward advancing policy commitments in the three focal areas [including social exclusion of disadvantaged groups]'. Considering this desired outcome, it is important to bear in mind that *"policy change is non-linear, gradual, and incremental"* (KII: CPSE). Myths abound, misconceptions thrive, and misinformation is rife in the CPSE priority areas of adolescent SRHR, safe abortion, and inclusion of LGBTQI+ people. However, 'real change happens when evidence-based advocacy challenges prevailing myths and decision-makers embrace new perspectives and act'. The CPSE team reports that they are '*beginning to see* some positive changes that point toward a shift in decision-makers' attitudes, behaviours, and plans on advancing commitments in SRHR issues [italics added]' (CPSE, 2022 and CPSE, 2024).

At **regional level**, We found limited evidence of change at regional level, primarily due to challenges in finding entry-points for engagement with decision makers at this policy level.. One example is the endorsement of a statement on decriminalising abortion by the ACHPR Special Rapporteur for Women's Rights in Africa, and its publication on the ACHPR website.

At **sub-regional level**, the evaluation's respondents confirm documentary evidence that although the **EAC SRHR Bill** on abortion still faces challenges, parliamentarians showed their willingness to debate and requested APHRC to provide evidence. *"Decisions are made by consensus and we are seeing some behavioural shifts but still SRHR is still a huge challenge; East African regional perspectives on SRHR are "a mixed bag – the winds keep shifting depending on who's voice in which country is loudest at the time"* (KII: EAC).

Interestingly, SRHR terminology presents an arguably neglected barrier to domestication: *"Leaders fear to address sexual rights because they confuse adolescent SRHR with LGBTQI+ so it's important that the term 'comprehensive sexuality education' is clarified – it is vague"*; for example, *"'life skills' is more acceptable than 'comprehensive sexuality education'"* (KII: EAC).

Over 30 **capacity-strengthening sessions for SADC-PF** (including members of parliament, staff of the 16 parliaments and researchers) covering topics such as SRHR in the SADC region, media advocacy and engagement, grant writing, evidence synthesis and translation into policy-relevant products tailored for parliamentarians. Following these sessions, parliamentarians and parliamentary staff reported having gained more skills in advocating SRHR issues in the region, communicating policies, and influencing public opinions through various platforms, including social media; *"we were able to boost our evidence-informed domestication, particularly in aligning the language of model laws with the Member States' constitutional context"* (KII: SADC-PF).

Progress towards the CPSE project's long-term outcome is most evident at **national level**, where shifts in institutional as well as individual behaviours[19] , is evidenced by the following results.

In **Kenya**, the team has contributed to progress towards the CPSE's longer-term outcomes in several ways, Dialogues on the elimination of discrimination and exclusion against LGBTQI+ people in Africa led to increased awareness within the community on the importance of inclusivity and equitable access to healthcare services for LGBTQI+ people. Supported by APHRC, Kilifi County has developed the Reproductive, Maternal, Neonatal, Child, and Adolescent Health Bill of 2024. In addition, following training provided by the CPSE team, health care providers are now making referrals for comprehensive abortion services. The Kasarani Sub-County (Nairobi County) Directorate of Education has committed to implementing the National Guideline for School Re-entry in Early Learning and Basic Education (2020). Following training in managing a mobile phone app (the Rada app), university students in Kenya are able to enhance access to SRHR information and services.

In **Liberia**, buttressed by efforts by the Ministry of Health Liberia and the Clinton Health Access Initiative, the capacity-building of CSOs and the media in evidence-informed advocacy on abortion in Liberia contributed to the passing of the Liberia Public Health Bill by the House of Representatives in 2022 (currently pending concurrence in the Senate).

In **Malawi**, following a training in values clarification and attitude transformation (VCAT) tin November 2022, led to health surveillance assistants in Blantyre being able to speak openly with their communities on sensitive SRHR issues. Cascading the training, trainees facilitated a 12-month life skills training intervention for adolescent mothers in Blantyre under the PROMOTE project. Likewise, following a 2023 VCAT training in **Burkina Faso** during which findings from the study on the lived experiences of pregnant and parenting adolescents were shared, community health workers reported a shift in their attitudes towards contentious SRHR issues. This is evidenced by the life-skills training they now provide for adolescent mothers.

Collaborating with the Health Development Initiative in **Rwanda**, the CPSE team shared study findings during stakeholder dialogues and community discussions focused on sexual and gender minority issues, as well as during training in evidence-informed advocacy.

[19] 'Small wins' at an individual level may gradually change discourse at the community level over time: two mothers of LGBTQI+ individuals in Rwanda shared how participation in community dialogues transformed their perspectives; they gained a deeper understanding of their children's identities, learning that being gay does not make someone 'abnormal' (CPSE, 2024).

Reportedly, healthcare providers have demonstrated greater acceptance of the LGBTQI+ community, security personnel have been more supportive and approachable, and participants reported feeling more confident in advocating against injustices. In September 2024, the New Times media house, one of the largest media in Rwanda, covered LGBTQI+ issues through print media and a podcast, which referenced the study on the lived experience of LGBTQI+. This is a significant departure from the past where media organisations shied away from covering such issues.

In **Sierra Leone** following training by the CPSE team, the People's Alliance for Reproductive Health and Advocacy, developed and implemented an advocacy strategy and a communication plan to champion the Safe Motherhood Bill. The Inter-religious Council pledged to support the Bill, but only if it includes provisions allowing abortion in cases of rape, incest, or when the mother's life is in danger. This position reflects an effort to balance religious perspectives with considerations for women's health and well-being. In 2022, Sierra Leone's president announced that the cabinet had approved a memorandum on the Bill, sending a strong message of support as the Bill moves from the cabinet to the members of parliament and public participation.

Behavioural shifts at policy level depend on a conducive environment

Our initial analysis during the evaluation's inception phase flagged the issue that various challenges to evidence-based policy-making in Africa are underpinned by diverse contextual factors. Under EQ8 and EQ9, we discussed the risks and external threats that affected project performance, including geo-political power shifts and opposition to the three CPSE Signature Issues based on religious or traditional socio-cultural norms. It is critical that external 'catalytic factors' as well as internal influencers are taken into account, when reflecting on the behavioural shifts outlined above. Such external and internal influencing factors also inform several assumptions behind the pathways of change in the CPSE Theory of Change (see Chapter 4).

Moreover, evidence suggests that the CPSE Signature Issues are themselves context-sensitive. The landscape of LGBTQI+ rights advocacy in the Africa region, for example, is 'volatile, uncertain, complex, and evolving' (CPSE, 2025). On the one hand, the High Court in **Namibia** annulled the colonial-era sodomy laws, decriminalising same-sex relations, a move that has since received increased opposition and a rise in hate crimes against LGBTQI+ individuals in Namibia. On the other hand, during the period under review, the CPSE team witnessed an increase in anti-LGBTQI+ movements and laws in the African region. These include the enactment of an anti-homosexuality law in **Uganda** in May 2023; a similar bill introduced in the **Ghana** Parliament in 2021; legislation in **Mali** criminalising homosexuality, passed by the Transitional National Council in October 2024.

A 'systems-thinking' approach

In APHRC's Strategy for 2022-2026 we note the pivot to a 'systems-thinking approach'. This new direction is an acknowledgement that external and internal threats and risks can determine the performance (or lack of) of projects such as CPSE.

Generally, 'systems-thinking' moves away from a focus on the individual parts of a system and takes instead a 'big picture' approach. APHRC describes a systems-thinking approach as moving beyond research as the main lever of change, to consider all the systems (political, economic, financial, knowledge, social-cultural) in the **research and development (R&D) ecosystem** in Africa (APHRC, 2022). However, the implications of such an approach for the CPSE project are not clear; *"what is the R&D ecosystem they are talking about?"* (KII: Sida).

Evidence suggests that many components are needed to make the overall ecosystem work. For example, one component is: ***'knowledge broker roles'*** (Goldman and Pabari, 2021). This entails 'developing models and prototypes for linking academic institutions with policy actors for mutual learning'; the Community of Practice in which the CPSE participated (see EQ4) is a good example of such a model (APHRC 2022).

Another component is ***'building capacity to both supply and use evidence'*** (Goldman and Pabari, 2021). The APHRC Strategy places a lot of emphasis on this component of the ecosystem, listing several measures including the institutionalisation of existing capacity-strengthening interventions, such as the Center's Virtual Learning Academy (APHRC 2022).

However, the Strategy does not clarify how APHRC might engage in other R&D ecosystem components: ***'resourcing the system'*** and ***'managing the system overall'*** (Goldman and Pabari, 2021). Nor does it recognise the key component ***'building relationships between evidence suppliers and users'*** (Goldman and Pabari, 2021). As we discuss in our Theory of Change analysis in **Chapter 4**, the synergies between partners involved in the production, translation, and use of evidence – i.e., the formal and informal linkages and interactions between different actors (and their capacities and resources) – are critical in *understanding the interconnectedness of elements within a system and how they influence each other.*

3.3.3 Likely uptake of CPSE approaches in partner organisations (EQ18)

Continued partnerships are considered critical by research partners and advocacy stakeholders as well as by partners engaged in the policy and legislative reform; there is 'unfinished business' in evidence generation. However, the likelihood of CPSE approaches being mainstreamed into partner organisations' ongoing and future operations has been undermined by cuts in Official Development Assistance (ODA); and prospects for bilateral ODA in the health sector are uncertain. While joint programming and/or innovative financing mechanisms (e.g., social impact bonds, development impact bonds and social enterprise models) may mitigate the effects of budget cuts, these opportunities themselves require significant resource investment.

Sources: CPSE Annual Reports for 2023 and 2024; OECD, 2025; KIIs EACRN, Ipas, EAC, SADC-PF, ACERWC, UNDP, Sida, and CPSE team.

Unfinished business

The message from CPSE partners across all elements of APHRC's evidence informed decision-making model (EIDM) is loud and clear: stakeholders in research, advocacy and evidence-informed policy reform seek continued partnerships. Moreover, partnerships in one intervention area have a 'snowball effect' in terms of leveraging partnerships in another. For example, research partners have often facilitated connections with impactful advocacy organisations in target countries. This is exemplified by the following quote: *"the Centre for Social Research in Malawi connected us with CSOs as well as with Ministries"* (KII: CPSE team). And as one partner put it: *"we have unfinished business; let us look at how best we can enhance the collaboration in EIDM"* (KII: EACRN).

Evidence-informed advocacy that targets decision-makers is a priority at sub-regional level: "*There is still so much to do in the SRHR space – we've made a number of great strides forward but we're being pulled back by misinformation, by lies – we need support in changing the narrative*" (KII: EAC). This is also the case at regional level: *"The ACERWC mandate is to engage the Member States to take action – the policy allows for access to safe abortion but Member States need to respect their commitments to adolescent health; we cannot do this alone"* (KII: ACERWC).

Strengthened capacities for joint advocacy is critical for CSOs: *"Joint advocacy has been one of the best approaches for CSOs' sustainability – when we join hands and choose a shared direction we amplify what we're doing"* (KII: EACRN). For other stakeholders, partnerships aimed at supporting the uptake of evidence in policy reform are important, particularly where these help to navigate bureaucracies that reflect the cross-sectoral nature of SRHR. For example, APHRC may leverage UNDP's close collaboration with the HIV and AIDS Unit in the SADC Secretariat and, working together, these CPSE partners may identify further entry-points for engagement with the SRHR and gender units.

Everyone is in the same boat: ODA budget cuts

However, an equally consistent message is that stakeholders across the board are feeling the pinch; *"We are all in the same leaky boat"* (KII: CPSE). Shifting priorities and the impact of global crises have led to major donor countries (e.g., France, Germany, UK and the USA) making significant cuts in their Official Development Assistance (ODA) budgets. Following a 9% drop in 2024, the OECD projects a further 9 to 17% drop in official development assistance (ODA) in 2025. Indeed, countries in Sub-Saharan Africa could face a 16-28% fall in net bilateral ODA from DAC providers; and bilateral ODA for health is projected to decline by 19-33 % in 2025 over 2023 levels (OECD, 2025). The outlook beyond 2025 is highly uncertain; *"we have to deliver on the results in our existing workplan but with less funding so we need to pull our internal resources together"* (KII: UNDP).

Indeed, the *"shockwaves of the Trump administration have meant that shrinking financial resources accelerate a shrinking space for civil society"* (KII: EACRN). A further challenge facing CSOs is donors' shift to 'localisation' (i.e., a focus on country programs deprioritises regional or sub-regional initiatives). In addition, the effects of 'dollarisation' (i.e., exchange rates that disadvantaged those CSOs receiving funding in local currencies) have also hit hard.

This said, as a respondent asserts, *"if a budget is tight, we can re-strategi se"* (KII: SADC-PF). For example, lessons have been learned from the experience of working remotely during the pandemic: notwithstanding the challenge of connectivity "*the way to go for capacity building is online modules; we can have one in-person session annually and then continue with virtual meetings*" (KII: SADC-PF). In this light, an interesting investment made under CPSE is APHRC's Virtual Learning Academy, which could potentially offer online modules in areas such as VCAT and problem-driven PEA.

Regarding pooling resources and exploring innovative financing models, some respondents have pointed to opportunities to pool scarce resources. For example, Sida's regional program covers a range of partners and programs and annual meetings bring together these partners, facilitating collaboration and potential synergies. However, one-day meetings of a large number of partners are limiting: *"without one-on-one meetings, we can't describe in detail what we've being doing, so it's not a great way to facilitate partnerships between partners"* (KII: UNDP). As a result, although UNDP[20] is potentially one of APHRC's strategic partners, *"we have had some interaction but no real active collaboration"* (KII: UNDP).

[20] UNDP recognises that inequalities and social exclusion significantly impact SRHR, working to ensure that marginalised groups, including young key populations, have access to essential service and supporting governments in developing and implementing laws, policies, and strategies that protect and promote SRHR. The **#WeBelongAfrica program Inclusive Governance Initiative**, for example, supports decision-makers in key sectors to create enabling frameworks for young key populations.

At the same time, there the risk that 'partner overload' may limit policy engagement; the view that *"we need to be realistic about who and where we can partner"* is corroborated by other partner institutions (KII: UNDP). Joint programming may be a way forward to mitigate budget cuts. However, in order to explore pooled funding, partners would need not only resources for one-on-one engagements in a joint review of their respective workplans, but also for 'buy-in' for a complex management structure; *"one management structure can soon become four"* (KII: UNDP).

A further way to mitigate the effects of budget cuts is by exploring innovative financing mechanisms to engage with the private sector and non-traditional donors. For example, social impact bonds, development impact bonds and social enterprise models are of increasing importance to the Swedish Government, as for other bilateral and multilateral donors: *"our team are looking into how to support on innovative financing models – it would be interesting to see if this could be relevant for APHRC"* (KII: Sida). However, engagement in this area requires expertise in resource mobilisation, particularly with regard to non-traditional financing. M-PESA, a private sector money transfer institution, helped to fund interventions in Kilifi, Kenya, but *"APHRC hadn't heard of this - my sense is that they haven't come far in their thinking about collaborating with the private sector"* (KII: Sida).

Considering the scope for engaging in such innovative financing models, respondents are somewhat ambivalent; *"It's a good idea but how do we bring together for-profit and non-profit interests?"* (KII: EACRN). This may be because social enterprise and social impact models are often conflated with corporate social responsibility. As one respondent put it: *"we need to understand where the private sector is coming from and they need to understand where we are coming from"* (KII: EACRN).

Clearly, new partnership modalities need to be shaped by the partners themselves; *"how can the private sector best support our advocacy"* (KII: EACRN). Respondents made several suggestions for bridging the divide between for-profit and non-profit actors. For example, there are opportunities for APHRC to engage with the AU Working Group on Child Rights and Business (a body set up by the ACERWC to address the impact of business practices on children's rights in Africa) in order to bring a child-rights perspective into market research that is focused on evidence for product development targeting children's needs.

A critical challenge is that APHRC's stakeholder analysis has been limited. Thus far, CPSE stakeholder mapping has focused on Sida's partners operating in APHRC's thematic domains. Little use has been made of *existing* stakeholder mapping. Little use has been made of *existing* stakeholder mapping, such as information on partners (including private sector partners) available on Swedish Embassy websites in Rwanda for example; situational analyses regularly produced by multilateral organisations such as UNDP; and analyses of public-private partnership done by the Development Banks (e.g., the World Bank, the African Development Bank).It is not clear who potential

private sector partners for CPSE 2.0 are, what the entry-points are for such partnerships and how they may be leveraged.

3.3.4 Sustainability of established partnerships (EQ19)

The extent to which existing partnerships can be sustained hinges on how key elements of the APHRC's Strategy for 2022-2026 are interpreted by the CPSE team and put into practice. These elements are a new partnership model that leverages established relationships with research, advocacy and policy partners; continued policy engagement on Signature Issues, including current 'hot topics' such as the mobilisation of domestic public funding for SRHR in countries across the Africa region; and the diversification of funding sources.

Sources: CPSE Report 2024; APHRC 2025; Spotlight Initiative 2025, https://www.wvlsa.org.za/advancing-safe-abortion-rights-in-the-sadc-region/ ; KIIs with CPSE team, Sida, Ipas, APHRC leadership and key informants for EQ2, EQ5, EQ6); FGD on Research.

Three sets of strategies, discussed below, are particularly applicable when considering the sustainability of established CPSE partnerships.

A new Partnership Model

An additional output has been introduced into the Project's revised results framework: 'partnerships are built and sustained to enable to enable the demand for the generation and uptake of evidence to inform SRHR and social inclusion'.

While this is an important acknowledgement of the added value of partnership building, as we discussed in the Theory of Change analysis (**Chapter 4**), partnerships are more than an output-level result; they are a 'missing middle': a prerequisite for progress from outputs to desired outcomes.

Indeed, the current APHRC Strategy underscores a need to explore new approaches for partnerships that 'harness the potential of the vast network of CPSE partners' (APHRC 2025). A new partnership model to strengthen evidence informed decision-making (EIDM) in the CPSE project's focal areas includes the following strategies: **'Developing mechanisms to identify research priorities** for *strategic partners in government and civil society;* **Mainstreaming co-creation/co-design and co-implementation of programs** with *strategic policy and academic partners;* and **Establishing full-time policy engagement and outreach staff positions** aligned to the signature issues' (APHRC, 2025).

In addition, by **formalising partnerships** with *selected government entities, policy and advocacy organisations, and academic/research institutions at country level,* APHRC intends to increase its geographical reach without necessarily setting up offices in target countries.

The evaluation's findings suggest that all established CPSE partnerships are 'strategic' in that they have helped the CPSE team to use available financing to implement activities and deliver results. However, elsewhere in this report we have discussed the human and financial resource constraints faced by the CPSE team, as well as highlighting the uncertain prospects for donor funding.

Given such resource constraints, evaluation findings point towards the notion of ***'tactical partners'***. These are partners who complement APHRC's profile as a leading research partner, i.e., organisations that are recognised as *leading advocacy partners* in the SRHR domain; or *leading institutional partners in policy-engagement* at various levels in the continental governance architecture. Together, such tactical partners, along with APHRC, form a 'constellation' of actors that draws on their respective strengths and respective financing partners. *"We each of us are giants and we each of us stand on the shoulders of giants"* (KII: GIMAC).

Sustained policy engagement on Signature Issues.

APHRC's Signature Issue Approach analyses the *policy architecture around a specific Signature* issue to identify entry points for engagement. This is intended to inform the development and execution of strategic policy engagement plans, rallying stakeholder ownership for sustained policy engagement and advocacy beyond project life. By design, this strategic approach requires the identification of (a) long-term policy objectives and (b) key stakeholders in order to develop a co-designed plan to achieve the policy objective.

Interestingly, one of the approaches of APHRC's new Partnership Model is *'designing strategic initiatives that are actionable outside the constraints of project funding'* (APHRC, 2025). For example, CPSE team members participated in a global research priority-setting forum focused on the intersection of climate change and SRHR, hosted by the WHO/Human Reproduction Program and Karolinska Institutet; this will 'frame our East Africa regional activities for climate change and health' (CPSE, 2024). As one respondent put it, "*the intersections between health justice, climate justice and economic justice are many"* (KII: GIMAC).

Evaluation respondents have suggested a new Signature Issue ***domestic resource mobilisation*** (beyond the current CPSE Signature Issues) can be particularly relevant in terms of policy engagement.. For example, the EAC Secretariat plays a vital role in domestic health sector financing at the African Leaders Meeting, a high-level event that brings together key stakeholders in the health sector to discuss and commit to investments in African healthcare; *"although they now see what's happening with US funding and USAID, policymakers are sometimes green: they don't understand that we can't depend on donors"* (KII: EAC). Indeed, one of the focus areas of the Spotlight Initiative, in which APHRC engages, is domestic public funding to end violence against women and girls (see **Box 6**).

Box 6. Supporting domestic resource mobilisation: the Spotlight Initiative

The Spotlight Initiative is a new global, multi-year initiative (with an initial investment of EUR 500 million) introduced by the European Union (EU) and the United Nations (UN) to bring focused attention to all forms of violence against women and girls (VAWG). With the EU as the main contributor and the modality for delivery being a UN multi- stakeholder trust fund, other donors and partners have been invited to join the Initiative to broaden its reach and scope.

The Initiative highlights the essential need for adequate and sustained domestic public funding to end VAWG. Domestic public funds offer a stable source of development finance for ending VAWG, supporting sustained ownership of the issue, and attracting additional. Yet domestic public funding to end VAWG is often constrained by conditionalities on aid, imposed austerity, debt servicing and geopolitical inequalities that limit development and human rights investments.

The Spotlight Initiative has supported domestic resource mobilisation by building government capacity for gender-responsive planning and budgeting. A recent case in point is the Ministry of Finance's Gender-Responsive Budgeting Unit in **Liberia** which developed the Anti-Gender Based Violence Roadmap and committed USD 2 million to its implementation, with the new administration allocating USD 500,000 more in the 2024 national budget.

Source: Spotlight Initiative 2025

Diversified funding

A 'restrictive funding model' limits APHRC's capacity to respond to a rapidly-changing world and to meet the needs of stakeholders outside funded initiatives. The CPSE team, Sida and APHRC leadership, as well as stakeholders in the EAC and SADC sub-regions all recognise the need to diversify funding sources. Continued core support is provided by APHRC's main development partners, such as the Swedish Government.

However, as illustrated by **Figure 4**, new relationships that support investments in long-term commitment to systemic change need to be established in the following inter-related areas: alternative funding models (briefly discussed under EQ18); opportunities to cut costs (such as APHRC's decision to abandon plans to set up country offices and seek strategic in-country partnerships instead); and African philanthropy.

Figure 4 Opportunities in the funding environment

Source: APHRC, 2025

A notable challenge is that the terrain of African philanthropy in the domain of SRHR has not been well mapped. Further, philanthropy in many African contexts rarely flows to organisations such as APHRC.

However, an interesting example of a 'constellation of tactical partners' (mentioned above) that has mobilised a diversified funding portfolio is the Safe Abortion Alliance of Southern Africa. Closely aligned with work of the CPSE project, the Alliance was set up in November 2023 by members of the Voice and Choice Southern Africa Fund, in response to the delayed ratification of the Maputo Protocol (specifically, Article 4. 2c which addresses abortion) by some SADC countries. The Alliance manage a sub-granting program (multi-year grants and rapid response grants) focused on advocacy for safe abortion in the SADC sub-region. The Alliance also maintain a diversified funding portfolio, including the following donors: Amplify Change; Commonwealth Fund; Canada Fund for Local Initiatives ; DFID; Diakonia; EU; Ford Foundation; Global Affairs Canada; HIVOS; Norwegian Church Aid ; SIDA Swedish Embassy Zimbabwe; Thomson Reuters Foundation; UNESCO; UNFPA Botswana; UNWOMEN FGE; World Association of Christian Communicators.

4 Theory of Change Analysis

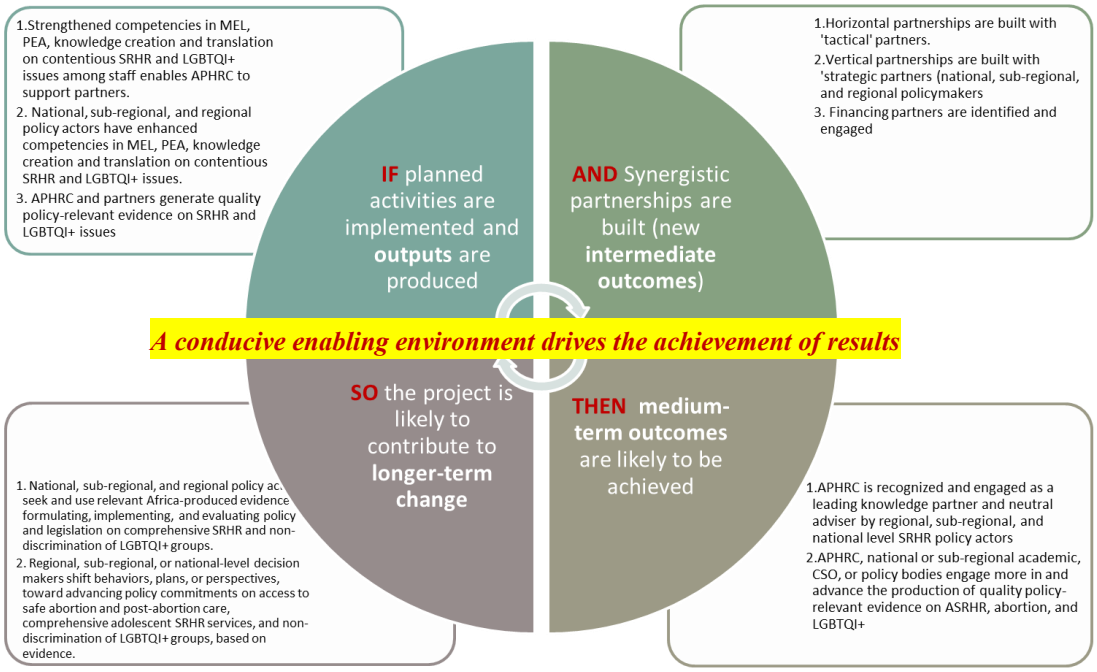
4.1 ITERATING THE CPSE THEORY OF CHANGE

During the inception phase the evaluation team developed a preliminary Theory of Change (ToC), designed to serve as the evaluation's analytical framework. Initially, it focused on the assumptions behind the pathways of change. We have since worked with CPSE on an analysis of the pathways of change. This enabled us to iterate the preliminary ToC in the following ways:

1. Shortlisting and testing ToC assumptions;
2. Introducing an intermediate outcome (i.e. the 'missing middle' between outputs and medium-term outcomes): synergies are created between different types of partners.

In the process, we reconsidered the 'if-then' logic of the preliminary ToC, reflecting on the importance of the CPSE project's unpredictable internal and external (institutional and socio-cultural) environment. This suggests that the more conducive the project's enabling environment is (or becomes), the more the demand for evidence informed decision-making (EIDM) across the 3 CPSE Signature Issues is likely to increase. And the more likely it is (or will be) that the CPSE team can (will) focus on their expected outputs and outcomes in order to deliver the project's expected results. **Figure 5** illustrates the first iteration of the CPSE project's ToC.

Figure 5 Iteration of the CPSE Theory of Change



Below we summarise our analysis of progress towards medium-term outcomes and the CPSE project's contribution to longer-term outcomes. The Theory of Change analysis informs our Conclusions (**Chapter 5**) as well as our Recommendations (**Chapter 6**).

4.2 PROGRESS TO HIGHER-LEVEL RESULTS

The CPSE team has made progress towards the project's medium-term outcomes; there is evidence of efforts to advance the production of policy-relevant research as well as increased recognition of APRHC as leading knowledge partner. But the combined effect of shortfalls in the delivery of outputs (discussed in **Chapter 4**) can be considered as mixed results in terms of project performance. Importantly, as evaluators, we are not able to definitively answer the 'so what' question, which asks *why* these results matter in terms of sustainable change (i.e., the concrete benefits and consequences of the project). This is primarily because, as we discuss below, the intended consequences are broadbrush results and because the key performance monitoring indicators have been neglected under CPSE 1.), it is not entirely clear what the intended benefits actually are

Based on the strength of evaluation evidence triangulated across sources, we find the following shortlisted ToC assumptions are *relatively* sound:

- Collaborative research is timely and meets end-users needs;
- Priority policy blocks are collaboratively identified;
- Capacity gaps at diverse levels are addressed;
- Missing but critically important partnerships are identified;
- Synergies between knowledge sharing, advocacy and policy decision-making are created; and
- Resources are used in line with planned results and in a timely manner.

The above are all underlying beliefs or conditions behind progress from outputs to outcomes. In addition, one outcome-level assumption is sound: Government agencies, researchers, CSOs, healthcare providers, media, religious and traditional leaders and other stakeholders are willing to collaborate.

The CPSE project's *contribution* to longer-term outcomes is a 'work-in-progress'. Small changes have taken place in policy discourse at regional level, a process of incremental change has been initiated in some sub-regions, with more positive changes observed across the project's target countries. However, significant impact is not likely to be seen in the first phase of any project, let alone one as complex and context-dependent as the CPSE project. Moreover, the project's currently limited overall contribution to change is only to be expected given the disconnect between the nature of the longer-term outcomes and the project's timeframe. We note, too, that behavioural shifts at policy level are determined by a wide range of internal and external contextual factors, which are beyond the control of the CPSE team.

We did not find sufficient evidence to consider the following shortlisted assumptions to be sound:

- AU opportunities enable partners to shift attitudes, perceptions and social norms towards SRHR for all and social inclusion;
- Political will and an enabling legal and policy environment are in place, to address the three Signature Issues; and
- Research across all 3 Signature Issues is accepted by research participants, policy actors and decision-makers.

