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Programme Technical Team

GOAL Adolescent Sexual & Reproductive Health (ASRH) Programming Review Paper

SUMMARY Version

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Programme Technical Team

List of Acronyms

ANC	Antenatal Care
ASRH	Adolescent Sexual & Reproductive Health
AYSRH	Adolescent & Youth Sexual & Reproductive Health
DHMT	District Health Management Team
FP	Family Planning
HIP	High Impact Practices (for family planning)
HSS	Health Systems Strengthening
MNCH	Maternal, Newborn and Child Health
MOHS	Ministry of Health & Sanitation
NSTPR	National Secretariat for Teenage Pregnancy Reduction
PCA	People Centred Advocacy
PHU	Peripheral Health Units
PNC	Post Natal Care
RMNCAH	Reproductive, Maternal, Newborn, Child & Adolescent Health
SBC	Social and Behaviour Change
SRH	Sexual & Reproductive Health
SRHR	Sexual Reproductive Health & Rights
WHO	World Health Organisation

Cover picture: ASRH Community Dialogue group, Koya Community, Western Area Rural

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Executive Summary

This paper reviews the successes, challenges and learning from implementation of Adolescent Sexual and Reproductive Health (ASRH) interventions by GOAL and sets out a framework for future ASRH programming coherent with the proposed broader Health Resilience strategy.

Adolescents face a higher risk of complications and death as a result of pregnancy than other women. High rates of adolescent pregnancy in many of our operational contexts are a result of a diverse set of drivers, including lack of information, knowledge and skills; weak institutions and services; poverty and girls' limited access to assets; widespread sexual violence and exploitation; and engrained social and gender norms that make girls vulnerable to early sex and pregnancy, including through early marriage.

GOAL's adolescent sexual and reproductive health programming is currently concentrated in Sierra Leone and Malawi which both have specific reproductive health programming targeting adolescents and youth. While we also have programming that includes ASRH in other countries, it targets women of reproductive age (15 – 49 years) more generally which includes adolescent and young mothers e.g., in Ethiopia, Niger, Uganda, Sudan and South Sudan. The review of the Sierra Leone programme finds that it has achieved some strong results to date in terms of increased uptake of contraception by adolescents and youth in target communities. There is anecdotal evidence that the programme is also influencing the underlying social and cultural factors impacting on the adolescent health and wellbeing and has contributed to a more open environment to discuss issues around sexual and reproductive health, relationships and the use of contraception. LINK to Sierra Leone ASRH Review

Implications for the next GOAL Strategy

Institutional donors are increasingly prioritising young people, as 90% of youth live in developing countries and over half of the world's population is under the age of 30. This donor focus on youth also includes youth reproductive health issues. The challenges posed by the youth demographic bulge and population growth in LMICs are increasingly exacerbated by climate change and increasing competition for scarce resources.

The ASRH multi-pronged approach refined by GOAL Sierra Leone provides an evidence-based framework for GOAL's future ASRH work which could be adapted to other contexts and country programmes. This would have to be underpinned by comprehensive context analysis and understanding of the factors which contribute to poor health and wellbeing outcomes for adolescents and youth in the specific context. This systems approach to ASRH programming works with the permanent stakeholders and aims to facilitate sustainable change across the system.

Youth as Agents of Change (PaMawa) provides another promising approach pioneered by GOAL Malawi and funded by USAID (2016- 2018). With this approach, the intersection between climate change and adolescent and youth sexual and reproductive health may be of increasing interest to donors moving forward. Here we could again use the learning and evidence from both the Sierra Leone and the Malawi approaches to leverage a competitive edge when applying for funding around youth and climate change.

GOAL should also leverage the learning on adolescent reproductive health approaches in fragile contexts from our involvement in the USAID Momentum Integrated Health Resilience (MIHR). GOAL can use our expertise on health resilience to increase the resilience of ASRH service delivery systems to shocks and stresses such as conflict, disease outbreaks or floods, so that they continue to function and improve despite the impact of shocks. It is also important to note that improving access to quality SRH/ASRH in humanitarian response and in fragile settings is a priority for many donors including BHA and Irish Aid.

