

Digitalisation of comprehensive  
sexuality education

# Success Stories from Indonesia, Ghana, Togo and Uganda

Rutgers  
November 2022



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# Acronyms

<b>ATBEF</b>	<b>Association Togolaise pour le Bien-Être Familial</b>
<b>CoE</b>	<b>Centres of Excellence</b>
<b>CSE</b>	<b>Comprehensive sexuality education</b>
<b>IPPF</b>	<b>International Planned Parenthood Federation</b>
<b>M&amp;E</b>	<b>Monitoring and Evaluation</b>
<b>NGO</b>	<b>Non governmental organisations</b>
<b>PPAG</b>	<b>Planned Parenthood Association of Ghana</b>
<b>RAHU</b>	<b>Reach A Hand Uganda</b>
<b>SRH</b>	<b>Sexual and Reproductive Health</b>
<b>SRHR</b>	<b>Sexual and Reproductive Health and Rights</b>
<b>USSD</b>	<b>(Unstructured Supplementary Service Data)</b>
<b>YAM</b>	<b>Youth Action Movement</b>

**Disclaimer:**

There are several limitations to this report. First, the information provided in this report was collected between January and April of 2021. Since then, much has changed as the response to the COVID-19 pandemic has led to a rapid need to digitalise and find alternative ways to deliver comprehensive sexuality education. Secondly, while effort was made to gain information at the global and country-level through the literature review, some information on digital health and digital sexuality education may have been missed, particularly documents published under restricted access and those in languages other than English. Despite these limitations, the report offers some important pointers for policy and practice.



# 1. Executive Summary

The convergence of young people's increased access globally to smartphones and the Internet and their continued unmet needs around comprehensive sexuality education (CSE) have prompted many new sexuality education initiatives delivered through digital tools and platforms. The urgency in delivering online sexuality education has been accelerated by the closures of schools and community centres during the COVID-19 pandemic. As part of the effort to expand the evidence base on CSE, Rutgers, a Netherlands-based, international 'Centre of Excellence' on CSE, commissioned this report to review the digital landscape and develop case studies on the digitalisation of CSE programmes implemented with partners around the globe. This review includes programmes in different implementation phases and using various digital platforms and methodologies.

**This study addresses three central research questions:**

- ▶ What are key factors for a successful intervention?
- ▶ What digital strategies for CSE delivery are most promising

- in terms of uptake, quality, comprehensiveness of content and success in achieving intervention objectives?
- ▶ What are key recommendations for further development and strengthening of digital CSE interventions?

To answer these questions, we conducted a rapid literature review focusing on digital CSE by mapping relevant interventions within Rutgers' international programmes, and then selecting four strategies to be documented as case studies. Based on the literature review and case studies, key success factors and recommendations for digital CSE interventions were identified.

## Key success factors for an intervention

- 1 Involve young people in the design and implementation from the start:** involving young people at the different stages of an intervention can ensure that their needs are considered and included.
- 2 Assess the current digital landscape:** to avoid duplicating efforts and to ensure digital interventions meet the needs of young people, map existing digital products and services to identify platforms young people already trust and use.
- 3 Build flexibility into the system:** the platforms young people use are not static but dynamic ; practitioners need to swiftly respond to the changes to remain relevant to young people.
- 4 Plan for user testing:** allow for user testing and continuous iterations beyond the pilot phase to improve digital processes, products and services.

- 5 **Collaborate:** achieving long-term sustainability is more likely if digital interventions are developed in collaboration with partners from the wider sexual and reproductive health and rights (SRHR) sector and digital communities.
- 6 **Ensure timely responses:** to stay relevant, any interactive communication channels must ensure prompt and accurate replies from professionals. Equally, content must address the urgent and emerging needs of young people (e.g., COVID-19 and mental health).

## Recommendations

### 1. Ensure diversity and inclusion

#### 1.1. Engage young people

Young people must be involved in the whole intervention development process, from identification of the most appropriate digital platform to content development, to intervention design. They should also be part of the delivery, either as moderators, CSE facilitators or online counsellors.

#### 1.2. Inclusion

Young people who take part in the development of the intervention must represent diverse groups. The intervention itself must be accessible to all young people, regardless of gender, race, socio-economic background, language, ability, etc.

#### 1.3. Build partnerships

Various stakeholders should be invited to contribute to the intervention, whether bringing technological expertise, technical content, publicising/sharing content or being part of the referral system.

#### 1.4. Engage with the government and policy makers

It is essential to collaborate with health, education and communications officials from the start. This can help build a shared understanding and define goals for the delivery of digital CSE. It can also lead to formal endorsement or validation of digital CSE interventions.

### 2. Harness cutting-edge and creative/interactive technical features

#### 2.1. Embrace a diversity of technology

Use a broad range of technology-based modalities to ensure the intervention appeals to young people and reflects changing technologies and interfaces that they are engaging with in digital spaces. Digital strategies should be complemented by traditional media, as well as offline strategies.

#### 2.2. Include interactive features

Quizzes, games, edutainment approaches and simulation programmes can be ways to make the intervention more interactive and engaging. The content should be delivered in a fun, appealing way.

#### 2.3. Add referral information to online and offline services

Each intervention should include links to SRH services, whether online counselling, telemedicine or in-person healthcare services.

#### 2.4. Prioritise privacy, safety and confidentiality

Interventions need robust safeguarding mechanisms to prevent young people from harmful content and to tackle cyberbullying or harassment. They must also ensure privacy and confidentiality including allowing young people to use the platform anonymously.

#### 2.5. Request feedback

Give users the option to provide comments and encourage regular feedback to improve the intervention.

#### 2.6. Build in monitoring and evaluation systems

Ensure that data on the intervention is collected (following ethical guidelines). A robust M&E system will gauge whether the intervention meets expected outcomes as well as assessing effectiveness and impact.

#### 2.7. Carefully adapt content

Even though content may be brief in order to appeal to online audiences, it must be comprehensive, curriculum-based and adapted to the local context.

#### 2.8. Offer incentives

Although the evidence is limited on incentives, consider offering small rewards or tokens to motivate young people and encourage them to complete the modules.

## Stories of Success

### CSE through WhatsApp (Ghana):

To avoid gaps in sexuality education provision during the COVID-19 pandemic, the [Planned Parenthood Association of Ghana \(PPAG\)](#) has used the popular WhatsApp platform to deliver sex education. The initial idea came from the peer educators themselves. In the early stages of the pandemic, they began using WhatsApp groups in their communities so they could continue delivering sessions despite schools and community centres closing their doors.

# 1. Executive Summary

**Key takeaway:** WhatsApp is a popular way to communicate among young people in Ghana. As a platform to deliver CSE, it is cost-effective, easy-to-use and offers audio, visual and text-based options for delivering content. Considerable work is needed to distil traditional CSE curricula into digestible lessons suitable for this platform so groups need to factor in this time during the development stage. Surveys and quizzes can be easily sent via a link to ensure anonymity. It is important to ensure the privacy of users and to ensure inclusion among the target audience. Moderators should be trained to deliver high-quality content and address any issues around bullying or abuse. The affordability of data should also influence the content: in most cases this means less video and more audio and text-based content.

## SAUTIplus SRHR Website and App (Uganda)

SAUTIplus, managed by [Reach a Hand Uganda \(RAHU\)](#), started out as a Facebook group in 2014 and has since grown into a multimedia, multi-platform SRHR education and referral service. Although it is not curriculum-based, SAUTIplus does provide edutainment around sexual and reproductive health using visually appealing and engaging content for a wide range of young people in Uganda. It has a high viewership of on-demand videos and during lockdowns also provided a text referral service to clinical and support services.

**Key takeaway:** Although SAUTIplus is not a formal CSE intervention, it does provide engaging content on sexual and reproductive health using a wide range of digital platforms. SAUTIplus has expanded its content over time to meet new and emerging needs. By moving from static Facebook pages and websites to apps, text-messaging services and on-demand videos, they have ensured the content stays relevant to new audiences.