The above are all assumptions behind change pathways from medium-term to longer-term outcomes. Of particular concern is this assumption: *Providers of financial/technical assistance continue to provide support in a volatile donor landscape.*

4.3 TAKEAWAYS AND LEARNING QUESTIONS

Our analysis of the evaluation **findings at output level** points to several Takeaways, intended to inform programming for CPSE 2.0 and beyond. We present these below under three headings: Foundational Takeaways to sustain evidence informed decision-making (EIDM) in the long-term; Takeaways for medium-term policy engagement programming; and Takeaways for CPSE project design. Taking account of the reduced budget for CPSE 2.0, we also offer future-oriented 'Learning Questions' associated with each takeaway.

1. Foundational Takeaways to sustain EIDM in the long-term

(i) Context matters. The chief and ongoing contextual risk affecting results has been the contentious nature of the CPSE agenda, accompanied by an ongoing mushrooming of national populist agendas (globally) which has reinforced the notion that the CPSE agenda is a 'Western' one. This risk underpins the CPSE research and development ecosystem. Against this backdrop, APHRC has struggled to engage at regional/sub-regional policy levels on the most contentious of the 3 CPSE Signature Issues: the social inclusion of LGBTQI+ groups.

- *To what extent is there a **contradiction** between APHRC seeking recognition as a neutral advisor at policy level, while also engaging in a politically contentious research agenda?*

(ii) Playing the long-game. Research can be seen as a game of strategic patience. It is important that CPSE focuses research on Signature Issues that are likely to be meaningful to decision-makers during the CPSE 2.0 lifecycle. These priority issues are warehoused in the AU database of declarations and decisions made every year. It is equally important to recognise that some sensitive issues may raise important research questions, which are not yet sufficiently urgent for the political powers to care about them in the near future. But these issues should not be abandoned; they may emerge as political concerns (in some contexts) in the medium-to-long-term.

- *Which Signature Issues are a strategic priority for operational EIDM; which, **if any**, should be put on the back burner in terms of policy engagement?*

(iii) Synergistic partnerships. The sustainability of existing partnerships hinges on how key elements of the APHRC's Strategy for 2022-2026 are put into practice. One of these is a new partnership model. In addition, a key component of the research and development ecosystem outlined in the Strategy is 'building relationships between evidence suppliers and users' (APHRC, 2022). In our iteration of the Theory of Change we suggest that the synergies between different partners involved in the production, translation, and use of evidence should feature not as an output but as an intermediate outcome level result.

- *What would a new **partnership model** for CPSE 2.0 look like?*

2. Takeaways for medium-term policy engagement

(i) Mapping opportunities for regional engagement. To better understand the intricacies behind Africa's apparent reluctance towards – or negation of – inclusive sexual rights, the CPSE team needs to be 'politically informed researchers'. Such a role must be premised on a rigorous mapping of policy windows and enabling partnerships, as well as an analysis of politically driven bottlenecks that constrain sustainable change.

- *Should we **prioritise a policy mapping/context analysis**; what should be the scope?*

(ii) Engaging with strategic partners. Decision-makers at various levels in the AU governance architecture are priority strategic partners. Yet 'policy engagement' is a catch-all for many types of interactions. The uptake of research processes requires the direct participation of senior decision-makers and government partners in setting a policy-relevant agenda. Evidence informed decision-making (EIDM) also benefits from *genuine, honest and sustained engagement* of policymakers throughout the policy engagement process.

- *Who are our **'strategic partners'**; how do we best engage operationally with them?*

(iii) Identifying 'tactical partners'. A distinction can be made between 'strategic partners' (including senior decision-makers and those directly involved in policy-making), on the one hand, and 'tactical partners', on the other. The latter are organisations that are recognised as leaders in the domains of advocacy and capacity building for EIDM, much as APHRC is recognised as a lead research organisation. They are 'tactical' in the sense that they may be in a position to use their own resources to take the lead on elements of the EIDM process where APHRC does not have a comparative advantage.

- *Who are our 'tactical' partners; how do we best engage operationally with them?*

Takeaways for CPSE project design

(i) Bringing focus to a shared agenda. Now more than ever, given current backsliding on the Maputo Protocol, policy engagement partnerships can and should rally around the need to address the backslide as a shared agenda.

- But 'policy alignment' is vague; it must be a focused agenda. The SADC SRHR Strategy and Scorecard (which includes outcomes and outcome indicators) developed collaboratively by the Secretariats of SADC and EAC, is an example of such a focused agenda. *Can we/ should we identify a specific policy objective; how do we align thematically with existing strategies that aim to achieve that objective?*

(ii). Planning strategically and in phases. It was important that the CPSE team remained flexible in their programming, in order to respond to a rapidly-changing project context. But weak planning instruments have undermined the project's reach and impact. There is no *Medium-term (6-10 year) Strategic Plan*; this would be informed by, but is not the same as, a results framework. Without such a Strategic Plan, the CPSE team lacked the scaffolding required for *Phased Project Planning (4-5 years).* In the absence of a Phased Project Plan for CPSE 1.0, the team's so-called *'annual workplans'* in fact covered a 2022-2024 timeframe and were broad brush and aspirational, rather than being operationally feasible.

- *What do we do to strengthen planning for CPSE 2.0 and beyond?*

(iii). Considering the 'so what' question. At present, the CPSE results framework is robust overall (particularly in terms of the recognised complementarities between the three CPSE Pillars). But the way in which outputs and outcomes are formulated could be sharpened, ensuring results are specific, measurable, achievable, relevant and timebound. The CPSE Pillar on 'strengthening capacities' is a case in point; CPSE capacity building constitutes a broad spectrum of capacity building interventions and multiple implementation modalities, as well as diverse types of targeted partners.

- *What is the **specific** change we want to see in terms of a given modality? How do we **measure** the effectiveness of a specific modality? If the change/modality is not measurable, how do we know we can **achieve** it? How do we know the desired change is relevant, given diverse partners' needs? What is a realistic **timeframe** for change in a volatile political economy context?*

(iv) Capitalising CPSE strengths. The EIDM model (see EQ16) suggests that CPSE team's core strength lies in research. The greatest challenge in EIDM lies in the 'last mile' of domestication, i.e., the country-level adoption and (possible) adaptation of regional/sub-regional policy objectives and the translation of policy intent into action. Some specific issues within the broad domain of SRHR are 'hot topics' for decision-makers because these issues are meaningful to their constituencies in current, context-specific policy climates. A further 'hot topic', also a priority for the wider development community, is the mobilisation of domestic public financing.

- *How can research findings facilitate and/or reinforce the 'last-mile' of the domestication process?*

5 Evaluative Conclusions

5.1 EFFECTIVENESS, RELEVANCE, COHERENCE

Achieving results, doing the right things, and ensuring a good 'fit'

The CPSE project is making headway in terms of achieving results, incrementally advancing policy commitments on access to safe abortion and post-abortion care, comprehensive adolescent SRHR services, and non-discrimination of LGBTQI+ groups. A committed project team has furthered the production of policy-relevant research and stakeholders increasingly recognise APRHC as a leading and trusted knowledge partner. Partnerships are essential, driving progress towards results.

During the period under review, the CPSE research team effectively co-created, jointly implemented and disseminated 11 country-level studies on abortion, adolescent SRHR and LGBTQI+ rights, as well as a regional study on the impact of COVID-19 on SRHR services. CPSE also established and operated a Rapid Response Service to generate on-demand research-based information products required by decision-makers and CSO partners. Users have generally found that the CPSE research met their needs and priorities. Research on safe abortion services and SRH services for pregnant and parenting adolescents have been particularly relevant for policymakers at sub-regional and country levels. Moreover, the CPSE studies have led to further opportunities for research on SRHR policy commitments at all levels.

A wide range of capacity strengthening activities have buttressed the efforts of CPSE research partners and advocacy partners (including media personnel) to engage policymakers in using research findings to influence policy change and programming at and national levels. The team's efforts to make statistical data accessible to policymakers is viewed as being particularly useful. The project's evidence informed decision-making (EIDM) model has been especially effective in Kenya, Liberia, Malawi, Rwanda, and Sierra Leone, with mixed results in the other target countries.

In terms of policy engagement, CPSE's policy engagement team has leveraged APHRC's existing horizontal (peer-to-peer) partnerships well, rightly recognising sub-regional partners (such as the EAC Secretariat, EALA and the SADC-PF) as a 'bridge' between national and regional partners in the vertical AU governance architecture. These relationships can be extended to other sub-regional bodies in Southern and West Africa. Similarly, strategic regional partnerships with the ACERWC and the APCHR have laid a foundation for future work.

There is a good 'fit' between the CPSE project's objectives (higher-level outcomes) and existing global and regional commitments such as the SDGs, Agenda 2063, the Maputo Protocol, and the African Charter on the Rights and Welfare of Children (ACRWC). There is also internal coherence within the project; complementarities between interventions implemented under the three CPSE Pillars (i.e., workstreams for research, capacity strengthening and evidence use at policy level) are reflected in ways in which the team has worked, with team members engaging across CPSE workstreams.

Areas for improvement

1. Efforts to map stakeholders were focused on Sida's regional program partners. The CPSE team recognises the need for a more comprehensive mapping of project partners and stakeholder analysis. Also, team may usefully reflect on how 'partnership 'is conceptualised: for instance, what differentiates 'stakeholders 'from 'strategic partners', or indeed any other type of partner? Evidence points to a difference between decision-makers at all levels as priority 'strategic partners', and 'tactical partners' (i.e., well-resourced lead organisations in advocacy and capacity building for evidence informed decision-making (EIDM)). This is a critical difference in light of resource constraints for CPSE 2.0. [Ref. recommendations **R1, R2, R6**, Chapter 6]

2. Rigorous scoping reviews conducted at the launch of CPSE 1.0 and a co-creation event for selected partners contributed to a relevant research agenda. However, the policy relevance of this agenda could have been enhanced by more direct participation of senior decision-makers at all levels and relevant national line ministries in the early stages of the EIDM process. The fact that the Rapid Response Service (RRS) got off to a flying start but requests for on-demand research petered out over time, suggests a need to re-think this modality as well as how this resource-demanding support service is financed and managed. [Ref. recommendation **R9,** Chapter 6]

3. Modalities for capacity building tend to merge with modalities for policy engagement. While synergies between the three Pillars bring coherence to the project, the parameters between these Pillars need to be clear: what is, and what is not, 'capacity building'? This lack of clarity is reflected in the CPSE's somewhat haphazard annual reporting. Relatedly, because it was not clear what specific changes the CPSE team wanted to see, we struggled as evaluators to answer the 'so what 'question with regard to the effectiveness of CPSE capacity building. The Project lacked a comprehensive needs assessment approach [Ref. recommendations **R4, R8**, Chapter 6]

4. Given the current backslide on the Maputo Protocol, as well as a growing concern about domestic public financing for SRHR, the 'projectisation' of regional engagement may not yield results. There is a need to identify a long-view strategy for engaging operationally with policymakers, to take forward regional policy engagement in the medium term. In the absence of a robust analysis of the politics of social exclusion, the CPSE team has not yet fully embraced its role as politically-informed researchers. [Ref. recommendation **R7**, Chapter 6]

5. Learnings from the CPSE team's research experience on contentious issues suggest that the three broadbrush Signature Issues are a framework for more specific' real ' issues that are meaningful to decision-makers because they are meaningful to their constituencies in current, context-specific policy climates. The CPSE team has not yet fully engaged decision-makers in identifying and engaging with these 'real 'issues. [Ref. recommendation **R10**, Chapter 6]

6. As a Signature Issue, LGBTQI+ rights raises important research questions, but these may not be sufficiently urgent for the political powers to care much about them at present. While research analysis and recommendations for Kenya and Rwanda were robust and are likely relevant in other country contexts, the Project was less effective at driving change at regional/sub-regional levels; a missed opportunity was supporting regional and/or sub-regional structures to analyse and synthesise existing data. Notably, EIDM is a game of strategic patience; the time for insights on particularly contentious issues may yet come. [Ref. **R11**, Chapter 6]

5.2 EFFICIENCY

Using resources well

Overall, the project operated on schedule with progress towards achievements and spending on track. CPSE leveraged Sida's investment to bring additional resources to SRHR work (over USD 8 million to date), including opportunities at the country level as well as leveraging APHRC's established global and regional partnerships, investments and systems.

While outcome harvesting was applied consistently throughout the project and the CPSE team found the process to be valuable, the reliance on this method for routine project monitoring is questionable. Key performance indicators in the Results Tracker are not measurable and there is no evidence of CPSE data collection instruments for routine project monitoring.

It is not clear how the planned action-reflection-learning-adaptation sequence was implemented systematically beyond outcome harvesting and in the absence of routine project monitoring data there is a heavy reliance on narrative data. This resulted in highly detailed reporting where the reader cannot see the forest for the trees, losing sight of the big picture.

CPSE's knowledge products are highly appreciated. However, in the absence of a documented Knowledge Management process, strategy or plan, the audience segmentation for each knowledge product and the use of technologies to tailor products to specific audiences is not clear.

The staffing structure was lean, with resources appropriately focused on research, policy influence, and capacity strengthening at national levels. Sub-regional and regional structures and organisations also received significant staff focus across the three Pillars. However, the relatively more difficult challenge of influencing

domestication through 'an accountability lens' required additional approaches, including more tactical partnerships. As Sida recognises, regional work is more complex.

Areas for improvement

7. The initial timeline was overly ambitious given the scope of work. Delays in finalisation of the Advocacy Strategy as well as staffing attrition slowed policy engagement. [Ref. recommendation **R5**, Chapter 6]

8. As the CPSE team has acknowledged in several reports, as well as in the Proposal for CPSE 2.0, the MEL system remains weak with a heavy reliance on external consultants to provide inputs on project documents. Shared MEL responsibility across all CPSE staff does not provide adequate accountability for routine monitoring and learning responsibilities. [Ref. recommendation **R12**, Chapter 6]

Moreover, the Theory of Change (ToC) is often viewed as a static roadmap, rather than what it can be: a tool for navigating change. Good use of the ToC requires that it is periodically iterated, particularly where a project context is complex and uncertain and progress takes place step-by-step. An iterated ToC generates insights to feed into and reinforce the CPSE learn-and-adapt approach. [Ref. recommendation **R13**, Chapter 6]

9. Outcome harvesting complements but cannot replace routine project monitoring. The team missed an opportunity of integrating outcome harvesting and routine project monitoring through, for instance a process/implementation evaluation approach, focused on the evidence informed decision-making (EIDM) process in targeted countries in order to track progress towards and through the 'last mile' of domestication, that is implementation. [Ref. recommendation **R13**, Chapter 6]

10. The Project lacked a knowledge management strategy to guide the process (e.g., ensure audience segmentation for each information product) and the CPSE annual workplans did not include knowledge management activities. Given these gaps, the evaluation team struggled to assess the effectiveness of knowledge management. [Ref. recommendation **R5**, Chapter 6]

11. Staff roles and transitions around key functions within the team – MEL and Advocacy – have hampered progress early in the project and again in the final two years. Moreover, gaps remain in the staff structure, particularly in program management and partnership management, which are specialist skill sets. Finally, it is not clear how final decisions on budget allocation/re-allocation are made. [Ref. recommendation **R14**, Chapter 6]

5.3 SUSTAINABILITY

Will the benefits last?

The CPSE team's overall strength in contributing to sustainable change lies in their research capacities and performance. Promising interventions include participating in research agenda-setting; strengthening the capacities of the media to engage in evidence-informed advocacy; and engaging religious leaders as an entry point to address persistent policy blocks. But the scalability of CPSE approaches is undercut by weaknesses in planning. So-called 'annual workplans 'in fact covered a 2022-2024 timeframe and were aspirational rather than operationally feasible. The CPSE project lacked a medium-term (6-10 year) strategic plan to frame development of phased project plans (3-5 years).

Small, incremental changes have taken place in policy discourse on CPSE Signature Issues at regional and sub-regional levels, with more positive changes observed at country level. But behavioural shifts at policy level are determined by contextual factors which are beyond the control of the CPSE team. A major and ongoing contextual risk affecting results has been the contentious nature of the CPSE agenda. A major threat to the project has been the ongoing mushrooming of national populist agendas (across the globe) which has reinforced the notion that the CPSE agenda is a 'Western 'one. Going forward, a 'big picture', systems thinking' approach – a key feature in APHRC's Strategy for 2022-2026 – can help to ground project design in contextual realities.

Continued partnerships are considered critically important by the majority of CPSE's partners; there is 'unfinished business'. But ODA budget cuts undermine the likelihood of CPSE approaches being taken up by partner organisations. Moreover, responsive measures such as joint programming and/or innovative financing mechanisms themselves require significant resource investment.

Areas for improvement

12. Sustainable change requires a structured approach to planning that puts the desired changes in context, engages partners in developing clear strategies, as well as in implementing, monitoring, and reinforcing the changes. Without a clear medium-term strategy and a fit-for-purpose operational plan it is difficult – if not impossible – to assess the extent to which planned interventions should be scaled. [Ref. recommendation **R5**, Chapter 6].

13. When used without considering its practical application, 'systems thinking' is often reduced to a buzzword. Reflecting on the CPSE project research and development ecosystem, there is an inherent contradiction in the CPSE project's rationale – challenging the politics of social exclusion – and APHRC's organisational positioning as a 'neutral advisor'.

To resolve this contradiction, it is important that the CPSE team 'unpacks 'the research and development ecosystem, consider the system's enabling environment, and focus on what can practically be achieved within the CPSE 2.0 project's lifecycle. [Ref. recommendation **R3**, Chapter 6].

14. The core budget for CPSE 2.0 is significantly smaller than the funds available for CPSE 1.0. The sustainability of existing partnerships hinges largely on how key elements of the APHRC's Strategy for 2022-2026 are put into practice, these include (i) policy engagement on the Signature Issues; (ii) a new partnership model; and (iii) the diversification of funding sources. Going forward, APHRC must make critical choices in terms of project design and implementation. [Ref. recommendation **R15**, Chapter 6]

6 Recommendations

6.1 RECOMMENDATIONS FOR CPSE 2.0 DESIGN

Recommendation 1 [R1]. Lay the foundation for a new Partnership Model.

To take forward the new Partnership Model introduced by APHRC's Strategy for 2022-2026, APHRC should agree on a *typology of priority 'CPSE partners'*, building on existing notions of knowledge partners, advocacy partners, and policy actors. Based on our analytical findings we recommend that:

- Decision-makers at all levels should be recognised as more than the end-users of evidence; they are priority strategic partners;
- 'Strategic partners' should be differentiated from 'tactical partners'. The latter are well-resourced organisations that are (a) recognised as leaders in key EIDM domains and (b) are located in countries where key AU organisations are headquartered.
- Important 'tactical partners' include CSOs that interact with and report to regional and sub-regional AU policy-making structures and systems;
- Drawing on existing analyses of private-public partnerships in the Africa region, potential financing partners should be included in the Partner Map (see R2).

Recommendation 2 [R2]. Create a Partner Map

APHRC should conduct a *comprehensive mapping of existing and potential partners, beyond partners in Sweden's regional SRHR strategy,* in order to produce a Partner Map for CPSE 2.0. Based on the above-mentioned typology, the Partner Map should include critical partners who may have been left out in CPSE 1.0. The Map should be periodically updated in line with changes in the project's volatile operational and funding landscape.

Recommendation 3 [R3]. Apply the principles of 'systems thinking'

Taking forward APHRC's strategy of 'strengthening the research and development system', the CPSE team should consider reinforcing its role as trusted 'knowledge broker'.21 Given the importance of building relationships between evidence suppliers and users (another critical component of the research and development ecosystem), a

[21] Knowledge brokering is a critical system component. But this role has many dimensions and APHRC is not able to fill them all. These dimensions include, for example: development, transfer and translation of knowledge, where knowledge brokers act as *knowledge managers*; development of knowledge-based networks, where knowledge brokers act as *linkage agents*; or development of capacity to produce and use knowledge; knowledge brokers act as *capacity builders*.

practical role may be for APHRC as knowledge broker to act as a *'linkage agent'*, supporting horizontal and vertical synergies between partners involved in the production and use of evidence.

Recommendation 4 [R4]. Sharpen the articulation of CPSE results

To clarify expected outcomes, APHRC should define the parameters of the CPSE Pillars. For example, what is 'capacity building' as distinct from 'advocacy' and 'policy engagement'? As discussed in Chapter 4, the results should be specific, measurable, achievable, relevant and timebound.

During planning, this should enable a clear articulation of:

- 'The what': the change (output-level result) they want to see in terms of strengthened capacities;
- 'The who': the targeted actors involved in achieving that result;
- 'The how': the modalities for delivering the result;
- 'The when': considering results that can be achieved under CPSE 2.0; and those that cannot, which should be 'rolled over' to a subsequent phase.

Recommendation 5 [R5]. Develop planning instruments.

The CPSE agenda is unlikely to be fulfilled within a short-term project timeframe. APHRC should invest time and energies not only in sharpening the operational plan for CPSE 2.0 but also thinking ahead to subsequent phases of the project.

Specifically, the following need to be developed:

i. A Strategic Plan with a medium-term (e.g. 6-10-years) time-frame, accompanied by an estimated budget, to guide fundraising efforts
ii. Within the framework of the Medium-term Strategic Plan, the CPSE team should develop a Phased Project Plan and budget (3-5 years), i.e., an incremental approach to achieving the desired short-/medium-/long-term results. The Phased Plan should include country-level interventions in selected priority countries. While developing the Phased Plan it may be worth considering a reduced number of target countries for CPSE 2.0 and reconsider expanding to addition target countries.

Given the complexities of the governance architecture and the uncertainties that underpin the CPSE Signature Issues, a phased approach to programming may be particularly useful in terms of *policy-engagement*, considering the following questions, for instance:

- How might CPSE 2.0 optimise existing memorandums of understanding to engage operationally with policymakers at the sub-regional level (i.e., the Regional Economic Communities), utilising existing structures and processes as a vehicle for evidence-informed policy engagement at country level? (See also Recommendations 9 and 10).
- Beyond CPSE 2.0, how might APHRC programming leverage gains made at the sub-regional and national levels in order to strengthen engagement with key regional-level decision-making bodies, including the Specialist Technical Committees and the Pan-African Parliament? (See also Recommendation 7).

It goes without saying that the CPSE team will also need to develop viable annual workplans for each year of the Phased Project Plans. These should include planned knowledge management activities.

6.2 RECOMMENDATIONS FOR IMPLEMENTATION

Recommendation 6 [R6]. Work with a core group of 'tactical partners'

To optimise partnerships for CPSE 2.0, APHRC should work with a core group of 'tactical partners' identified in the CPSE 2.0 Partner Map.

Given resource constraints faced by all partners, APHRC and partners may consider a 'division of labour' in delivering a shared EIDM agenda. The EIDM model we presented in section 3.3.1 may help in clarifying such a 'division of labour'. 'Tactical partners' may lead respectively on, for example, strengthening capacities (other than research-related capacities), and/or advocacy efforts to hold decision-makers to account on policy commitments, while APHRC retains the role of lead on co-creating and generating the evidence for policy engagement.

Recommendation 7 [R7]. Conduct a context analysis of the governance architecture.

To develop a strategy for phased policy engagement (particularly at the regional level) and to identify sustainable modalities for implementing the strategy, APHRC should conduct a policy context analysis of the governance architecture that has been set up to take forward domestication of the Maputo Protocol at regional, sub-regional and national levels. Given the intricacies of the AU architecture, this analysis may combine elements of (i) a mapping of existing SRHR policy platforms; (ii) a review of existing decision-making processes; and (iii) a political economy analysis (PEA) of dynamics between AU decision-making organs. Design of the context analysis may be informed by existing policy reviews, such as the one done by GIMAC.

Given time and resource constraints, it may be necessary to focus the analysis on priority Signature Issue(s) for policy engagement, informed by the AU's database of declarations and decisions made in recent years. Regional-level decision-makers should take a lead in agreeing on the priority issues. However, APHRC and the regional policy actors should recognise all three Signature Issues in terms of research, including research and analysis on social inclusion. (See also Recommendation 11).

Recommendation 8 [R8]. Undertake a comprehensive capacity needs assessment.

APHRC (and, ideally, a core group of partners should undertake a comprehensive capacity needs assessment for CPSE 2.0, identifying the capacity gaps of 'strategic' and 'tactical' partners alike. While a standalone capacity development plan is not necessary, it is essential that such needs assessments are included in the Project's Medium-term Strategic Plan and the Phased Project Plan.

Recommendation 9 [R9]. Catalyse a platform to engage with decision-makers.

To mitigate the high costs of convening parliamentarians and senior government officials, APHRC and core partners should consider promoting and participating in a sub-regional platform for more and better operational engagement with senior politicians and decision-makers.

Potentially sustainable platforms are facilities that are owned, led and co-resourced by government entities, which are embedded in the institutional architecture and decision-making processes. An example of such a facility would be an 'Evidence Lab', physically located in (or near to) the EALA and/or SADC-PF.[22] Such a facility would extend the benefits of a Community of Practice to senior decision-makers providing opportunities for more direct engagement between researchers and civil society activists, on the one hand, and parliamentarians and relevant line ministry officials, on the other. These are also opportunities for mutual capacity strengthening, e.g., the collaborative, user-defined development of a Rapid Response Service that is fit for purpose and is actually utilised.

Recommendation 10 [R10]. Engage operationally with decision-makers.

To engage operationally with decision-makers (and to bring greater focus to CPSE 2.0), APHRC and core partners (e.g., SADC-PF) should take a 'Scorecard Approach', using, for instance, the SADC SRHR Strategy and Scorecard as a framework. This would entail working closely with country-level decision-makers to identify and make available the data they need in order to:

a) prioritise one or more outcome(s) in the SRHR Strategy with which they can align; and
b) track the performance of relevant Scorecard indicators.

Recommendation 11 [R11]. Position APHRC as a regional hub for social inclusion.

APHRC and core partners may collaboratively position APHRC as a regional hub for social inclusion (including LGBTQI+ rights research and analysis). A priority activity may be conducting multi-country secondary analysis of the national CSO reports on LGBTQI+ rights, which are periodically submitted to AU bodies. When conducting the analysis, the CPSE team may consider answering the following questions: how is the data being used?; and what support do AU bodies need to track the data that is regularly submitted? In addition, ongoing data analysis of political and social discourse around LGBTQI+ issues and policies would reinforce existing locally-led strategies and solutions already implemented in various country contexts by CSO partners.

[22] Ideally, such an 'Evidence Lab' should also have a virtual presence. It could perhaps link to APHRC's Virtual Academy.

Recommendation 12 [R12]. Strengthen the CPSE MEL system.

Monitoring, evaluation and learning (MEL) must be a priority for CPSE 2.0. The CPSE team have already initiated measures to strengthen the current CPSE MEL system. However, the team should consider, specifically:

- Revisiting design of the key performance indicators; for example, the indicators for Output 2 (strengthened capacities) are quantitative measures but there is little consideration of the qualitative elements of change in capacities to challenge the politics of exclusion, at both individual and organisational levels;
- Establishing a baseline and key performance indicator targets, to ensure they are measurable;
- Developing appropriate data collection tools for routine project monitoring and making better use of 'real-time' data applications; and
- Developing additional learning tools beyond outcome harvesting and team meetings as well as developing and supporting a learning agenda to identify and fund best practice.

It is also critically important that the CPSE team work with Sida to design a simplified reporting template – for example, the slide deck used for annual review meetings – that combines key project monitoring data with top level narrative analysis of progress and challenges. A report that includes every CPSE presentation and meeting attended is not necessary or useful. A simpler but robust reporting template will free up time that can be used for other purposes.

Recommendation 13 [R13]. Systematise outcome harvesting.

To provide potential financial partners with the evidence of successful implementation, APHRC should consider integrating outcome harvesting and routine project monitoring into a process/implementation evaluation of EIDM processes for CPSE 2.0, and beyond. This may mitigate the costs of mid-term assessments and end-line evaluations, as well as ensuring learnings from project implementation are timely.

The implementation evaluation may also include a case study approach, demonstrating how research supports domestic actors who are trialling solutions that may or may not have been codified in policy but serve as a living demonstration of how a policy could be implemented.[23]

Relatedly, APHRC may consider using a CPSE 2.0 Theory of Change (ToC) as a tool for the 'L' in MEL. The CPSE ToC may be revisited annually, testing the strength of

[23] Examples of cases that build on CPSE 1 include: (i) implementation research in Malawi on getting pregnant and parenting adolescents back in school; (ii) community dialogues in Kenya around GSM to reduce violence against LQBTQI+ persons; (iii) values clarification and attitude transformation training with health providers to improve providers' treatment of adolescent clients so it aligns with current or future policy on access to services.

assumptions on a regular basis, refining the hypotheses as contexts evolve, and re-shaping how results are articulated, in response to contextual change. Documenting these iterations, in tandem with project monitoring as well as findings from outcome harvesting, can fuel a robust learn-and-adapt process.

Recommendation 14 [R14]. (Re)define the Project's management structure and systems.

The CPSE team should engage in a 'pause-and-reflect' session to review the Project's management structure and systems. On the one hand, CPSE team members have been recruited on the basis of their research expertise related to the Signature Issues; on the other hand, each team member wears multiple 'hats'. Moreover, some team members do not report directly to the head of the RMNCAH unit, where the CPSE project is housed.

The following guiding questions may help to clarify where staffing gaps exist and whether these need to filled by *full-time* project staff.

- How are we delineating leadership roles for specific activities and initiatives?
- How clear are our chains of accountability?
- How reasonable are the roles and responsibilities of CPSE staff, given possible other responsibilities beyond the CPSE project?
- Does our organogram depict a clear representation of the structure and relationships across the CPSE team (and connections to other APHRC initiatives/projects)?

6.3 RECOMMENDATIONS FOR PROGRAMMING IN THE MEDIUM-TERM

Recommendation 15 [R15]. Deciding on the best use of Sida funding now and in the longer-term.

APHRC **and** Sida should reflect on CPSE financing in the short term as well as for programming beyond CPSE 2.0. Possible scenarios (among others) are briefly outlined below. In each case, we recommend careful consideration of a project/program design that is not only aspirational but is also actionable.

