



Knowledge hub - Collection of best practices

Summary of the best practice

1. Title of the best practice (e.g. name of policy, programme, project, etc.) *

Education Plus Initiative: Multisectoral action for the empowerment and wellbeing of adolescent girls and young women in Cameroon.

2. Country or countries where the practice is implemented *

Cameroon

3. Please select the **most relevant** Action Track(s) the best practice applies to *

- Action Track 1. Inclusive, equitable, safe, and healthy schools
- Action Track 2. Learning and skills for life, work, and sustainable development
- Action Track 3. Teachers, teaching and the teaching profession
- Action Track 4. Digital learning and transformation
- Action Track 5. Financing of education

4. Implementation lead/partner organization(s) *

The Government of Cameroon, UNAIDS, UNESCO, UNFPA, UNICEF, UNWOMEN

5. Key words (5-15 words): Please add key descriptive words around aims, modalities, target groups etc. *

Girls' education and empowerment, multisectoral and holistic approach, gender equity, HIV prevention, SGBV, SRHR, CSE.

6. What makes it a best practice? *

Multisectoral action for the empowerment and wellbeing of adolescent girls and young women has the potential to provide the transformative change required to achieve the 2030 agenda and to leave no one behind. Cameroon is one of a select number of champion countries in the initiative's first phase of roll-out, that publicly committed at the highest-levels of government to 'Education Plus'. This rights-based, gender-centred agenda promises to be a gamechanger—for young women and girls, for the social and economic development, stability and resilience of their communities and countries, and for accelerating the achievement of African regional commitments and frameworks such as Agenda 2063, the Maputo Protocol on women's human rights, the AU Youth Charter, Commitments by Ministers of Education and health from countries in Eastern and Southern Africa and the SDGs, ICPD and Beijing agreements among others. The initiative will reignite commitment to girls' education. It will work to disrupt the status quo and business-as-usual on how policy and budget priorities are set; and shift the mindsets of decision-makers towards prioritizing investments in line with the holistic approach.

Description of the best practice

7. Introduction (350-400 words)

This section should ideally provide the context of, and justification for, the practice and address the following issues:

- i) Which population was affected?
- ii) What was the problem that needed to be addressed?
- iii) Which approach was taken and what objectives were achieved? *

Adolescent girls and young women (AGYW) in sub-Saharan Africa remain at alarmingly high risk of HIV. They represented a quarter (25%) of all new cases of HIV in 2020, equivalent to 4,200 of them (15-24 years old) acquiring HIV every week, despite representing just 10% of the population in the region. In Cameroon, adolescent girls and young women aged 15-24 years are nine times more likely to contract HIV than their male counterparts, according to the CAMPHIA survey (2017).

Getting girls through at least a secondary education is a key strategy to enable AGYW to prevent HIV—with impressive drops in new HIV infections by as much as one-third to one-half in high-prevalence countries. Increasing educational achievement among AGYW is also linked to better sexual and reproductive health outcomes and safer births. In Cameroon, only 49% of girls attended secondary school, according to a government sectoral analysis. School drop-out rates remain high, especially among girls, partly attributable to a high number of early and unwanted pregnancies, early marriage, and multiple forms of gender-based and intimate partner violence. In December 2020, the five UN co-lead agencies—UNAIDS, UNESCO, UNICEF, UNFPA and UN Women— in Cameroon rolled out Education Plus Initiative (2021-2025) under the One UN banner. The initiative is a high-level political advocacy drive to accelerate actions and investments to prevent HIV. It is centred on the empowerment of adolescent girls and young women and the achievement of gender equality in sub-Saharan Africa—with secondary education as the strategic entry point.

The initiative intends to achieve its aims by:

- iv) bringing high-level political leadership and support behind multi-sectoral and gender-transformative programmes
- v) targeting key policy and legislative reforms to protect the fundamental rights of adolescents and young women across the initiative's issues of focus
- vi) amplifying and building synergies with other leading initiatives
- vii) profiling and supporting the leadership and meaningful participation of adolescent girls and young women in all their diversity
- viii) and ensuring increased investments in gender-responsive and transformative approaches to tackle harmful gender norms

8. Implementation (350-450 words)

Please describe the implementation modalities or processes, where possible in relation to:

- i) What are the main activities carried out?
- ii) When and where the activities were carried out (including the start date and whether it is ongoing)?
- iii) Who were the key implementation actors and collaborators? (civil society organizations, private sector, foundations, coalitions, networks etc.)?
- iv) What were the resources needed (budget and sources) for the implementation?

