Yes I Do Alliance

2016-2020
End Report

YES I DO.

PLAN INTERNATIONAL
Girls first

amref flying doctors
For a strong and healthy Africa

CHOICE FOR YOUTH & SEXUALITY

KIT Royal Tropical Institute

Rutgers
For sexual and reproductive health and rights

MALAWI
Shakira, 17

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Acronyms and abbreviations

	Bahasa Indonesia	English
ASRHR		Adolescent Sexual Reproductive Health and Rights
CM		Child Marriage
CP		Child Protection
CSE		Comprehensive Sexuality Education
CSO		Civil Society Organisation
FAD	Forum Anak Desa	Village Children's Forum
FGM/C	Sunat/sirkumsisi Perempuan	Female genital mutilation/cutting
GBV		Gender Based Violence
GTA		Gender Transformative Approach
HP		Harmful Practices
KPAD	Kelompok Perlindungan Anak Desa	Community-based Child Protection Mechanism at village level
LSBE		Life Skills Based Education
MTBA		More Than Brides Alliance
M&E		Monitoring and evaluation
MYP		Meaningful Youth Participation
NGO(s)		Non-governmental organisation(s)
PATBM	Perlindungan Anak Terpadu Berbasis Masyarakat	Integrated community-based child protection
PKBM	Pusat Kegiatan Belajar Masyarakat	Centre of Community Learning
Posyandu	Pos Pelayanan Terpadu	Integrated Health Service Post
SAAJ		Serviços de Aconselhamento e Acompanhamento dos Jovens
SETARA	SEmangaT duniA RemajA	Teen's Aspirations
SRH		Sexual and reproductive health
SRHR		Sexual and reproductive health and rights
STI		Sexually Transmitted Infection
ToC		Theory of Change
TP		Teenage Pregnancy
VCT		Voluntary Counseling and Testing
WSA		Whole School Approach
YFS		Youth Friendly Services
YIDA		Yes I Do Alliance

INDONESIA
Ana refused to give in to her
parents demands to get married

1 Introduction

1.1 The Yes I Do Alliance

The Yes I Do Alliance was established in 2016 and comprises Amref Flying Doctors, CHOICE for Youth and Sexuality, KIT Royal Tropical Institute, Plan International Netherlands (lead organization) and Rutgers. Originally the alliance also included technical partner PSI, however, due to budget restraints it was mutually agreed that PSI would step out. The Yes I Do alliance teamed up with local organizations in seven countries and implemented a five-year programme (2016-2020) addressing child marriage (CM), female genital mutilation/cutting (FGM/C) and teenage pregnancy (TP). The programme was funded under the 2016-2020 Sexual and Reproductive Health and Rights (SRHR) Partnerships Fund of the Dutch Ministry of Foreign Affairs (MoFA).