- **Scenario 1:** Bringing greater focus to CPSE 2.0. This means revisiting the project design. We have suggested some priority interventions for project implementation, which may bring more and better focus to CPSE 2.0 and/or subsequent iterations. It may be useful to factor in an inception phase for subsequent phases of the CPSE project.
- **Scenario 2:** Joint programming with a core group of tactical partners. This means anticipating CPSE 3.0 and initiating joint planning for a third phase *during* the CPSE 2.0 life cycle. Such a scenario would entail (i) using Sida funds as a core budget for the joint program; (ii) agreeing on a shared agenda and a 'division of labour' between partners; and (iii) agreeing on a mechanism for pooled funding.

- **Scenario 3:** Adopting an innovative financing mechanism for pooled funding. This means joint programming which includes non-traditional partners for CPSE, such as philanthropic organisations as well as private sector entities working in the SRHR domain. This would entail piloting an alternative financing mechanism, including ideation in year 1; testing and iteration in years 2,3 and 4; and scaling in subsequent CPSE phases.

Annex 1 - Terms of Reference

CHALLENGING THE POLITICS OF SOCIAL EXCLUSION PROJECT IMPLEMENTED BY THE AFRICAN POPULATION AND HEALTH RESEARCH CENTER (APHRC), 2018 TO 2024

END OF PHASE 1 EVALUATION

TERMS OF REFERENCE

Introduction

Name of grant holder: African Population and Health and Research Center (APHRC)	**Project title:** Challenging the Politics of Social Exclusion (CPSE)
Funder: The Swedish International Development Cooperation Agency (Sida)	**Project value:** SEK 76,000,000
Project start date: November 1, 2018	**Project end date:** December 31, 2024

Since 2018, the African Population and Health Research Center (APHRC) has been implementing the Challenging the Politics of Social Exclusion (CPSE) program, a research-to-policy program that is funded by the Swedish International Development Cooperation Agency (Sida). The program seeks to support the full domestication and implementation of national, regional, and continental commitments made by African countries to advance sexual and reproductive health and rights (SRHR). Through CPSE, APHRC serves as a critical and neutral knowledge partner to the constellation of actors seeking to fully domesticate and put these commitments into practice. APHRC supports these actors in developing and deploying effective evidence-based initiatives on three contentious SRHR issues:

1. Access to safe abortion and post-abortion care
2. Adolescents' SRHR
3. The social inclusion of lesbian, gay bisexual, transgender, queer, intersex, and other sexual and gender minorities (LGBTQI+) groups

CPSE's work is anchored on partnerships with key government and civil society bodies at the regional and sub-regional levels in Eastern, Southern, and Western Africa, and at the national level in seven countries: Burkina Faso, Kenya, Liberia, Malawi, Rwanda, Sierra Leone and Zambia. Across these geographies, CPSE encompasses three key pillars of work: *(i) evidence generation, (ii) using the evidence in policy engagement and advocacy, and (iii) strengthening core internal and external capacity.*

Theory of change

CPSE's activities are expected to deliver on four integrated outputs:

1. Policy- and program-relevant evidence on the three focus areas is **generated and synthesized** by APHRC and partners.
2. Evidence is **translated and strategically shared** to inform SRHR and social inclusion policies and programs.
3. APHRC as well as national, sub-regional and regional actors **have strengthened capacities** in generation, translation, and use of evidence on the three focus areas.
4. Partnerships are **built and sustained** to enable demand for the generation and uptake of evidence to inform SRHR and social inclusion policies and programs.

To achieve these outputs, CPSE engages and collaborates with various policy actors to implement research that responds to local and/or regional needs; identifies and addresses capacity gaps related to evidence generation, advocacy, and knowledge translation and use in evidence-informed decision making; and facilitates the use of evidence in SRHR-related decision making at the national, sub-regional, and regional levels.

If the project delivers on these outputs, it is expected that APHRC will realize two medium- and two long-term outcomes (2) outlined in the phase 1 results framework (Annex 1):

- Medium-term outcome 1: APHRC is recognized and engaged as a leading knowledge partner and neutral adviser by regional, sub-regional and national level SRHR policy actors
- Medium-term outcome 2: APHRC, national or sub-regional academic, CSO, or policy bodies engage more in, and advance the production of quality policy-relevant evidence on adolescent SRHR, abortion and LGBTQI+
- Long-term outcome 1: National, sub-regional, and regional policy actors seek and use relevant Africa-produced evidence in formulation, implementation and evaluation of policy and legislation on comprehensive SRHR and non-discrimination of LGBTQI+ groups
- Long-term outcome 2: Regional, sub-regional, or national-level decision makers shift behaviors, plans or perspectives, toward advancing policy commitments on access to safe abortion and post abortion care, comprehensive adolescent SRHR services and non-discrimination of LGBTQI+ groups, based on evidence

Project implementation

The CPSE project is implemented by a multidisciplinary team drawn from three integrated APHRC's technical programs: Research, Research and Related Capacity Strengthening (RRCS), and Policy Engagement and Communications (PEC). The Research Program has integrated work streams in four thematic areas: Human Development, Health and Well-being, Population Dynamics and Urbanization in Africa, and Data Science and Evaluation. One of the units within the Health and Wellbeing Theme is the Sexual, Reproductive, Maternal, Newborn, Child and Adolescent Health (SRMNCAH) unit, which leads the evidence generation activities within CPSE. The RRCS Program, through strategic partnerships, strives to nurture African research leadership by building a critical mass of researchers and stakeholders who can engage with policy actors in developing, reviewing, and implementing policies and programs relevant to the continent's development. The PEC Program builds relationships with key stakeholders and decision-makers at the national, regional, and global levels to ensure that contextual, relevant, and localized knowledge serves as a driver of change, especially in the policy arena.

Summary of project implementation (funding received, staffing, and key activities)

Funding

The following amounts have been disbursed by Sida to APHRC as October 31, 2024:

Date Funds Received	Disbursed Amount (SEK)	Expected (USD)	Received (USD)	Forex Gain/(Loss) (USD)
10-12-2018	9,500,000	1,055,556	1,055,356	(199)
28-08-2019	9,500,000	1,055,556	975,068	(80,488)
19-12-2019	4,000,000	444,444	425,205	(19,240)
12-11-2021	15,000,000	1,666,667	1,721,284	54,617
16-06-2022	9,500,000	1,055,556	923,501	(132,055)
20-04-2023	10,000,000	1,111,111	965,253	(145,859)
05-07-2023	5,500,000	611,111	507,602	(103,510)
14-02-2024	6,500,000	607,193	622,686	15,493

05-06-2024	6,500,000	607,193	618,759	11,566
Totals	**76,000,000**	**8,214,387**	**7,814,714**	**(399,675)**

Total bank interest earned 2018-2023: USD 66,579; Total bank interest earned 2024: USD 8,882
NB: The 2024 figures are unaudited. The 2024 audit report will be available on March 31, 2025.

APHRC has received funds equivalent to SEK 76,000,000, which is 100% of the total grant amount.

Staffing

- CPSE is implemented by a multidisciplinary team with the technical, programmatic and management expertise to undertake the proposed activities. APHRC's Executive Director and Deputy Executive Director, the Directors of Programs, and the heads of the PEC and RRCS programs guide the program's overall management and operations.
- The following is the list of the current core project staff:

Name	Position	Role
1. Anthony Ajayi	Research Scientist	Lead, adolescent SRHR research; lead, rapid response service
2. Bonnie Wandera	Associate Research Scientist	Investigator abortion research
3. Caroline Kabiru	Senior Research Scientist and Head, Sexual, Reproductive, Maternal, Newborn, Child, and Adolescent Health Unit	Project manager; strategic planning and reporting; technical oversight; investigator on the LGBTQI+ and adolescent SRHR research
4. Christopher Maero	Senior Policy Officer	West Africa sub-region focal point, managing partnerships, coordinating policy engagements, communications and capacity strengthening for partners
5. Emmanuel Otukpa	Research Officer	Investigator, adolescent SRHR and LGBTQI+ research; monitoring and evaluation (M&E) focal point
6. Emmy Igonya	Associate Research Scientist	Lead, LGBTQI+ research and knowledge management; investigator, COVID-19 research
7. Grace Kibunja	Head, Advocacy Unit	Strategic planning and reporting, provide oversight and implementation of advocacy activities, partnership building and engagement, and managing EAC, SADC PF, SADC and Economic Community of West African States (ECOWAS) partnerships
8. Issabelah Mutuku	Communications Officer	Oversee CPSE's communications and the development of knowledge products, and managing the GIMAC and other AU-related partnerships
9. Kenneth Juma	Research Officer	Investigator, abortion research
10. Mohammed Duba	Senior Advocacy Officer	East and Southern Africa sub-region focal point, managing partnerships, coordinating policy engagements, communications, and capacity strengthening for partners

11. Ramatou Ouedraogo	Research Scientist	Lead abortion research
12. Winnie Opondo	Administrative Officer	Project administration, reporting and MEL

Key activities undertaken

Evidence generation

In 2019, we brought together government, CSOs, academic, and technical partners to co-create a research agenda that pinpoints the evidence needed to catalyze positive change on adolescent SRHR; access to comprehensive abortion care; and enhance the inclusion of gender and sexual minorities. Drawing on the co-created research agenda[1], we conceptualized 11 studies that were undertaken in collaboration with in-country researchers. We also partnered with an IPAS Alliance-led consortium to conceptualize and undertake a study on the impacts of COVID-19 on SRHR service provision and uptake. The list of studies and the status of each study as of the end of 2023 is summarized in Table 2.

Primary research studies undertaken by the CPSE team

Title	Partners
1. The incidence of abortion, magnitude of complications, and health system costs of unsafe abortions in Sierra Leone	Statistics Sierra Leone
2. The incidence of abortion, magnitude of complications, and health system costs of unsafe abortions in Liberia	Clinton Health Access Initiative, Liberia
3. Understanding the experiences of pregnant and parenting adolescents in Malawi: a mixed-methods study	Centre for Social Research, University of Malawi
4. Understanding the experiences of pregnant and parenting adolescents in Burkina Faso: a mixed-methods study	Institut Supérieur des Sciences De La Population, Burkina Faso
5. Understanding the experiences of pregnant and parenting adolescents in Kenya: a mixed-methods study	Miss Koch Kenya; Directorate of Children's Services, Nairobi County
6. The lived experiences of the LGBT+ community in Rwanda: a mixed methods exploration of gender identity, sexual orientation, mental health, and public perception	Health Development Initiative, Rwanda

[1] Mwoka M, Ajayi AI, Kibunja G, Cheruiyot C, Ouedraogo R, Juma K, Igonya EK, Opondo W, Otukpa E, Kabiru C, Ushie BA. Cocreated regional research agenda for evidence-informed policy and advocacy to improve adolescent sexual and reproductive health and rights in sub-Saharan Africa. BMJ Glob Health. 2021 Apr;6(4):e005571. doi: 10.1136/bmjgh-2021-005571. PMID: 33811099; PMCID: PMC8023722.

Ajayi AI, Ouedraogo R, Juma K, Kibunja G, Cheruiyot C, Mwoka M, Igonya EK, Opondo W, Otukpa E, Kabiru CW, Ushie BA. Research priorities to support evidence-informed policies and advocacy for access to safe abortion care in sub-Saharan Africa. Sex Reprod Health Matters. 2021 Dec;29(1):1881207. doi: 10.1080/26410397.2021.1881207. PMID: 33587020; PMCID: PMC8009017.

Igonya, E. K., Ajayi, A. I., Otukpa, E., Juma, K., Ouedraogo, R., Kibunja, G., ... Ushie, B. A. (2022). Co-created research agenda to support advocacy toward social inclusion for sexual and gender minorities in sub-Saharan Africa. Journal of Gay & Lesbian Social Services, 34(3), 415–423. https://doi.org/10.1080/10538720.2022.2041523

Title	Partners
7. The lived experiences of the LGBT+ community in Kenya: a mixed methods exploration of gender identity, sexual orientation, mental health, and public perception	PEMA Kenya; Shinners; Health Options for Young Men AIDS and STIs (HOYMAS); Q-Initiative
8. Documenting the impact of COVID-19 response on reproductive health care service provision in sub-Saharan Africa	IPAS Alliance, Kenya; AMREF Health Africa, Kenya; the Centre for Reproductive Rights; the Reproductive Health Network Kenya; Planned Parenthood Global; and the Network for Adolescent and Youth of Africa (NAYA)
9. Increasing adolescents' access to sexual and reproductive health information and services in Malawi: a political economy analysis	HEARD Institute; Kamuzu University of Health Sciences
10. A political economy analysis towards LGBT inclusion in Nairobi, Mombasa, and Kisumu counties in Kenya	HEARD Institute; LGBTQI+ community involved as research assistants
11. The politics of abortion in a liberalized abortion context: a political economy analysis in Zambia	HEARD Institute; University of Zambia
12. Public opinion survey on abortion in Kenya	Geopoll

Advocacy

- Through CPSE, APHRC has established partnerships to foster the use of the evidence generated. Since 2019, the Center has developed partnerships and collaborated with governmental and non-governmental organizations that work on SRHR. These include ministries of health and education; regional and sub-regional bodies such as the East African Community (EAC), the Southern Africa Development Community (SADC), the SADC Parliamentary Forum (SADC-PF), and the African Union (AU) and its organs; CSOs and CSO networks; United Nations agencies; and key individuals such as religious leaders, healthcare providers, and members of parliament.
- CPSE established a rapid response service that responds to partners' evidence needs. Through the service, APHRC has provided evidence syntheses that have informed parliamentary discussions on the age of consent in Zimbabwe and the EAC SRHR Bill.

Capacity strengthening

- CPSE has strengthened the capacity of policy partners in several areas such as media engagement, social media, how to use evidence in the policy process, communication etc.
- CPSE has facilitated the delivery of the values clarification and attitudes transformation (VCAT) training, abortion methodology training and political economy analysis training to APHRC staff and partners.

Purpose of the evaluation

In line with the project's result-based management approach, the end-term evaluation is intended to help APHRC and Sida to: (i) take stock of the results and achievements of the project so far, (ii) to learn more about how the evidence has been translated into policies and programs, including lessons learned and good practices, and (iii) understand the progress, opportunities and challenges in the implementation of CPSE in order to identify avenues to strengthen the implementation of the project during the second phase of the project (December 2024 – December 2027).

The evaluation will cover the implementation period of the program from 2018-2024.

Evaluation objectives and questions

The objectives of the evaluation are to:

- **Assess progress against the objectives and outcomes of the CPSE project** at the national, sub-regional, and continental levels including how evidence generated has been translated into policies and programs, unintended positive and negative results, success stories, and lessons worth sharing for exemplification and learning.
  - Illustrative questions
    - To what extent were CPSE outcomes achieved?
    - Has the evidence generated been translated into policies and programs? Are there any lessons that can shape future efforts to foster evidence-informed decision making?
    - How effective have the stakeholder engagements been (media, civil society, etc.)?
    - Is there any evidence of shifts in discourse at societal and policy level towards social exclusion since the project began?
    - What capacities have been built by the CPSE team, internally and externally, and to what extent have such added abilities been applied as intended?
    - To what extent were partnerships established and leveraged to achieve project goals? Which partnerships have been key? How have key stakeholders been engaged? Where have critical partnerships taken longer to establish, or been left out entirely?
- **Explore how the CPSE project was designed and implemented (assess practice and changes)** including the balance between regional and national engagement to maximize the use of available resources and existing partnerships at APHRC and in the region.
  - Illustrative questions
    - How did regional engagement approaches align and influence national SRHR strategies and practices across the CPSE countries? In what ways could CPSE have had greater influence at sub-regional and regional level to drive policy and programmatic change related to the social inclusion of LGBTQI+ people?
    - Were there any significant delays in program implementation? If so, to what extent did these delays affect program timelines?
    - What opportunities has the project leveraged internally and externally to increase efficiency?
    - What major risks has the project faced and how have these risks affected results?
    - How has the project adjusted to external threats to progress identified in the project?
- **Assess the sustainability of the approaches used by the project and results** once the Sida grant comes to an end including assessing the partnerships established and how these partnerships can be sustained in CPSE 2.0 and beyond
  - Illustrative questions
    - Which approaches are scalable?
    - Which approaches are likely to be entrenched in the institutions and organizations strengthened?
    - How sustainable are the partnerships that have been developed?
- **Assess the project's monitoring, learning, and evaluation system**
  - Illustrative questions
    - How efficient is the project in tracking its results?
    - How efficiently has outcome harvesting been implemented?
    - How effective is the project's knowledge management process?

- Was the project set up efficiently in terms of staffing and budget to achieve results as envisaged in the program's theory of change and results framework?

Key stakeholders:

- Regional policy actors: AU, AUC, GIMAC, EAC, EALA, SADC, SADC PF, EANNASO, WAHO etc.
- Country-level policymakers and advocates: health, gender and education ministries, parliamentarians, advocacy stakeholders.
- United Nations agencies: UNFPA, UNESCO, and UNDP etc.
- Research bodies and universities: Guttmacher Institute, HEARD and country level research partners.
- Funder: Sida.
- Target groups: adolescents, women, LGBTQI+ groups.

Methodology

The evaluation questions will be based on Organisation for Economic Co-operation and Development/Development Assistance Committee (OECD/DAC) evaluation criteria, specifically looking at **relevance, coherence, effectiveness, efficiency, impact, and sustainability.**

To implement this assignment effectively, the Evaluation team must justify and employ relevant frameworks and methods to address the characteristic features of projects that are implemented in the terrain of politics —chaotic agenda-setting, pervasive deception and misinformation, overlapping, the shared responsibility of movements. The evaluation team will recommend and use a multitude of approaches and metrics to capture the reality of the influence of the project so far.

Deliverables (indicative timelines)

1. Inception report (four weeks after signing of contract). The inception report shall include background and context, evaluation purpose and objectives, evaluation matrix, approach and methods, limitations to the evaluation, proposed outline of the evaluation report etc. The inception report shall be submitted to markus.larsson@gov.se for approval.
2. Draft evaluation report (end of July). The evaluator will prepare a draft evaluation report as per agreed outline. The evaluator shall submit the draft to Sida and APHRC for review. The evaluator shall consider and incorporate, as appropriate, any feedback from Sida and APHRC. Sida and APHRC shall provide feedback in writing in two weeks. The draft evaluation report shall be submitted to markus.larsson@gov.se.
3. Presentations of findings (mid-August). The evaluator shall arrange presentations of the evaluation's findings to Sida and APHRC in separate or joint sessions. It is the responsibility of the consultant to initiate and arrange these sessions.
4. Final evaluation report (31st of August). The report should be technically easy to comprehend for non-evaluation specialists and should include an executive summary. The report shall be submitted to markus.larsson@gov.se

Anticipated Qualifications of the Evaluation Team

In addition to the qualifications already stated in the framework agreement for Global Health services, the consultants and the evaluation team shall have some of the recommended competencies:

- A multidisciplinary team of specialists in politics, sociology, law, health, research, statistics and monitoring and evaluation.

- Experience working with project target key population groups.
- Sound comprehension of adolescent health, safe abortion, and LGBTQI+ rights advocacy programs in sub-Saharan Africa.
- Master's Degrees or equivalent in Sociology, Politics, Human Rights Law, International Development, or related fields. PHDs are an added advantage
- A minimum of 10 years of professional experience, which includes at least 5 years in evaluating international donor funded programs.
- Extensive knowledge and research experience in sub-Saharan African countries
- Proven experience in conducting surveys, evaluations and assessing development programs.

Members from the target population community are encouraged to apply.

Budget and resources

The assignment is expected to take approximately 50 days. The final report needs to be submitted by no later than 31 August 2025. A detailed timeline is to be provided by the consultant in the Inception Report, taking into account the deadlines provided above.

The maximum budget amount available for the evaluation is six hundred thousand Swedish kronor (SEK 600,000).

A budget for the assignment, including consultant fees, travel (virtual meetings can substitute some of the country-visits), and other relevant expenses, will be developed and agreed upon in line with the proposed work plan during the inception phase.

Interested consultants should submit the following:

- A technical proposal detailing the proposed methodology, approach, and timeline for the assignment.
- A financial proposal outlining the estimated costs.
- CV(s) of the consultant(s), highlighting relevant experience in SRHR and organizational assessments.
- Examples of similar assignments conducted in the SRHR or related sectors.

The consultant will be required to arrange the logistics, such as booking interviews, preparing visits, including any necessary security arrangements.

Proposal should be submitted to markus.larsson@gov.se with copy to omar.gueye@gov.se and sanele.mabizela@gov.se

The timelines for submitting the proposal should follow the agreed timelines as stated in Sida's framework for evaluation services.

List of Background and Key Documents

Available from the project team

a. Project documents
    i. Proposal, with theory of change and results framework
    ii. Annual work plans
    iii. Annual reports
    iv. Audit reports

v. Results tracker
vi. Research protocols and key CPSE publications
vii. Outcome harvesting reports

b. Other relevant materials
i. Sweden's regional strategy for SRHR in Sub-Saharan Africa
ii. APHRC's Strategic Plans (2017-2021, 2022-2026)

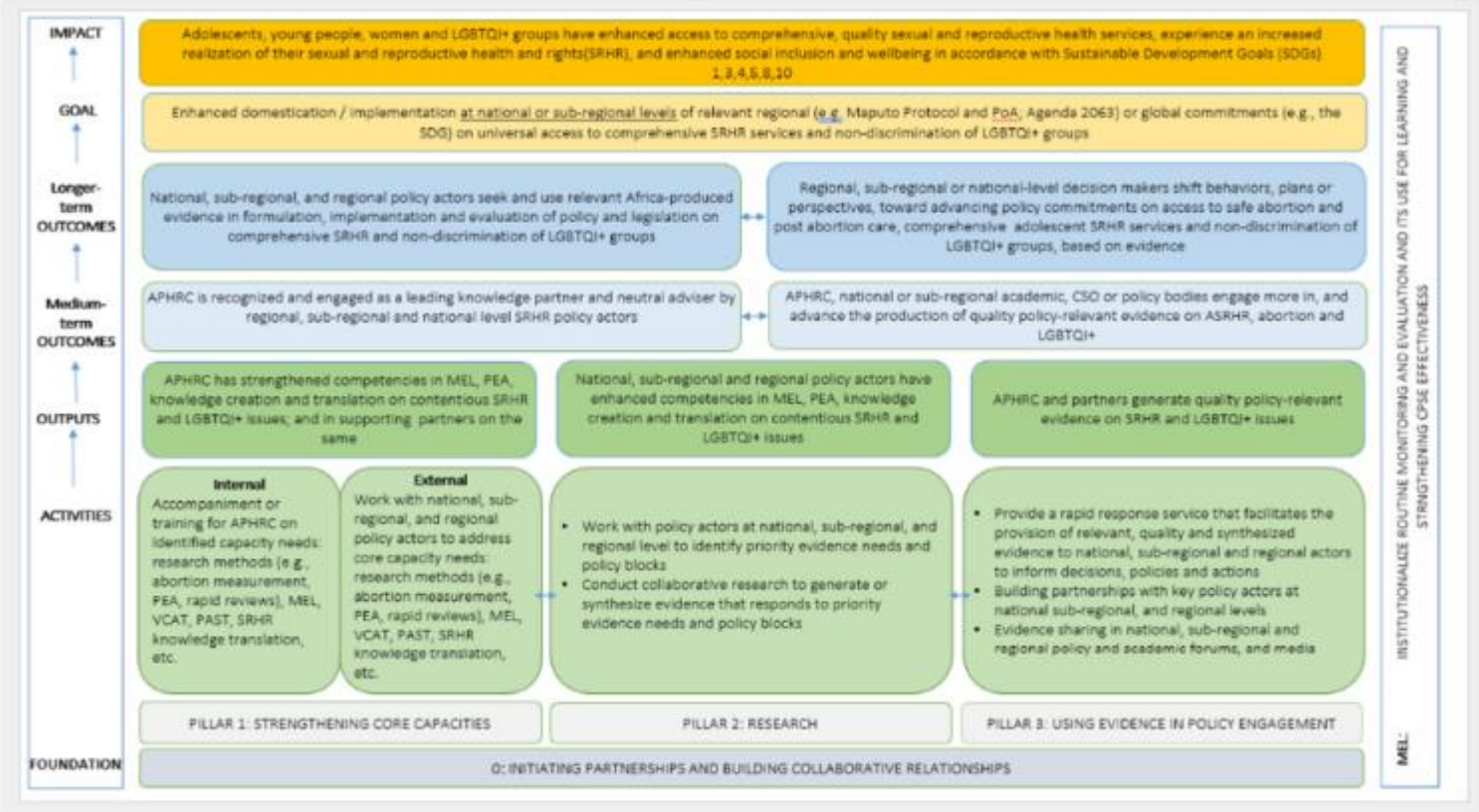
Additional documents and information will be provided upon request.

Contact people

For questions before submission of proposal, the contact person is Markus Larsson, Sida (email: markus.larsson@gov.se)

Relevant project documentation will be provided by APHRC and if any problems arise during the evaluation process, the contact persons are Caroline Kabiru, APHRC (email: ckabiru@aphrc.org), Winnie Opondo, APHRC (email: wopondo@aphrc.org) and Markus Larsson, Sida (email: markus.larsson@gov.se)

Annex 1: Results Framework



Annex 2 - Evaluation Matrix

Evaluation questions and Judgement Criteria (JC)	Sub-questions and probes	Methods	Sources	Comments
A. Effectiveness, Relevance and Coherence: Progress towards planned outcomes				
EQ1. To what extent were CPSE outcomes achieved? **JC:** Evidence of: (a) increased recognition of APHRC as a leading knowledge partner and neutral adviser by partners at all levels; and (b) production of policy-relevant evidence on adolescent SRHR / abortion / LGBTQI+ (medium-term outcomes)	1.1. To what extent can APHRC be considered a leading knowledge partner? How do we know this? ***Probe***: key partnerships in three focus areas (i) Access to safe abortion and post-abortion care; (ii) Adolescents' SRHR; and (iii) LGBTQI+ groups).	Desk review; KII; Survey	All respondent groups	
	1.2. To what extent did APHRC advance the production of evidence in the three focus areas?	Desk review		
	1.3. How safe were key assumptions behind causal pathways from outputs to outcomes?	Desk review; ToC analysis	CPSE Team	
EQ2. To what extent has the evidence generated been translated into policies and programs? (EQ2) **JC:** Evidence of: (a) primary research studies conceptualised and undertaken in collaboration with in-country researchers; (b) collaborative dissemination (c) policy/programmatic changes	2.1. How collaborative was the process of *identifying* policy blocks? ***Probe***: scoping reviews.	Desk review; KII	CPSE Team; Regional partners; Sub-regional partners; CSOs; Ministries; Members of Parliament	
	2.2. How effective was collaboration between APHRC staff and knowledge partners in *generating the evidence needed* to address these policy blocks? ***Probe***: co-creation of a research agenda.			
	2.3. How have research studies/findings been used by policy actors/decision-makers to inform policies and/or programs? ***Probe***: examples in the Annual Reports			

EQ3. To what extent have stakeholder engagements been effective? **JC:** Evidence of: (a) Advocacy Strategy implementation; (b) effective rapid response service	3.1. How has the CPSE Advocacy Strategy been implemented; could the strategy be strengthened? ***Probe***: country-level engagement of CSOs representing those most affected by targeted national policies in developing and executing the Advocacy Strategy objectives.	Desk review; KII	CPSE Team; Regional partners; Sub-regional partners; CSOs; Ministries; Members of Parliament	
	3.2. To what extent has the CPSE rapid response service met partners' evidence needs at regional and national levels; how could this service be strengthened?	Desk review; KII; Survey		
	3.3. To what extent have research findings been perceived as relevant by the policy actors and/or decision makers at various levels? ***Probe***: limited traction with ECOWAS.	Desk review; KII		
EQ4. What capacities have been built by the CPSE team, internally and externally; to what extent have such added abilities been applied as intended? **JC:** Evidence of application of acquired capacities in: media engagement, evidence-use in the policy process, VCAT training, abortion methodology training; MEL training and PEA training.	4.1. What were the strengths of CPSE capacity building activities? ***Probe***: (i) PEA and synthesis; (ii) VCAT; (iii) evidence-use in the policy process; (iv) SRHR reporting by the media; (v) use research methods by interns and early career researchers.	Desk review; KII; Survey	CPSE Team; CSOs and other policy actors	
	4.2. How have participants in capacity strengthening interventions utilised their acquired skills?			
	4.3. What were the weaknesses of CPSE capacity building activities? ***Probe***: capacity needs assessment; absence of a capacity building plan; capacity building in MEL.			
EQ5. To what extent were partnerships established and leveraged to achieve project goals? **JC:** Evidence of: (a) synergies between knowledge partners, policy actors, decision makers; (b) processes to engage critically important partners and partners left out; (c) issue-specific advocacy with CSO partners.	5.1. To what extent did project activities create synergies between partners? ***Probe***: other Sida grantees leveraged as CPSE partners (e.g., SADC-PF; the EAC's Health Systems, Research and Policy Unit; IPPF; UNFPA ESARO; FEMNET).	Desk review; KII; Survey	CPSE Team; Regional partners; Sub-regional partners; CSOs	
	5.2. Which partners were considered critically important partners; are they still critically important? ***Probe***: examples of partnerships (knowledge partners, policy actors, and decision makers) for issue-specific advocacy.			
	5.3. Which critically important partners were left out; should they be a focus for future programming? ***Probe:*** stakeholder/partner mapping.			