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In 2021, an inclusive, bottom-up stakeholder engagement strategy to co-create Education Plus Initiative design and priorities was adopted in collaboration with key government ministries, civil society organizations, youth leaders, women's rights organizations, traditional and religious leaders, private sector, technical and financial partners.

Nine Ministerial level-UN Heads of agencies consultative meetings were held. The key ministries engaged included Ministries of Health, Secondary Education, Primary Education, Youth, Women Affairs, Social Affairs, Employment and Formation, Finance and Decentralisation. Three workshops with more than 70 civil society organizations and their respective youth leaders from across Cameroon's regions were held; one workshop with traditional and community leaders; one meeting with religious leaders; several meetings with Groupement Inter-patronal du Cameroun (GICAM), the umbrella organization of the 50 biggest companies in the country; and numerous meetings with technical and financial partners including the EU, AfDB and embassies of OECD member countries.

Each key ministry and civil society organization appointed a dedicated focal point for the initiative and subsequently, three inter-ministerial workshops were held to co-create the initiative and prepare critical milestones – the Theory of Change and Education Plus Initiative roadmap (2022-2025).

H.E. Prime Minister Chief Joseph Dion Ngute and the UN Resident Coordinator Mr. Matthias Z. Naab presided over the official launch and announcement of the country's commitment to the initiative on 21 June 2021. The Prime Minister pledged to establish an inter-ministerial task force under his cabinet to enhance country ownership and inter-ministerial collaboration

A multistakeholder workshop developed a Theory of Change adapted from the global level theory of change and a joint work plan. Three leading youth organizations, Réseaux Jeunes, AfriYan and RECAJ+ (Cameroonian Network of Adolescents and Positive Youth) established a new youth engagement structure (RARE+) to coordinate their contribution to the co-creation process.

A four-month-long (December 2021-March 2022) nationwide multi-media communication campaign with key messages on girls' education, health and empowerment in partnership with Cameroonian French tennis star and singer Yannick Noah was launched.

The completion of the Country's Road map, and project documents including communication and public advocacy strategy strategies are underway to facilitate resource mobilization and implementation.

9. Results – outputs and outcomes (250-350 words)

To the extent possible, please reply to the questions below:

- i) How was the practice identified as transformative? (e.g., impact on policies, impact on management processes, impact on delivery arrangements or education monitoring, impact on teachers, learners and beneficiary communities etc.);
- ii) What were the concrete results achieved with regard to outputs and outcomes?
- iii) Has an assessment of the practice been carried out? If yes, what were the results? *

The 'Education Plus' approach is centred on the essential elements of empowerment that every adolescent girl and young woman should be entitled to in their transitions to adulthood:

- Completion of quality secondary education

- Universal access to comprehensive sexuality education

- Fulfilment of sexual and reproductive health and rights

- Freedom from gender-based and sexual violence

- Successful school-to-work transitions and young women's economic empowerment.

It's a two-pronged approach that includes, enabling all girls to complete a quality, secondary education; and leveraging secondary education systems to enable their access to the 'plus' package, alongside other basic needs—food security and nutrition, water and sanitation, menstrual health management and mental health.

Since the Education Plus initiative rollout in 2021, through intersectoral advocacy and engagement, the country has made great strides in enabling policy and legal reforms to realize the rights of adolescent girls and young women and to advance gender equality, focused on tackling the gender-discriminatory barriers keeping girls from enjoying their rights to secondary education and health.

On 22 April 2022, the Ministry of Education drafted and disseminated a circular on the procedures for handling cases of student pregnancy in government and private secondary schools to regional and divisional delegates, education secretaries and principals. This circular overrode all previous contrasting provisions set out in 1980 on the same.

The suggested measures included:

1. Allowing a student confirmed pregnant to continue with school activities until the 26th week of pregnancy, after which she may request to be placed on maternity leave
2. Authorizing pregnant students to return to school after childbirth provided health, work, age and disciplinary requirements are met
3. Applying the same measures to the teenage father if a student
4. Mobilizing all available human resources to provide psychosocial and psychological support to the students concerned
5. Taking appropriate disciplinary measures against any teacher or other staff responsible for the student's pregnancy

10. Lessons learnt (300 words)

To the extent possible, please reply to the following questions:

- i) What were the key triggers for transformation?
- ii) What worked really well – what facilitated this?
- iii) What did not work – why did it not work? *

Evidence indicates that one sector alone is unable to address health, well-being and social development challenges faced by adolescent girls and young women hence the need for multi-sectoral and intersectoral approaches

National leadership, with strong political commitment and country ownership, and the establishment of national coordination mechanisms including high-level support from ministers and ministries responsible were critical factors for success.