## E-learning platform (Togo)

The [Association Togolaise pour le Bien-Être Familial \(ATBEF\)](#) is recognised as a trusted source of SRHR information in Togo. During the pandemic they developed an e-learning platform to expand their CSE beyond classrooms and in-person trainings to a broader audience. They summarised and adapted the CSE curriculum into interactive modules for young people. Each module ends with a quiz to test the users' knowledge. Users need to register to join the course, and are awarded a certificate once they have completed it. The platform complements ATBEF's InfoAdoJeunes [app](#), which provides online counselling and SRHR information.

**Key takeaway:** ATBEF's online course is curriculum-based and covers a wide range of SRHR topics. While asking users to create an account might be an initial barrier, it is also an opportunity to give them a certificate as an incentive, encouraging them to come back.

## SETARA website (Indonesia)

When the COVID-19 pandemic forced schools to shift to online learning, [Rutgers WPF Indonesia](#) transferred its CSE curriculum, SETARA, to an online platform. The content was adapted to be concise yet comprehensive, clear and easily understood. Rutgers WPF added videos and quizzes to make the content more engaging and interactive. Now there is a blended approach, with some face-to-face interaction with teachers also. Moving online should ultimately expand access to CSE in Indonesia, ensuring it reaches all young people.

**Key takeaway:** using a blended approach (the online platform combined with regular interactions with teachers) allows users to acquire knowledge at their own pace, while also giving them the opportunity to ask questions and get a deeper level of understanding. There is also a referral system that ensures that young people who need additional support can access online or in-person resources (e.g., counselling, SRH services, etc.).



## 2. Introduction

### Background and objectives

This report was commissioned by Rutgers, a Netherlands-based, international 'Centre of Excellence' on comprehensive sexuality education (CSE). Rutgers aims to share expertise and knowledge with other organisations, institutions, peer educators, activists and government decision-makers to support them in delivering quality CSE and addressing the challenges of large-scale implementation. The overall objective of this report is to document best practices around CSE. Specifically, this work aims to a) explore what efforts have been made to provide CSE through digital means; b) assess what has worked best in selected international programmes that Rutgers is implementing with partners around the globe and c) determine which practices and lessons can help to guide future development or strengthening of digital CSE interventions. This review includes programmes in different implementation phases and using different digital platforms and methodologies.

#### The central research questions guiding this study are:

- ▶ What are key factors for success?
- ▶ What digital strategies for CSE delivery are most promising in terms of uptake, quality and comprehensiveness of content and achieving intervention objectives?

- ▶ What are key recommendations for further development and strengthening of digital CSE interventions?

### Rationale

According to the International Telecommunication Union, "while just over half the global population overall is using the Internet, among young people aged 15 to 24, this figure rises to almost 70 per cent" (ITU 2020). There is also evidence that digital health interventions "improve sexual and reproductive health knowledge; influence attitudes, beliefs, and expectations; and increase self-efficacy in support of healthy reproductive behaviours" (FP HIP 2018). In recent years, these converging factors have led to many activities related to sexuality education being delivered using digital tools and platforms.

A review of digital CSE is even more timely as we are still emerging from the COVID-19 pandemic. Schools and some non governmental organisation (NGO) facilities closed with little warning and shifted quickly to online or remote learning. In 2020 more than 168 million children globally faced school closures and UNICEF reports that 214 million children globally have missed more than three-quarters of their in-person learning (2021). Despite best efforts, there is evidence that CSE was not included or prioritised in schools' online lessons (UNFPA 2020b). In a 2021 report from Rutgers, 58% of young people surveyed globally said they were not receiving CSE because of school closures, highlighting the importance of online digital CSE.



## 3. Methodology and Analytical Framework

### Methodology

This study is based on a literature review, a mapping of digital CSE interventions within Rutgers' international programmes and semi-structured interviews with implementing partners.

For the literature review, 18 documents at both global and country level were selected and analysed. This process took place in February 2021. The literature search focused on research reports and guidance documents published by NGOs, research institutions and UN agencies. Only the papers written in English and no earlier than 2015 were selected. Some articles had to be excluded due to their restricted access. The scope of the literature review focused on digital health and digital (sexuality) education. Only a few papers addressing the specific impact of the COVID-19 pandemic on sexuality education were identified and included in this study. The purpose of this desk review was to summarise high-level themes and develop an analytical framework (see [Annex 1](#)) in order to address the three central research questions.

A mapping of digital CSE interventions within Rutgers' international programmes (see section 4) was also undertaken. From all the interventions identified, four were selected in consultation with Rutgers staff to be documented as stories

of success. To be included, the interventions had to offer a full CSE curriculum or comprehensive SRHR information delivered directly via digital means to young people, as opposed to interventions targeting teachers or educators. In addition, staff implementing the digital SRH interventions were consulted and agreed to take part in the case study exercise.

After selecting the interventions, semi-structured interviews with key informants from each country were conducted. These interviews were based on the analytical framework. The key informants included at least one staff member and one young person from the same organisation who had been involved in the development of the intervention<sup>1</sup>. The interviews took place in March-April 2021.

The combined approach of literature review and interviews with implementing partners enabled the study to benefit from existing expertise in drafting the case studies and recommendations.

<sup>1</sup> The consultants also designed an online survey to collect young users' opinions of the digital platforms. However, due to the low response rate, these answers could not be taken into consideration for the analysis.



Once the consultants had finished the study, Rutgers contacted some of the interviewees to solicit their feedback on the near-finished product and how they were represented in the stories of success. Rutgers prepared specific questionnaires to delve into the case studies which the organisations' staff responded to fully. This input was integrated into the final report.

Each case study was analysed using the same categories but as the interventions were in different phases of implementation, only the applicable phase(s) were documented for each selected intervention (for instance, interventions that were still in the early stages, such as SETARA in Indonesia, were only analysed under the Programme Planning and Development phase).

### Analytical Framework

During the desk review, key recurring themes were identified, which became the foundation of the analytical framework<sup>2</sup>.

Summary of Analytical Framework	
Categories	Indicators
<b>Programme Planning and Development</b>	
<b>Platform</b>	Description of the digital platform selected to host the course, criteria for selection, accessibility
<b>Audience</b>	Description of the target audience, data on users, inclusivity
<b>Content</b>	Development of the CSE curriculum, comprehensiveness, presentation of the content
<b>Developers</b>	Stakeholders involved in the development of the digital platform, credentials, partnerships
<b>Programme Delivery</b>	
<b>Link with face-to-face CSE</b>	Connection with face-to-face interventions and with other components of youth programmes, referral to counselling and services
<b>Privacy and security</b>	Confidentiality, safety of users, use of data collected from users
<b>Monitoring &amp; evaluation</b>	Data collection and analysis, expected outcomes, impact assessment, feedback mechanism
<b>Teaching and Learning Methods</b>	
<b>Moderation</b>	Moderators (training, support)
<b>Learning</b>	Knowledge assessment, comprehensiveness of information accessed

<sup>2</sup> Full analytical framework available in Annexe I.



## 4. Mapping of interventions

**Rutgers and the consultants conducted a rapid mapping of existing digital interventions within Rutgers' international programmes. We had discussions within Rutgers and analysed programme reports. All interventions that provided some type of SRHR information or education through digital means were included in the mapping. The consultants and Rutgers jointly selected four interventions to be documented as case studies. The selected programmes offer a full CSE curriculum or comprehensive SRHR information delivered directly via digital means to young people.**