EQ6. To what extent did the design of regional engagement approaches align with *SRHR practice* in order to influence national strategies and practices across the CPSE countries? **JC:** Evidence of (a) aligned regional engagement approaches and national SRHR strategies and practices; (b) influence of regional engagement on national strategies and practices.	6.1. What was done to ensure regional engagement approaches aligned with SRHR practice? 6.2. To what extent did partnerships at regional level influence national SRHR strategies and practices? **Probe:** domestication of regional policy objectives/commitments. 6.3. What were the major challenges in domesticating regional/global commitments at national and/or sub-regional levels?	Desk review; KII	CPSE Team; Regional partners; Sub-regional partners; Ministries; Members of Parliament	
EQ7. In what ways could CPSE have had greater influence at sub-regional and regional level to drive policy and programmatic change related to the *social inclusion of LGBTQI+ people*? **JC:** Evidence of: (a) effective regional / sub-regional strategies for social inclusion of LGBTQI+ people; and (b) national-level policy / programmatic change.	7.1. What were the strengths of CPSE sub-regional and regional engagement in the context of social inclusion of LGBTQI+ people? ***Probe:*** stakeholder expectations around engagement at sub-regional level? 7.2. What were the challenges in domesticating regional/global commitments at national and/or sub-regional levels? ***Probe assumption:*** Research on focus areas is accepted by research participants and policy actors (ref. revised results framework).	Desk review; KII; (sub-regional)	CPSE Team; Regional partners; Sub-regional partners; Ministries; Members of Parliament	
EQ8. What major risks has the project faced and how have these risks affected results? **JC:** Evidence of: (a) CPSE risk analysis and unanticipated risks; (b) risks that transpired to affect results.	8.1. Which identified risks transpired to affect results? 8.2. Which unanticipated threats affected results? 8.3. To what extent were the risks effectively mitigated? ***Probe:*** more/less successful mitigation strategies; Sida support in risk mitigation.	Desk review; KII	CPSE Team	
EQ9. How has the project adjusted to external threats to progress identified in the project? **JC:** Evidence of: (a) project change-management (adaptation to identified external threats) allowing the project to remain relevant; (b) political economy factors (c) potential trade-offs in partner institutions, given political economy factors.	9.1. What changes in its external context did the project experience? ***Probe***: political economy factors (e.g., government policies, economic systems, and shifts in international development cooperation); potential trade-offs in partner institutions, given political economy factors. 9.2. How did the project adapt in response to contextual change, allowing the project to remain relevant? ***Probe:*** project process for monitoring/adapting to contextual change at various levels?	Desk review; KII; Survey	CPSE Team; Regional partners; Sub-regional partners; CSOs Ministries; Members of Parliament	

Evaluation questions and Judgement Criteria (JC)	Sub-questions and probes	Methods	Sources	Comments
B. Efficiency: Project implementation and monitoring, evaluation and learning (MEL)				
EQ10. Were there any significant delays in program implementation? If so, to what extent did these delays affect program timelines? JC: Evidence of impact on timely delivery of results	10.1. What were the major causes of delay during CPSE implementation? 10.2. What were the unintended (positive and negative) consequences of these delays?	Desk review Desk review; KII	Sida managers, APHRC leadership, CPSE Team, Regional partners; Sub-regional partners,	
EQ11. What opportunities has the project leveraged internally and externally to increase efficiency? JC: Evidence of efficiently managed and adjusted operational budgets, converting inputs (funds, expertise, natural resources, time, etc.) into results	11.1. What *internal* opportunities arose (e.g., other projects, new funding, partnerships) arose to achieve more with fewer resources; how were they leveraged to increase efficiency (e.g., combining activities targeting similar stakeholders)? ***Probe***: capacities for resource mobilisation; examples of adaptations made in resource allocation (time/staffing) to take advantage of opportunities or adapt to changes in context. 11.2. What *external* opportunities (e.g., other projects, new funding, partnerships) arose to expand the work; how were they leveraged to increase efficiency? ***Probe***: initiatives to address other factors behind policy blocks 11.3. To what extent were CPSE audit reports utilised for efficient financial management? How could the audit reports be improved?	Desk review, KII Desk review, KII Desk review, KII	APHRC; CPSE Team. APHRC; International partners; Regional partners; Sub-regional partners	
EQ12. How efficient is the project in tracking its results? JC: Evidence of: (a) monitoring tools and outputs; (b) capacity building in MEL; (c) generated learnings and their use in project management.	12.1. In which ways could the Results Tracker be strengthened to serve as a MEL plan? ***Probe***: choice of indicators; development of monitoring tools; mix of qualitative and quantitative reporting. 12.2. How useful was the training in MEL? ***Probe***: APHRC staff/trained in MEL; how APHRC staff / targeted partners applied MEL training at various levels.	Desk review, KII Desk review, KII	CPSE staff - FG, target CSO partners	

	12.3. How were learnings generated and used in project change management? ***Probe:*** frequency of learnings; examples of adaptations; staff assigned responsibilities for change management	KIIs	Sida (biannual reviews), APHRC, CPSE team	
EQ13. How efficiently has outcome harvesting been implemented? JC: Evidence of efficient use of outcome harvesting methodologies.	13.1. What are the pros and cons of outcome harvesting in tracking results? 13.2. What is the relationship between harvested outcomes and the results framework?	Desk review, KII	CPSE Team; Regional partners; Sub-regional partners; CSOs	
EQ14. How effective is the project's knowledge management process? JC: Evidence of knowledge management processes, outputs.	14.1. What are the strengths and weaknesses of the CPSE knowledge management process? **Probe:** project's knowledge products in Appendix 1, Results Tracker 14.2. How do users of knowledge outputs provide feedback on the relevance, quality and timeliness of these outputs?	Desk review, KII Desk review, KII, survey	CPSE Team; Regional partners; Sub-regional partners; CSOs; Ministries; Members of Parliament	
EQ15. Was the project set up efficiently in terms of staffing and budget to achieve results as envisaged in the program's theory of change and results framework? JC: Evidence of adequate available human and financial resources relative to the project's thematic and geographic scope.	15.1. Were available financial resources sufficient to achieve results, given the project's thematic and geographic scope? ***Probe*:** process of making decisions on resource allocation given budget parameters; factors influencing decisions on resource allocation across themes and geographies. 15.3. Were available human resources sufficient to achieve results, given the project's thematic and geographic scope? ***Probe***: available in-house skill sets; effects of the lack of a staff presence in target countries; 15.2. How did CPSE staffing and management structure change over the course of the project? ***Probe***: outsourcing to consultants research organisations; links to leveraging internal/external opportunities (EQ11).	Desk review, KII	Sida managers, APHRC leadership, CPSE team, sub-regional partners	
Evaluation questions and Judgement Criteria (JC)	**Sub-questions and probes**	**Methods**	**Sources**	**Comments**

C. Impact & Sustainability of the project's approaches and results				
EQ16. Which approaches are scalable? **JC:** Evidence of: (a) the overall positive gains or advantages (net benefits) derived from CPSE interventions that are likely to continue; and (b) APHRC's role in contributing to longer-term outcomes, including unintended positive / negative consequences of the contribution.	16.1. Which approach/intervention to promote the demand and use of evidence by decision makers shows the greatest overall positive gains? ***Probe:*** how CPSE project design reflected future replication of approaches across countries and how the design was realised. 16.2. Which proven approach/intervention in one geography could/should be replicated in other geographies? ***Probe:*** synergies between partners to promote replication.	Desk review; KII; ToC analysis	International partners; APHRC leadership; CPSE Team	
EQ17. Is there any evidence of shifts in discourse at societal and policy level towards social exclusion since the project began? [Former EQ4]	17.1. What have been the unintended (positive or negative) consequences, if any, of APHRC's contribution to policy uptake and deepened policy commitment to address social exclusion? ***Probe:*** Pivot to systems-thinking approach.	Desk review; ToC analysis	CPSE Team	
EQ18. Which approaches are likely to be entrenched in the institutions and organisations strengthened? **JC:** Evidence of partner institutions/organisations with the financial and institutional capacities to sustain interventions introduced through the CPSE project	18.1. Which partner institutions/organisations have the financial and institutional capacities to sustain interventions introduced through the CPSE project? ***Probe*:** international partners, sub-regional, country-based institutions/organisations.	Desk review; KII	All respondents	
	18. 2. What are the main perceived barriers to institutionalising CPSE approaches?	Desk review; ToC analysis	CPSE Team	
EQ19. How sustainable are the partnerships that have been developed? **JC:** Evidence of partnerships that can sustain responses to ongoing/increasing demand for evidence.	19.1. To what extent do key CPSE partnerships benefit from (a) a long-term shared vision of what they want to achieve in addressing policy blocks; and (b) incentives for knowledge partners to continue/deepen the relationships. ***Probe:*** new partnership model in Strategy 2022-2026	Desk review; KII	All respondents	
	19.2. Are these partnerships that can be leveraged to sustain responses to an ongoing/increasing demand for evidence from policy actors and decision-makers?	Desk review; KII	All respondents	

Annex 3 - List of Documents Reviewed

APHRC documents

APHRC 2017. Strategic Plan 2017-2021

APHRC 2018. Project proposal, Challenging the politics of social exclusion: A regional research and advocacy approach to contentious SRHR issues in sub-Saharan Africa

APHRC 2020. CPSE Advocacy Strategy

APHRC 2021. Rapid Response Brochure

APHRC 2022. Strategic Plan 2022-2026

APHRC 2024. Project proposal, Challenging the politics of social exclusion: A regional research and advocacy approach to contentious SRHR issues in sub-Saharan Africa

APHRC 2025. Final Technical Report (2018-2024)

CPSE project documents

CPSE Results Tracker, 2018

CPSE 2020. Annual Report 2019

CPSE 2021. Annual Report 2020

CPSE 2022, Annual Report, 2021

CPSE 2023, Annual Report, 2022

CPSE 2024, Annual Report, 2023

CPSE Annual Workplans for 2018, 2019, 2020, 2021, 2022, 2023, and 2024

CPSE Outcome Harvesting Workshop Reports for 2022, 2023, 2024

CPSE Audit reports, 2020, 2021, 2022, 2023, 2024.

CPSE Research

APHRC 2021. Adolescent sexual and reproductive health in Libera: A review of the legal and policy landscape (Draft)

APHRC (Undated draft). Adolescent sexual and reproductive health in Malawi: A review of the legal and policy landscape

APHRC (Undated draft). Increasing Adolescents' Access to Sexual and Reproductive Health Information and Services in Malawi: A problem-driven political economy analysis.

CPSE Publications

Abortion:

Sierra Leone

Evidence Brief. Abortion Incidence and Severity of Complications in Sierra Leone: Evidence brief. October 2022.

Study Report. Abortion Incidence and Severity of Complications in Sierra Leone (Freetown: African Population and Health Research Center, Statistics Sierra Leone, Ministry of Health and Sanitation, Sierra Leone and Guttmacher Institute 2022).
Fact Sheet. Abortion Incidence and Severity of Complications in Sierra Leone. October 2022.
Liberia
Fact sheet. Abortion Incidence and Severity of Related Complications in Liberia (2022)
Evidence Brief. Abortion Incidence and Severity of Related Complications in Liberia
Report. Abortion incidence and severity of complications in Liberia: Key findings from the 2021 National Study (Monrovia, Liberia: Ministry of Health, Liberia, African Population and Health Research Center, Clinton Health Access Initiative Liberia, and Guttmacher Institute 2022).

SRHR:
Burkina Faso (English versions)
Study brief. Understanding the experiences of pregnant and parenting adolescents in Central Region, Burkina Faso - English online version
Fact sheet. Understanding the experiences of pregnant and parenting adolescents in Central Region, Burkina Faso - English online version
Full Report. APHRC and ISSP (2022). Understanding the experiences of pregnant and parenting adolescents in Central Region, Burkina Faso. APHRC, Nairobi, Kenya
Malawi

- Report. Increasing Adolescents' Access to Sexual and Reproductive Health Information and Services in Malawi: A Problem Driven Political Economy Analysis
- Study Brief. Understanding the Experiences of Pregnant and Parenting Adolescents in Blantyre, Southern Malawi. March 2022.
- Study Report. Understanding the experiences of pregnant and parenting adolescents in Blantyre, Southern Malawi. APHRC, Nairobi, Kenya (Study Report: APHRC and CSR 2022).

Kenya
Fact sheet. September 2023, Understanding the Lived Experiences of Pregnant and Parenting Adolescents in Korogocho, Nairobi
Report. APHRC, Miss Koch Kenya and the Directorate of Children's Services, Nairobi County (2023). Understanding the experiences of pregnant and parenting adolescents in Korogocho, Nairobi, Kenya.
Regional
Policy Brief. Impact of the COVID-19 Pandemic on Sexual and Reproductive Health Services in Burkina Faso, Ethiopia, Kenya, Malawi and Uganda (April 2021)

LGBTQI+:
Kenya
Evidence Brief. APHRC 2024: The politics of social (in) exclusion of LGBTQ+ people in Kenya:

Report. APHRC 2024. The politics of social (in) exclusion of LGBTQ+ people in Kenya: A political economy analysis
Report. APHRC 2024: A political economy analysis Individual Views and Actions, and Public Perceptions Towards Sexual and Gender Minorities in Kenya
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Annex 4 - List of Persons Consulted

	Name of Interviewee	Organisation	Position
1	Respondent	ACERWC	Special Rapporteur for Health and Wellbeing
2	Respondent	Health Department, EAC Secretariat	Head of Capacity Building
3	Respondent	Health Department, EALA	Senior Health Informatics Officer
4	Respondent	SADC-PF	Director of Research
5	Respondent	EACRN	Executive Director
6	Respondent	SHRHR Alliance	Head of Programs and Advocacy
7	Respondent	IPAS	Policy and Advocacy Manager
8	Respondent	UNDP Hub on LGBTI+ and Key Populations HIV and Health Group	Manager
9	Respondent	Embassy of Sweden, Pretoria	Regional Advisor on SRHR
10	Respondent	Embassy of Sweden, Pretoria	Financial and Operational Controller, Team- SRHR
11	Respondent	Embassy of Sweden, Pretoria	Financial and Operational Controller
12	Respondent	PEMA (Kenya)	Executive Director
13	Respondent	Mombasa Women of Faith and member of the Inter-Religious Council of Kenya	Pastor, Vice Chair
14	Respondent	Mombasa County, Kenya	National Police Officer
15	Respondent	Pan Africa ILGA	Lawyer and Programmes Manager
16	Respondent	Malawi Broadcasting Corporation, Malawi	Writer and media collaborator
17	Respondent	SRHR Africa Trust (SAT), Malawi	Country Coordinator
18	Respondent	Ministry of Health, Malawi	Deputy Director, Reproductive Health

19	Respondent	University of Malawi	Professor
20	Respondent	Youth Action Movement Sierra Leone (YAMSL)	Former National President, and current Family Planning 2030 Youth Focal Point for Sierra Leone
21	Respondent	50/50 Group, CSO in Sierra Leone	Leader 50/50 Group, and member of People's Alliance for Reproductive Health Advocacy (PARHA)
22	Respondent	APHRC	Deputy Director
23	Respondent	APHRC	Project manager / Lead on evidence generation
24	Respondent	APHRC	Project administration and MEL
26	Respondent	APHRC	Advocacy/ESARO focal point
27	Respondent	APHRC	West Africa sub-region focal point
28	Respondent	APHRC	Adolescent SRHR research;
30	Respondent	APHRC	Communications Officer
31	Respondent	APHRC	Communications Assistant
32	Respondent	APHRC	LGBTQI+ research
33	Respondent	APHRC	Adolescent SRHR and LGBTQI+ research
34	Respondent	APHRC	Abortion research
35	Respondent	APHRC	Abortion research
36	Respondent	APHRC	Abortion research
37	Respondent	APHRC	Former CPSE Policy Engagement Manager
38	Respondent	APHRC	Program Accountant

Annex 5 - Regional Spotlight. The Risk of 'Projectising' Regional Engagement

Can the same approaches used to support EIDM at country level also effect change at regional level; and what is the specific change we want to see? A response to this question points towards an analysis of the regional political economy context, unpacking the factors that can promote, or inhibit, data uptake by regional policy makers. The proposal for CPSE 1.0 Project underlined the need for 'mapping, understanding and documenting the regional landscape of key actors, policies, networks and practices that have the potential to drive desired change on the ground' (APHRC 2018). Yet this remains to be done; "*we need to map who we really need to engage with and how we can engage"* (KII: CPSE team).

Three *systemic challenges* (see section 2.2.3) of this report are particularly relevant at the regional level. These are all anticipated risks included in the CPSE risk matrix and/or recognised external threats.

1. Lengthy and complicated policy processes. Policy discussions at regional level are generally lengthy in process and 'heavy' in terms of dialogue structures, often requiring discussions in different committees and input from several (political) actors. Such policy dialogue processes require a sustained and multi-layered engagement. Other policy discussions benefit from a shorter decision-making chain; engagement in these dialogues may be *"opportunistic",* as evidence may be introduced to decision makers at specific junctures (KII: CPSE). The nature of the desired outcome thus determines the methods as well as intensity of engagement required.

2. Slow uptake of evidence. The quality of CPSE data is not contested by stakeholders. Generally, slow evidence uptake, or indeed push-back on findings, has been attributed to two related factors: *a lack of political will in the context of cultural and religious sensitivities*, where politicians may fear the loss of support if they advocate for 'unpopular' policies; and the *supply of evidence without the demand from politicians*. Yet there appears to be an underlying story: those with the `will' cannot overcome the hurdle of coordinating multiple stakeholders in order to tak*e collective action*; solutions to certain problems require multi-stakeholder collaboration but the level of multi-stakeholder agreement required for change to happen is difficult to achieve.

3. Perception that international frameworks are informed by 'foreign' ideas. CPSE Project reporting often refers to the challenging perception that some ideas contained in international frameworks are donor-driven and have no relevance in African countries. This is a highly complex issue, anchored as it is in broader political economy of relations between institutions in Africa and Europe; relatedly, there is the question of incentives for high-level AU and government officials to engage with such 'foreign ideas' and the management of financial expectations.

In sum, *building relationships of trust to promote collaboration with regional institutions requires time*; decision-makers' 'political will' is determined by *politics*

that are different at regional, sub-regional and national levels; and like many organisations in Africa, APHRC is marked by a *dependency on uncertain external funding to sustain its activities.* We suggest that these three points converge is an overarching risk: the ***risk of 'projectising' regional engagement***. It is unlikely that a relatively small, short-term project such as CPSE, with limited resources, can effect behavioural shifts at regional level, in terms of changed perspectives on policy commitments across the three focal areas.

The CPSE Team have sensibly taken *a building block approach*, 'steadily positioning ourselves as a key advisor to policy actors' at various levels (APHRC 2024). Engagement with sub-regional partners has presented opportunities to accelerate the enactment of progressive Model Laws by the EAC and SADC, in line with regional policy objectives, Similarly, the CPSE Project offers prospects for national ministries to engage with relevant evidence in adapting policy objectives, adopting progressive legislation, and implementing appropriate strategies and programmes that translate policy intent into action.

This said, planning what can be achieved in a short-term project context is not the same as planning for longer-term substantive developmental change. "*Engaging at the regional level is important as an accountability lens for our work, but the balance between regional and country-level activities remains a challenge*" (KII: CPSE team).

Annex 6 - Sub-Regional Spotlight: Strategic Planning for Focused Sub-Regional Engagement

Evaluation findings suggest the following:

- Working in multiple countries is not the same as working sub-regionally; the SADC SRHR Strategy (2019 – 2030) and Scorecard is an example of how working jointly across Member States added value to advancing SRHR within the countries.
- Reduced duplication, fragmentation and competition for funds does not happen by accident; working through a sub-regional lens promotes a more coherent approach to SRHR and increasing coverage and impact.
- Joint programming is an opportunity to expand resource availability while also reducing transaction costs.

The focus areas for CPSE 2.0 (safe abortion services; development of policies on the readmission and retention of pregnant girls in school, and implementation of the law on Child Marriage, and inclusion of LGBTQI+ rights in Member States' efforts to align with regional policies and legal frameworks) align closely with three (of the ten) outcomes, in the SADC SRHR Strategy. These are (i) rates of unplanned pregnancies and unsafe abortion reduced; (ii) universal access ensured to integrated, comprehensive SRH services; and (iii) an enabling environment created for key young people and other vulnerable populations to enhance their lives and well-being. Moreover, the CPSE EIDM model is a good 'fit' in terms of implementation modalities to accelerate, advance and realise SRHR commitments that are set out in the Strategy.

Overall, the CPSE 2.0 Project can play a key role supporting the **SADC Secretariat** and its strategic partners in their efforts to domesticate the SADC SRHR Strategy by *sharing evidence on good practice*,. The CPSE team may support **Member States** by '*generating and sharing strategic information;* participating in *evidence-based advocacy* to ensure that the legal and political environment is conducive to the realisation of SRHR for all sections of the population (including LGBTQI+ groups); [and] p*roviding technical support* [in target countries] for the annual submission of completed scorecard to the SADC Ministers of Health Meeting' (SADC, 2019). Similarly, the CPSE team may collaborate with **CSOs** in (i) '*developing targeted messages to address social and cultural barriers to the realisation of SRHR'*; and (ii) '*advocating for the necessary resource mobilisation to address key systemic barriers to the realisation of inclusive SRHR, with a focus on LGBTQI+ groups*' (SADC, 2019). However, we note a potential bottleneck. To mitigate the risk of the 'slow pace of buy-in for partnerships' (a risk which affected the performance of CPSE 1.0), the CPSE

team intended to develop annual plans for individual sub-regions, i.e., EAC/EALA, SADC and SADC PF, ECOWAS and WAHO. But this mitigating measure may itself generate a further risk: *the Project team may be overstretched by the implementation and management of multiple workplans.*

To avoid this risk, it will be necessary to develop a *single time-bound medium-term strategic plan for CPSE engagement in EIDM.* But this strategic plan must ***strike a balance*** between (a) a shared understanding of the politics of social exclusion across all sub-regions and (b) the specific policy directions of sub-regions (e.g., EAC and SADC). On the one hand, would be based on a common set of planning targets, such as the SADC Scorecard indicators (which were designed in collaboration with the EAC Secretariat). On the other hand, it would allow Member States to focus on specific indicators, such as: (i) Legal status of abortion; (ii) Adolescent birth rate, 10 – 19 years of age; and (ii) Existence of laws and policies that allow adolescents to access SRH services without third party authorisation. In some Member States, there may be opportunities to explore how some indicators may be disaggregated to include LGBTQI+ groups; e.g., Percentage reduction in new HIV infections; and Percentage of condom use with last high-risk sex.

Such a strategic plan serves as a framework for the CPSE team to define what can be realistically achieved within a 4–5-year period, providing the necessary scaffolding for focused annual workplans, as well as shaping the team and required skills-set for project management.

Annex 7 - Kenya Spotlight: Engaging Those Most Affected by LGBTQI+ Issues in Kenya

Not everyone who chased the zebra caught it, but he who caught it, chased it ~African proverb

Overall, Kenya made some progress in advancing LGBTQ+ rights during CPSE's first phase. These included the legal recognition of intersex persons and landmark court rulings affirming the rights of LGBT+ individuals. The government has also taken steps to reduce stigma in healthcare settings and to sensitise law enforcement and judicial officers on LGBT+ issues.[24]

Despite this progress, consensual same-sex relationships continue to be criminalised. Proposed legislation (Family Protection Bill introduced in 2023) would impose even harsher penalties. Sadly, civil society reports increasing violence against LGBT+ people that limits their ability to engage in public life and development.

CPSE's contribution to advancing rights and improving the lives of LGBTQ+ is most evident when hearing from those who participated directly in generating new evidence, as well as those who used the evidence to strengthen their advocacy and commitment to changing their own communities. *"We had participated in research before, but never in research like this. We raised funds to use the research findings for advocacy – like holding dialogues with government units"* (KII, CSO, Mombasa).

Though SGMs are well aware of their lived realities, documenting their stories was powerful for them and for those in their communities who didn't know, or who previously chose to ignore. *"Before I went to this meeting I never had any insights about them and what they are facing - I heard life testimonials, and these touched my heart and soul. I made up my mind then – God said that all he created is good….. Some of the leaders present at the meeting were quite harsh, saying things like 'why do you waste our time' and a few left the meeting. But I convinced many who were there to stay calm and to listen so that they could know the whole issue"* (KII: Religious Leader, Mombasa). *"CPSE's research has been so helpful! Particularly in my area, it helps me in this community – the community is trying to accept"* (KII, National Police Officer).

[24] UNDP (2024). African Commission on Human and Peoples' Rights Resolution 275: Ten Years of Advancing LGBT+ Rights in Africa.

The project supported researchers and advocates to move toward their goal incrementally in the face of setbacks and obstacles. Given global shifts in public opinion and strengthened anti-rights and anti-gender movements, CPSE 2.0 will encounter even greater opposition with its LGBTQ+ agenda. One long time advocate in this space opined: "*Progress over the next 3 years may mean no further backsliding*" (KII, UNDP).

CSO partners in Kenya are an important source of data on how the context is changing. And in spite of the potential danger, some are eager to speak out in public. In the words of one CSO advocate: *I have been in the public eye for a long time. Even in national meetings that include those who stand opposed to our agenda, I could be a voice to expand on CPSE's research data and answer questions.* ***Advocacy needs a face****"* (KII, CSO, Mombasa County).

If CPSE 2.0 combines multi-country analysis of existing data (their own as well as others'), additional implementation research on grassroots advocacy efforts in Kenya (such as community dialogues), with a key tactical partnership at regional level, the project's research synthesis may have an even greater potential influence beyond Kenya and Rwanda.

Annex 8 – Malawi Spotlight: Multi-dimensional Problems Require Multi-dimensional Solutions

"One piece of firewood does not make the pot boil" - Chewa Proverb

The project's two completed primary research studies (*understanding the experiences of pregnant and parenting adolescents'* and a *political economy analysis of adolescents' access to sexual and reproductive health information and services*) in Malawi informed ongoing multi-sectoral efforts to better enable parenting adolescents to continue their education. In Malawi, as in many parts of Africa, adolescent girls who get pregnant often drop out of school, resulting in widening gender inequalities in schooling and economic participation. Few interventions have focused on education and economic empowerment of adolescent mothers in the region.

One of the key objectives of the PEA on increasing adolescent access to SRH information and services was to understand what low cost and scalable interventions key stakeholders consider promising in supporting adolescent mothers to access education and livelihood opportunities, as well as health services. The PEA revealed: 1) multiple ministries (health, education, gender, and youth) sought to serve pregnant and parenting adolescents better, and 2) supportive policies existed within different sectors that didn't work or communicate together routinely.

Malawi's existing policy allows adolescent mothers to return to school after childbirth, but several obstacles make that difficult. Policy stipulates a mandatory withdrawal from school upon pregnancy discovery and permits only a single re-entry opportunity. This provision can deter re-enrolment, especially if a second pregnancy occurs. Another impediment is the requirement for formal applications and proof of childcare arrangements. Finally, resource constraints are a deterrent to school re-entry. Though Malawi's Social Cash Transfer Programme (SCTP) provides financial assistance, it does not specifically target adolescent parents.

Seeking to address several constraints at once, APHRC leveraged CPSE's research findings to initiate a multi-sectoral approach to empower adolescent mothers to improve their SRH and quality of life. The PROMOTE Project[25], initiated in 2021 and

[25] African Population and Health Research Center (APHRC), Centre for Social Research, and Institut Supérieur des Sciences de la Population. (2024). Action to Empower Adolescent Mothers in Burkina Faso and Malawi: The PROMOTE Project pilot randomised controlled trial. Baseline Survey Results. APHRC

funded by the International Development Research Centre, provides conditional cash transfers (matching the amount of the government's existing program), subsidised childcare, and life skills training through adolescent mothers clubs. (Kabiru et al. 2023). Stakeholders spoke highly of their collaboration around and optimism for policy and programming change as a result of the PROMOTE project. SRHR Africa Trust (SAT) Malawi; the Breakfree! Consortium, which includes Plan International Malawi and Forum for African Women Educationalists in Malawi (FAWEMA); and Malawi Broadcasting Corporation (MBC) are a few of the organisations that have participated in training events, a National Stakeholder Dialogue and a three-day CSO Symposium during CPSE. *"We develop agendas jointly, identify participants for training, co-facilitate sessions, ensure the right people come. And we have developed winning proposals as a result of our participation"* (KII: CSO); *"Attitudes of parents have changed. We have multiple efforts directed at supporting adolescents. Since we have a common goal, what we do is invite the critical team"* (KII: Ministry).

A key informant suggested that including the Ministry of Finance (MOF) will be "very key" when disseminating PROMOTE's results. While they anticipate that all line ministries will all be on board, MOF can provide advice on how to create the right justifications in the budgets that line ministries submit for annual funding. If CPSE 2.0 continues to nurture existing relationships and supports national dissemination of PROMOTE's results, stakeholders trust policy change and financing for a long-term, multi-sectoral solution to adolescent mothers continuing their education is an achievable goal by the end of CPSE 2.0.

Annex 9 - Sierra Leone Spotlight: Energising Local Advocates with New Evidence, Linkages and Skills

New Evidence. The abortion incidence and severity of related complications study was the first national study of abortion in Sierra Leone and created opportunities to advance conversations about comprehensive abortion care and post abortion care. The study's findings accelerated progress towards the validation of the National Guidelines on Prevention of Maternal Mortality from Unsafe Abortion and Comprehensive Abortion Care. The study also gave impetus to the Safe Motherhood Bill 2022 debates and strengthened the Ministry of Health's rationale towards an abortion legal reform in the country.

New Linkages. During the pandemic, CPSE worked virtually to form a strong community of advocates and leveraged social media platforms (such as WhatsApp) to keep in touch and update members. This WhatsApp community transformed into a movement of CSOs who work in SRHR. The platform offered a unique space for cross-learning and sharing information on SRHR, including with colleagues in Liberia.

New Skills. CPSE initially mapped and identified local organisations with whom they might work. They then followed a model for strengthening and unifying local advocates through a step-wise process of assessing and responding to expressed needs. During the pandemic, the team conducted surveys with CSOs to understand their challenges and highlight areas for targeted capacity strengthening. Based on the assessments, the team created context-specific training programs. Later, when countries began lifting travel restrictions, CPSE added in-person workshops. The team helped CSOs analyse policy, develop advocacy strategies (including digital advocacy), and translate and use their knowledge. Each workshop had a post-evaluation feedback component that helped adjust and improve the training content.

"*Our work together was quite transformative, we learned how to push the element of accountability, we invited the media, we shared verifiable stories. We were many organisations and we took a strong position and spoke with one, loud voice*" (KII, male Youth Advocate).

"It is very challenging gaining support from religious leaders. Out of 18 letters (to parliament), 16 were in support and only 2 were opposed. One of our parliamentary supporters switched his stance after he joined a church. But we are committed. We will continue to advocate. With financial support we could do more community-level outreach and advocacy work in rural areas." (KII, female CSO representative).