Given the multi-faceted nature of programming for adolescent girls and young women, the strongly partnership-driven Education plus approach brought together multiple stakeholders and sectors such as Health, Secondary Education, Primary Education, Youth, Women Affairs, Social Affairs, Employment and Formation, Finance and Decentralisation. This action paved way for broader participation in the policy process, enhancing policy coherence and strengthening collaboration.

The co-lead entities of this initiative—UNAIDS, UNESCO, UNICEF, UNFPA and UN Women—have mandates and proven records across the initiative's areas of focus, including advancing women's empowerment and gender equality, education, sexual and reproductive health and rights and ending gender-based violence. They catalyze political commitments and build mutually-reinforcing synergies across the board—operating as 'one UN' to deliver for adolescent girls and young women in the context of system-wide reform.

The bottom-up approach through the engagement of the civil society, adolescents and youth, and community gatekeepers (religious and traditional leaders) helps in raising perspectives that might be lost in a more high-level, top-down approach and planning and increases the legitimacy of action.

11. Conclusions (250 words)

Please describe why may this intervention be considered a “best practice”. What recommendations can be made for those intending to adopt the documented “best practice” or how can it help people working on the same issue(s)? *

Multisectoral action for the empowerment and wellbeing of adolescent girls and young women has the potential to provide the transformative change required to achieve the 2030 agenda and to leave no one behind.

Cameroon is one of a select number of champion countries in the initiative’s first phase of roll-out, that publicly committed at the highest levels of government to ‘Education Plus’. This rights-based, gender-centred agenda promises to be a gamechanger—for young women and girls, for the social and economic development, stability and resilience of their communities and countries, and for accelerating the achievement of African regional commitments and frameworks such as Agenda 2063, the Maputo Protocol on women’s human rights, the AU Youth Charter, Commitments by Ministers of Education and health from countries in Eastern and Southern Africa and the SDGs, ICPD and Beijing agreements among others. The initiative will reignite commitment to girls’ education. It will work to disrupt the status quo and business-as-usual on how policy and budget priorities are set; shift the mindsets of decision-makers towards prioritizing investments in line with the holistic approach.

Early engagement of a diverse set of stakeholders, effective coordination and open communication is critical for success. Coupled with high level political and policy engagement the changes that can be brought about can be huge contributors to transforming the education landscape.

The media can play a critical role in raising awareness and effectively disseminating information about issues that require a multisectoral response.

12. Further reading

Please provide a list and URLs of key reference documents for additional information on the “best practice” for those who may be interested in knowing how the results benefited the beneficiary group/s. *

<https://www.unaids.org/en/topics/education-plus>

<https://www.crtv.cm/2022/05/secondary-education-pregnant-students-to-be-allowed-in-schools/>

Other references

UNAIDS Data 2021 Report, p. 14.

Neve J-WD, Fink G, Subramanian SV, Moyo S, Bor J. Length of secondary schooling and risk of HIV infection in Botswana: evidence from a natural experiment. *The Lancet Global Health*. 2015 Aug 1;3(8):e470–7; Pettifor AE, Levandowski BA, MacPhail C, Padian NS, Cohen MS, Rees HV. Keep them in school: the importance of education as a protective factor against HIV infection among young South African women. *Int J Epidemiol*. 2008;37:1266–73; Durevall D, Lindskog A, George G. Education and HIV incidence among young women in KwaZulu-Natal: an association but no evidence of a causal protective effect. *PLoS One*. 2019;14(3):e0213056;

Alsan MM, Cutler DM. Girls’ education and HIV risk: Evidence from Uganda. *Journal of Health Economics*. 2013 Sep 1;32(5):863–72;

Michelo C, Sandøy IF, Fylkesnes K. Marked HIV prevalence declines in higher educated young people: evidence from population-based surveys (1995-2003) in Zambia. *AIDS*. 2006 Apr 24; 20(7):1031-8.

Starrs AM, Ezeh AC, Barker G, Basu A, Bertrand JT, Blum R, et al. Accelerate progress—sexual and reproductive health and rights for all: report of the Guttmacher–Lancet Commission. *The Lancet*. 2018 Jun 30;391(10140):2642–92; Bhalotra, Sonia, and Damian Clarke. 2013. Educational Attainment and Maternal Mortality. Paper commissioned for EFA Global Monitoring Report 2013/4. Paris: UNESCO.

32% women reported to have been subjected to IPV and 13,5% of women reported to have been subjected to sexual violence since the age of 15 (DHS 2018). In the 15 -19 years age group 7.7% of girls against 2.9% of boys have been subjected to sexual violence (DHS 2018). In the 20-24 years age group, 14.4% of women against 4.8% of men have been subjected to sexual violence (DHS 2018).