## 4. Mapping of interventions

Name of intervention	Implementing organisation	Country	Description
<a href="#">Journey4Life</a>	Blessing Welfare Association (BWA Pakistan), Rutgers WPF (Indonesia)	Pakistan, Indonesia	Online Journey4life curriculum shared through WhatsApp and Zoom.
<a href="#">The World Starts with Me (WSWM)</a>	Rutgers in collaboration with local partners	Bangladesh, Burundi, Ethiopia, Ghana, Indonesia, Indo-Papua, Kenya, Malawi, Pakistan, Thailand, Uganda, Vietnam	Computer-based CSE programme for in- and out-of-school young people
* <a href="#">SETARA programme</a>	Rutgers WPF Indonesia	Indonesia	SETARA curriculum made available on Rutgers WPF Indonesia's website
<a href="#">Sobat-ASK</a>	Rutgers WPF Indonesia	Indonesia	Website (sobatask.net), app and social media presence, including Facebook, YouTube and Instagram.
<a href="#">InfoAdoJeunes app</a>	Association Togolaise pour le Bien-Être Familial (ATBEF)	Togo	App to access online counselling, telemedicine, WebTV, cycle tracker, short CSE curriculum, games
* <a href="#">e-learning platform</a>	Association Togolaise pour le Bien-Être Familial (ATBEF)	Togo	Online CSE curriculum on ATBEF's website
*CSE through WhatsApp	Planned Parenthood Association of Ghana (PPAG)	Ghana	CSE delivered through WhatsApp by trained CSE facilitators
<a href="#">Youth Voices Forum</a>	Savana Signatures	Ghana	Online version of the Youth Voices Forum with informational shows on SavSignTV (on YouTube). The Young Voices Forum on SavSign TV is a Reproductive Health and Rights knowledge sharing platform.
<a href="#">UNYPA SRHR app</a>	Uganda Network of Young People Living With HIV & AIDS (UNYPA)	Uganda	Mobile app with chat function, quizzes, peer support forums and signposting to SRH services and psychosocial support.
*SAUTIplus	Reach a Hand Uganda (RAHU)	Uganda	SAUTIplus integrates online and offline networks consisting of a website, USSD code, videos and short films, WhatsApp advice and mobile application aimed at offering SRHR information to young people.
Radio programme	Development Expertise Centre (DEC)	Ethiopia	CSE programme broadcast on three government radio stations, hosted by young people and radio journalists. During these hours, the Telegram channel is active, so young people can ask questions and engage.
CSE through WhatsApp	Family Health Options Kenya (FHOK)	Kenya	CSE delivered to young people through WhatsApp
<a href="#">Sense</a>	Soa Aids Nederland and Rutgers	Netherlands	Content includes interactive virtual characters using Website, Facebook, Twitter, Snapchat, Instagram and YouTube

\*Interventions which were selected as success stories

## 5. Success stories



## 5. Success stories

### a. Planned Parenthood Association of Ghana (PPAG) - CSE through WhatsApp

- ▶ **Implementing organisation:** Planned Parenthood of Ghana (PPAG)
- ▶ **Location:** Ghana
- ▶ **Language:** English and local languages as required for individual groups
- ▶ **Strategy:** CSE provided to small groups through WhatsApp

#### Programme Planning and Development

<b>Platform</b>	The entire CSE project is delivered through WhatsApp (a free, multi-platform, messaging application that facilitates video and voice calls as well as text and voice messages through internet connection; it allows users to share images, documents and other content.) WhatsApp is accessible on any computer or smartphone with an internet connection and requires minimal mobile phone data to access text messages.
<b>Audience</b>	<p>The course specifically targets young people in Ghana between the ages of 10 to 24 who had prior contact with PPAG or a local community Young and Wise Centre. However anyone who has access to an internet connection and WhatsApp could potentially register their interest. Initially, young people were sent WhatsApp messages from existing contact lists and lists provided by community centres inviting them to take part in online sessions.</p> <p>To ensure inclusivity, WhatsApp groups are organised by local languages. The facilitators pre-record voice memos in the local languages which are sent to participants during the scheduled session. In addition, the voice memo functionality provides additional flexibility in delivering to those with low literacy levels and visual impairments as they can listen to key messages. For those without access to the internet, PPAG indicated they could support data packages to ensure participation.</p>
<b>Content</b>	The curriculum is an abbreviated version of PPAG's Reproductive Health Education and Services for Youth (RHSEY) manual. There are 26 sessions covering five subjects including: Life skills, SRHR information and services, unsafe abortion, sex and gender-based violence, community and decision making. The content includes information, fun activities, examples and case studies that are relevant to the local context. PPAG staff provided support to peer educators in modifying the content for WhatsApp. This included how to simplify information while retaining all the important aspects to ensure quality; how to effectively evaluate the sessions; and how to deliver content virtually for maximum effectiveness. Finally, the digital nature of the sessions provided an opportunity to include photographs and brief videos that added more quality to the sessions.
<b>Developers</b>	<p>The use of WhatsApp as a delivery platform was organic. During the first wave of COVID-19 lockdowns (early 2020), schools and community centres were closed down. In response, peer educators themselves took the initiative of setting up WhatsApp groups in an effort to ensure continuity of the CSE programme.</p> <p>PPAG staff, realising the potential to harness WhatsApp as a platform to deliver CSE, assumed oversight and provided technical and programmatic support. They introduced consent and privacy policies, provided support in content delivery and established a system of monitoring and evaluating the knowledge gains after each session.</p>

#### Programme Delivery

<b>Link with face-to-face CSE</b>	The digital content provided through WhatsApp mirrors the in-person CSE classes normally delivered by PPAG, just condensing the content for online audiences.
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## 5. Success stories

Programme Delivery	
<b>Privacy and security</b>	<p>Every participant is contacted and asked to give their consent to participate before they are added to a WhatsApp group. Facilitators establish ground rules in the first session covering confidentiality, bullying and online safety. An atmosphere of confidentiality is fostered among the participants.</p> <p>Participants are required to register by providing their full name and age, so that can issue certificates of completion.</p> <p>Young people have the option to send private messages to the facilitators in case they have any questions, concerns or if they would like information about referrals and are not comfortable asking in the group chat.</p> <p>Access to WhatsApp groups needs to be restricted to participants only.</p>
<b>Monitoring &amp; evaluation</b>	<p>PPAG have designed pre- and post-tests to measure changes in knowledge, attitudes or self-reported behaviour. Although they have not yet implemented this monitoring system, young people will soon be prompted to complete a Google form which will be sent at the beginning and end of sessions. PPAG staff are considering options for supporting those learners with low literacy levels to complete the evaluations. Users are asked to provide feedback to the facilitator via WhatsApp after the session.</p> <p>Facilitators ask trivia questions about the previous sessions to engage learners and reinforce key messages. They reward correct answers through internet data bundles. The competition element helps sustain motivation and interest.</p>
Teaching and Learning Methods	
<b>Moderation</b>	<p>Moderators of this project are PPAG peer educators who completed training before the COVID-19 pandemic. Each WhatsApp group consists of 10 to 15 young people allowing peer educators to effectively facilitate the discussion. The small group size also ensures that everyone has the chance to participate and ask questions for clarity. As much as possible, the age gap between the oldest and the youngest participant must not exceed five years in one group.</p> <p>Each group meets weekly at an agreed time for a facilitated WhatsApp CSE session which includes both two-way texting and pre-recorded voice memos. The facilitators follow a session content plan to ensure the entire curriculum is covered. Educators are expected to ask questions throughout the 45–75-minute session to ensure that every participant is following and to allow participants to share their knowledge and learn from one another.</p>
<b>Learning</b>	<p>The WhatsApp voice note option is used very often aside from texting. Usually, participants who are not willing or able to express themselves by typing are advised to use voice notes. This is also an option for participants who are more comfortable expressing themselves in one of the local dialects.</p> <p>There is a knowledge-based pre and post-test which will be administered to all participants. As an incentive to young people, PPAG will provide an e-certificate and hosting a virtual awards ceremony to all who complete the entire CSE programme.</p>
Challenges	
<b>Limited digital connectivity</b>	<p>Most young people cannot benefit from this intervention due to the limited telecommunication network in Ghana. This becomes an even bigger challenge in rural areas.</p>
<b>Lack of smartphones/ electronic devices</b>	<p>Young people between the ages of 10 and 14 do not own smartphones or electronic devices to access the internet.</p>
<b>Costs</b>	<p>High cost of mobile data for young people</p>

### b. Reach A Hand Uganda (RAHU) – SAUTIplus (multi-faceted digital SRHR information and referral service)

- ▶ **Implementing organisation:** Reach a Hand Uganda (RAHU)
- ▶ **Location:** Uganda
- ▶ **Language:** English
- ▶ **Strategy:** Facebook, website, mobile app (for IOS and Android), USSD<sup>3</sup> and online TV.