Progress towards the Safe Motherhood and Reproductive Health Bill. As of July 2025 the Bill remains under parliamentary committee review and extensive stakeholder consultations. A vote in Parliament is expected—but not scheduled as of yet. Once passed, the Bill will confer a constitutional right to safe abortion, reduce barriers to accessing SRH services and eliminate barriers related to obtaining family planning services and contraception. While urban youth, women's rights groups, and civil society advocates have shown strong support, conservative and religious voices—particularly the Inter-Religious Council—remain vocal and organised in their opposition.

APHRC is now sub-granting to Alliance for Women's Development (AWOD) Sierra Leone to lead further advocacy interventions, through a complementary programme, leveraging CPSE funds[26]. With CPSE's primary research completed, the choice to work through a local organisation is strategic and may prove useful in other CPSE focal countries. Small grants can facilitate a lead CSO to continue convening advocates, conducting outreach activities and collecting data about the use of evidence and progress on policy engagement. Given CPSE 2.0's short time frame, this approach, where applicable, could allow CPSE to focus on conducting research, or regional engagement around select issues.

[26] APHRC Newsletter, issue 2, September 2024. https://aphrc.org/blogarticle/aphrc-news-issue-2-2024

Annex 10 - Summary of Findings on Recognition of APHRC as a Leading Knowledge Partner

Strategic Meetings leading to invitations to engage in policy in policy forums at regional and national levels (2018-2021)
Between 2018 – 2021, APHRC participated in the following strategic meetings with stakeholders; these were critical opportunities to identify knowledge partners, advocacy policy actors, and evidence users for future CPSE activities: 1. Consultative Meeting and **Workshop on EAC/EALA SRHR Bill.** 2. Consultations with **SADC Parliamentary Forum (SADC-PF)** Standing Committee (Human, Social Development and Special Programs' committee, the Gender Equality, and Youth Development Standing Committee meeting). 3. Meeting with the **EAC SRHR Regional Steering Committee**, presenting a brief on why EAC needs SRHR legislation and contributing to the validation of the legal and policy audit findings and to the development of a regional advocacy strategy for the EAC SRHR bill. 4. **UNFPA's Regional SRHR Dialogue**, on the way forward for the EAC SRHR bill with UNFPA, AMREF Health Africa, EANNASO, IPPF and Faith to Action representatives, resulting in an agreement on the need to engage the EAC Secretariat and EALA MPs further to ensure parliamentarians champion the stalled EAC SRHR bill. 5. Meeting of **East, Central and Southern Africa Health Ministers (ECSA-HC)**, an inter-governmental health organisation that fosters and promotes regional cooperation in health among member states 6. Countdown **2030 Zambia Dissemination Meeting** To share findings on countries' reproductive, maternal, newborn, child, and adolescent health (RMNCAH) equity analyses, organised in partnership with WHO, the Inter-Parliamentary Union, and UNICEF and attended by participants who included parliamentarians, civil society organisations, researchers and academicians, and representatives of Ministries of Health. 7. MoU with the **Eastern Africa National Networks of AIDS Service Organisations (EANNASO)**, leading to CPSE's involvement in the revision of the EAC SRHR bill through membership in the steering committee that is working with the EALA's General Purpose Committee, which will re-introduce the bill to the EALA in 2021. 8. MoU with **SRHR Africa Trust (SAT)** to create linkages for APHRC to the SAT Country offices in Malawi and Zambia in support of APHRC's mobilisation of communities, networks, and other stakeholders to facilitate uptake of evidence; and for APHRC, to support and lead generation, synthesis, and promote the use of evidence in implementation and monitoring of the SADC SRHR strategy. 9. **Organisation for New Initiatives in Development & Health (ONIDS)**, a youth organisation in West Africa that works with lawyers, health workers and community members, requested APHRC's support in documenting life stories (testimonies, confidences, experiences of health

workers and community members with regards to sexual and gender-based violence among adolescents, unwanted pregnancies and unsafe abortion).

10. Collaboration with **UNESCO** in developing a campaign for the day of the African Child, (see blog 'The potential impacts of COVID-19 on teenage pregnancy in Kenya') and development of the RADA app providing health information on HIV and AIDS, SRHR, general health and hygiene.
11. Meetings with the **International Planned Parenthood Federation (IPPF) regional team** in Addis to draft an MoU for collaboration through four projects (Project 1: Policy advocacy for safe abortion legislation: The full Implementation of the 2016-2030 Maputo Plan of Action; Project 2: Strengthening coordination to increase access for adolescents and youth to SRHR; Project 3: Advancing International Legal, Policy and Financial Commitments to Sexual and Reproductive Health and Rights; and Project 4: - Mobilising political commitment for the full implementation of regional policy instruments on SRHR.
12. Collaboration with **FEMNET** (Pan-African Women's Development and Communications Network) on capacity strengthening in advocacy and communication in SRHR for the media fraternity; APHRC co-hosted the webinar with institutions in the population, health, education and social research fields to speak about the impact of COVID- 19 on critical social development issues and the implications for the operations of independent African led institutions.
13. Collaboration with **UNFPA, WHO, UNAIDS and UNICEF** alongside other Sida grantees to form a steering committee to develop a regional (East and Southern Africa) SRHR advocacy strategy in order to advance commitments of the Nairobi International Conference on Population and Development (ICPD) +25 summit through nine regional dialogues on CPSE issues; CPSE will co-lead the development of concept notes and planning of these policy dialogues with UNFPA and other participating partners.

Invitations to share evidence in global, continental, regional, and national forums (2022-2024)

1. APHRC was invited by the **United Nations Population Fund (UNFPA**) to make presentations on access to comprehensive abortion care and lessons learned in domesticating key African Union (AU) SRHR frameworks at the *East and Southern Africa Together 4 SRHR Conference* (October 2022 in Zimbabwe).
2. APHRC was invited to present on the intersection between SRHR and positive masculinity at the **GIMAC CSO Network's** virtual consultative meeting for *the 2nd African Union Men's Conference on Positive Masculinity in Leadership to End Violence against Women and Girls (November* 2022).
3. As a member of the **Ministry of Health (MOH) Kenya Technical Working Group (TWG)**, APHRC continued providing evidence-driven policy inputs into key frameworks developed by the Kenyan government; worked with the Division of Adolescent and School Health to develop a monitoring and evaluation framework; participated in the Division of Reproductive and Maternal Health, MOH, stakeholder review of the 2015 National ASRHR Policy, highlighting the need for the inclusion of pregnant and parenting adolescents.
4. Conducted a series of 10 capacity-strengthening sessions for members of parliament and staff on advocacy, communication, policy engagement, research, and media advocacy; helped the **SADC-PF secretariat prepare for the 51st and 52nd Plenary Assemblies**.
5. During the 51st **SADC-PF Plenary Assembly**, APHRC's Executive Director, Dr. Catherine Kyobutungi, presented a **solidarity statement** underscoring APHRC's continued commitment to partnering with SADC PF in ensuring evidence-informed decision-making (EIDM).
6. APHRC participated in the 22nd **ACRWC CSOs Forum** (Lesotho, April 2023).

7. APHRC presented at the **Population Council's GIRL Center** Learning & Collaboration Seminar 5 on Adolescent Mothers (February 2023).
8. APHRC presented on the perceptions of women and healthcare providers on post-abortion care in Burkina Faso at the **Connection bi-annual meeting** (July 2023).
9. As part of the ***#IamSAFE* campaign** and the commemoration of World Safe Abortion Day, APHRC participated in the International Federation of Gynaecology and Obstetrics (FIGO), Twitter space (September 2023).
10. APHRC presented a seminar talk on 'Gay Fatherhood in Kenya' under the Re-Imagining Reproduction theme at the **University of Pretoria's Centre for Advancement of Scholarship.**
11. APHRC participated as panellist and moderator in the **AIDS and Rights Alliance for Southern Africa (ARASA)** SRHR symposium held March 2023, under the theme of SRHR reflecting, re-engaging, and re-integrating.
12. The **Kenya Pediatrics Association** invited APHRC to co-sponsor the 'Healthcare in the Dynamic Decade—Adolescent Medicine Track' session.
13. APHRC was invited to the **CSO Consultation on SRHR Advocacy organised by UNFPA** and contributed to the review of the SRHR advocacy strategy and identification of effective and efficient ways to drive the advocacy agenda for SRHR with actionable outputs for subsequent years.
14. APHRC was invited by the **All-Africa Conference of Churches (AACC)** to participate in the High-Level Dialogue on Population Dynamics and Demographic Dividend in Addis Ababa, Ethiopia.
15. APHRC was invited to participate in a symposium hosted in Nairobi by the Center for Reproductive Rights (CRR), **the Reproductive Health Network Kenya (RHNK),** and the Nairobi County Department of Health, focused on the "triple threat" of adolescent pregnancies, HIV, and SGBV. The RHNK also invited APHRC to participate in the scientific abstract review team during the 7th RHNK Adolescent Sexual and Reproductive Health Scientific Conference that was held on June 18-21 in Mombasa, Kenya.
16. APHRC was invited by the **Trust for Indigenous Culture and Health Organisation (TICAH)** to attend an event bringing together Kenyan media editors that was organised by TICAH as part of its ongoing efforts to engage senior health journalists and editors in strengthening media coverage of SRHR issues.
17. APHRC participated in the **East African CSO Forum Summit** in Tanzania. The summit brought together CSOs and development partners from the eight EAC member states under the theme 'Harnessing EAC citizens' potential and participation in regional integration processes.' The APHRC team participated in panel discussions and presentations and offered technical support in the development of the outcome statement for the Joint Communique.
18. APHRC participated in the **6th GIMAC Strategic Engagement meeting with the AU, RECs, and other partners** in Accra. Ghana. Additionally, APHRC facilitated a capacity-strengthening session on networking and collaboration in advocacy during the 12th GIMAC youth advocacy training.
19. APHRC was invited by the **Kenya Medical Association (KMA)** to a virtual launch of their partnership with Hivos on the Youth Researchers Academy training on Adolescent Sexual and Reproductive Health. KMA also invited APHRC to participate in a virtual continuing medical education panel discussion on "The Power of Options: Freedom to Plan, Power to Choose."

20. APHRC was invited to participate in the Mombasa Key Population Study findings dissemination meeting by **Médecins Sans Frontières Operational Centre Geneva (MSF Switzerland).**

Invitations to contribute to research agenda-setting at global, regional, and national levels (2023-2024)

1. Participated in a research priority setting forum focused on the **intersection of climate change and SRHR**, jointly hosted by the World Health Organisation/ Human Reproduction Programme (WHO/HRP) and Karolinska Institutet and attended by SRHR experts globally.
2. Participated in the regional meeting on the **prevention of unintended pregnancies and abortion care.**
3. Participated in the Africa Action Group to End Child Marriage workshop (Nairobi, Kenya), critically reviewing the existing evidence base on **child marriage in Africa**, enhancing collaboration between researchers and practitioners, and building a platform for researchers and practitioners to contribute to the global movement to end child marriage.
4. Attended the Youth Dialogue for **Safe Abortion** in Francophone Africa) and co-led the research group to discuss research priorities to support the movement for safe abortion.
5. Presented a webinar titled *Research priorities for nutrition in adolescence and middle childhood* organised by the Global Adolescent Nutrition Network and served as a panellist discussing the findings.
6. The CPSE team was invited by the Consortium for Strengthening Abortion-Related Research Capacity and Evidence in Liberia (CoSARL) to train researchers in Liberia on fundraising for **abortion research** and the post-abortion care signal functions assessment approach.
7. The Coalition of Youth Organisations for Safe Abortion in Benin (COJAS Benin) requested that APHRC build its capacity on the generation and use of evidence to support advocacy, triggered by the study on the **lived experiences of abortion in Benin** conducted by APHRC and Rutgers, the APHRC's participation in the 2022 International Conference on Family Planning conference, and the Francophone Africa Safe Abortion Dialogue meeting in 2022.
8. CPSE team members attended the 39th Gender is My Agenda Campaign (GIMAC) pre-summit meeting in Addis Ababa, Ethiopia, participating in a panel discussion on creating a conducive environment for **integrating women and girls into AfCFTA**; and conducting a capacity training session on advocacy processes to enhance the capacity and participation of youth in the implementation of the Solemn Declaration on Gender Equality in Africa (SDGEA).
9. Participated in an introductory meeting on the Africa Sexual Work Alliance's (ASWA) key population research and development priorities.

Annex 11 - CPSE Advocacy Objectives and Key Messages in Relation to National Policy Objectives

Kenya	
Advocacy objectives: LGBTQI+ organisations enhance their advocacy capacities and organisational conditions towards advancing the rights of the LGBTQI+ persons. Policy and civil society partners more effectively and sustainably plan, deploy evidence to advocate for the rights of LGBTQI+ persons, an enabling legal environment for access to safe abortion. National-level decision makers shift behaviours, plans, or perspectives, toward advancing policy commitments on access to safe abortion and post-abortion care, comprehensive ASRHR services, and non-discrimination of LGBTQI+ groups, based on evidence. **Key message:** Stop non-discrimination and repeal laws that criminalise LGBTQI+ and abortion.	**National policy objectives:** -National policy: Same-sex sexual activity between men with penalties of up to 14 years imprisonment. Same-sex relations between women are not explicitly criminalised, women may still face arrest for acts considered 'indecent'. -The National Reproductive Health Policy (2022–2032) aims to provide comprehensive reproductive health services. However, it does not include specific protections and inclusive policies for LGBTQI+ individuals and comprehensive reproductive health services, including safe abortion access.
Liberia	
Advocacy objectives: Policy and civil society partners more effectively and sustainably plan, deploy evidence to advocate for access to safe abortion and post-abortion care (PAC). National-level decision makers shift behaviours, plans, or perspectives toward advancing policy commitments in access to safe abortion and post-abortion care. **Key message:** Create an enabling legal environment for access to safe abortion and post-abortion care.	**National policy objectives:** -The Liberian government has identified unsafe abortion as a significant contributor to maternal mortality. Proposed Revisions to the Public Health Law (Title 33). -In 2022, the House of Representatives passed a revised Public Health Law that includes provisions to expand access to safe abortion. As of late 2023, the bill is under consideration in the Senate. If enacted, it would decriminalise abortion and allow legal abortions up to 18 weeks of pregnancy. -Senate approval of the revised Public Health Law is still needed, but developments indicate a

	significant shift among national-level decision makers towards improving access to safe abortion and PAC services.
Malawi	
Advocacy objectives: Policy and civil society partners more effectively and sustainably plan, deploy evidence to advocate for comprehensive adolescent SRHR services. National-level decision makers shift behaviours, plans, or perspectives, toward advancing policy commitments on access to comprehensive adolescent SRHR services. **Key message:** Implement the return to school policies and social protection programs for pregnant and parenting adolescents (PPAs).	**National policy objectives:** -Malawi's **Re-Admission Policy** allows adolescent mothers to return to school after childbirth. However, the policy stipulates a mandatory withdrawal from school upon pregnancy discovery and permits only a single re-entry opportunity during a girl's educational journey. This "once-in-a-lifetime" provision can deter re-enrolment, especially if a second pregnancy occurs. -The requirement for formal applications and proof of childcare arrangements can be burdensome for young mothers -Malawi's Social Cash Transfer Programme (SCTP) provides financial assistance; however, adolescent mothers are not specifically targeted by this program. APHRC's PROMOTE Project provides: conditional cash transfers, subsidised child care, and life skills training (Kabiru et al. Reproductive Health (2023) 20:166)
Rwanda	
Advocacy objectives: LGBTQI+ organisations enhance their advocacy capacities and organisational conditions towards advancing the rights of LGBTQI+ persons. Policy and civil society partners more effectively and sustainably plan, deploy evidence to advocate for the rights of LGBTQI+ persons. National-level decision-makers shift behaviours, plans, or perspectives, toward advancing policy commitments on access to services and non-discrimination of LGBTQI+ groups. **Key message:** Stop non-discrimination and respect the rights of LGBTQ persons as equal humans.	**National policy objectives:** Rwanda stands out in the East African as not criminalising same-sex relationships and for participation in international LGBTQI+ rights declarations. Still, the absence of explicit legal protections and societal stigmas remain significant challenges for LGBTQI+ individuals. The government's initiatives in healthcare and education signal a **cautious progression towards inclusivity**. Two examples: 1) Rwanda's National Strategic Plan on HIV/AIDS includes key populations such as men who have sex with men, aiming to address stigma and legal barriers to healthcare access; 2) In 2023, A sexuality education toolkit was introduced recognising diverse sexual

	orientations and gender identities. Although the government later distanced itself from the publication, its initial involvement indicated a degree of progressive engagement. LGBTQI+-focused organisations face obstacles in registering with the government, limiting their ability to operate and advocate.
Sierra Leone	
Advocacy objectives: Policy and civil society partners more effectively and sustainably plan, deploy evidence to advocate for access to safe abortion and post-abortion care (PAC). National-level decision makers shift behaviours, plans, or perspectives, toward advancing policy commitments on access to safe abortion and post-abortion care. **Key message:** Create an enabling legal environment for access to safe abortion and post-abortion care.	**National policy objectives:** The government is currently prioritising reforms to expand access to safe abortion and post-abortion care through the proposed **Safe Motherhood and Reproductive Health Care Bill of 2024**. The bill proposes to legalise abortion up to 14 weeks of gestation for any reason. Beyond 14 weeks, abortions would be permissible under specific circumstances, including threats to the woman's life, physical or mental health risks, cases of rape or incest, and severe fetal anomalies. The bill faces significant opposition from religious groups which argue that the legislation contradicts religious teachings. Post abortion care. The government has recognised the inadequacies in current PAC services and seeks to improve the availability of essential equipment, ensure privacy during care, and provide comprehensive training for healthcare providers. APHRC study. Obure et. al. Archives of Public Health (2024) 82:220 https://doi.org/10.1186/s13690-024-01446-7

Annex 12 - Summary of Capacity Strengthening Activities (2019-2024)

Note: The use of skills and/or follow up of the activities are highlighted in italics

Time-Frame	PEA	VCAT	MEL	SRHR/knowledge creation
Internal capacity building				
2019-2021	HEARD Institute facilitated a training session for the CPSE project team and senior APHRC staff on problem-based political-economy analysis (PB-PEA). *Three PB-PEA protocols were submitted to ethics review committees in Zambia (abortion study led by HEARD), Malawi (ASRHR study led by HEARD), and Kenya (LGBT study led by CPSE); on hold because of the disruptions caused by COVID-19.*	Ipas facilitated a VCAT training of trainers on abortion and sexual and gender diversity for all CPSE project team members and the APHRC Senior Management Team. *APHRC Executive Director finalised a position statement for the Center, to create an enabling environment for APHRC staff working on such issues and to improve reception of the project within the Center.*	Southern Hemisphere (consultancy firm) facilitated training for the CPSE team on MEL and Outcome Harvesting. *The team finalised the CPSE results framework and the MEL plan.*	The Guttmacher Institute facilitated virtual training workshops for APHRC staff and 25 research partners (Statistics Sierra Leone and the Clinton Health Access Initiative (CHAI Liberia) on the Abortion Incidence and Complications Methodology (AICM) and measuring health system costs of unsafe abortions. *MoU with the Guttmacher Institute signed in 2020 for ongoing collaboration.*

				Participants developed protocols for studies to estimate the incidence, magnitude and public health cost of unsafe abortion that were implemented in 2021; informed future studies beyond CPSE to be undertaken by APHRC in humanitarian settings in Ethiopia and Uganda as part of the Population Council- led "Baobab
2022-2024	The Guttmacher Institute provided technical support to the CPSE team and research partners in developing the study tools and data collection platforms for the abortion research.	The CPSE team cascaded the VCAT training to APHRC staff through presentations during 4 virtual monthly staff meetings. *Staff shared their views on contentious issues via an anonymous Mentimeter survey; following the training the CPSE team reported feeling more supported in their work.*	APHRC recruited an expert consultant in outcome harvesting to support CPSE on a part time basis in developing capacity in monitoring and evaluation, specifically on outcome harvesting across the project life span. *In 2022, on request from SADC-PF, the CPSE team trained 16 member states on outcome harvesting and generating evidence for use in the policymaking process.*	4 brown bag seminars for all APHRC staff on conducting research on sensitive topics.
		CPSE team incorporated VCAT training in the training of non-	*In 2022, the CPSE team hosted a partners' OH training*	The CPSE facilitated sessions for the APHRC's Youth

		LGBTQI+ research assistants research assistants for the study on the lived experiences of LGBTQI+ people in Kenya. *Individuals reported feeling uncomfortable during the pilot process but later appreciated having field supervisors and research assistants from the LGBT+ community involved in the study.*	*workshop, drafting key outcomes recorded at national, regional, and continental levels from January to November 2022 and further mapping opportunities for engagement in 2023. The participants agreed on an annual action plan for subsequent outcome-harvesting sessions.*	Research Academy (YRA) and mentored YRA fellows on the adolescent SRHR landscape in Kenya, legal foundations for adolescent SRHR, and interventions for improving adolescent SRHR outcomes. *Young researchers used the skills gained to develop study protocols on adolescent SRHR; protocols, some of which were approved by the ethics review committees; data collection to begin in 2022*
		The CPSE team facilitated VCAT workshops for CSOs, advocacy groups, and community health workers and University of Nairobi staff on abortion, adolescent SRHR, and sexual gender diversity in Malawi (70 participants), Sierra Leone (32), Liberia (40).		CPSE Internship training for 6 interns (see in Final Technical Report).
		In 2023, CPSE team members facilitated several VCAT sessions for enumerators and community health volunteers on		

		data collection on sensitive issues in Burkina Faso and Malawi.		
External Capacity Building				
2019-2021	1. CPSE team provided capacity strengthening *support* for **SRHR Africa Trust (SAT)** partners: support in developing tools, approaches, and evidence-informed models of engagement to monitor the 2019 – 2030 SADC SRHR strategy and targets in the SADC-SRHR scorecard. *Participants agreed to form a community of practice; CPSE developed four tools for the SAT (Bottleneck Analysis Tool, Power Analysis tool, Indicator Mapping tool, and a CSO Interest matrix) for use in the community of practice.*			
	2. CPSE team provided capacity strengthening for **EANNASO** (30 youth-led organisations and CSOs from all EAC Countries) to fast track the enactment of the EAC SRHR bill: *contributed* to the validation of legal and policy audit of SRHR-related policy instruments in EAC countries and identification of contested issues in the draft bill. *CSOs developed country-level advocacy strategy and a regional advocacy strategy to engage EALA parliamentarians and develop EAC SRHR standards and guidelines; youth-led organisations also developed a position paper to inform the review and contents of the SRHR bill*			
	3. CPSE team provided capacity strengthening for 15 youth-led organisations *requested* by **Hivos** partners on power analysis, stakeholder mapping, monitoring, tracking, and evaluation of advocacy (activities, outcomes in the short and long term), including challenges of measuring and the developing indicators for advocacy.			
	4. CPSE team provided support to **UNDP** in developing a strategic framework for "The 2030 Agenda for Sustainable Development in sub-Saharan Africa and the Advancement of Social Inclusion and Human Rights for Sexual and Gender Minorities." *The framework was pitched to Sida for funding.*			
	5. CPSE team provided technical support for **Gender Links**, South Africa, in unpacking indicators of the SADC-SRHR scorecard, informing the Gender Links SRH Barometer.			
	6. Training workshops for the **SADC PF** in identifying capacity gaps and developing a joint capacity development annual work plan for 2021. *The plan was implemented*.			

	7. CPSE also trained SRHR researchers, parliamentary and forum staff, legal drafters, chairpersons and vice-chairpersons of standing committees from the 16 member states of **SADC PF** on policy engagement, communication, media engagement, advocacy, qualitative research, research for parliamentarians, evidence-based policymaking, and politics of SRHR terminologies.
	8. CPSE team held four virtual training sessions for over 60 **SADC-PF** parliamentary staff on communication, media engagement, advocacy and the use of evidence in policymaking for SRHR. *Parliamentary staff from Namibia wrote a newspaper article on the need to address unsafe abortion; In addition, rapid response requests from the staff of parliaments from Zimbabwe, Botswana and Namibia. Potentially scalable approach*
	9. CPSE team members trained 12 early career researchers (Burkina Faso, Kenya, Malawi, and Nigeria) on a rights-based approach in family planning research.
	10. The CPSE team organised three webinars on LGBT issues on: social exclusion of LGBT+ people during the COVID-19 pandemic; the mental health of LGBT people in Africa during COVID-19; LGBT and SRH language, terminologies, and their role in social inclusion *The webinars, attended by a diverse group of researchers, activists, and CSOs from sub-Saharan Africa, set the stage for a lived experiences survey to understand the effects of the COVID-19 pandemic on the social exclusion of LGBT+ people; joint development a research proposal with one of the organisations in the webinar panel; and a UNDP webinar on working with sexual and gender minorities Reports documenting each webinar have been developed and will be shared in 2021. Potentially scalable approach?*
	11. **Conversation Africa** invited APHRC to write an article to inform the public on the provisions of the bill: *Kenya is having another go at passing a reproductive rights bill. What's at stake? Published in July 2020; as of March 2021, the article had been accessed over 7000 times and shared over 495 times on Facebook.* **Section 27** invited the CPSE team to write an article on the state of abortion services provision in Kenya: *Kenya's restrictive legal and social environment towards abortion endangers women's lives Published online and in print.*
	12. **The Kenya MoH's Division of Adolescent and School Health (DASH)** invited the CPSE team to participate in the Adolescent Health Survey data analysis and report writing workshop; CPSE team contributed to the drafting of the Handbook for Engaging Adolescents, Parents, and Leaders in the Community and financial support for printing and translating the Handbook. *Handbook launched in 2021.*
	13. CPSE collaborated with the **Center for Social Research (CSR) in Malawi**, and the **Institut Supérieur des Sciences de la Population (ISSP) in Burkina Faso** to develop protocols for a multi-country study focused on pregnant and parenting adolescents; and with the Health Development Initiative in Rwanda to develop a protocol for a study on the lived experiences of LGBT+ people in Rwanda.