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1. Background Adolescent Health at global level

Every day in 2017, approximately 810 women died from preventable causes related to pregnancy and childbirth; 94% of all maternal deaths occur in low and lower middle-income countries; Adolescents[1] and Young adolescents (ages 10-14) face a higher risk of complications and death as a result of pregnancy than other women; maternal mortality ratio – the proportion of mothers that do not survive childbirth compared to those who do – in developing regions is still 14 times higher than in the developed regions[2].

Millions of girls are coerced into unwanted sex or marriage, putting them at risk of unwanted pregnancies, unsafe abortions, sexually transmitted infections (STIs) including HIV, and dangerous childbirth. Adolescent boys are at risk, as well. Young people – both boys and girls – are disproportionately affected by HIV. Yet too many young people face barriers to reproductive health information and care. Even those able to find accurate information about their health and rights may be unable to access the services needed to protect their health[3].

2. GOAL ASRH programming

During the current strategic period GOAL implements various aspects of sexual and reproductive health (SRH) and ASRH programming in Sierra Leone, Ethiopia, Niger, Malawi, Sudan, South Sudan and Uganda which contributes to achieving the objectives of global goal 2 of the GOAL Strategic Plan 2019 – 2021: *People have Resilient Health*.

Sierra Leone – GOAL Sierra Leone has the most developed ASRH programme having implemented programming in this area since 2017 and provides a strong, evidence-based approach which could be adapted in a number of other GOAL contexts. See summary review of the programme in this paper.

Malawi – GOAL Malawi's (GM) promotion of sexual and reproductive health/family planning focuses largely on youth. Working with both in-school and out-of-school youth, GM facilitate youth-led analysis and action, promote positive social behaviour change and enhance the capacity of health service providers to respond to the needs of young people. Previously, GM worked with adolescents and youth (both in-school & out-of-school) to promote the supply of—and demand for—sexual and reproductive health and family planning services and worked to improve understanding about the linkages between family planning and broader resilience/climate change adaptation (Youth as Agents of Change - PaMawa Project 2016 – 2018). In relation to Youth Friendly Health Services (YFHS) GM is supporting systems strengthening to YFHS, engaging in capacity building of health providers and youth clubs. This activity also strengthens the linkage between the youth clubs and the nearest health facilities. Working in line with Ministry of Health guidelines, GOAL provides logistical support to District Health Offices and ensures that the hard-to-reach youth have access to health services. GM has also led a youth advocacy programme in six African countries on family planning, reproductive health, and or population dynamics (Kenya, Malawi, Rwanda, South Africa, Zambia and Uganda), using GOAL's People Centred Advocacy (PCA) approach.

[1] There is no universally agreed definition of the youth age group. It varies from country to country and donor to donor, ranging anywhere from 13 –35 years of age. The UN categorise youth as those individuals between 15 and 24 years.

[2] SDG 3

[3] https://www.unfpa.org/resources/adolescent-sexual-and-reproductive-health

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GOAL Malawi results in 2020 include an increase in the percentage of target youth accessing youth-friendly SRH/FP services, from 25% at baseline (2018) to 34% in 2020. While efforts to strengthen youth-based SRH/FP referral systems contributed to 344 youth being successfully referred for services.

Ethiopia – The GOAL Ethiopia health programme (IAPF funding) has a strong SRH focus which includes adolescents. Activities include improving community health-seeking behaviours and increasing demand for quality SRH services using evidence-based social behaviour change approaches - such as Care groups and Men's Health Groups. School Health Clubs (SHC) are also used to involve children and adolescents as advocators for good health practices in their schools and the community since children can be powerful advocates for change among their peers, family members and the wider community. The clubs include fun-based activities, for example, they are involved in games and competitions on health-related issues.

Key achievements include increases in the percentage of deliveries attended by a skilled birth attendant in East Hararghe from 74% (2019) to 93% in 2020 and in Borena from 46% (2019) to 50% in 2020[4]. In 2019 GOAL Ethiopia worked with School Health Clubs in 31 schools using School-Youth Sexual and Reproductive Health Promotion. As schools were closed in 2020 this activity was interrupted.

Niger – GOAL Niger has a small element of SRH programming as part of their wider health programming on SBC for positive health and nutrition practices and health systems strengthening. With one of the highest fertility rates in the world, the scope for more focus in this area is an ambition of the team and they are currently trying to position GOAL Niger to access funding for SRH/ASRH in the future.
There are many cultural and social factors which contribute to reluctance from many women to give birth in health facilities even if they have attended for regular prenatal consultation. GOAL Niger community sensitization efforts via community networks and community radio have contributed to small increases in the percentage of births attended by skilled health personnel from 22% (2018) to 25% in 2019. This project was impacted by COVID-19 in 2020 where communities were more reluctant to attend for health services generally.