#### Programme Planning and Development

<b>Platform</b>	<p>SAUTIplus is an interactive multi-platform service providing SRHR information to young people in Uganda. It has evolved from a Facebook group established in 2014, to an information and referral service. RAHU has openly embraced new and innovative technologies working to expand their platform to meet the emerging needs and interests of young people in Uganda.</p> <p>SRHR information is presented via three main routes including the SAUTIplus website and app (offering blogs, articles, videos and referrals), SAUTIplus USSD code (a text message and referral service), and SAUTIplus TV (on-demand TV shows addressing social issues as well as AMAZE<sup>4</sup> animated sexual health videos for very young adolescents). RAHU are in discussions to develop additional edutainment offerings, including games. SAUTIplus is accessible on computers and mobile phones (with Internet connection). The USSD text service can be accessed without an internet connection.</p>
<b>Audience</b>	<p>Any young person in Uganda can access SAUTIplus but the platform specifically targets young urban people with a primary audience of 16–24-year-olds and secondary audience of 24–29-year-olds.</p> <p>RAHU are considering ways of addressing accessibility including voice-to-text options (speech recognition and transcribing service) for the website. For social media, RAHU ensures there are captions included for all videos.</p>
<b>Content</b>	<p>The SRHR information included on the website covers a wide range of topics from puberty and reproduction to broader aspects of relationships and human rights. Content exploration is user-led, allowing young people to consume content at their own pace and in their own time. The information presented within SAUTIplus is not curriculum-based and therefore does not meet the strict definition of online CSE. It does nevertheless provide essential, engaging and impactful content.</p>
<b>Developers</b>	<p>SAUTIplus has evolved over the years organically, adapting to meet the needs of young people and their changing preferences for online services and platforms. There are strong ties with other projects including a one-year SRHR Peer Educator Academy which draws on content for training. RAHU also has a partnership with a national magazine distributed to schools in which they promote SAUTIplus. In addition, SAUTIplus is promoted on national television.</p>

#### Programme Delivery

<b>Link with face-to-face CSE</b>	<p>There is no direct connection with face-to-face CSE, but referral services offered through the app and text messaging services provide signposting to SRH services, counselling and other support organisations. Before COVID-19 pandemic restrictions, RAHU operated a SAUTIplus experiential van which acted as a linkage between online and offline services. The van was also used for community events.</p>
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<sup>3</sup> USSD (Unstructured Supplementary Service Data) is a mobile communication tool used to send text messages. USSD is similar to SMS messaging but unlike an SMS message, a USSD message creates a real-time connection. This means USSD enables two-way communication of information and as such, queries and answers are nearly instantaneous. USSD is cost effective for the user as there are no data or roaming charges.

<sup>4</sup> AMAZE animated videos provide medically accurate, honest and entertaining videos for very young adolescents aged 10-14.

## 5. Success stories

<b>Privacy and security</b>	<p>Registration is required for the website and app. RAHU follows government regulations in terms of what kind of information they collect and store. Only certain staff members can access user login information. Google analytics provides some demographic and geographic information on visitors to the website. The USSD text service requires a telephone number for replies but this information is not used for any other purpose.</p> <p>The only two products that involve an interface between users are Facebook and Twitter. If there are any insensitive or offensive comments, they are hidden after which the team responds if necessary.</p>
<b>Monitoring &amp; evaluation</b>	<p>Young people continue to be involved in the development process through a human-centred design lens. Young people are also randomly asked to provide feedback on the app and website, and they can leave comments on the functionality and content of the app as a review on the app store. Users are also prompted to complete a satisfaction survey after watching SAUTI TV Plus.</p>
<b>Teaching and Learning Methods</b>	
<b>Moderation</b>	<p>The text messaging advice called SAUTI Senga is managed by trained RAHU staff. They provide general advice and referral information. There is a professional doctor available if specific medical questions are received.</p>
<b>Learning</b>	<p>SAUTIplus monitors engagement and social media metrics to gauge interest and assess content. Metrics are recorded for subscribers and viewers on YouTube; number of text message requests; visits to apps; content engagement on website pages; as well as social media links, followers and comments.</p> <p>SAUTIplus periodically invites users to take a quiz on a specific topic. These quizzes are more about engagement than monitoring and evaluation of the content. After completing the quiz, users are provided with links to additional information if they answered any question incorrectly.</p>

### c. Association Togolaise pour le Bien-Être Familial (ATBEF) – e-learning platform

- ▶ **Implementing organisation:** Association Togolaise pour le Bien-Être Familial (ATBEF)
- ▶ **Location:** Togo
- ▶ **Language:** French
- ▶ **Strategy:** [website](#) with written courses and quizzes for each of the seven modules

<b>Programme Planning and Development</b>	
<b>Platform</b>	<p>The e-learning platform is hosted on ATBEF's website. It is accessible on any computer or smartphone with an internet connection and includes written information, PDF documents and knowledge-based quizzes. The training is not binding in terms of deadlines and duration, allowing the learners to set their own pace. The platform also allows learners to download the courses, so they can use the content again.</p>
<b>Audience</b>	<p>The course targets young people in Togo, but anyone wishing to increase their knowledge in the field can register anyone with internet access who speaks French can register and follow the course. Depending on their location, young people can go to one of ATBEF's youth centres to access the course on one of their computers.</p>
<b>Content</b>	<p>The curriculum is an abbreviated version of ATBEF's Comprehensive Sexuality Education manual. Besides the introductory course, there are seven modules: sexual and reproductive health; interpersonal relationships; sexual and gender-based violence; promotion of diversity; sexual pleasure; human rights and sexual rights and gender.</p> <p>The content includes information and examples that are relevant to the local context.</p> <p>The curriculum is comprehensive, although some topics (e.g., safe abortion) are only briefly discussed.</p>



## 5. Success stories

Developers	<p>The online platform was developed following repeated requests from participants of in-person CSE classes to expand access to the content to a broader audience. Young people from ATBEF's Youth Action Movement (YAM) were invited to brainstorm and identify the best way of conveying the information.</p> <p>The content was adapted from ATBEF's CSE manual during a workshop with staff members, members of YAM and representatives from the Ministry of Education and Ministry of Health in 2020. Staff members and young people worked hand-in-hand with the consultant engaged to develop the platform, making sure the content was comprehensive, engaging, and easily understood.</p> <p>In terms of credentials, ATBEF is clearly named as the content developer and owner.</p>
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### Programme Delivery

Link with face-to-face CSE	<p>The online platform offers the same content as in-person CSE classes but in an abbreviated version. It aims to make CSE available to a larger number of young people.</p> <p>Although there is no option to ask questions or interact with experts on the e-learning platform, there is a link to the InfoAdoJeunes app (also managed by ATBEF) that offers these options. The InfoAdoJeunes app provides complementary services with features including online counselling, SRH consultations with service providers, menstrual cycle tracking, educational games, individual discussions with experts and WebTV with educational videos and an abbreviated CSE curriculum.</p> <p>ATBEF's contact details are also available if users want to get in touch with the team.</p>
Privacy and security	<p>Users are required to register to access the full course (although a limited number of topics can be accessed when using the platform anonymously). While young people can use a pseudonym to register, this is the name that will appear on their certificate of completion at the end of the course.</p> <p>The InfoAdoJeunes app allows users to access information and ask questions in an anonymous way.</p>
Monitoring & evaluation	<p>ATBEF collects data on the number of people who register online, start and complete the course. There is currently no monitoring and evaluation system in place to assess the impact of the intervention.</p> <p>Users have the option of sending an email to ATBEF to provide feedback on the platform.</p>

### Teaching and Learning Methods

Moderation	<p>Young volunteers and staff members are involved in the management of the platform. While there is no option to interact with moderators/experts on the platform, some YAM members were trained to answer questions and provide basic counselling on the InfoAdoJeunes app.</p> <p>Additionally, the e-learning platform includes a link to the mobile InfoAdoJeunes app through which users can benefit from telemedicine services.</p>
Learning	<p>Quizzes at the end of each module help learners assess their knowledge. Once all the modules and quizzes are completed, users can request a certificate of completion (for a small fee). The end-of-training certificate is co-signed by the Ministry of Education, the Ministry of Health, and the Executive Director of ATBEF.</p>

### Challenges

Limited digital connectivity	<p>The biggest challenge is limited internet access. To address this, ATBEF plans to put servers in certain localities to allow young people to access their online platforms.</p>
Unfamiliarity with online training	<p>Some people are not used to online training and find it challenging to adapt. Others find it difficult to follow the online registration procedure.</p>

### d. Rutgers WPF Indonesia – SETARA website

- ▶ **Implementing organisation:** Rutgers WPF Indonesia, together with the Indonesia Planned Parenthood Association (PKBI)
- ▶ **Location:** Selected schools in Indonesia, to be expanded to all young people later in 2021
- ▶ **Language:** Bahasa Indonesia
- ▶ **Platform:** [Website](#) with written courses, animated videos and quizzes; the teaching methodology includes discussions between students and their teachers, among students (with or without a moderator), and between students and their parents.