	14. CPSE team and the **Human Science Research Council in South Africa**, has trained activists and other upcoming researchers on evidence generation; activists have trained researchers on the use of social media in advocacy. *Building on membership in the COP on shifting harmful public discourse on sexual and gender minorities in sub-Saharan Africa.*
2022-2024	15. CPSE held capacity-building workshops for **policy actors** on policy analysis, the use of research, communication and media engagement for policy influence on SHR; including use of the Mbeteza board game, an advocacy and policy engagement tool developed at the Center. *Participants indicated greater confidence in policy engagement on real-life challenges people face when seeking healthcare services, which are typically divisive and often difficult to discuss.*
	16. CPSE conducted 14 capacity-strengthening sessions for the **SADC-PF** parliamentary staff and members of parliament on SRHR policy tracking, research-to-policy, use of evidence, policy briefs development and dissemination and crisis communication.
	17. As part of its work under the **Spotlight Initiative Africa Regional Program**, CPSE and partners (Population Council-Kenya and EANNASO) trained over 120 participants representing national and regional CSOs, regional economic communities (RECs), the African Union Commission, and various UN agencies. *The course is available APHRC's Virtual Academy (https://soma.aphrc.org/course/).*
	18. The CPSE team trained students at the **University of Nairobi's School of Law** on SRHR and human rights instruments and national laws and policies and the Rada App (a student-developed mobile health application that students can use to access SRH information, counselling services) and Helpline. *Following the training there was an increase in the number of young people accessing youth-friendly SRH information and services.*
	19. As part of its work under the **Spotlight Initiative Africa Regional Program**, the CPSE team and partners trained over 40 national and regional CSOs on human rights concepts, African human rights instruments and mechanisms, obtaining observer status, advocacy interventions in the human rights space, knowledge and information exchange platforms and tools and guidelines for monitoring and reporting on human rights.
	20. The CPSE team hosted three scientific writing workshops for **APHRC's researchers and our partners in the six EAC member states** *This was followed by further scientific writing workshops for early career researchers. Ten manuscripts were developed by attendees of this workshop, six of them using data from the pregnant and parenting adolescents' lived experiences study. Four papers have been published, and full drafts of all but one of the remaining manuscripts are under internal review.*

	21. CPSE held a writing workshop for researchers from **Statistics Sierra Leone**, the **University of Liberia**, and **Clinton Health Access Initiative (CHAI)**. *Participants drafted several abortion-related manuscripts that are under review by co-authors. In 2024, participants led three manuscripts: Assessing facility capacity to provide safe abortion and post-abortion care in Liberia: A 2021 signal function survey, which is published in BMC Public Health; Exploring patient experiences and evaluating the quality of post-abortion care in Liberia, which is under review in Plos One; and Abortion-related morbidity and mortality in Sierra Leone: Results from a 2021 cross-sectional study, which is published in BMC Public Health*
	22. Building on the collaboration with in-country partners during the abortion incidence study in Liberia, the CPSE team supported **CoSARL** in the University of Liberia in developing a proposal on *"*Assessing and Understanding the Evolution of Readiness for and Access to Abortion-Related Care in Liberia: A Longitudinal Study of Facilities and Communities*".* *Submission of the proposal with a total estimated budget of over US$ 900,000 over five years to the Susan Thompson Buffett Foundation reflects strengthened capacity and desire to lead abortion-related research. While the proposal was not successful, CoSARL continued to fundraise and was able to obtain some funds to support aspects of the work.*

Annex 13 - CPSE Key Performance Indicators

#	Indicator	Sources
Long-term Outcome1. National, sub-regional, and regional policy actors seek and use relevant Africa-produced evidence in formulation, implementation and evaluation of policy and legislation on the 3 CPSE focal issues.		
LT1.1	Number of policy discussions/debates that are informed by APHRC evidence	**Government Reports** Workshop/ meeting proceedings
LT1.2	Number of citations of APHRC research in documents published by sub-regional and regional policy and CSO partners	**Document reviews**
Longer-term outcome 2. Decision makers shift behaviours, plans, or perspectives, toward advancing policy commitments on the 3 CPSE focal issues		
LT2.1	Positive shift in policy makers attitudes towards contentious SRHR issues (access to comprehensive abortion care, ASRHR, and LGBTQI+ inclusion)	**KAP surveys** **Media analyses** Government Reports Meeting proceedings
LT2.2	Policy makers willingness/responsiveness to engage in dialogue on contentious SRHR issues	
Medium-term outcome1. APHRC is recognised and engaged as a leading knowledge partner and neutral adviser by regional, sub-regional, and national level SRHR policy actors		
MT 1.1	Number of invitations/requests for APHRC to participate in regional, sub-regional, and national SRHR policy meetings to share evidence on SRHR issues	Email request/invitations **Monthly updates** Meeting report/ minutes
MT 1.2	Number of additional grants leveraged to further work on CPSE priority issues	Signed Grant agreements
MT 1.3	Number of invitations extended to and by APHRC to partner or collaborate on research or advocacy initiatives related to CPSE priority issues	Monthly updates Email invitations Proposals developed
Medium-term outcome 2. APHRC, national or sub-regional academic, CSO, or policy bodies engage more in and advance the production of quality policy-relevant evidence on ASRHR, abortion, and LGBTQI+		
MT 2.1	Number of requests by policy and CSO actors for evidence for use in policy and to support legislative debate	**Rapid response request database** Monthly updates on communication with partners
MT 2.2	APHRC and partners generate policy relevant evidence on SRHR and LGBTQI+ issues	**SRHR report**
MT 2.3	Number of policy and legislative documents that are informed by Africa-produced evidence	**Policy and legislative documents**
Output 1: APHRC has strengthened competencies in MEL, PEA, knowledge creation and translation on contentious SRHR and LGBTQI+ issues; and in supporting partners on the same		

O 1.1	Number of completed collaborative research projects on political economy analysis led by APHRC after exposure to relevant capacity strengthening	**APHRC research activity records**
O 1.2	Number of knowledge products (Journal publications, evidence brief, blogs, etc.) developed by APHRC staff on contentious SRHR issues	Published articles Conversation pieces and Blog posts
O 1.3	Number of presentations by APHRC staff on contentious SRHR issues on invitation from national and regional actors	**Meeting reports** Presentations
O 1.4	Number of APHRC staff receiving training on MEL, PEA, VCAT, rapid reviews, PAST, SRHR knowledge translation, convening, facilitation	**CPSE activity records** Training reports
Output 2: National, sub-regional and regional policy actors have enhanced competencies in MEL, PEA, knowledge creation and translation on contentious SRHR and LGBTQI+ issues		
O 2.1	Number of trained partners reported to have used skills and competencies in SRHR advocacy	Interviews with trained partners **Advocacy products**
O 2.2	Number of projects led by partners after exposure to CPSE's capacity strengthening activities	**Partner reports**
O 2.3	Number of knowledge synthesised/ translated products that are developed by national, sub-regional bodies and academic institutions	**Advocacy events record** Conversation special issues Peer-review publications
Output 3: APHRC and partners generate quality policy-relevant evidence on SRHR and LGBTQI+ issues		
O 3.1	Number of knowledge products outlining co-created research agenda for CPSE research focus areas	CPSE activity records
O 3.2	Number of completed research studies	CPSE activity records **Study reports**
O 3.3	Number of completed PEA studies that are implemented with national partners; CPSE activity records	Study reports
O 3.4	Rapid response service established - demand creation; Number of rapid response requests received (completed)	CPSE activity records **Requests received via web portal or email**

Annex 14 - CPSE Summary Budget (USD) from Proposal and Actual CPSE Expenditure from Audits

Line Items	Revised summary budget from proposal Nov 18- Oct 2022 (USD)	Nov 2018- Dec 2019 Actual expenditure (USD)*	2020 Actual expenditure (USD)	2021 Actual expenditure (USD)	2022 Actual expenditure (USD)	2023 Actual expenditure (USD)	2024 Actual expenditure (USD)	Total Project Expenditure (USD)
1. Personnel	3,068,908 (36%)		469,907 (66%)	436,685 (23%)	528,276 (28%)	536,281 (36%)	535,893 (53%)	
2. Project Meetings	118,155 (1%)		0	0	0	0	0	
3. Outcome 1: Evidence Generation	1,279,012 (15%)		35,248 (5%)	972,781 (50%)	547,571 (29%)	11,346 (<1%)	0	43
4. Outcome 2: Advocating for Change	1,139,56 (13%)		95,131 (13%)	158,321 (8%)	358,579 (19%)	450,750 (30%)	261,524 (26%)	37
5. Outcome 3: Strengthening Capacity	992,064 (12%)		1,116 (<1%)	144,397 (7%)	221,895 (12%)	306,399 (20%)	41,039 (4%)	19
6. Other Direct Costs	169,560 (2%)		1,357 (<1%)	0	22,686 (1%)	10,651 (<1%)	33,295 (3%)	
7. Guttmacher/ Lancet Commission	600,000 (7%)		0	0	0	0	0	
8. Program Administration	1,077,149 (13%)		110,412 (15%)	227,084 (12%)	231,512 (12%)	195,099 (13%)	147,670 (14%)	
TOTAL expenditure		**788,386**	**713,171**	**1,939,268**	**1,910,520**	**1,510,526**	**1,019,421**	**7,881,292**
Total budget	8,444,444 (76,000,000 SEK)							

Annex 15 – Inception Report

NIRAS

Evaluation of the APHRC-funded project "Challenging the Politics of Social Exclusion" (CPSE)

Inception report

Embassy of Sweden in Pretoria

Date: 28 May 2025

Contents

Annexes

Please note these annexes are not included in the final evaluation report

Figures and Tables

Abbreviations

ACERWC	African Committee of Experts on the Rights and Welfare of the Child
ACPHR	African Commission on Human and Peoples Rights
AFIDEP	African Institute for Development Policy
AMREF	African Medical and Research Foundation
APHRC	African Population and Health Research Center
ASRHR	Adolescent Sexual and Reproductive Health and Rights
CAP	Common African Position
COP	Community of Practice
CPSE	Challenging the Politics of Social Exclusion
CSO	Civil Society Organisation
EAC	East African Community
EAHR	East African Health Research
EAHRC	East Africa Health Research Commission
EAHO	East Africa Health Organisation
EALA	East African Legislative Assembly
EANNASO	Eastern Africa National Networks of AIDS Service Organisations
ECOWAS	Economic Community of West African States
ECSA-HC	The East, Central, and Southern African Health Community
EIDM	Evidence-informed Decision-Making
EVAW	End Violence Against Women Coalition
EQ	Evaluation Questions
GLC	Guttmacher Lancet Commission
GPC	General Purpose Committee
HDI	Health Development Initiative
HEARD	Health Economics and HIV/AIDS Research Division
HIV/AIDS	Human Immuno-deficiency Virus / Acquired Immunodeficiency Syndrome
ICPD	International Conference on Population and Development
IPPF	International Planned Parenthood Federation
KELIN	Kenya Legal & Ethical Issues Network on HIV and AIDS
KII	Key Informant Interviews
LGBTQI+	Lesbian, Gay Bisexual, Transgender, Queer, Intersex, and other sexual and gender minorities
MEL	Monitoring Evaluation and Learning
MOU	Memorandum of Understanding
NEAPACOH	Network of African Parliamentary Committees of Health
NSS	National Statistical System
OH	Outcome Harvesting
PAC	Post Abortion Care
PEA	Political Economy Analysis
PPA	Pregnant and Parenting Adolescents
PPD ARO	Population and Development Africa Regional Office
RECs	Regional Economic Communities
RMNCAH	Reproductive, Maternal, Newborn, Child and Adolescent Health
RRS	Rapid Response Service
SAT	SRHR Africa Trust
SADC	Southern Africa Development Cooperation
SADC-PF	Southern Africa Development Cooperation – Parliamentary Forum

SADC-SRH CoPP	SADC-Sexual and Reproductive Health Community of Policy and Practice
Sida	Swedish International Development Cooperation Agency
SRHR	Sexual and Reproductive Health Rights
Stats SL	Statistics Sierra Leone
STI	Sexually Transmitted Infections
ToC	Theory of Change
UNAIDS	Joint United Nations Programme on HIV and AIDS
UNDP	United Nations Development Programme
UNFPA	United Nations Population Fund
UNICEF	United Nations Children's Education Fund
VCAT	Values clarification and attitude transformation
WACSOF	West Africa CSO Forum
WAHO	West African Health Research Organisation
WHO	World Health Organisation

Introduction

Background

The African Population and Health Research Center (APHRC) is a well-established African-led research to policy institution, committed to generating an Africa-owned body of evidence to inform decision-making for an effective and sustainable response to the most critical challenges in health and well-being in Africa. Based in Nairobi, Kenya, with offices in Dakar, Senegal, APHRC works in over 30 Sub-Saharan African countries.

Phase One of the ***Challenging the Politics of Social Exclusion (CPSE)*** project was implemented by the APHRC from November 1, 2018 to December 31, 2024. The project is funded by the Swedish International Development Cooperation Agency (Sida). During the period under review, APHRC received funds equivalent to SEK 76,000,000 (USD 7,814,714 which is 100% of the total grant amount. Phase 2 of the CPSE project (2024 – 2027) was approved by Sida and has been launched in December 2024.

The CPSE research-to-policy project seeks to support the full domestication and implementation of national, regional, and continental commitments made by African countries to advance sexual and reproductive health and rights (SRHR). Through CPSE, APHRC works with a constellation of actors in developing and deploying effective evidence-based initiatives on three contentious SRHR issues (henceforth referred to as 'focal issues'):

a) Access to safe abortion and post-abortion care;
b) Adolescents' SRHR; and
c) Social inclusion of lesbian, gay bisexual, transgender, queer, intersex, and other sexual and gender minorities (LGBTQI+) groups.

CPSE's work is anchored in partnerships with key government and civil society bodies at the regional and sub-regional levels in Eastern, Southern, and Western Africa, and at the national level in seven countries: Burkina Faso, Kenya, Liberia, Malawi, Rwanda, Sierra Leone and Zambia. Across these geographies, CPSE encompasses three key pillars of work:

a) Evidence generation;
b) Using the evidence in policy engagement and advocacy; and
c) Strengthening core internal and external capacity.

The CPSE project is implemented by a multidisciplinary team drawn from APHRC's technical programs. The project's theory of change (outputs, medium- and longer-term outcomes) is discussed in section 3.3 of this report.

This end-term evaluation of Phase One of the CPSE project is both retrospective and forward looking. The evaluation team will assess the relevance, coherence, effectiveness, efficiency, and sustainability of the project, in order to map avenues for strengthened design, performance and scaling of interventions in the project's second phase.

Purpose

As set out in the Terms of Reference (ToR) found in **Annex 1**, the purpose of the evaluation is to help APHRC and Sida to:

- Take stock of the CPSE project's results and achievements;
- Understand the progress, opportunities and challenges in the implementation of CPSE; and

- Identify lessons learned and good practices for research-to-policy programming.

The evaluation has a specific focus on:

- Progress towards expected outcomes of the CPSE project at the national, sub-regional, and regional levels, including how evidence generated has been translated into policies and programs;
- Adaptive CPSE design and implementation practices to achieve outputs, including the balance between regional and national engagement to maximise the use of available resources and existing partnerships at APHRC and in the region;
- Results-oriented project monitoring (including outcome harvesting) and knowledge management, as well as the adequacy of staffing and budget allocation to achieve planned results; and
- The sustainability of the approaches used to achieve results once the Sida grant comes to an end, including the partnerships established and how these partnerships can be sustained in the second CPSE phase and beyond.

Scope and Users

In terms of scope, the evaluation will assess key intended and unintended (positive and negative) results achieved during CPSE project implementation from **2018 to 2024**. It covers all CPSE interventions, including the COVID19 response, across **three pillars of work**:

- Pillar 1: strengthening core internal and external capacity;
- Pillar 2: Evidence generation; and
- Pillar 3: Using the evidence in policy engagement and advocacy.

The evaluation's geographic scope covers partnerships with key government and civil society bodies at three levels: (a) the **regional level**; (b) **sub-regional levels** in Eastern, Southern, and Western Africa; and (b) the national level in **Burkina Faso**, **Kenya**, **Liberia**, **Malawi**, **Rwanda**, **Sierra Leone** and **Zambia**.

The primary users of this evaluation are the **staff in the following groups**:

1. APHRC's Executive Director and Deputy Executive Director, the Directors of Programs
2. CPSE Project staff drawn from three APHRC technical program areas:
   - Research: The Research Programme implemented by Units in four thematic areas: (i) Human Development; (ii) Health and Well-being (leading evidence generation); (iii) Population Dynamics and Urbanisation in Africa, and (iv) Data Science and Evaluation;
   - Research and Related Capacity Strengthening; and
   - Policy Engagement and Communications.
3. APHRC's Corporate Monitoring, Evaluation and Learning team.
4. Sida staff in the Africa region and in Headquarters.

Limitations

The evaluation is likely to face several limitations that will need to be carefully managed. These are described below.

Attribution challenges.

The evaluation team (ET) will be unable to attribute change at the impact level, for several reasons. We note the long-term nature of evidence-based formulation, implementation and evaluation of policy and legislation, as well as uncertain timeframes for shifts in behaviours and planning toward advancing policy commitments. Moreover, longer-term outcomes are likely influenced by multiple factors beyond the CPSE project. Our choice of overall evaluation approach (theory-based contribution analysis) will help to mitigate this challenge.

Ethical considerations

Cultural, traditional and religious opposition to the three CPSE focal issues has been codified in policy, enshrined in laws and pervades practice across the continent, as reflected in the surge in anti-SRHR movements across the region. In this context, the evaluation team will strive to integrate a Human Rights Based Approach and Gender Equality into our implementation of the evaluation methodology.

Another potential ethical (and methodological) challenge the evaluation team may encounter relates to perceptions around the CPSE technical focus areas., Notwithstanding APHRC's profile as an established African-led institution, the CPSE agenda for tolerance and equity for LGBTQI+ populations and access to safe abortion did, in some contexts in the CPSE first phase, raise suspicions that this agenda externally driven by development partners in the Global North. This perception, referred to by the CPSE team as a 'myth' –in the Project 2.0 proposal – could influence or prejudice key informants' view of the evaluation overall, and may affect their willingness to openly participate in the evaluation interviews. To mitigate this likelihood, we will draw on the CPSE team's own learnings from the first phase of the project: it is important to use rights-based language (inclusive pronouns, for example) sensitively and *flexibly*, depending on the interlocutor and their institutional/organisational context.

In-country data collection

The evaluation's budgetary constraints will limit the scope for in-person data collection across countries. The evaluation team will strive to manage such constraints in three ways: (i) making a strategic field visit to APHRC headquarters in Nairobi, Kenya, focused on a Theory of Change workshop, interviews with key informants, and a focus group discussion with APHRC leadership; (ii) with the assistance of CPSE staff, carefully planning a schedule of remote interviews across countries; (iii) work with the assistance of a small 'Task Force' of in-country research officers and APHRC interns.[27]

Uncertain data quality and availability

During the inception phase of the evaluation, the CPSE team responded well to our requests for project documentation. Nevertheless, gaps remain in the completeness of data, limiting our ability to draw robust evaluative conclusions. Specific gaps include quantitative monitoring data

[27] https://aphrc.org/career/2024-research-internship-opportunities/

(specifically, data used to track the quantitative indicators that are included in the CPSE results tracker), budgetary data, and examples of the documentary sources used to measure project monitoring indicators. We note that, given the uniqueness of the research-to-policy nature of the project, some gaps in data and data sources reflect the complexity of capturing policy influence through conventional quantitative data collection methods. However, further engagement with the project team will be important to fully understand the data landscape, interpret the available information in that context and address critically important data gaps To further mitigate these limitations, the evaluation team will continue the desk review throughout the data collection and analysis process,triangulate multiple data sources, and clearly acknowledge data gaps in the analysis..

Evaluation Questions, Sub-Questions, and Evaluability

The ToR contain a comprehensive set of pertinent and thoughtful evaluation questions (EQ), grouped in line with the evaluation's four objectives.

The following section provides the evaluation team's reflections on the evaluability of these questions and their underlying assumptions. Under each of the EQ we also list proposed sub-questions which were informed by the team's desk review and developed during the evaluation Inception Phase.

Considering the evaluability of the evaluation questions, the Technical Proposal suggested several amendments to the EQs. These were approved by the evaluation's primary users and are reflected in our brief comments on the EQs below (see **Table 1**).

Table 1. Amendments to the EQs

1. Overall amendment: While the EQs in the ToR addressed the core aspects of the OECD-DAC evaluation criteria, they were clustered in four groups relating to project progress, design and implementation, sustainability and Monitoring Evaluation and Learning (MEL). We have slightly re-structured the EQs aligning them with the following 'flow' of evaluation criteria: (A) Effectiveness, Relevance & Coherence; (B) Efficiency; and (C) Sustainability & Impact.
2. EQ2 has been slightly reworded, to begin with 'To what extent…' rather than 'How''.
3. EQ2 includes a sub-question ('Are there any lessons that can shape future efforts to foster evidence-informed decision-making?'). Given the importance of learning in this evaluation, we will do two things: (i) lessons learned will be identified under each of the grouped questions (A, B, and C); and (ii) these will be summarised in the Final Report (chapter on 'Conclusions and Lessons Learned') in relation to the assumptions behind pathways of change in the CPSE Theory of Change).
4. EQ3 has been slightly reworded, to begin with 'To what extent…' rather than 'How'.
5. We have positioned EQ4 under the set of questions on 'Sustainability. EQ4 is renumbered EQ17 and the following EQs are renumbered EQs 18 and 19.
6. EQ6 has been slightly reworded, to begin with 'To what extent…' rather than 'How'.'

A. Effectiveness, Relevance & Coherence: progress towards planned outcomes

It is necessary to establish the achievement of intended outcomes (EQ1). The evaluation team will apply contribution analysis to assess the **extent** to which these outcomes were achieved *across* CPSE priority areas. Subsequently EQ 2 to 9 unpack how progress towards these outcomes was (or was not) achieved in view of the project's overarching goal, and how well (or not) the project adapted to internal risks and external threats. EQs 1-9 fall under the OECD DAC evaluation criterion of Effectiveness in relation to Relevance and Coherence.

EQ1. To what extent were CPSE outcomes achieved?

To assess the extent to which expected medium-term outcomes were achieved, the evaluation team will collect and analyse data to describe the contribution of relevant outputs (evidence generation and stakeholder engagement) to (a) recognition of APHRC as a leading knowledge partner and neutral adviser by regional, sub-regional and national level SRHR policy actors. And to (b) increased production of quality policy-relevant evidence on adolescent SRHR, safe abortion and post abortion care and inclusion of LGBTQI+ groups by APHRC, academia, civil society organisations (CSOs), or policy bodies, with a focus on APHRC's role in this process at national and sub-regional levels. Following meetings with the CPSE team as well as with Sida, we note the need to 'unpack' the notion of 'neutrality', differentiating between APHRC's reputation as an Africa-led 'neutral knowledge broker' on the *global stage*, on the one hand, and perception of the CPSE project's neutrality *within the region*.

Sub-questions:

1.1. To what extent can APHRC be considered a leading knowledge partner? How do we know this? ***Probe***: key partnerships in three focus areas (i) Access to safe abortion and post-abortion care; (ii) Adolescents' SRHR; and (iii) LGBTQI+ groups).

1.2. To what extent did APHRC advance the production of evidence in the three focus areas?

1.3. How safe were key assumptions behind causal pathways from outputs to outcomes?

1.1. To what extent can APHRC be considered a leading knowledge partner? How do we know this? ***Probe***: key partnerships in three focus areas (i) Access to safe abortion and post-abortion care; (ii) Adolescents' SRHR; and (iii) LGBTQI+ groups).

1.2. To what extent did APHRC advance the production of evidence in the three focus areas?

1.3. How safe were key assumptions behind causal pathways from outputs to outcomes?

EQ2. To what extent has the evidence generated been translated into policies and programs?

Evidence collected to support the answer to this question will focus on the CPSE Output 1: Policy- and program-relevant evidence is generated and synthesised by APHRC and partners in three focus areas (i.e., (i) Access to safe abortion and post-abortion care; (ii) Adolescents' SRHR; and (iii) The social inclusion of LGBTQI+ groups. Our broad understanding of 'policymaking' encompasses the production of plans, legislation and regulations by state actors as well as the program-based implementation of public policies by non-state actors and those engaged in service delivery.

Sub-questions:

2.1. How collaborative was the process of *identifying* policy blocks? ***Probe***: scoping reviews.

2.2. How effective was collaboration between APHRC staff and knowledge partners in *generating the evidence needed* to address these policy blocks? ***Probe***: co-creation of a research agenda.

2.3. How have research studies/findings been used by policy actors/decision-makers to inform policies and/or programs? ***Probe***: examples in the Annual Reports.

EQ3. To what extent have stakeholder engagements (media, civil society, etc.) been effective?

Evidence collected to support the answer to this question will focus on the CPSE Output 2: Evidence is translated and strategically shared to inform SRHR and social inclusion policies and programs. This question links with the sub-questions under EQ 5, which explore the relevance of stakeholder engagement.

Sub-questions:

3.1. How has the CPSE Advocacy Strategy been implemented; could the strategy be strengthened? ***Probe***: country-level engagement of CSOs representing those most affected by targeted national policies in developing and executing the Advocacy Strategy objectives.

3.2. To what extent has the CPSE rapid response service met partners' evidence needs at regional and national levels; how could this service be strengthened?

3.3. To what extent have research findings been perceived as relevant by the policy actors and/or decision makers at various levels? ***Probe***: limited traction with ECOWAS.

EQ4. **What capacities have been built by the CPSE team, internally and externally, and to what extent have such added abilities been applied as intended?**

To answer this question, the evaluation team will collect and analyse data focused on Output 3: APHRC as well as national, sub-regional and regional actors have strengthened capacities[28] in generation, translation, and use of evidence on the three focus areas (mentioned above under EQ2).

Sub-questions:

4.1. What were the strengths of CPSE capacity building activities? ***Probe***: (i) PEA and synthesis; (ii) VCAT; (iii) evidence-use in the policy process.; (iv) SRHR reporting by the media; (v) use research methods by interns and early career researchers.
4.2. How have participants in capacity strengthening interventions utilised their acquired skills?
4.3. What were the weaknesses of CPSE capacity building activities? ***Probe***: capacity needs assessment; absence of a capacity building plan; capacity building in MEL.

EQ5. To what extent were partnerships established and leveraged to achieve project goals?

Evidence collected to answer this question will focus on Output 4, which entails building partnerships to support the generation and uptake of evidence to inform SRHR and social inclusion policies and programs, and which can be sustained in order to meet the ongoing/increasing demand for such evidence. Relating to EQ3, EQ5 is accompanied by several related sub-questions which explore the relevance of partner identification/selection and engagement: 'How have key stakeholders been engaged? Which partnerships have been key? Where have critical partnerships taken longer to establish or been left out entirely?'.

Sub-questions:

5.1. To what extent did project activities create synergies between partners? ***Probe***: other Sida grantees leveraged as CPSE partners (e.g., SADC-PF; the EAC's Health Systems, Research and Policy Unit; IPPF; UNFPA, ESARO; FEMNET).

5.2. Which partners were considered critically important partners; are they still critically important? ***Probe***: examples of partnerships (knowledge partners, policy actors, and decision makers) for issue-specific advocacy.

5.3. Which critically important partners were left out; should they be a focus for future programming? ***Probe:*** stakeholder/partner mapping.

EQ6. To what extent did the design of regional engagement approaches align with SRHR practice in order to influence national strategies and practices across the CPSE countries?

This question focuses on two dimensions of regional engagement in the context of SRHR. To answer EQ6, the team will collect and analyse data on (i) how well the CPSE regional engagement approaches 'fit' with national-level SRHR strategies and practices in the target countries; and (ii) the influence of the former on the latter.

Sub-questions:

[28] Including media engagement, social media, evidence-use in the policy process, values clarification and attitudes transformation (VCAT) training, abortion methodology training and political economy analysis training (see ToR).

6.1. What was done to ensure regional engagement approaches aligned with SRHR practice? ***Probe*** assumption: Multi-level partners are willing to collaborate *(ref. revised results framework).*

6.2. To what extent did partnerships at regional level influence national SRHR strategies and practices? ***Probe*:** domestication of regional policy objectives/commitments.

6.3. What were the major challenges in domesticating regional/global commitments at national and/or sub-regional levels?

EQ7. In what ways could CPSE have had greater influence at sub-regional and regional level to drive policy and programmatic change related to the social inclusion of LGBTQI+ people?

This question focuses on regional engagement in the context of social inclusion of LGBTQI+ people. It is of particular interest in relation to the CPSE goal (see Annex 1 in the ToR) and the challenge of *domesticating* regional/global commitments at national and/or sub-regional levels. To answer this question, the evaluation team will analyse data on national strategies and practices for social inclusion in target countries and assess the alignment of CPSE's regional engagement approaches with the latter in order to influence national strategies and practices.

Sub-questions:

7.1. What were the strengths of CPSE sub-regional and regional engagement in the context of social inclusion of LGBTQI+ people? ***Probe:*** stakeholder expectations around engagement at sub-regional level.

7.2. What were the challenges in domesticating regional/global commitments at national and/or sub-regional levels? ***Probe assumption:*** Research on focus areas is accepted by research participants and policy actors (ref. revised results framework).

EQ8. What major risks has the project faced and how have these risks affected results?

Referring to the CPSE risk assessment, to answer EQ9, the team will collect and analyse relevant data in relation to the project's identification internal and external risks, how these may have transpired, and the ways in which these risks influenced the achievement of planned results.

Sub-questions:

8.1. Which identified risks transpired to affect results?
8.2. Which unanticipated threats affected results?
8.3. To what extent were the risks effectively mitigated? ***Probe:*** more/less successful mitigation strategies.

EQ9. How has the project adjusted to external threats to progress identified by the project?

This question focuses on project change-management, i.e., the ways in which the project adapted to external threats as identified during project design. It requires analysing major changes in the context to assess the extent to which the project was adapted to remain relevant.

Sub-questions:

9.1. What changes in its external context did the project experience? ***Probe***: political economy factors (e.g., government policies, economic systems, and shifts in international development cooperation); potential trade-offs in partner institutions, given political economy factors.

9.2. How did the project adapt in response to contextual change, allowing the project to remain relevant? ***Probe:*** project process for monitoring/adapting to contextual change at various levels?

B. Efficiency of project implementation and the monitoring, evaluation and learning (MEL) system

This set of questions assesses the project implementation and the project's MEL and related knowledge managed systems. EQs 10-15 fall under the evaluation criterion of Efficiency.

EQ10. Were there any significant delays in program implementation? If so, to what extent did these delays affect program timelines?

To answer this question, data on the extent to which the project delivered results in a timely way will be collected and analysed.

Sub-questions:

10.1. What were the major causes of delay during CPSE implementation?
10.2. What were the unintended (positive and negative) consequences of these delays?

EQ11. What opportunities has the project leveraged internally and externally to increase efficiency?

This question focuses on the ways in which project staff successfully designed, managed and adjusted operational budgets, leveraging opportunities to convert inputs (funds, expertise, natural resources, time, etc.) into results.

Sub-questions:

11.1. What *internal* opportunities arose (e.g., other projects, new funding, partnerships) arose to achieve more with fewer resources; how were they leveraged to increase efficiency (e.g., combining activities targeting similar stakeholders)? ***Probe***: capacities for resource mobilisation; examples of adaptations made in resource allocation (time/staffing) to take advantage of opportunities or adapt to changes in context.
11.2. What *external* opportunities (e.g., other projects, new funding, partnerships) arose to expand the work; how were they leveraged to increase efficiency? ***Probe***: initiatives to address other factors behind policy blocks.
11.3. To what extent were CPSE audit reports utilised for efficient financial management? How could the audit reports be improved

EQ12. How efficient is the project in tracking its results?

Evidence collected to answer this question will cover the efficiency of the project's MEL system, with a focus not only on the production of monitoring outputs but also the generation of learnings and their actual use in project management. Our analysis will take into account internal as well as partner-targeted capacity building in this area.

Sub-questions:

12.1. In which ways could the Results Tracker be strengthened to serve as a MEL plan? ***Probe***: choice of indicators; development of monitoring tools; mix of qualitative and quantitative reporting.
12.2. How useful was the training in MEL? ***Probe***: APHRC staff/trained in MEL; how APHRC staff / targeted partners applied MEL training at various levels.

1.2.3. How were learnings generated and used in project change management? ***Probe:*** frequency of learnings; examples of adaptations; staff assigned responsibilities for change management.

EQ13 How efficiently has outcome harvesting been implemented?

As above, evidence collected to answer this question will focus on the efficiency of the project's MEL system. taking into account the inherent challenges of utilising outcome mapping/harvesting methodologies.

Sub-questions:

13.1. What are the pros and cons of outcome harvesting in tracking results?
13.2. What is the relationship between harvested outcomes and the results framework?

EQ14. How effective is the project's knowledge management process?

To answer this question the evaluation team will collect and analyse knowledge management capacities, processes, outputs and feedback loops (if any), to analyse the project knowledge management system.

Sub-questions:

14.1. What are the strengths and weaknesses of the CPSE knowledge management process? **Probe:** project's knowledge products in Appendix 1, Results Tracker
14.2. How do users of knowledge outputs provide feedback on the relevance, quality and timeliness of these outputs?

EQ15. Was the project set up efficiently in terms of staffing and budget to achieve results as envisaged in the project's Theory of Change and results framework?

In answering this question, the team will collect data on project's human and financial resources available during the period under review; our analysis will include a focus on the adequacy of resources relative to the thematic and geographic scope of CPSE's results framework.

Sub-questions:

15.1. Were available financial resources sufficient to achieve results, given the project's thematic and geographic scope? ***Probe*:** process of making decisions on resource allocation given budget parameters; factors influencing decisions on resource allocation across themes and geographies.
15.3. Were available human resources sufficient to achieve results, given the project's thematic and geographic scope? ***Probe***: available in-house skill sets; effects of the lack of a staff presence in target countries;
15.2. How did CPSE staffing and management structure change over the course of the project? ***Probe***: outsourcing to consultants research organisations; links to leveraging internal/external opportunities (EQ11).