Sudan – GOAL Sudan have strong health programming focusing on strengthening provision of primary health care in some of the most vulnerable communities in the country – North Darfur and South Kordofan. SRH/ASRH focus is mainly on support to MOH facilities for provision of quality, accessible ANC, PNC, safe delivery and family planning services as well as community engagement for positive health seeking behaviours e.g. through Care Groups. Adolescent mothers make up a significant percentage of the maternal and child health service target group. GOAL Sudan also supports school health clubs which provide the opportunity to engage with adolescent girls and boys on sexual and reproductive health issues and trained 28 teachers in 2020 to facilitate the sessions in schools.

South Sudan – Similar to Sudan, GOAL South Sudan health programming focuses on working with MOH and other stakeholders to strengthen provision of services in primary health care facilities including SRH/ASRH services. Through the Health Pool Funding (HPF) project in Twic, Gogriel East and West, GOAL South Sudan supports 59 health facilities including two hospitals to help improve health service delivery including ANC, safe delivery and contraceptive services for mothers including adolescent mothers and their infants who are at higher risk of death and disability. The HPF project also includes working with the Boma Health Initiative structures at community level, promoting positive health seeking behaviours. With Irish Aid funding GOAL South Sudan supports primary health care delivery in Agok and in Melut where

[4] GOAL Borena Zone KAPB 2013 - Only 1.7% of women reported giving birth in the health facilities.

GOAL made some satisfactory progress - recording close to 78% of the total number of women attending ANC services. The programme supports women aged 15 – 49 with ANC visits, immunizations, as well as family planning and reproductive health messaging.

3. Review of the GOAL Sierra Leone ASRH Programme

In 2020 a learning and review exercise of the GOAL Sierra Leone ASRH programme was conducted to review progress, identify key learning to inform future programming.

Sierra Leone has one of the highest rates of teenage pregnancy in the world. 21% of women age 15-19 have started childbearing (i.e., they have already had a birth or are pregnant with their first child). The proportion of teenagers who have begun childbearing rises rapidly with age, from 4% at age 15 to 45% at age 19. There is evidence that the high teenage pregnancy rate is fueled by a diverse set of drivers, including: lack of information, knowledge and skills; weak institutions and services; poverty and girls' limited access to assets; widespread sexual violence and exploitation; and engrained social and gender norms that make girls vulnerable to early sex and pregnancy[5]. More than 86% of girls ages 15 to 19 in Sierra Leone have never used contraceptives.[6]

GOAL Sierra Leone have a strong understanding of the context regarding adolescent SRH issues, challenges and barriers. This deep understanding comes from many years of health programming in Sierra Leone, as well as from research and analysis e.g. the GOAL ASRH Context analysis (2019-21) and Bill & Melinda Gates Foundation funded GOAL/Population Council Research: *Adolescents' Perspectives on Adolescent Pregnancy and Contraceptive Use (2018/19).* Economic, structural, social & cultural Barriers to adolescent SRH and contraceptive uptake were identified including:

- Poverty and vulnerability
- Gender inequality and social norms
- stigma and social barriers to access and increased up-take of adolescent/youth contraception
- Service access and quality
- Reliable information

Sierra Leone ASRH Programme

GOAL Sierra Leone ASRH Programme is funded by Irish Aid and implemented in 3 districts: Kambia, Kenema and Western Area (Urban Freetown). While programming on ASRH began in 2017, the focus of this review paper covers the design and implementation of ASRH interventions in the IAPF programme 2019–2021.

The Overall Objective of GOAL Sierra Leone ASRH Programme: is to increase the up-take of contraception amongst adolescents in Sierra Leone to reduce incidence of adolescent pregnancy and related maternal and newborn mortality and morbidity.