Programme Planning and Development	
<b>Platform</b>	The e-learning platform is hosted on Rutgers WPF's website. It is accessible on any computer or smartphone with an internet connection. The platform includes animated videos, PDF documents, and quizzes. All the videos have subtitles in the same language (Bahasa Indonesia).
<b>Audience</b>	Initially the platform targeted young people age 12-13 (Grade 7) and 14-15 (Grade 8) in selected junior high schools. The platform opened up to all young people in Indonesia later in 2021.
<b>Content</b>	<p>The content is an adapted version of the in-person SETARA curriculum. SETARA is based on Rutgers' <a href="#">The World Starts With Me CSE curriculum (WSWM)</a> that was originally developed in 2003. It was adapted to Indonesia's socio-cultural environment in 2012 with a focus on junior high schools. The original curriculum was meant to be taught by teachers within a school context. There are two separate curricula for Grade 7 and Grade 8 students, with the second one building on the content of the first.</p> <p>The content was adapted to the local context; as a result, some topics were removed, together with anatomical representations. The curriculum does not explicitly mention contraception, sexual orientation, gender identity, pleasure, or abortion (although some of this content is included in reference sources for students).</p>
<b>Developers</b>	<p>When schools had to temporarily close in March 2020 due to the COVID-19 pandemic, the curriculum was transferred online, with teachers using Zoom and GoogleMeet to teach the SETARA classes. At the same time, an online platform was developed on the Rutgers WPF Indonesia website, using the same content. Rutgers organised focus group discussions with young people to ensure that the language was easy to understand. A company was contracted to develop animated videos to be embedded on the website, thus making the content more interactive. Quizzes were also added to ensure thorough understanding and knowledge retention.</p> <p>The initial SETARA modules were developed together with young people; when they were transferred to the online platform, Rutgers WPF held a consultation meeting with young people. Selected students were invited to provide feedback on the platform (both tech and content aspects). The aim was to start with an interactive and accessible platform that responded to teachers' and students' needs while respecting the country's culture.</p> <p>The online platform was piloted in the second half of 2021.</p> <p>SETARA is seen as a trustworthy source of information because it is part of the school curriculum.</p>
<b>Link with face-to-face CSE</b>	<p>The online course is interchangeable with the in-person version (same content).</p> <p>There is a referral system in the last module with links to PKBI clinics and online counselling services. Teachers can also refer students to school counsellors.</p> <p>The Sobat ASK website (<a href="http://sobatask.net">sobatask.net</a>) offers counselling and individual support (through the website, Instagram, counsellors and WhatsApp chat).</p>
<b>Privacy and security</b>	When logging in, users must provide their name, age and location; however, they can choose whether to be contacted for follow-up (for impact assessment, long-term research) or not. Young people do not have to use their real name as long as they use the same pseudonym every time they log in.

## 5. Success stories

<b>Monitoring &amp; evaluation</b>	<p>Rutgers WPF collected feedback from students and teachers on the first draft of the platform.</p> <p>An evaluation of the in-person SETARA curriculum was conducted in 2020. However it is difficult to know to what extent the lessons learnt from in-person classes will be applicable to the online version. Based on the Qualitative Impact Assessment Protocol (QIAP) Report on Rutgers' SETARA Programme in Indonesia (April 2020): "SETARA is particularly effective in delivering education about puberty, but only moderately so when teaching about gender and bullying. Regarding experiences of attraction and dating, SETARA sometimes provides an alternative to mainstream attitudes towards boy-girl relationships, but sometimes echoes the mainstream attitudes. As regards self-confidence, SETARA's influence is a function of the teacher's ability to employ recommended pedagogical methods and behave supportively." Some of the challenges include the fact that teachers may not be comfortable with the teaching methodology (learner centred) and may use the one-way approach they are used to. They may also echo the mainstream norms and values, as opposed to challenging them.</p>
<h3>Teaching and Learning Methods</h3>	
<b>Moderation</b>	<p>When used in school settings, teachers will receive some support from Rutgers WPF on both the technical side (how to use the functionalities of the online platform) and on the content (sexual and reproductive health and rights). They will also have an option to use a private chatroom to interact with other teachers and share their experience.</p> <p>It is possible to combine the digital classrooms with face-to-face meetings. This allows for open discussions between students and teachers.</p> <p>At home, parents can monitor the lessons and start conversations about SRHR with their children.</p>
<b>Learning</b>	<p>There is a knowledge-based quiz at the end of each module. Users receive an online certificate once all the sessions are completed (as monitored through the learning management platform). There are 25 sessions over the course of three months.</p>
<h3>Challenges</h3>	
<b>Transition from face-to-face to online</b>	<p>An official evaluation to answer this question is required. Nevertheless, it has been identified that switching from traditional learning in the classroom to the digital classroom needs more extended adaptation than predicted, especially for teachers.</p>



## 6. Key success factors for an intervention

**Below are the factors that the study suggests can help organisations create effective digitalisation strategies for CSE. Assess the current digital landscape:** to avoid duplicating efforts and to ensure digital interventions meet the needs of young people, map existing digital products to identify platforms young people already use on a regular basis. In Ghana for example PPAG capitalised on the popularity of WhatsApp rather than delivering CSE on a new app or platform.

**Build flexibility into the system:** the platforms young people use are not static but dynamic. Practitioners should seek to engage young people in online spaces they already trust and use while acknowledging that loyalties to platforms will change (UNFPA 2020b). For example, RAHU’s strategy includes a continuous process of evolution and innovation, expanding the scope and offering of SAUTIplus. Initially starting as a Facebook group, they then launched a website,

which was later followed by a YouTube channel and eventually a mobile app with new features including video and chat functions. By introducing new platforms and features, RAHU has ensured that SAUTIplus stays relevant and meets emerging needs and trends.

**Plan for user testing:** allow for user testing and continuous process improvement, thinking beyond the initial stages. Digital strategies should have a phased launch to allow for user testing and improvement but also be designed for scaling up; thinking beyond the pilot phase. Implementing digital interventions is a balancing act and designing for scale means “making choices that will enable widespread adoption later, as well as determining what will be affordable and usable by a whole country or region, rather than by a few pilot communities” (Digital Principles).