C. Sustainability of the project's approaches and results

This set of questions explores the project's sustainability once the Sida grant comes to an end, with a particular focus on the partnerships established and how these partnerships can be sustained in a subsequent project phase and beyond. EQs 16-18 fall under the OECD DAC evaluation criterion of Sustainability in relation to Impact.

EQ16. Which approaches are scalable?

To answer this question, the evaluation team will collect and analyse data on the extent to which net benefits (i.e., the overall positive gain or advantage) derived from respective interventions are likely to continue, considering both benefits and associated costs or disadvantages.

Sub-questions:

16.1. Which approach/intervention to promote the demand and use of evidence by decision makers shows the greatest overall positive gains? ***Probe***: how CPSE project design reflected future replication of approaches across countries and how the design was realised.

16.2. Which proven approach/intervention in one geography could/should be replicated in other geographies? ***Probe***: synergies between partners to promote replication.

EQ 17 (Former EQ4). Is there any evidence of shifts in discourse at societal and policy level towards social exclusion since the project began?

To answer this question, the team will assess progress along the pathways of change from medium-term to longer-term outcomes, particularly with regard to shifts in the behaviours and/or plans to advance policy commitments on access to safe abortion and post abortion care, comprehensive adolescent SRHR services and non-discrimination of LGBTQI+ groups. Our analysis will focus on the regional, sub-regional and country level 'Spotlights' (outlined in the section 4.3 of this report).

Sub-questions:

17.1. What have been the unintended (positive or negative) consequences, if any, of APHRC's contribution to policy uptake and deepened policy commitment to address social exclusion? ***Probe:*** Pivot to systems-thinking approach.

EQ18. Which approaches are likely to be entrenched in the institutions and organisations strengthened?

Evidence collected to answer this question will focus on a sample of partner institutions and organisations and their financial and institutional capacities to sustain interventions introduced through the CPSE project.

Sub-questions:

18.1. Which partner institutions/organisations have the financial and institutional capacities to sustain interventions introduced through the CPSE project? ***Probe*:** international partners, sub-regional, country-based institutions/organisations.

18. 2. What are the main perceived barriers to institutionalising CPSE approaches?

EQ19. How sustainable are the partnerships that have been developed?

Answering this question will entail a careful consideration of the political economy factors (e.g., government policies, economic systems, and shifts in international development cooperation) influencing CPSE partnerships, with an analytical focus on resilience, risks and potential trade-offs in a sample of partner institutions and organisations.

Sub-questions:

19.1. To what extent do key CPSE partnerships benefit from (a) a long-term shared vision of what they want to achieve in addressing policy blocks; and (b) incentives for knowledge

partners to continue/deepen the relationships. **Probe** new partnership model in Strategy 2022-2026

19.2. Are these partnerships that can be leveraged to sustain responses to an ongoing/increasing demand for evidence from policy actors and decision-makers?

Preliminary Findings

Findings from the initial desk review

Findings from our review of relevant documents are outlined below, under selected evaluation questions. The list of documents reviewed is found in **Annex 2**. The desk review (which will continue throughout the data collection and analysis phases) has informed our design of evaluation sub-questions and probes, which we will use to triangulate documentary evidence. The Evaluation Matrix, including sub-questions is found in **Annex 3**.

EQ1. To what extent were CPSE [medium-term] outcomes achieved?

We found substantial documentary evidence of growing recognition of APHRC as a leading knowledge partner (Medium-term Outcome 1) in the CPSE Annual Reports submitted between 2021 and 2024 (see **Annex 4**). In the early years of the project's performance drew on APHRC's established profile at regional and sub-regional levels. Over the years CPSE team members have served on SRHR-focused national, regional and global committees and were requested by media fraternity for expert opinions on CPSE-related thematic issues. We also found evidence of strong engagement with civil society, in line with recommendations made during CPSE's mid-term review (MTR) of 2021.

Additionally, there is strong evidence that APHRC advanced the production of quality policy-relevant evidence on adolescent sexual and reproductive health and rights (ASRHR), abortion and LGBTQI+ (Medium-term Outcome 2). Eleven country-level studies were conceptualised in collaboration with in-country researchers, as well as a regional study on the impacts of COVID-19 on SRHR service provision and uptake. These studies led to further requests for collaborative knowledge partnerships and additional evidence generation, leveraging existing partnerships.

Primary data collection will allow us to further explore the causal pathways (see the Theory of Change in section 2.3) towards planned results, navigating the delivery of expected outputs and how these drove (or did not) higher-level results. Key issues that arose from our preliminary review are sketched out under EQs 2-8, below.

- Our proposed sub-questions (see Annex 3, Evaluation Matrix) explore (a) knowledge partnerships in three focus areas as well as the ways in which the APHRC has been perceived as a neutral knowledge advisor; (b) advancements in the production of evidence in the targeted countries and (c) key assumptions behind CPSE partnerships.

EQ2. To what extent has the evidence generated been translated into policies and programs?

The process of evidence generation by CPSE began with scoping reviews to map and synthesise evidence on the three CPSE focal issues. This informed the co-creation of a research agenda, which was intended to be followed by policy analyses/briefs of target countries, to be shared with CSOs as the basis of future engagement. We found documentary evidence of a scoping review for one of the three focal issues (i.e., Adolescent SRHR) and protocol scoping reviews for all three focus areas. While the CPSE team undertook policy analyses for Malawi and Liberia,

the focus of work changed, and subsequent analyses for other target countries were not done. The evaluation team will explore why such analyses were abandoned.

We also found strong evidence of the deployment of evidence (2022-2024) in the formulation, and implementation of policy and legislation on comprehensive SRHR and social inclusion at regional and sub-regional levels (see **Annex 5**). However, it is not yet clear how entry-points for relevant policy change, particularly at country level, were identified The evaluation team seeks to better understand the Signature Issues Analysis concept (i.e., what in fact are the CPSE Signature Issues) and the SIA process, including how national partners participated in determining key policy issues behind the project's evidence-informed decision-making (EIDM) approach[29].

- Our proposed sub-questions (see Annex 3, Evaluation Matrix) investigate (a) partner's collaboration in identifying policy blocks (the SIA concept and process); (b) in generating the evidence needed to address these policy blocks; and (c) possible future directions to cement gains made, including the production of policy briefs.

EQ3. To what extent have stakeholder engagements been effective?

The CPSE Advocacy Strategy and the Rapid Response Service (RRS) have been two vehicles for stakeholder engagement.

The Advocacy Strategy is robust, arguably serving as the overall CPSE Strategic Plan. The Strategy identifies four approaches for African-led multi-level policy engagement to address social exclusion: (i) stakeholder mapping and partnerships; (ii) advocacy capacity assessments; (iii) capacity strengthening and (iv) research uptake and policy engagement. It includes an implementation plan detailing, advocacy objectives, key messages, partners and activities. Our preliminary analysis shows coherence across CPSE advocacy objectives and key messages at regional and sub-regional levels. However, the ways in advocacy efforts support the domestication of continental policy objectives at sub-regional/country levels requires further investigation (see **Annex 6**).

The Rapid Response Service (RRS), established in 2020, is intended to provide policymakers and other policy actors with readily available and accessible evidence on demand. We found documentary evidence of regional level requests for rapid evidence synthesis products made in 2020 (EANNASO, EAC/EALA and SADC-PF). However, subsequent demands for the RRS appear to have dwindled over the years. Narrative reporting in the results tracker on RSS performance does not monitor the completed number of RRS requests (Output indicator 3.1.4). Instead, it lists participation in a variety of platforms during which evidence was shared and invitations to lead capacity strengthening initiatives.

- Our proposed sub-questions (see Annex 3, Evaluation Matrix) explore (a) effective implementation of 'strategic dissemination' activities at continental and regional levels, and the coherence of advocacy objectives and activities in light of policy priorities at country level; (b) the effectiveness of the RRS in meeting partners' evidence needs; and (c) partners' perceptions of the relevance of disseminated evidence.

[29] The approach centers on (i) presenting compelling data and research findings to influence advocacy efforts; (ii) expanding the capacity of policy actors to make evidence-informed decisions; and (iii) highlighting best practices from other regions that have successfully implemented policies supporting safe abortion, comprehensive adolescent SRHR, and LGBTQI+ rights (Annual Report for 2019).

EQ4. What capacities have been built by the CPSE team, internally and externally; to what extent have such added abilities been applied as intended?

A table summarising capacity strengthening activities and documented application of acquired skills is found in **Annex 7**. We note that internal training conducted in early years of the project cycle (2019-2022) led to follow-on training activities in political economy analysis, values clarification and attitude transformation (VCAT) and monitoring, evaluation and learning (MEL). Between 2019 and 2024, the CPSE team engaged in a wide range of external capacity building activities.

The Advocacy Strategy reflects a CPSE conceptualisation of 'capacity building'.[30] However, we found that the *modalities* envisaged for delivering capacity building present a confusing picture. The many modalities include (i) formal training workshops, webinars, (targeted training sessions, direct technical assistance requested by CPSE partners, collaborative research, and participation in policy-level forums. As a result, project reporting on external capacity building (see **Annex 7**) often overlaps with (and sometimes duplicates) reporting on outputs related to evidence production, synthesis and translation as well as outputs related to evidence use. We note that this may also be a consequence of 'siloed' (or Pillar-based) reporting.

It was clearly important for the CPSE team to remain flexible in order to respond to requests for capacity strengthening support. But in the absence of a comprehensive capacity needs assessment (for all targeted partners) and, relatedly, a dedicated CPSE capacity building plan (detailing **how** specific interventions would be delivered and for **whom**, with appropriate targets), it is difficult to assess the effective delivery of planned outputs.

- Our proposed sub-questions (see Annex 3, Evaluation Matrix) explore (a) the strengths and weaknesses of CPSE capacity building activities; (b) the ways in which acquired skills were utilised; and (c) ways in which existing APHRC partnerships were leveraged to address capacity gaps.

EQ5. To what extent were partnerships established and leveraged to achieve project goals?

Partnerships that support the generation and uptake of evidence to inform SRHR and social inclusion policies and programs are the bedrock of the three CPSE pillars. Our initial analysis of project documents suggests that APHRC made good use of existing partnerships and forged new relationships to take the project forward. A preliminary summary table of CPSE partners is found in **Annex 8**; immediately following the evaluation inception phase, the evaluation team will work with the CPSE team on a detailed of mapping of partners at country level.

However, we also found that while CPSE Stakeholder mapping outputs usefully disaggregate partners by level (international, regional, sub-regional and national levels), the term 'policy actors' appears to be an umbrella for stakeholders engaged in a wide range of specific types of CPSE partnerships. This was confirmed during a meeting with the CPSE team. We note that in section 3 of the Advocacy Strategy, all mapped stakeholders engage in *all* categories which

[30] The Strategy's Implementation Plan includes the following thematic areas: *Evidence use* for policymaking and coordination (continental level and at regional level); *Proposal writing* and fundraising (SADC, ECOWAS); *Value clarification* on abortion and LGBTQI+ issues; *Use of digital media* to reach various stakeholders; *Communicating* with stakeholders; and *Media sensitization* forum for health reporters.

are lumped together under the heading of 'Engagement Strategies', making it difficult to see who engages in what.

In order to clearly assess the effects of engagement with respective types of partners, it may be helpful to distinguish between the following: *knowledge partners* engaged in generating, synthesising/translating evidence for policy actors; *policy advocates* engaged in disseminating evidence as tools for policy engagement; and *decision-makers* engaged in using evidence to drive policy dialogue and inform programmatic action.

- Our proposed sub-questions (see Annex 3, Evaluation Matrix) explore (a) how existing partnerships were leveraged to optimise progress towards results; (b) critically important knowledge partners, policy actors, and decision-makers; and (c) partners who were left out but may be critically important for future programming.

EQ8. What major risks has the project faced and how have these risks affected results?

While APHRC used a risk register to identify, assess, and manage risks associated with CPSE's operations, it is not clear how often CPSE reviewed and updated the register.

Our preliminary analysis suggests that the 'contentious' nature of the three focal areas was a major risk. Though CPSE's selection of countries and research topics was based on an analysis of potential for policy influence through research, CPSE viewed engagement in these focal areas as risky. Moreover, several countries experienced shifts in public opinion over the duration of the project that made the topics more difficult to explore and discuss rather than less. Relatedly, the issues themselves may have affected results. Given CPSE's focus, some of the most influential organisations were unwilling to collaborate[31], limiting CPSE's scope for partnership; Our analysis suggests that unanticipated risks may have affected results; for example, engagement in any one focal issue may close off potential engagement opportunities around another CPSE focal issue.

Weaknesses in organisational capacities for advocacy may have constituted a risk to achieving results. CPSE experienced shortages of staff with experience working in advocacy and communication in 2021/2022, which may have delayed completion of a strong advocacy strategy (as recommended in the report of the 2021 Mid-Term Review). In the absence of deep capacity in advocacy, budget allocations for advocacy may have been lower and/or not optimal for the balance of effort/resources needed between research and advocacy.

- Our proposed sub-questions (see Annex 3, Evaluation Matrix) explore (a) which risks the CPSE team perceives as having affected results; (b) ways in which unanticipated threats may have affected results; (c) effective risk mitigation.

EQ12. How efficient is the project in tracking its results?

It is commendable that the CPSE's MEL approach is firmly anchored in the project's results framework. This is, in part, a result of participation in the results-based management training provided by Sida's Results-based Management help desk as well as a reflection of the project team's recognition of the complexities of the terrain of policy influencing. Given multi-level

[31] For example, EAC indicated that they would not collaborate in working on abortion and ECOWAS would not work to address rights of sexual minorities. *"There have been instances when partners and other stakeholders have expected APHRC/CPSE to take sides to advocate on CPSE issues. However, constant efforts are being made to remind and work with partners to perceive CPSE as a neutral knowledge broker to policy partners"* (Annual Report for 2022).

contexts that are uncertain, unpredictable and constantly evolving, the MEL approach also underlines the importance of reflecting on actions taken, learning from the reflection, and then adapting subsequent strategies based on the learning.

This said, we note several shortfalls in the design and implementation of performance monitoring and learning, as outlined below.

1. In the absence of a dedicated CPSE MEL plan, the project's MEL relies heavily on a **Results Tracker** to measure the achievement of expected outputs and outcomes. The Results Tracker also includes a table of knowledge products produced by year (Appendix 1 of the Results Tracker), suggesting that the Tracker also serves as a knowledge management tool.
2. The Results Tracker includes a range of useful quantitative indicators (see **Annex 9**). However, the indicators are not accompanied by a baseline and annual targets. While sources of documentary evidence are detailed, there is no mention of routine project monitoring as source of data to track indicator performance. Statistical data (where they exist) are buried in detailed narrative analysis.
3. The indicators to measure Output 2 (strengthened capacities) are quantitative measures of completed political economy analyses (PEA), knowledge products, presentations by APHRC staff on contentious SRHR issues, and the number of APHRC staff receiving training. There is little consideration of the qualitative elements of change in capacities at both individual and organisational levels to challenge politics of exclusion.
4. While the CPSE annual reports are rich in detail, including insightful analysis of project performance, it is not clear how the 'action-reflection-learning-adaptation sequence' referred to in the proposal for the first phase of the project actually took place.

We note that the CPSE team proposes to address some of these concerns in Phase 2 of the project.

- Our sub-questions (see Annex 3, Evaluation Matrix) explore (a) ways in which the Results Tracker may be strengthened; (b) the usefulness of training in MEL for APHRC staff and targeted partners; (c) further strengthening of internal MEL capacities.

EQ13 How efficiently has outcome harvesting been implemented?

CPSE began outcome harvesting (OH) in 2021. The project invested in training the entire CPSE team on OH with the support of Southern Hemisphere, a South Africa-based consultancy firm. CPSE institutionalised annual OH workshops with CPSE staff and partners and developed an OH tool for routine documentation use.

Our analysis of the 'key outcomes' documented in annexed tables in the Annual Reports uncovers an incremental process whereby a wide range of activities (e.g. invitations to meetings for presentations, consortium participation, etc.) were implemented. For projects like CPSE where small and steady improvements matter, findings from the annual workshops may have served as a good starting point for work planning and for adjusting focus in order to address areas that did not show progress. However, the project's OH does not provide a complete picture of project performance in terms of *progress towards higher-level results*.

The question at the heart of OH remains: what has changed (CPSE "outcomes") and working backwards, what harvested evidence determines whether and how an intervention has contributed to these changes?

We also note that participants (partners and staff) may also have felt compelled to surface "positive" results annually to show success. [32] Our review of the OH tables indicates that some of the interpretation and synthesis of the qualitative data may have been skipped and could have been useful in adapting project strategies and/or identifying gaps in progress.

- Our proposed sub-questions (see Annex 3, Evaluation Matrix) explore (a) the relationship between harvested outcomes and the results framework (e.g., tailoring each year's harvest to specific learning questions focused on the results framework) and (b) the linkages between OH and project monitoring which tracks CPSE's fidelity to planned activities.

EQ15. Was the project set up efficiently in terms of staffing and budget to achieve results as envisaged in the program's Theory of Change and results framework?

The core CPSE staff is small, consisting of only ten to eleven staff, all based in Nairobi. It is not evident from available project documents whether additional APHRC staff provided surge support and it was difficult to determine how much the CPSE team relied on consultants to support country-based research and advocacy. Analysis of audit reports indicated that CPSE did not fund sub-awards to any organisations.

Overall, APHRC's proposal to generate evidence on in the three focus areas (with significant existing gaps in evidence), and to aim to influence policy in seven countries appears ambitious, given the available budget. Additional data is needed to assess how the project initially planned to allocate resources (including the types and numbers of staff) to achieve results versus how CPSE adjusted plans/resource allocation based on changing realities and opportunities after project start up.

- Our proposed sub-questions (see Annex 3, Evaluation Matrix) explore (a) the adequacy of financial resources and process of making decisions on resource allocation, given budget parameters; (b) the adequacy of staff and availability of required skills sets, given the project scope; and (c) changes to the staffing and surge support over time.

EQ16. Which approaches are scalable?

We note that this is a key question for Sida, given their interest in the replicability of interventions/approaches across countries in the region. Our Theory of Change analysis, drawing on findings under EQs 16, 17, 18, and 19, will explore the CPSE project's regional value addition,

Based on our reading, we broadly understand 'scaling' as the process of increasing the reach and impact of sustainable change in CPSE within the Sub-Saharan African region. We understand 'approaches' as interventions under the three CPSE Pillars: (i) generating policy-relevant evidence generation in the three focus areas; (ii) using evidence to advocate for change; and (iii) strengthening capacity to use evidence to achieve change. Specifically, in answering this question we will consider *the potential replication of a proven solution (intervention/approach) across country contexts*.

[32] For example, in 2022, CPSE brought together over 30 partners that had interacted with the project to participate in an OH Symposium. During the workshop participants harvested 39 outcomes. Verification of outcomes took place in the workshop. This is an efficient means of conducting OH, but it may present challenges in terms of biasing the process, leading to underreporting of negative or unexpected changes that are valuable for learning.

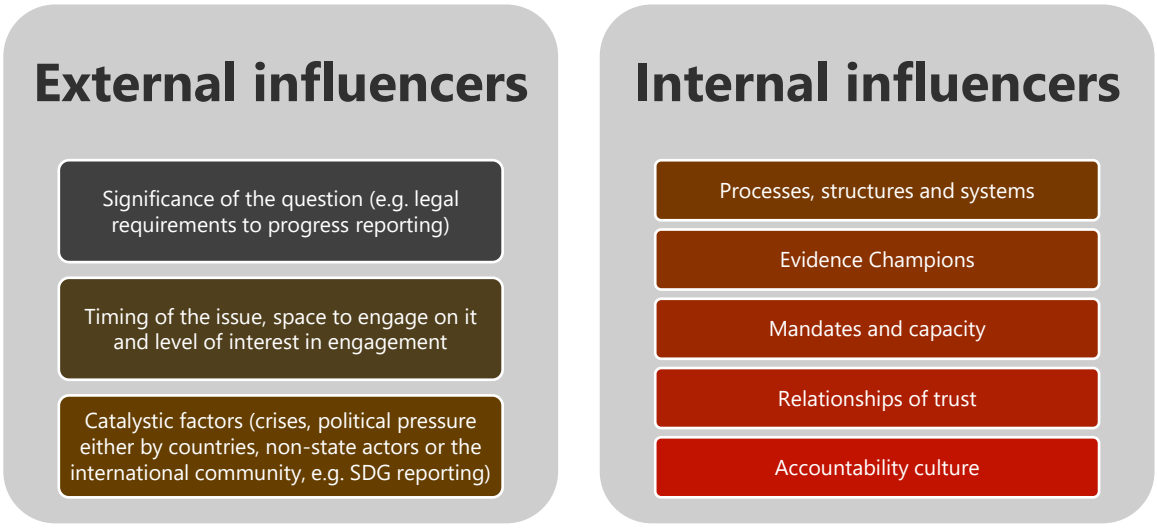
In doing so, we will reflect on this fact: the politics of social exclusion at national, sub-regional, and regional level are different. A key first step requires an understanding of the *mechanics of policy influence at various levels* (Goldman & Pabari, 2021). Depending on the nature of the outcome sought, its purpose and focus, some policy discussions are lengthy in process and heavy on structure, often requiring discussions in different committees and input from several (political) actors, while others are subject to a shorter decision-making chain. The former requires a more sustained and multi-layered engagement. The latter allows organisations to be 'opportunistic' in feeding their data to decision-makers at specific junctures. The nature of the desired outcome, therefore, determines the methods as well as intensity of engagement required by APHRC.

Our initial analysis has flagged two possible bottlenecks in the scaling process:

1. *Continued commitment* to evidence production across the three focus areas (particularly in support of non-discrimination of LGBTQI+ groups if Sida's funding ends).
2. Consideration in the CPSE approach to partnership building of synergies between partners for evidence generation, advocacy and evidence use. These include *horizontal* partnerships between sub-regions and between countries as well as *vertical* partnerships within the African Union system.

Underpinning these bottlenecks are the contextual factors that influence evidence-based policymaking in Africa; an increasingly rich body of evidence across Africa suggests that the use of evidence-based policy making is shaped by multiple contextual factors (see **Figure 1**).

Figure 1. Contextual influencers for evidence-based policy making in Africa



Source: Goldman & Pabari, 2021

Previous evaluations

A mid-term review (MTR) of the *Challenging the Politics of Social Exclusion* project was undertaken between June and October 2021. Responding quickly, the CPSE team took action on the MTR's recommendations. The actions taken between 2021 and 2023 are summarised in **Table 2**.

Table 2. Mid-term review recommendations and actions taken

Recommendations to APHRC	Actions (2021-2022)	Actions (2022-2023)
1. A **CPSE-specific advocacy strategy** should be developed. APHRC should engage with its partners with deep expertise in advocacy (e.g. UNFPA, EANNASO) to develop an advocacy strategy for all types of partners with which APHRC engages. The **strategy should address regional, national, civil society and CPSE target group entry-points, leverage and opportunities for policy dialogue.**	Developed a **CPSE-specific research uptake and communications strategy**	CPSE staff have made **study presentations in key advocacy platforms**.
2. APHRC should develop a **knowledge translation strategic approach**, with due attention to different interest groups.	**Knowledge sharing activities implemented in partnership with in-country collaborators**	**ALL CPSE research studies have been co-created with partners** **CPSE develops all knowledge-translated products in line with the audience involved**
3. Strengthening knowledge sharing: APHRC should facilitate sharing and dissemination of research studies, as well as increased joint planning and engagement on advocacy and knowledge translation.	Developed a **Research-specific research uptake and communication strategies**.	**Knowledge-sharing activities implemented in partnership with in-country collaborators.**
4. APHRC should take advantage of **research dissemination events to introduce CPSE research partners to each other (not solely academic institutions, but crucially also target groups, as well as the public sector, CSOs, etc.),** to provide opportunities for discussion of potential complementarity.	**Issue-specific advocacy with CSO partners:** Pamoja 4SHR EAC CSO network joint communication strategy to *engage with EAC and East African Legislative Assembly (EALA) actors to pass the EAC SRH Bill 2021.* Advocacy strategy with Health Development Initiative (HDI) and LGBT+ CSOs in Rwanda on *LGBTQI+ issues*. As the thematic lead for health in the ACRWC CSOs forum, APHRC contributed to the *development of the forum's advocacy engagement constitution*. As part of the Regional Interagency Working Group of the 2gether 4 SRHR Programme APHRC developed a *regional advocacy engagement strategy on SRHR for the ESA region.*	
5. Three of the ten studies under the banner of CPSE apply the PEA approach; as such, it is important to ensure these are inclusive of current theoretical perspectives such as greater focus on the **gender aspects of PEA**.	Used the **intersectionality lens** (gender, wealth, ethnicity, political affiliations, reproductive health status) to ensure we address	Social inclusion, diversity, and gender perspectives of target audiences are **reflected in the LGBTQI+ and ASRH Political Economy Analyses.**

	interconnected issues for traditionally marginalised groups.	
6. The Ipas-facilitated **values clarification and attitude transformation (VCAT) training**, to date provided to APHRC staff members, should be offered to CPSE partners.	**VCAT training for partners included in 2022/2023 work plan**. Budgeted for ongoing mentorship of APHRC staff by the Ipas facilitators who trained CPSE staff.	**Provided VCAT training to CSOs, community health workers, field research staff, and other policy actors**.
7. Strengthening the monitoring, evaluation and learning framework • APHRC should take speedy action to **strengthen the CPSE MEL tools**, not least to capture qualitative data and to provide a proper record of project activities. Sida might be able to facilitate support, via its RBM Help Desk. • APHRC should develop a suite of CPSE **qualitative indicators with which to measure e.g. the quality of knowledge translation, advocacy, training and policy engagement project components**.	The CPSE team has **developed a tracking tool (Annex 4) for the CPSE team to capture project activities on a weekly basis**. This data is then fed into the **results tracker** by our M&E focal point. As part of our **outcome harvesting**, the team has undertaken several qualitative interviews with various partners to qualitatively document some of our key outcomes.	**Revised the CPSE results framework** in line with the recommendations. Reporting in 2023 will follow the revised framework.***** **Undertaken an OH workshop with partners**
8. APHRC should explore opportunities for **development of/participation in relevant communities of practice** and engagement with similar projects and programs to CPSE.	**Active involvement in several technical working groups/communities of practices** (e.g., Global Partnership for Comprehensive Sexuality Education (GPCSE); Reproductive and Maternal Health Consortium-Kenya (RMHCK); Kenya Ministry of Health; Technical Working Group (TWG) on sexual and reproductive health (SRH); Lancet	CPSE staff continue to be actively involved in several technical working groups/ communities of practices that are relevant to CPSE's focus areas.

	Commission on Adolescent Health	
9. Support to efficient project management: **audit documents for CPSE should apply project pillars and outcomes, in order to make tracking of budget lines and expenditures more straightforward**. There should also be internal coherence between information presented in CPSE Annual Reports and Audit Statements.	The audit process produces two main reports: the **audited financial statement** and a **management letter**. The audited financial statement report format is standard and is guided by **pre-defined international auditing standards**. The management letter discloses various issues that the auditors wish to point out to audit stakeholders and has a section that presents a budget vs expenditure summary together with budget/expenditure variance explanations. **This section presents the year's financial report by the main project pillars and outcomes as per the approved budget.** The detailed budget vs expenditure report has over 200 lines, making it difficult to include it as an annex in the audit reports.	

***NB.** In line with the **MTR recommendations**, the CPSE results framework and related Results Tracker were revised as follows: Longer-term outcome 1 in the original framework reformulated as a medium-term outcome; Medium-term outcomes in the original Results Tracker were separated from outputs; Outputs that were defined as activities in the original framework were reformulated; and activities that would lead to the outputs and outcomes were included in the framework (source: Annual Report for 2022).

In addition, internal reflections on **lessons learned from the CPSE Project 1.0** were included in the APHRC's proposal for Project 2.0. These lessons learned are outlined below, under effective partnerships, efficient project implementation, and sustaining engagement on contentious issues. Given that these important lessons learned emanate from the CPSE team's direct experience of project design and implementation, we will build on them in our evaluation's conclusions and lessons learned.

1. Lessons learned in building effective partnerships

Strategic and targeted **partnership based on complementarity and respect** makes a difference. Successful measures are:

- Approaching partners not as "implementing partners" or contractors but as equal partners;
- Recognising that all partners bring different skills, knowledge and networks;
- Placing an emphasis on 'mutual capacity strengthening' to avoid any misperceptions that APHRC views other partners as having weaker capacity.

Establishing **partnerships takes time,** especially when there are no previous engagements. Successful measures are:

- Signing memorandums of understanding (MoUs) that include joint work plans, which takes time but strengthens close working relations and builds trust and commitment;

- Using institutional MoUs to connect partners (e.g., EAC, SADC-PF, Statistics Sierra Leone, and Gender is My Agenda Campaign); and for other teams within APHRC to access partners.

The project must remain an **independent neutral knowledge broker to gain partners' trust.**

2. Lessons learned in efficient project implementation

Partners' expectations of rapid response services need to be managed. Successful measures are setting realistic timeframes for responses to evidence requests.

Capturing windows of opportunity. Though participation was not planned, the SADC-PF Standing Committee Workshop, the SADC's SRHR strategy meetings, the Gender is My Agenda Campaign, the CHPR, and the CSO Forums, and the East and Central and Southern Africa Health Community (ECSA-HC) meetings have all been key windows of opportunity for the project. It is important to remain flexible, in order to attend and participate in unplanned key events and invitations that arise at short notice.

Strengthening the MEL framework. In complex systems with multiple players, it is difficult to attribute a change to the intervention of a single actor. It is important to continue using outcome harvesting as a MEL approach that is ideal for use in complex systems where outcomes are unpredictable. During annual joint stakeholder workshops small early changes are documented, including the intended/expected changes, unintended changes, positive changes, and negative changes that contribute to higher results.