Expected Outcomes:

1. Health systems are strengthened to provide quality responsive sexual and reproductive health services for adolescents
2. Reduction in social inequality and vulnerability of girls and stigma related to contraceptive use

[5] Denney et al., 2016
[6] https://www.familyplanning2020.org/sierra-leone

3. Up-take of contraception amongst adolescents in Sierra Leone is increased

Outline of Approach:
Based on the findings of the research and understanding of the context in relation to the ASRH systems, GOAL designed a multi prong approach comprised of the following elements:

1. **Health Systems strengthening support** to Ministry of Health & Sanitation (MOHS) and the National Secretariat for Teenage Pregnancy Reduction (NSTPR) to provide quality ASRH services at Peripheral Health Units (PHUs) including:
    a. Training of Health Care Workers (HCW) on provision of adolescent & youth friendly health services (AYFHS) and emergency obstetric and neonatal care (EmONC);
    b. Adolescent friendly spaces – each PHU should have a space/corner/room that provides a conducive environment for confidential, comprehensive and quality ASRH services;
    c. Clinical mentoring and supports to health care workers - providing on-the job mentoring for health care workers on Maternal, Child and Adolescent Health;
    d. Joint monitoring and supervision with the District Health Management Teams (DHMT);
    e. Support to the National Secretariat for Teenage Pregnancy Reduction (NSTPR) – the multi-ministerial body mandated to coordinate the activities of all the actors working in ASRH in Sierra Leone

2. **Social and Behaviour Change through Community engagement with Community Dialogue sessions** with adolescents and adults/community members. Community Dialogue SBC methodology involves facilitated sessions which include the elements of:
    - Interactive participatory communication process – using Community Led Action (CLA) tools, facilitated by GOAL Community Health Facilitators (CHF);
    - Community triggering and community action plan development. Depending on the issues identified by the community as key issues contributing to elevated levels of adolescent pregnancy and high maternal mortality, the community develop action plans to address the issue identified.

3. **Behaviour Change Communication** increased the awareness on the key behaviour to be adopted. Using a Designing for Behaviour Change approach (DBC), key behaviours are identified through barrier analysis and key messages are developed and disseminated through various media channels and printed material.

4. **Engagement with key Influencers** to effect change in social norms around ASRH and help to reduce social inequality and vulnerability of girls and eliminate stigma related to contraceptive use. This includes engagement with Religious Leaders; Male Champions; school adolescent clubs and peer mentors.

5. **Accountability through Community/ facility interface meetings and youth centred advocacy** help to strengthen the relationship between health service providers and the community members they serve, improve accountability on health service provision and increase health service utilization.

Key Results and Achievements

1) In targeted communities the percentage of female youth and adolescents aged 15-19 who use a modern method of contraception increased from 38% (2018) to 52% (2021) and from 26% to 57% in 2021 for those aged 20-24 in the same time period. This is very positive in comparison to the national contraceptive prevalence rate (CPR) among all women of 21%, (Kenema 19%, Western Area Urban 24%, Kambia 15%)[7].

2) The percentage of adolescent and young people (10-24 years old) who perceived that services in GOAL supported facilities are adolescent friendly increased by 19% between 2018 and 2020.

3) The percentage of 10–24-year-old with basic knowledge about sexual and reproductive health and protection services was 32% in 2019 and 61% in 2021 in target communities.

4) Data from the District Health Information System (DHIS2) indicates that in the 16 GOAL supported PHUs in Kenema, there are reduced numbers of pregnant adolescents attending for antenatal services over the past few years. The numbers had reduced by 60% from 2016 to 2019 and a further 27% drop in 2020. While the decline in adolescent ANC attendance in 2020 may have been due to the impact of COVID-19 and not a result of decrease in the number of adolescent pregnancies as such, there is still a significant downward trend in the past few years since GOAL has begun implementing ASRH programming in the district. The data for 2021 will lightly provide a more complete picture on this. The team in Kenema have also found a direct correlation with increased contraceptive use by adolescents in the same PHUs over the same time period.

4. Discussion & Conclusions – ASRH Programme Sierra Leone

GOAL Sierra Leone uses a **systems approach to ASRH programming** – facilitating change across the WHO health system building blocks and supporting system actors to deliver quality ASRH services. While at community level, GOAL supports key actors to build the aptitude (agency and empowerment) of adolescents, youth and communities to increase ability to voice and have the power to influence and make choices on their reproductive health.