## 6. Key success factors for an intervention

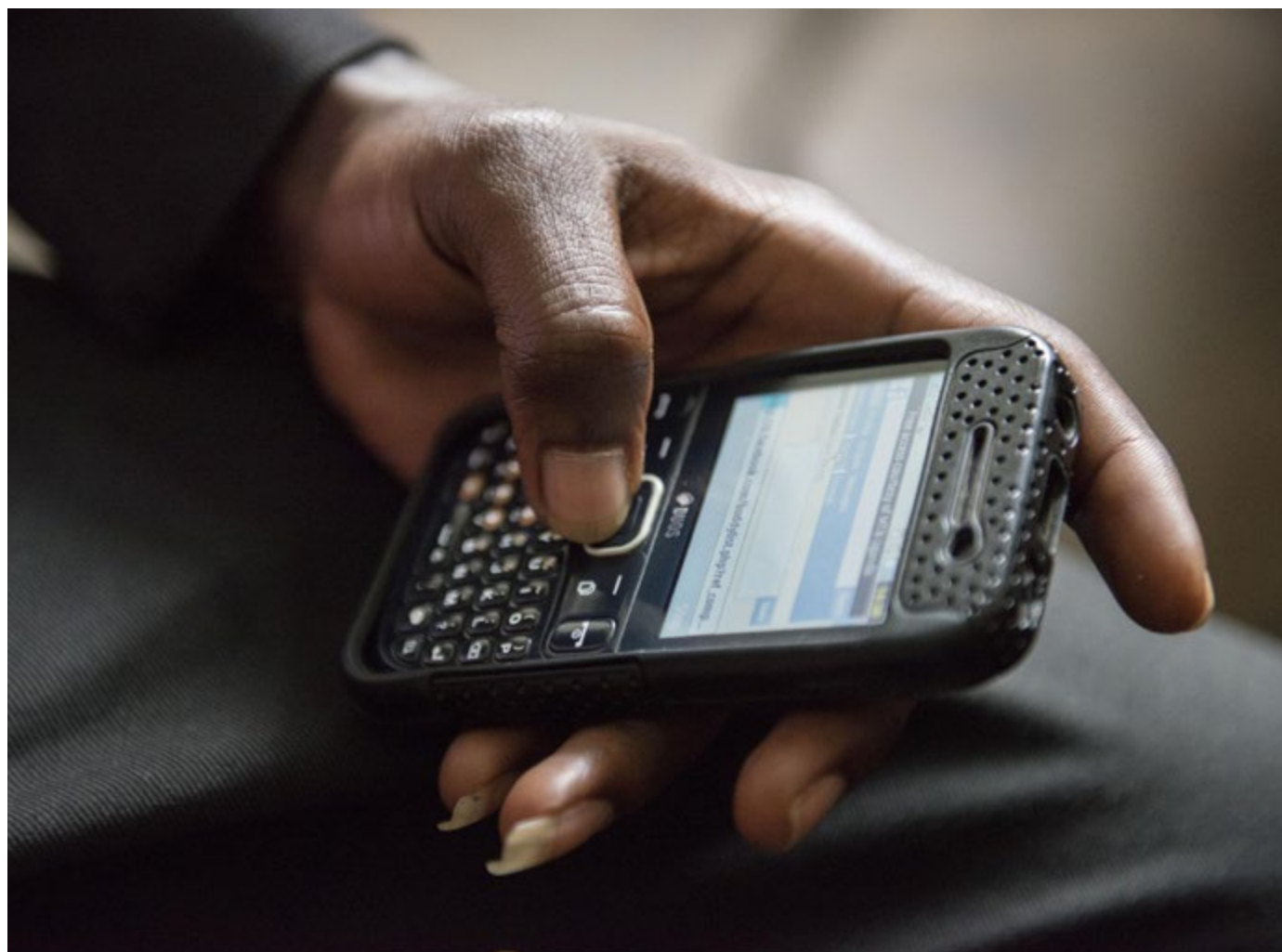
Continuous feedback mechanisms should be in place from the inception of digital intervention allowing users to provide anonymous opinions on a variety of areas including design, quality, usability and security (Holstrom 2015).

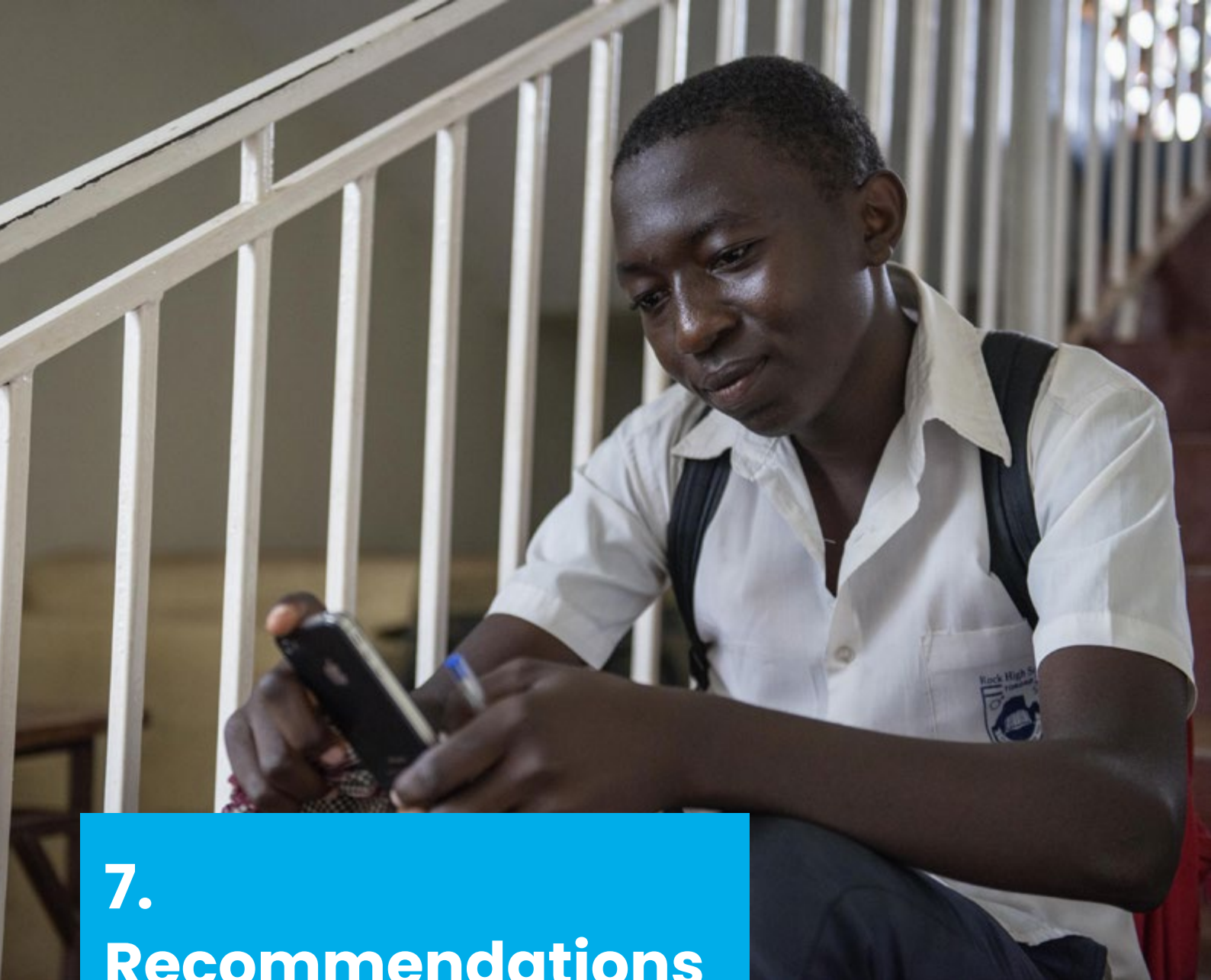
**Collaborate instead of competing:** achieving long-term sustainability is more likely if digital interventions are developed in collaboration with partners. Examples from the literature point to the importance of collaboration with SRH partners along with the wider digital community to ensure long-term sustainability (UNICEF East Asia and Pacific 2019, UNESCO 2020c).

**Ensure timely responses:** to stay relevant, any interactive communication channels must ensure prompt and accurate replies from professionals. Equally, content must address the urgent and emerging needs of young people (e.g., COVID-19

and mental health). When implementing digital strategies, it is essential to ensure content stays up-to-date and relevant and that live chats have timely and accurate moderation. For example, SAUTiplus' text message service, Senga, has staff available to answer queries in real-time during working hours and first thing in the morning for texts that are received in the evening. SAUTiplus focuses on rapid responses in order to build confidence in and loyalty to the service.

**Involve young people in the design and implementation from the outset:** the experience of ATBEF, PPAG, and Rutgers WPF demonstrates that it is essential to involve young people and meaningfully consider their views in developing a digital CSE programme and its delivery. Additionally, involving young people through participatory approaches to programme adaptation, development, and review can ensure that their needs are considered and included.





## 7. Recommendations

**Findings from the literature review and the case studies lead to several recommendations regarding young people's participation, use of technology, developing engaging content, ensuring privacy and security, and enabling monitoring and evaluation.**

### **1. Engage young people**

Young people should be engaged in the intervention design from its inception (UNESCO 2020c, UNICEF 2019, WHO 2020, UNFPA 2020a). This means that they should be consulted on their needs and then involved in the development of the intervention throughout the process (UNFPA 2020b, Termeulen 2020). For instance, in Togo, young people from the Youth Action Movement (the youth branch of ATBEF) were invited to brainstorm together with staff members on the best way of making CSE accessible to all young people beyond the classroom. This same group of young people was involved throughout the development process, adapting content to the online format, and providing feedback on both language and using technology. Similarly, in Indonesia, Rutgers WPF organised a consultation (focus group discussion) with students aimed at ensuring the language was appropriate, and the content was easily understood. In Ghana, PPAG's young

## 7. Recommendations

peer educators initiated the intervention themselves. They set up WhatsApp groups in response to COVID-19 restrictions, so that they could continue to deliver and receive peer-led CSE sessions. CSE professionals in Ghana then worked to support young people to make valuable adjustments to the intervention.