3. Lessons learned in sustaining engagement on sensitive issues

As an African institution, APHRC's agenda for tolerance and equity for LGBTQI+ populations and access to safe abortion raises suspicions that the **CPSE agenda is being driven by northern development partners**. It is important to engage to dispel this myth. Successful measures are:

- Identifying and nurturing champions, to target relevant audiences for maximum impact;
- Focusing on countries that are at a tipping point of action on the three contentious issues;
- Including VCAT training sessions before engagements to lay the groundwork for discussion of these sensitive issues;
- Flexibly using rights-based language (e.g., inclusive pronouns), depending on circumstances in different forums.

Ethical considerations are critical; there has been an increase in anti-SRHR movements across the region. Successful measures are:

- Being cautious in selecting participants and venues for our knowledge sharing events (particularly those that include members of the LGBTQI+ community), in line with the do no harm principle and prioritising personal safety.

Appreciation of the **time needed within APHCR to change values and attitudes towards SRHR.** Successful measures are:

- Introducing center-wide VCAT training sessions to explore perceptions and assumptions about the sensitive topics being addressed by this investment;
- Sensitising newly recruited staff in the APHRC position statement on research on contentious issues.

Preliminary CPSE evaluation Theory of Change

Our analysis of documentary evidence suggests that the CPSE results framework has, like all good results frameworks, gone through several iterations.

The first CPSE Theory of Change (ToC) was predicated on the assumption that the domestication and implementation of existing policy instruments in Sub-Saharan Africa has been stalled by *a lack of evidence*, *absence of political will*, *deeply entrenched societal norms* and *limited capacity of policy actors*. The first CPSE project design also highlighted the importance of *complementarities between the project's three approaches*: Pillar 1 - Strengthening capacity to use evidence to achieve change; Pillar 2 - generating policy-relevant evidence generation; and Pillar 3 - using evidence to advocate for change.

Notably, the foundation on which these Pillars rested was '*Initiating partnerships and building collaborative relationships*'. The revised ToC for the second phase of the project includes an additional output: *Partnerships are built and sustained to enable the demand for the generation and uptake of evidence* to inform SRHR and social inclusion policies and programs.

However, we suggest that this iteration begs related questions, which we will explore in our ToC analysis:

1. To what extent is there a 'missing middle' in the revised ToC; along these lines: *synergies are created between different types of partners (i.e., knowledge partners, policy advocacy partners, and decision-makers)?*
2. To what extent would a further medium-term outcome on partnership synergies reinforce:
    a) the two existing medium-term outcomes (i.e., *shifts in attitudes and perspectives toward advancing policy commitments in the three focus areas* and *the production, demand and use of policy-relevant evidence*); and
    b) collaboration between policy actors and decision-makers at national, sub-regional and regional levels?

The notion of a 'missing middle' will inform the *iterative design of the ToC to be applied and validated in our evaluation*, as well as the assumptions behind the articulated causal pathways.

The following *preliminary* narrative Theory of Change (ToC) is grounded in the CPSE results framework and is accompanied by a ToC diagram (see **Figure 2**, at the end of the section).[33]

IF the planned activities are implemented:

APHRC staff are trained in research methods (e.g., abortion measurement, PEA, rapid reviews), MEL, VCAT, SRHR knowledge translation; and *policy actors* (at diverse national, sub-regional, and regional levels) are supported by APHRC staff in addressing their *core capacity needs*.

[33] This preliminary and simplified Theory of Change (ToC) designed to serve the purpose of the evaluation focuses on the assumptions behind the pathways of change. As such, it does not include a detailed mapping of the relationships between pathways of change, visually represented by arrows to indicate multiple causal links. A complete CPSE programmatic ToC (discussed and validated during a one-day ToC workshop in Nairobi) will be presented in the evaluation's final report and will also include contextual factors and identified risks that enable or constrain change.

APHRC staff and policy actors (at all levels) conduct *collaborative* research to *generate* or *synthesise* evidence that responds to priority *evidence needs* and *policy blocks*.

Relevant and impactful *partnerships* are built with key policy actors (at all levels) in order to be able to realise that evidence is shared through policy and academic *forums* and the media and that the *rapid response service* enables the production of relevant, timely, quality, and synthesised evidence for policy actors (at all levels) to make informed decisions and take evidence-based action. (**Pillar 3**)

Assumptions: from activities to outputs

Pillar 1 activities

- Financial and human resources are adequate, timely and used in line with planned outputs (efficiency).
- Core capacity needs of APHRC staff are clearly identified (relevance).
- Policy actors' core capacity gaps are clearly identified (relevance).
- Capacity gaps at diverse levels (beyond PEA, MEL, VCAT) are addressed (sustainability).

Pillar 2 activities

- Priority policy blocks are identified collaboratively by policy actors and APHRC staff (relevance).
- Collaborative research is generated in a timely manner (efficiency/effectiveness).
- Research findings are synthesised in line with specific evidence needs and translated as knowledge products that address specific policy blocks (relevance/effectiveness).
- The rapid response service is known to potential users, is accessible, and is fit for purpose (relevance/effectiveness).
- Partnerships driving efforts to address policy blocks are fit-for-purpose (sustainability).

Pillar 3 activities

- Key knowledge partners have been identified, in line with CPSE planned results (relevance).
- Missing but critically important partnerships continue to be built (relevance/sustainability).
- APHRC staff participate in key evidence-sharing forums (relevance).
- Other key forums are identified and nurtured (relevance/sustainability).
- Synergies between knowledge sharing (academics), advocacy (CSOs and media) and policy decision-making (policy actors) are created (internal coherence).
- Providers of financial/technical assistance participate in evidence sharing (sustainability).

And IF these planned outputs are produced:

1. Strengthened competencies in MEL, PEA, knowledge creation, and translation on contentious SRHR and LGBTQI+ issues among staff enables APHRC to support partners in the same.

2. National, sub-regional, and regional policy actors have enhanced competencies in MEL, PEA, knowledge creation, and translation on contentious SRHR and LGBTQI+ issues.

3. APHRC and partners generate quality policy-relevant evidence on SRHR and LGBTQI+ issues.

Assumptions from outputs to outcomes:

- Government agencies, researchers, CSOs, healthcare providers, media, religious and traditional leaders and other stakeholders are willing to collaborate *(ref. revised results framework)*.
- Research on focus areas is accepted by research participants and policy actors *(ref. revised results framework)*.
- National and sub-regional/regional knowledge partners (the producers, communicators and users of evidence) share a long-term vision and purpose in relation to SRHR and LGBTQI+ issues in target countries.
- Incentives for knowledge partners to continue/deepen the relationships are in place at various levels.

THEN these (medium-term) outcomes will be achieved:

1. APHRC is recognised and engaged by regional, sub-regional, and national level SRHR policy actors as a leading knowledge partner and neutral adviser.
2. APHRC, national or sub-regional academic, CSO, or policy bodies engage more in and advance the production of quality policy-relevant evidence on ASRHR, abortion, and LGBTQI+.

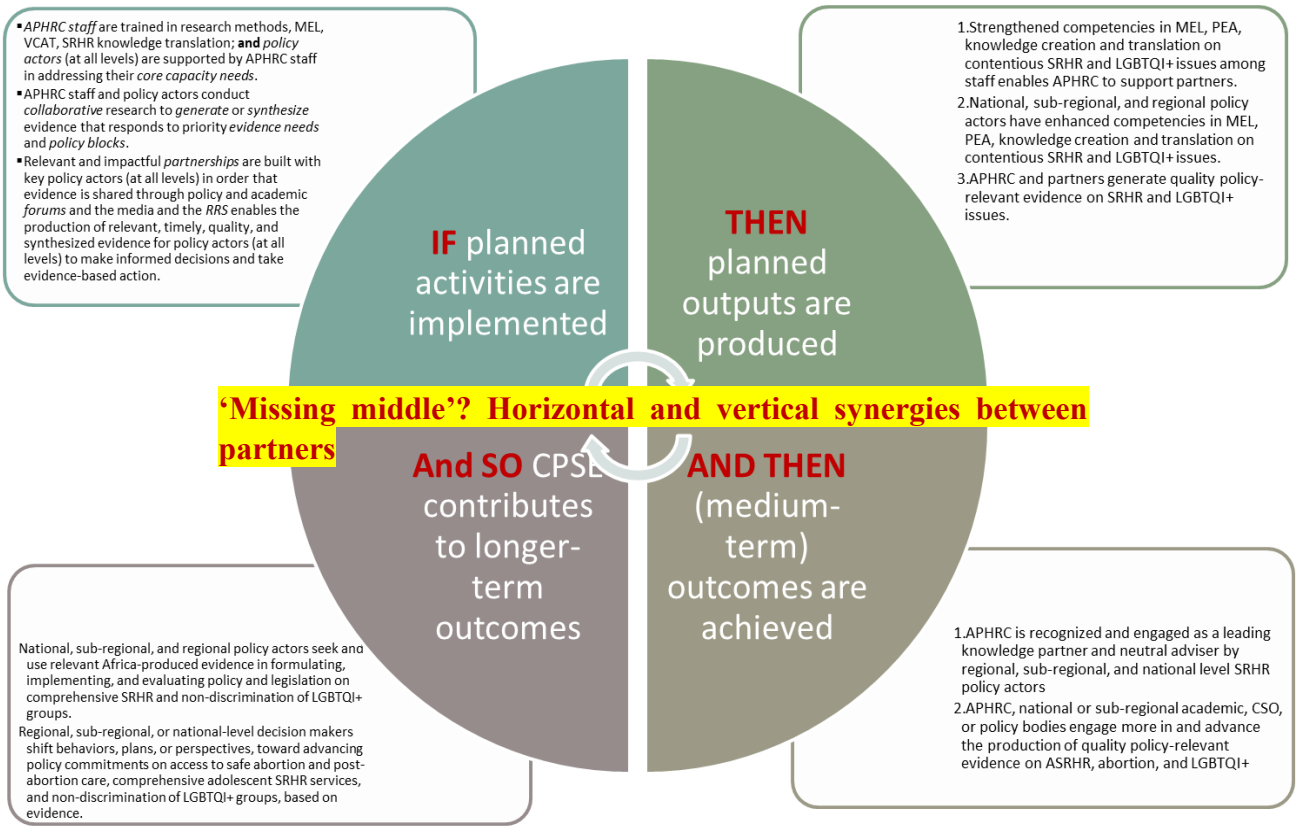
Assumptions: from outcomes to CPSE impact:

- Political will and an enabling legal and policy environment are in place *(ref. revised results framework)*.
- Partners are willing to shift attitudes, perceptions and social norms towards SRHR for all and social inclusion, including supportive cultural and social norms that challenge stigma and discrimination *(ref. revised results framework)*.
- The political economy contexts for policy and legislation on comprehensive SRHR and non-discrimination of LGBTQI+ groups remain relatively stable or improve.
- Comprehensive SRHR and non-discrimination of LGBTQI+ groups remain global priorities, in the face of competing priorities arising from geopolitical insecurities and climate crises.

And SO CPSE contributes to these longer-term outcomes

1. National, sub-regional, and regional policy actors seek and use relevant Africa-produced evidence in formulating, implementing, and evaluating policy and legislation on comprehensive SRHR and non-discrimination of LGBTQI+ groups.
2. Regional, sub-regional, or national-level decision-makers shift behaviours, plans, or perspectives, toward advancing policy commitments on access to safe abortion and post-abortion care, comprehensive adolescent SRHR services, and non-discrimination of LGBTQI+ groups, based on evidence.

Figure 2. Preliminary CPSE evaluation ToC



Approach and Methodology

In this section we present our overall approach, the design and conceptual framework of the evaluation, and the data collection strategies to be applied.

Overall approach

Our proposed evaluation methodology is **theory-based contribution analysis**. This entails constructing a retrospective Theory of Change (ToC) for the evaluation (see section 2.3 above), based on the results framework found in Annex 1 of the ToR and iterated in line with the *revised* results framework presented in the CPSE Project 2.0 proposal.

Contribution analysis is particularly useful for assessing a project such as CPSE, where attribution is complex if not impossible because change is influenced by multiple other actors, contexts and factors, and where interventions are designed to be flexible and adapt to changing circumstances. It is a valuable evaluation approach for users who want to know not only if a project had an impact, but also how and under what circumstances the intervention did (or did not) contribute to change. Moreover, the iterative nature of contribution analysis allows for ongoing learning and refinement of the ToC as evidence emerges.

The (preliminary) ToC will serve as the evaluation's analytical framework, enabling the evaluation team to examine how CPSE interventions have influenced observed changes (intended and unintended) and to assess progress towards the project's longer-term outcomes and overarching goal. As more detailed information about the project emerges during data collection, the evaluation team and the core group of primary users of the evaluation will periodically revisit the ToC in workshops (see Section 4.3). In other words, we will use the ToC

not as a static roadmap but as a tool to navigate change, carefully considering how the interventions have (or have not) adapted to the project's changing contexts, particularly volatile political economy contexts in targeted countries and in the region.

Integrated into the theory-based contribution analysis is a **utilisation-focused approach**. This includes a strong focus on engagement with primary users in order to promote the principle of ownership of the evaluation lessons learned and recommendations as well as ongoing stakeholder engagement in support of the uptake of recommendations.

The evaluation will apply a **gender equality and human rights-based approach** throughout. This will involve examining how the interventions have addressed issues of equity, non-discrimination, participation, transparency and accountability through their delivery approaches, specifically looking at these aspects when answering the key evaluation questions.

Design and conceptual framework

Designing a preliminary ToC has helped to 'unpack' the key evaluation questions (EQs) into sub-questions and decide on the combination of strategies to be used to deliver the required evidence (see Section 4.3).

Accordingly, the evaluation team has developed a detailed Evaluation Matrix during the Inception Phase, which is organised in three parts in line with OECD-DAC criteria: (A) Effectiveness, Relevance and Coherence; (B) Efficiency; and (C) Sustainability. The matrix (see Annex 3) provides the following details:

- Evaluation Questions and sub-questions (**what** we want to know);
- Judgement criteria for each evaluation question (**how** we will know in order to draw evidence-based conclusions and lessons learned);
- Methods (**how** we will gather evidence); and
- Sources (**where** we will gather evidence).

To answer the EQs, the evaluation team will incorporate a **combination of methods** (discussed in more detail in the following section), including:

1. **Desk review** of project strategies, monitoring reports and relevant policy documentation.
2. **Two ToC workshops** (remote and *in situ*) with CPSE staff. The first workshop will focus on articulating/revisiting assumptions behind the CPSE evaluation ToC; the second aims to validate the ToC at the end of the evaluation.
3. **Key informant interviews (KII)** with respondents drawn from the groups of stakeholders, including, APHRC leadership; international partners, regional partners, sub-regional partners, CSOs at all levels, and country-specific constellations of partners.
4. '**Deep dive' focus group discussions (FGD)** with targeted staff and on critical bottlenecks and promising opportunities in the production and uptake of policy-relevant evidence.
5. **Electronic survey** of key stakeholders, with a focus on capacity strengthening interventions and advocacy efforts.
6. **Country-specific analysis of CPSE evidence-informed decision-making (EIDM)**.
7. **Data analysis** (qualitative, quantitative and rigorous data triangulation).

Methods and sources

As outlined above, the evaluation will employ a mixed-methods approach. Below we further detail the data collection and evaluative methods that will be used.

1. Document review

A thorough review of relevant documents has been initiated and will be conducted throughout the data collection and analysis phase of the evaluation. Documentation includes (a list of documents reviewed so far is found in Annex 2).

- APHRC's Strategic Plans (2017-2021, 2022-2026);
- Project documents: (e.g., the project proposal, project strategies, annual work plans, annual reports, audit reports, result tracker, research protocols and online CPSE publications);
- Monitoring tools and outputs (e.g., 'lived experiences surveys', an important source of data from target groups, including adolescents, women, LGBTQI+ groups), including outcome harvesting reports;
- National policy and planning documents;
- Previous evaluations;
- Academic and grey literature.

The document review will provide detailed information on project implementation and progress towards expected results, as well as important contextual information.

2. ToC workshops

A preliminary *online ToC workshop*, held immediately after approval of this Inception Report, will enable the evaluation team and the CPSE team do two things:

(i) Articulate a shared conceptual understanding of (a) partnerships; and (b) capacity building modes of delivery; and
(ii) Review the draft assumptions behind pathways of change from output to outcome levels that have been set out in the preliminary CPSE evaluation ToC (see section 2.3 above).

Following this workshop, the evaluation team will gather evidence to examine the veracity of assumptions that underpin the CPSE project. Assumptions that are not holding true may generate and/or reinforce critical lessons learned, pointing to ways in which the CPSE project needs to be adapted or modified in its second phase.

A second *in situ ToC workshop* (ideally in APHRC headquarters in Nairobi) will be held towards the end of the evaluation (end-July/first week in August). This will enable the evaluation team and the CPSE team to revisit (and add to) the ToC assumptions, informed by evaluation findings. During this workshop we will focus on the most contestable causal links in the ToC that appear to be less plausible or convincing. The outcome will be a validated ToC.

The Evaluation's final report will include the final narrative ToC and accompanying graphic. This ToC may be used iteratively by the project team and should be revisited over time to inform future CPSE programming.

3. Key informant interviews (KII)

Semi-structured interviews (approximately 30-40) will be conducted with a range of key informants drawn from the main CPSE partner groups at international, regional and sub-regional levels. These are presented in **Table 3.** Note that this *indicative* table is based on the

list of CPSE partners found in **Annex 8**. The final list of key informants will be included in a data collection plan produced by evaluation team and the CPSE team immediately after approval of this report. Key informant interviews will also be conducted at national level; these are discussed below, under 'Country-specific analysis of the CPSE approach for evidence-informed decision-making (EIDM)'.

Table 3. Key informants for interviews, focus groups and electronic survey

Stakeholder categories	Approx #
1. APHRC Leadership and **CPSE staff** responsible for the project	10
2. International partners (e.g., UNFPA, UNDP, Sida, Guttmacher Institute)	3
3. Regional policy partners (e.g., AU Directorate of Health, Social Affairs, and Development; AU Directorate of Women, Gender and Youth; African Committee of Experts on Rights and Welfare of the Child (ACERWC); African Commission on Human and Peoples Rights (ACPHR)	3
4. Sub-regional policy partners (e.g., EAC Secretariat; East African Legislative Assembly (EALA); SADC-PF; SADC Coordination Unit; ECOWAS Gender Directorate)	4
5. Regional CSO networks (e.g., Gender is My Agenda Campaign (GIMAC); ACERWC CSOs forum; ACPHR NGOs forum)	3
6. Sub-regional CSOs (e.g., Eastern Africa National Networks of AIDS Service Organisations (EANNASO); Kenya Legal & Ethical Issues Network on HIV and AIDS (KELIN); Faith to Action Network; SRHR Alliance Kenya, International Planned Parenthood Federation (IPPF); Health Development Initiative (HDI); End Violence Against Women Coalition (EVAW); Ipas; East African Health Research (EAHR); FEMNET; West Africa CSO Forum (WACSOF); SADC Community of Practice; Pamoja 4SHR	5

Interview guides will be developed for each stakeholder group based on the Evaluation Matrix. Interviews will be mostly conducted remotely. However, some KII with informants in Nairobi will be conducted in-person by the evaluation team during a brief field visit to Kenya.

4. Focus group discussions (FGD)

Focus Group Discussions will complement other data collection methods and used *if and when needed,* primarily as a means of *participatory analysis*. These will be 'deep dives' on critical bottlenecks in the production and policy-level uptake of evidence that have been identified during data collection. Participants in the FGDs will be drawn from the key informants presented in **Table 3.**

5. Electronic survey

A survey instrument will be developed to supplement the in-depth qualitative data from interviews and will focus on *capacity strengthening interventions* and *advocacy efforts*. Participants in the survey will be drawn from the key informants presented in **Table 3.** The user-friendly survey will be designed to be completed on mobile devices to maximise accessibility and response rates. It will include closed questions (and a limited number of open-ended questions) on the reach and perceived effectiveness of interventions, as well as qualitative insights on challenges and successes, to inform the validity of selected ToC assumptions. The minimum target number of responses will be determined in consultation with CPSE staff.

6. Country-specific analysis of CPSE evidence informed decision-making (EIDM).

The evaluation team will conduct a country-specific analysis of how the CPSE approach for evidence-informed decision-making (EIDM) has contributed to change at the national policy level. The analyses will constitute '*Country Spotlights*'. These will complement similar analyses at regional[34] and sub-regional levels[35].

We will analyse change in a purposive sample of *5 countries*, selected on the basis of spread across the CPSE focal areas and across sub-regions. In consultation with CPSE team, will we also take account of their reach and ability to facilitate in-country data collection. The methods used to collect data in each country will include a desk review of the policy/political economy contexts, as well as a limited number of remote interviews (approx. 4 KII in each country). The proposed Country Spotlights (discussed with the CPSE team during the inception phase) are:

- **Sierra Leone** (Safe abortion; ECOWAS): Strengthened legal reform on abortion in the country: the Safe Abortion Bill (renamed **Safe Motherhood and Reproductive Health Care Bill**).
- **Zambia** (Safe abortion; SADC): stalled engagement with evidence generated by the study on 'The politics of abortion in a liberalised abortion context: a political economy analysis in Zambia'.
- **Malawi** (Adolescent SRHR; SADC): Engagement in SRHR policy dialogue to pass the **Termination of Pregnancy Bill**.
- **Rwanda** (LGBTQI+ inclusion; EAC): Collaboration with Health Development Initiative to **share findings from the study on the lived experiences of LGBTQI+ people** and public perceptions of sexual and gender minorities in Rwanda.
- **Kenya** (Safe abortion and post abortion care, Adolescent SRHR and inclusion of LGBTQI+ inclusion; EAC): multi-partner engagement in evidence-informed decision-making (EIDM) across all three CPSE focus areas.

7. Data analysis

Data analysis will involve: qualitative content analysis of interview transcripts and electronic survey responses; descriptive statistical analysis of quantitative survey data; contribution analysis to assess the plausible contribution of interventions to observed changes in line with the evaluation ToC.

The evaluation team will ensure findings are triangulated across data sources to identify key themes and patterns. Data triangulation is a crucial process in ensuring the **validity, reliability, and credibility** of evaluation findings. By cross-referencing multiple data sources, the evaluation team mitigates the risk of bias and strengthens the robustness of conclusions. Triangulation will help identify discrepancies, confirm consistencies, and provide a more holistic and nuanced understanding of progress towards CPSE's longer-term outcomes and its overarching goal.

[34] For example, a Spotlight on CPSE partnership building at regional level, particularly with regard domesticating policy commitments.
[35] For example, the importance of partnerships in taking forward the East African Community's SRHR Bill.

Where appropriate the evaluation team will use **data visualisation techniques** (e.g. infographics, charts) to clearly communicate findings in the final report.

All data collection and analysis will be conducted with **attention to gender equality and social inclusion**, disaggregating data where possible and ensuring diverse perspectives are captured. This is a priority, given the sensitive and 'contentious' nature of the CPSE thematic areas: access to safe abortion and post-abortion care; adolescents' SRHR; and the social inclusion of LGBTQI+ groups.

Milestones, deliverables and work plan

The evaluation consists of the phases described below.

Start-up and scoping phase

The evaluation began with a **virtual start-up meeting** with the evaluation's primary users, to confirm the evaluation scope, approach and timeline. The evaluation team has reviewed available documentation and monitoring data to gain an overview of CPSE interventions. Scoping allowed us to verify whether what is proposed is feasible in relation to the ToR and the overall budget, and we have streamlined the evaluation approach and deliverables in dialogue with the evaluation's primary users.

Inception phase

The inception phase involved in-depth **document review** and analysis of project strategies, reports, monitoring data, and other relevant documentation for the CPSE interventions. A small number of **initial interviews** were held with project leadership and key stakeholders to better understand expectations and priorities for the evaluation. The evaluation team has drafted a **preliminary Theory of Change (ToC)** which, once discussed, will be used to further refine and develop rubrics for the evaluation questions. A detailed methodology has been designed, including specific methods and tools for data collection and analysis.

The main output has been this comprehensive **Inception Report** including the preliminary ToC, detailed methodology, evaluation matrix, data collection tools and work plan. A remote **inception workshop** will be held to present and discuss the Inception Report with key stakeholders before proceeding to data collection.

Data collection phase

Immediately after approval of the Inception Report, the evaluation team will work with the CPSE team on a data collection plan. The data collection phase will involve online **key informant interviews** and **focus group discussions** and an **electronic survey**. The team will also review further documentation, triangulating this information with primary data collection. In addition, online key informant interviews (KII) will be conducted at country-level, to complement our desk-based analysis of evidence-informed decision-making (EIDM) in diverse country contexts. Throughout this phase, the evaluation team will maintain regular communication with the primary users/evaluation reference group, to share emerging findings and adjust the approach as needed, to foster participation and utility.

Verification, analysis and reporting

The verification, analysis, and reporting phase will begin with an online **debriefing and validation workshop** where initial, tentative findings will be presented and discussed with key stakeholders. This workshop will provide an opportunity for stakeholders to reflect on and discuss the emerging findings. The evaluation team will then undertake rigorous analysis of all

collected data, triangulating information from different sources to develop robust findings and finalising the Theory of Change and developing a narrative 'Story of Change'.

The team will iteratively develop and refine the findings, lessons learned, conclusions, and recommendations through internal team discussions and consultations with key stakeholders. The main output of this phase will be a comprehensive, **final evaluation report**, including the following content:

- Executive summary;
- Detailed findings organised by OECD-DAC criteria;
- Lessons learned and conclusions addressing the overall effectiveness and impact, relevance and coherence and efficiency, and sustainability of the project;
- Specific, actionable recommendations for future programming; and
- A 'Story of Change' annex, as well as other required annexes.

A draft report will be submitted for *one round of stakeholder review*, with the final report incorporating feedback received. The evaluation will conclude with a **virtual seminar** to present and discuss the findings and recommendations with a wider group of stakeholders.

- **Table 4.** Milestones and deliverables

What	**Who**	**According to ToR**	**Suggested (as per tender)**	**Updated plan**
Start of the evaluation	*Embassy and NIRAS*		April 22	
Initial interviews ~~and remote ToC workshop~~	*NIRAS*		Tentative week starting May 5	Tentative week starting May 5
QA inception report	*NIRAS*		May 20	May 26
Submission of the draft inception report	*NIRAS*	*Four weeks after signing of contract*	May 23	May 28
Comments on inception report	*Embassy & stakeholders*		June 3	June 9
Inception workshop (virtual)	*Embassy, NIRAS, stakeholders*		June 3	June 9
Submission of inception report	*NIRAS*		June 9	June 17
Approval of inception report	*Embassy*		June 16	June 23
Preliminary ToC workshop (online)				TBD
Data collection	*NIRAS (stakeholders)*			

Follow up ToC workshop (on-site)				End July/first week in August)
QA of draft evaluation report	*NIRAS*		July 28	August 12
Submission of draft evaluation report	NIRAS	*End of July*	July 31	August 14
Presentation of findings		*Mid-august*	August 14	August 22
Comments on draft report	*Embassy & NIRAS*		August 22	August 29
Submission of final evaluation report	*NIRAS*	August 31st	August 29	September 5

Table 5. Work plan

2025	CC	AB	QA	April			May				June				July					August				September	
				w16	w17	w18	w19	w20	w21	w22	w23	w24	w25	w26	w27	w28	w29	w30	w31	w32	w33	w34	w35	w36	w37
Inception Phase																									
Start up meeting	0,50	0,25			■																				
Desk review and methods development (includes stakeholder analysis)	1	2				■	■																		
Initial scoping interviews	2						■																		
Drafting inception report	2	1					■	■																	
QA inception report			1						■																
Submission of draft inception report, May 28										■															
Comments/no-objection sent by Stakeholders, June 9												■													
Inception meeting (virtual), *June 9*	0,5	0,25										■													
Revision of inception report based on comments	1,0	0,5										■	■												
Submission of final inception report, June 17													■												
Approval of inception report, *June 23*														■											
Virtual ToC workshop	0,5													■											
Sub-total, inception phase	**7,50**	**4,0**	**1**																						
Data Collection Phase																									
Preparations	1	2												■	■										
Remote key information interviews (online/telephone) and electronic survey	7	7												■	■	■									
Additional desk review	1,5	2													■	■	■								
On-site ToC workshop	0,5															■									
Debriefing/validation workshop (online), TBD	1,5	1,5														■									
Sub-total, data collection:	**11,5**	**12,5**	**0**																						
Data Analysis and Reporting Phase																									
Analysis and Report writing	8	4																■	■						
QA draft report			1																	■					
Submission of draft evaluation report, August 14																					■				
Presentation of findings, August 22	0,5	0,5																				■			
Feedback from stakeholders on draft report, August 29																							■		
Finalisation of the report	1,5	1	0,5																				■		
Submission of final evaluation report, September 5																								■	
Sub-total, analysis and reporting:	**10**	**5,5**	**1,5**																						
Total days	**29,0**	**22,0**	**2,5**																						

Initials: CC = Ciarra Connol; AB = Angie Brasington; QA= Quality Assurance

Evaluation of the APHRC-funded project "Challenging the Politics of Social Exclusion" (CPSE)

Purpose and use
This evaluation of Phase One of the Challenging the Politics of Social Exclusion (CPSE) project (2018–2024) assesses achievements, challenges, and lessons to inform future research-to-policy programming. It supports design and implementation of CPSE 2.0 (2024–2027), focusing on relevance, coherence, effectiveness, efficiency, and sustainability. Primary users include APHRC leadership, CPSE staff, and Sida Africa region staff.

Conclusion
CPSE 1.0 advanced policy commitments on SRHR and social inclusion, strengthened partnerships, and produced relevant research. However, gaps in monitoring, planning, and stakeholder engagement limit scalability. The project's MEL system and knowledge management lacked structure, and the absence of a medium-term strategy hindered sustainability.

Recommendation
CPSE 2.0 should adopt a medium-term strategic plan, clarify roles across its three pillars, and improve MEL systems. A Partner Map and typology should guide collaboration, while systems thinking and joint programming can enhance impact. Innovative financing and operational engagement with decision-makers are key to sustaining progress.

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