The programme has achieved strong results to date in terms of increased uptake of contraception by adolescents and youth in target communities. In Kenema this directly correlates with decreases in adolescents attending for antenatal services in the target PHUs. More adolescents now perceive that services in target PHUs are 'adolescent friendly' and more community members have heard about adolescent pregnancy reduction messages through GOAL SBC activities. By 2020 there has been a 29% increase in basic knowledge about sexual and reproductive health and protection services by adolescents and youth in target communities.

Health Systems Strengthening: A key stakeholder in relation to adolescent health in Sierra Leone is the National Secretariat for Teenage Pregnancy Reduction (NSTPR). To support the Secretariat to deliver on its mandate, GOAL has provided many technical, material and logistical supports during the project period. GOAL health team have also continued to support the DHMTs with the establishment of adolescent friendly corners/spaces in the target health facilities; with training of health care workers on adolescent

[7] 2019 Sierra Leone Demographic and Health Survey

friendly health services, clinical mentorship and joint supportive supervision which have all contributed to improved quality of services in target health facilities. Anecdotal evidence also indicates that family planning commodity stock-outs happens less frequently than in the past. Lack of some basic medical equipment at PHUs for delivery of SRH services is a challenge and GOAL has been working with the DHMTs to try to rectify this situation and ensure better planning and budgeting for such items.

Community Dialogues: Community Dialogue sessions are used to engage adolescents and community members in discussion on high rates of adolescent pregnancy, the factors that contribute to this, as well as discussions on the barriers to accessing contraception. Since 2018 GOAL has reached over 20,000 adolescents and 22,000 community members through over 2,200 Community Dialogue sessions. The Community Dialogue methodology involves participatory sessions facilitated by Community Health Facilitators (CHF) at regular intervals. Depending on the issues identified by the community as key factors contributing to high levels of adolescent pregnancy and high maternal mortality in the community, the community develop action plans to address the issue identified. There has been many successful outcomes from these action plans including communities taking action to ensure adolescents have access to youth friendly health services; supporting adolescent mothers to get back to education and addressing conditions which have contributed to vulnerability and sexual abuse of adolescents. See Cases Studies in the full Sierra Leone Report.

Accountability: GOAL has facilitated 88 interface meetings between community members and health facility staff. The meetings help to strengthen the relationship and mutual understanding between health service providers and the community members they serve, to improve accountability on health service provision and increase health service utilization. Community-led facility make-overs are often jointly agreed and led by the community. However, some issues require action at district or national level of the health system and some challenges are related to social and gender norms that impact on adolescent health like child marriage or sexual and gender based violence (SGBV). GOAL Sierra Leone has recently adapted the People Centred Advocacy (PCA) approach, developed by GOAL Uganda, for Youth-Led Advocacy to strengthen governance and accountability around Sexual & Reproductive Health and Rights (SRHR) issues.

Key Influencers: GOAL has engaged with key influencers in the community to effect change in social and cultural norms around ASRH, help to reduce social inequality and vulnerability of girls and eliminate stigma related to contraceptive use. This included engagement with 396 religious leaders and 190 male champions with a view to influencing social norms around adolescent contraception and early marriage. In all three districts, anecdotal evidence suggests that some religious leaders have been motivated to talk openly about contraception and advocating for contraceptive use among young people, with some preaching about it during religious services. Along with training of peer mentors, this has contributed to a more open environment to discuss issues around sexual and reproductive health, relationships and the use of contraception.
For more details on the Review and learning from the Sierra Leone ASRH programme and recommendations for future please see full report – Link

5. Discussion & Conclusions – ASRH Programming within GOAL – 2022-2025

GOAL's adolescent sexual and reproductive health programming is currently mainly concentrated in Sierra Leone and Malawi which both have specific reproductive health programming targeting adolescents and youth. While we also have programming that includes ASRH in other countries, it targets women of reproductive age (15 – 49 years) more generally which includes adolescent and young mothers e.g. in Ethiopia, Niger, Uganda, Sudan and South Sudan.

WHY ASRH in the next strategy?

With over 1.8 billion young people in the world today, the **largest youth population in history**, Institutional donors are increasingly prioritising this group, as 90% of youth live in developing countries and over half of the world's population is under age 30. GOAL is currently present in 9 of the 50 countries with the youngest population in the world (Niger, Uganda, Malawi, Sudan, South Sudan, Sierra Leone, Ethiopia, Zimbabwe and Iraq)[8]. **Youth are becoming an increasing priority for donors** including on SRH issues. The challenges posed by the youth demographic bulge and population growth in LMICs are increasingly exacerbated by climate change and increasing competition for scarce resources.