Young people should also be involved in the implementation, moderation and evaluation of digital CSE. For example, peer educators can moderate online fora; trained CSE facilitators can lead courses over WhatsApp; and youth counsellors can provide online counselling and referrals. The content itself should be youth-centred, with interactive features and accessible language.

### 2. Ensure diversity and inclusion

The young people involved in the development and roll-out of digital interventions should not be limited to those already involved in the organisation's work. Instead, young people should represent different groups, including marginalised and vulnerable young people. Numerous papers concluded that practitioners should address digital inequalities and seek solutions to ensure participation from vulnerable and marginalised groups (Rutgers n.d., UNESCO 2020c, UNFPA 2020b). Suggested solutions include ensuring that the platform is accessible to people with disabilities (e.g., videos with subtitles, sign language, recorded messages and infographics), promoting the platform among vulnerable young people and running parallel information sessions offline. One of the most significant lessons learned by PPAG in the early stages of delivering CSE via WhatsApp was that some young people needed capacity training as they did not know how to use all the WhatsApp functionalities including how to attach documents or record a voice memo.

In the planning phase, SRHR professionals must address gender inequality and social exclusion as the "possibility of harassment exist[s] in the digital environment just as it does in the offline environment" (Wadman 2017). There is evidence to suggest that online access in some areas of the world is unequal by gender as a result of access to formal education, technology and access to devices (Wadman 2017). Few examples of successful interventions to counter gender inequality in digital spaces were identified in this review.

Finally, it is recommended to address the digital divide by seeking ways to provide access for young people in contexts where they do not have easy access to technology. In Togo, young people can access the internet at ATBEF's youth centres, and in Indonesia, the government started supporting access to the internet when school classes were transferred online during the COVID-19 pandemic.

### 3. Harness cutting-edge and creative/ interactive technologies

Regarding technology, evidence shows that young people prefer a broad range of tech-based modalities (UNFPA 2020a, UNFPA 2020b) and that they want fun and entertaining content. Options include mobile phone calls, text messages, emails, websites, blogs, vlogs, videos, podcasts, apps, social networks, voice recordings, computer- or web-based interactive education, courses, quizzes, games, simulations, educational games, virtual reality and chatbots. SAUTIplus from Uganda embraces the growing and innovative technologies in social media, radio and TV, mobile phones and print and digital media, providing users a range of ways to access SRHR resources. Digital interventions can also be combined with traditional media, such as TV and radio programmes, newspapers, hotlines, etc. Furthermore, in-person meetings and offline information remain necessary to accommodate the needs and preferences of all young people. Digital interventions are often delivered as a supplement to standard in-person CSE (UNESCO 2020c, UNFPA 2020b, Termeulen 2020). Conversely, digital tools can be integrated into classroom-based sexuality education to enhance content delivery. There is also potential to strengthen digital safety and critical thinking skills through school-based education as part of a strategy for protecting young people from harmful or inaccurate content online.

Each case study combined several strategies to provide SRHR information and education. In Ghana, courses provided through WhatsApp are complemented with radio programmes, information on social media and, when possible, in-person classes. In Togo, the e-learning platform complements the InfoAdoJeunes app and offline information (peer education sessions, in-person CSE classes, etc.). In Indonesia, the SETARA and SobatASK websites are linked to provide a full range of SRHR information, education and counselling. They also include referral links to in-person services. SAUTIplus in Uganda uses multiple social media platforms and combines interactive elements including WhatsApp chat functionality alongside on-demand television shows and informative videos.

It is vital to carefully select the appropriate technology for each intervention. It is often advisable to build on what already exists and to meet young people where they are in the digital space (UNFPA 2020a, UNFPA 2020b). If young people commonly use WhatsApp to communicate with each other, they are more likely to accept it as a way to access CSE classes than a new app they are unfamiliar with. It is therefore important to assess the needs, usage and access of technology among the target group before designing an intervention. The technology should also be adapted to all devices (e.g., websites should be mobile friendly).

## 7. Recommendations

### 4. Include interactive features

Interactivity is often mentioned as an important aspect of online CSE (UNFPA 2020a, UNFPA 2020b, UNICEF 2019, Vanwesenbeeck 2016). Quizzes, games, edutainment approaches and simulation programmes are examples that can be integrated into any digital CSE intervention. Material can also be individualised to a learner's cognitive stage, level of education, gender or risk profile. For instance, role-play and simulation games can be tailored to individual users.

### 5. Add referral information to online and offline services

As highlighted above, digital CSE programmes often benefit from a connection to offline interventions (whether it is an opportunity to talk to a counsellor, discuss the content with other young people during in-person meetings or to ask an expert further questions). SAUTIplus offers SAUTI Senga, a text-based service that allows young people to message SRH professionals with specific questions. Besides these connections, referrals to SRH services are recommended as part of a comprehensive approach (Rutgers n.d.). Referral links to reliable SRH services can be included in online platforms or educators can provide this information as part of the online course. RAHU established a free text service that does not require internet access and provides a real-time two-way exchange of data and referrals to clinical and support services.

### 6. Establish partnerships

Partnerships are crucial to gather the necessary expertise - whether it is for technological expertise, technical content or as part of a referral system (UNFPA 2020a, Digital Principles). Potential stakeholders include online content creators, educators, young people, peer networks, software developers, network providers and partners from other disciplines. Their experience and expertise can be leveraged to develop innovative, engaging solutions for digital CSE (UNICEF 2019). In Togo and Indonesia, ATBEF and Rutgers WPF contracted an external developer to create online CSE platforms, working hand-in-hand to adapt the content and create interactive features. Uganda is using free sexuality education resources and videos produced by AMAZE by embedding the content into their existing SAUTIplus platforms.

### 7. Prioritise privacy, safety and confidentiality

Recommendations on technology would be incomplete without mentioning the risks of cyberbullying and sexual and gender-based violence in digital spaces. Implementing organisations

should be aware of and mitigate online safety risks, and ensure online privacy, safety and confidentiality (UNFPA 2020a, UNFPA 2020b, Termeulen 2020, WHO 2020). Interventions should address digital literacy and ensure that learners have the skills to think critically, behave safely, and participate responsibly in the digital space. PPAG's first WhatsApp CSE session is dedicated to laying ground rules, establishing expectations around conduct and confidentiality and building digital capacity through tutorials on how to use advanced functions available through WhatsApp. The interventions themselves also need robust safeguarding mechanisms to prevent harmful content and to tackle cyberbullying (UNESCO 2020c). Gender power relations cannot be ignored in this area (Waldman 2017, Vanwesenbeeck 2016). While online platforms can offer the opportunity to access information and ask questions in an anonymous way, they also expose young people to comments and judgmental feedback (Oosterhoff 2017). Interactive interventions such as group pages on social media, blogs, live chats and interactive fora require consistent monitoring by knowledgeable staff to ensure the accuracy and integrity of any information presented and ensure safety and confidentiality (UNFPA 2020b).

Online platforms can also expose the implementing organisations. In some conservative contexts, the safety of staff members is a concern. In Indonesia, Rutgers WPF had to include a registration step to ensure that only young people who are genuinely interested in accessing SRHR information log in on the website. Opposition groups have taken some of the information out of context to attack the SRHR movement.

### 8. Carefully adapt content

The content of digital CSE is just as important as the way it is delivered. It is generally recommended that technology-based CSE programmes should be curriculum-based (UNFPA 2020a, UNFPA 2020b). Often, organisations that develop a digital CSE intervention already have a CSE curriculum for in-person classes. They can use these existing resources to create online material (Termeulen 2020). All the organisations interviewed for the case studies in this report mentioned the adaptation of existing material for online platforms. This practice not only makes the development process easier, but it also ensures that the information is comprehensive and adapted to the local context (UNFPA 2020b, Waldman 2017).

<sup>5</sup> A platform developed by YLABs in partnership with Society for Family Health - Rwanda (<https://cyberwanda.org>).