While currently adolescents are already part of the priority target groups for GOAL's health interventions - women, children and adolescents, - and with the primary focus of our health work being on Reproductive, Maternal, Newborn, Child & Adolescent Health (RMNCAH) outcomes, our work with adolescents is currently on a small scale. Given GOAL's **increasing organizational focus on targeting youth** it provides the additional justification for expanding our work targeting adolescents and youth on issues of sexual and reproductive health.

Deeply ingrained gender inequalities and inequitable power dynamics within relationships contribute to poor reproductive health outcomes for women and girls in Sierra Leone and in many of the fragile contexts where GOAL works. Inclusion is a central approach to all GOAL programming and the **strong gender and inclusion focus of the ASRH work**, including SRHR, underpins and strengthens the rationale for expanding our work in the area of ASRH.

WHAT should we do on ASRH in the next Strategy?

1) The **ASRH multi-pronged approach refined by GOAL Sierra Leone provides an evidence-based framework for GOAL's future work in regard to ASRH** which could be adapted to other contexts and country programmes. This would have to be underpinned by comprehensive context analysis and understanding of the factors which contribute to poor health and wellbeing outcomes for adolescents and youth in the specific context. This **systems approach to ASRH programming** works with the permanent stakeholders and aims to facilitate sustainable change across the system.

2) **Youth as Agents of Change (PaMawa) provides another promising approach** which was used by GOAL Malawi and funded by USAID (2016- 2018). The approach works with adolescents and young people to critically analyze the linkages between climate change and population dynamics and to promote the adoption of positive climate change adaptation and SRH behaviors. This intersection between climate change and AYSRH may be of increasing interest to donors moving forward. Here we could again use the learning and evidence from both the Sierra Leone and the Malawi approaches to leverage a competitive edge when applying for **funding around youth and climate change**.

[8] GOAL (FBD) Donor Analysis Summary

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3) As part of our wider approach to strengthening **Health Resilience**, GOAL could **leverage the learning on adolescent reproductive health approaches in fragile contexts from our involvement in the USAID Momentum Integrated Health Resilience** (MIHR) project which strengthens quality and utilization of voluntary family planning, reproductive health, and maternal, new-born, child and adolescent health. GOAL can use our expertise on health resilience as proposed in the Health Resilience Discussion Paper, to increase the resilience of ASRH service delivery systems to shocks and stresses such as conflict, disease outbreaks or floods, so that they continue to function and improve despite the impact of shocks. This could include, for example, supporting district level to have a budgeted preparedness plan so that health staff and family planning commodities continue to be available and accessible to adolescents during a shock/crisis.

4) Aligned with GOAL's broader strategy around humanitarian response we need to **explore how we can strengthen SRH/ASRH in Humanitarian response.** Humanitarian emergencies often increase adolescents' vulnerability to violence, poverty, separation from families, sexual abuse, and exploitation that can greatly affect the ability of adolescents to practice safe reproductive health behaviors. GOAL is an associate member of the Inter-Agency Working Group on Reproductive Health in Crisis- IAWG which has developed a lot of resources and is leading the dialogue globally on reproductive health in humanitarian settings. We can leverage these resources and network to guide our work in this area. Improving access to SRH/ASRH in humanitarian response and in fragile settings is a priority for many donors including BHA and Irish Aid.

5) **Explore ASRH funding opportunities**: Depending on funding availability the Sierra Leone approach could be rolled out in Malawi, Uganda, Niger, Ethiopia, South Sudan and other countries potentially. To roll out this approach we would need:
   - The buy-in of programme management and the country teams and explore how the approach could be adapted to a variety of contexts including fragile and conflict affected contexts, and potentially in countries that do not have existing health programming.
   - To explore with potential donors. This comprehensive ASRH approach could be integrated into the Irish Aid Programme Funding multi-annual programmes for example, while other donors such as USAID also have increasing focus on adolescent and youth reproductive health which could be explored – e.g. USAID pipeline[9]
   - To develop the support materials and training on the package of interventions for health teams

[9] PROPEL APS - Round 3 PROPEL Youth - Gender, youth, FP/RH integration across health, health equity, capacity development, and private sector engagement are all central to this APS.