## 7. Recommendations

Key principles should be maintained with the content being sex-positive, rights-based, holistic, gender-transformative and inclusive (UNICEF 2019, Termeulen 2020).

Some authors recommend broadening the focus of CSE websites and apps (UNFPA 2020a, UNFPA 2020b). Addressing other health and rights needs and having additional desired features should help engage and retain more young people. An example would be to link digital CSE sources with services that dispense health commodities, to provide a full spectrum of support to young people. In the case of CyberRwanda,<sup>5</sup> a digital health intervention providing age-appropriate content, they offer young people the option to order contraception products online from pharmacists for discreet in-person collection (Nolan 2020).

### 9. Request feedback

Once an intervention has been launched, it is important to have continuous feedback loops for young people to suggest adaptations (UNFPA 2020b, Holstrom 2015). This can be done in an active way, by seeking users' feedback at the end of a course, as in the case of PPAG's WhatsApp CSE, or in a more passive way by providing an email address for comments, as in the case of the e-learning platform in Togo. Online programmes should then be constantly updated based on users' feedback so that the content is responsive to young people's evolving needs.

### 10. Establish a monitoring and evaluation system

In addition to collecting feedback on the content and platform, it is recommended to establish a monitoring and evaluation system (UNFPA 2020b, Termeulen 2020, WHO 2020). Monitoring and evaluation should be a part of the project from its inception and should include the technology aspects (functionality and user experience) as well as the content and impact (quality and change in knowledge, attitude and behaviour). This will help understand whether the intervention meets the expected outcomes, but also assess effectiveness and impact (UNESCO 2020d). In the examples analysed as case studies, this was often absent due to the relatively recent launch of these interventions and the difficulty of collecting data. PPAG will soon begin a pre- and post-test system to evaluate its digital CSE programme. The pre-test will gauge the knowledge levels of participants at the start and help determine the bespoke approach to delivery in order to meet the specific knowledge needs of each group.

Offer incentives: Although evidence is limited on incentives, some interventions offer a certificate of completion to incentivise users to go through the whole course. ATBEF offers this option (endorsed by the Ministries of Education and Health) for a small fee, which is also a way of financing the platform and making it sustainable. PPAG is planning on giving certificates of completion and hosting an online graduation ceremony for all young people who complete the full programme.

Engage with the government: Lessons learned from ATBEF in Togo highlight the importance of involving the national administrations, such as the Ministries of Health and Education, and considering their opinions on the subjects under discussion. In addition, collaboration with the education and health authorities has also resulted in having their certificates of completion formally endorsed by the national authorities and therefore, the legitimisation of the offered courses.

# 8. Conclusions

Opportunities to provide information and education through digital means are abundant. Throughout 2020, the lockdowns due to the COVID-19 pandemic have increased the need for and accelerated the development of digital interventions for education in general, and more specifically for sexuality education.

A rapid literature review and the analysis of four case studies have provided useful insights into key success factors and recommendations to make digital CSE interventions effective.

There are general best practices which can increase the likelihood of success and reach. Young people's participation at all stages of design and implementation is a key factor to ensure that the programme meets its needs and exists in online spaces that young people trust and actively engage in. Digital interventions should be interactive and entertaining with multiple modalities. Videos, games, social media and chat are particularly favoured by younger users. The content is equally important and should be as comprehensive and contextualised as in-person CSE classes. Partnerships can be a powerful tool to bring in other expertise and develop interactive, user-centred interventions that contain accurate, comprehensive, culturally-adapted SRHR information. Finally, developers must assess and address privacy and security to ensure confidentiality and safety for all users.

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- \*These documents were included in the literature review.
- #These documents focus on the impact of the COVID-19 pandemic on education.

# Annexe I. Analytical Framework

Categories	Indicators
<b>Programme Planning and Development</b>	
<b>Platform</b>	Which platform(s) is/are used to deliver CSE?
	How was the platform selected?
	What were the criteria used to select the platform(s)?
	What percentage of young people have access to that platform?
	Is the platform accessible on a mobile phone?
	Are there any arrangements made for people who don't have access to the Internet at home or on a phone?
<b>Audience</b>	Who is the target audience? (age, gender, (dis)ability, geographical location, socio-economic background, literacy level, access to technology, previous engagement in CSE, etc.)
	How was the target audience selected?
	Was a needs assessment conducted among the target audience?
	How is access to CSE for marginalised people ensured?
	Is the platform accessible to people with hearing or visual impairments?
	How is the platform being promoted among the target audience?
	Is the same content offered to boys and girls?
	How many young people access the platform on a daily/monthly basis?
<b>Content</b>	How (and by whom) was the content developed?
	Is the content based on an existing (in-person) curriculum? If so, how was the curriculum transferred to the online platform?
	Is the content adapted to the local context?
	Is the content comprehensive? If so, based on which criteria?
	Is the approach risk-based or sex-positive?
	How is the content presented (written courses, videos, games, personal stories, interactive courses, etc.)?
	Are there different levels/modules for different age groups?

<b>Developers</b>	Who led the programme development process?
	How were young people involved in the development process?
	Were any other stakeholders engaged/partnered with during the development process?
	Are the credentials of the developers listed? How can users identify the platform(s) as a reliable source of information?
<b>Programme Delivery</b>	
<b>Link with face-to-face CSE</b>	How is the digital intervention connected to face-to-face interventions? Are they complementary? Interchangeable?
	Is the digital intervention part of a larger CSE programme? If so, what are the other components of the programme?
	Does the platform include referral information to further resources and/or SRH services?
	Can users talk to an expert if they want to?
<b>Privacy and security</b>	What data are collected from users?
	How is confidentiality ensured?
	How is the safety of users ensured? Are there measures in place to avoid cyberbullying and harassment, especially of girls?
	Is there an option to use the platform and ask questions anonymously?
<b>Monitoring &amp; evaluation</b>	What are the expected outcomes? What are the indicators and how are they measured?
	How often are data collected and analysed?
	How is the impact of the strategy assessed?
	Is there a feedback mechanism?
	How is feedback used to improve the platform?
<b>Teaching and Learning Methods</b>	
<b>Moderation</b>	How is the platform managed/moderated?
	Who are the moderators? (if applicable)
	Do moderators get specific training or support?
	What is the average response time? (if there is a feature allowing users to ask questions)
<b>Learning</b>	How can you ensure that users go through the whole curriculum?
	How is knowledge assessed?

# Annexe II. Interviewees

Name	Position	Organisation
Amala Rahmah	Country Representative	Rutgers WPF Indonesia
Naura Nabila Haryanto	Project Officer	Rutgers WPF Indonesia
Ouagbeni Koffi Herve	Project Coordinator, Youth Counsellor	Association Togolaise pour le Bien-Être Familial
Ayeva Hayathe	Youth Action Movement President	Association Togolaise pour le Bien-Être Familial
Angella Hilda Kemirembe	Communication Officer	Reach A Hand Uganda
Paul Wanyama	Senior Innovation Analyst	Reach A Hand Uganda
Ishmael Kwasi Selassie	Youth Programme Manager	Planned Parenthood Association of Ghana
Richard Brefo Boateng	Project Officer	Planned Parenthood Association of Ghana
Gloria Apana	Peer Educator	Planned Parenthood Association of Ghana

# Acknowledgements

This report is produced by Rutgers under the Centres of Excellence programme. The Centres of Excellence programme supports four member associations of the International Planned Parenthood Federation (IPPF): Rutgers (The Netherlands), Association Togolaise pour le Bien-Être Familial (Togo), Planned Parenthood Association of Ghana (Ghana) and Profamilia (Colombia). Their objective is to share expertise and knowledge with other organisations, institutions, peer educators, activists and government decision-makers to support them to deliver quality CSE and address the challenges of large-scale implementation. The activities focus on the dissemination of existing and development of new knowledge, the identification of gaps and promising practices and the testing and validating of concepts, with the aim of providing support to others, while avoiding duplication.

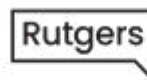
Rutgers would like to express appreciation to Sophie Baumgartner, Darcy Weaver, Amala Rahmah, Ouagbeni Koffi Hervé, and Ishmael Selassie for contributing to the report's development.

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This report was made possible through the generous financial support of Global Affairs Canada.

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