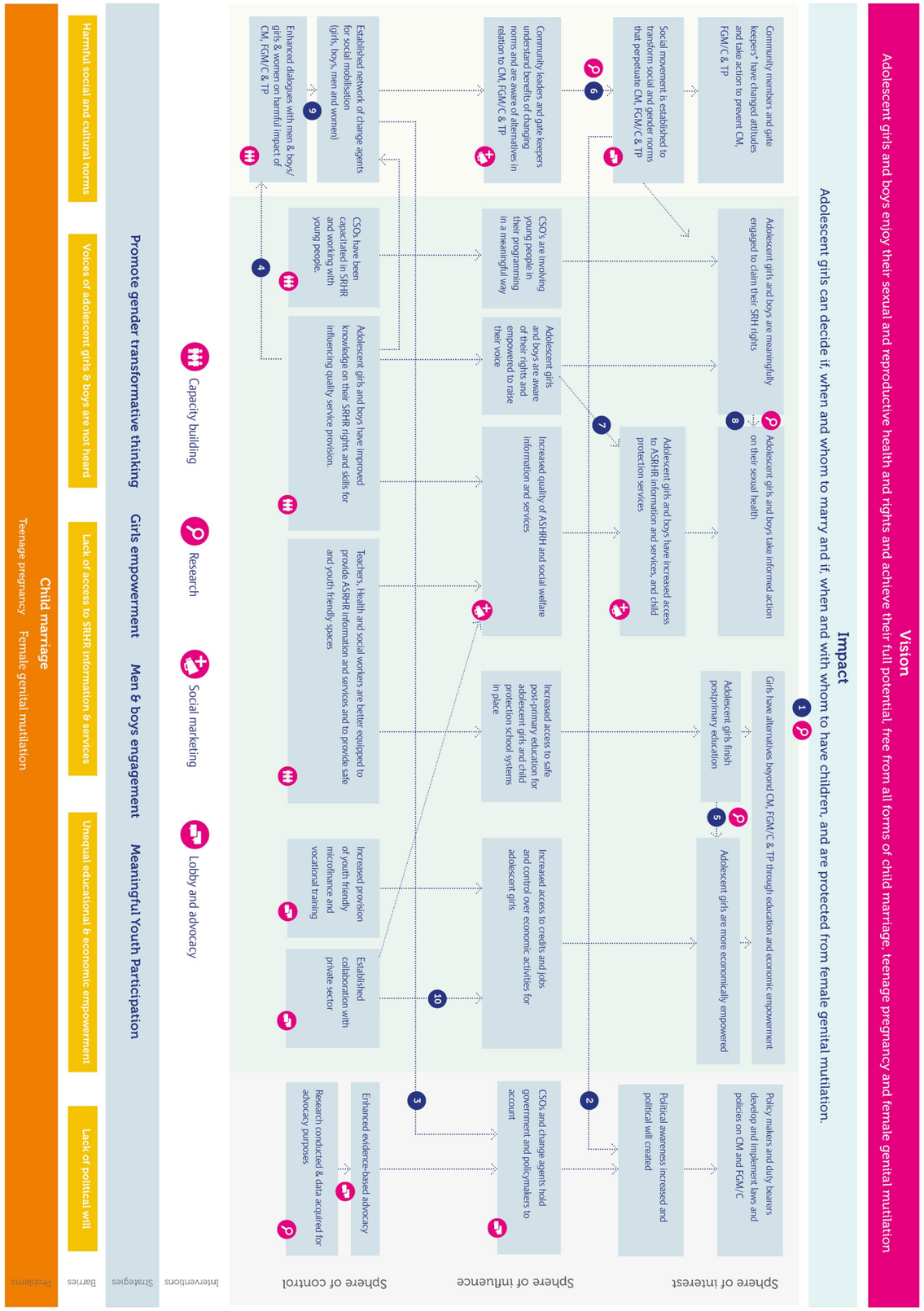
Many girls in the YIDA countries have limited prospects for the future because of CM and TP and in three YIDA countries, also because of FGM/C. These issues have common root causes such as deeply ingrained gender inequality and social norms, poverty and limited economic prospects, inadequate access to education (including comprehensive sexuality education – CSE) and to adolescent sexual and reproductive health and rights (ASRHR) services, and a voiceless youth.

The ultimate goal of the Yes I Do Alliance was that adolescent girls and boys enjoy their sexual and reproductive health and rights and achieve their full potential, free from all forms of CM, FGM/C and TP. The programme was carried out in Ethiopia, Indonesia, Kenya, Malawi, Mozambique, Pakistan (2016-2018[1]) and Zambia.

This end report covers the programme period January 2016-December 2020, including a specific focus on progress in the final year. It provides a reflection on the programme's Theory of Change (ToC) and an overview of the key results of the Yes I Do Alliance per pathway, including a discussion of cross-cutting topics. Furthermore, the report discusses learning in the YIDA and a reflection on collaboration and partnership. Specific progress updates for each of the seven countries where the Yes I Do programme was implemented are included in the second part of the report.

An overview of progress against YIDA core indicators is included in Annex 1.
The IATI PowerBI-dashboard, presenting key results of the YIDA, can be accessed here.

1 The YIDA was prematurely terminated at the end of 2018, as a result of the decision of the Pakistani Ministry of Internal Affairs not to approve the registration of a large number of international non-governmental organizations, including Plan International and Rutgers.



* Assumptions (1-10) correspond to the assumptions mentioned in section 9 of the narrative

1.2 Theory of Change

The YIDA baseline study, conducted in the first year of the programme, reaffirmed that child marriage and teenage pregnancy are intertwined across all countries and have different consequences, depending on the sequence. While in some of the countries child marriage is mostly a manifestation of socio-economic inequality, in others it is intertwined with religion, but everywhere the root causes are gender and discriminatory social norms.

Child marriage is seen as a mechanism to escape poverty: resource constraints on the household, coupled with the burden of bride price and dowry, can lead families to marry off their daughters at an early age. The lack of financial resources is also directly related to the ability of young people to continue education. Lower educational qualifications in turn are closely linked to the inability to access and qualify for jobs. Poor education and employment opportunities, together, have direct implications on the probability of child marriage. The interaction of these factors differ depending on the country, where in some cases, getting married also implies having to drop out of school.

From the baseline findings, it also emerged that (child) marriage acts as a solution or coping strategy to teenage pregnancy. This takes form of protecting family honour against pre-marital sex as evidenced in Indonesia and Pakistan, or teenage pregnancy as seen in Ethiopia, Kenya, Malawi and Indonesia, or to cope with financial hardships as seen in countries like Malawi, Zambia and Mozambique. In Kenya, approximately 75% of respondents agreed to the statement that child marriage occurs after teenage pregnancy. This also emerged in Malawi, Zambia and Mozambique, where the girl would be expected to marry the boy who impregnated her.

The baseline showed that teenage pregnancy occurs under different circumstances across the Yes I Do countries. The role of initiation rites and transactional sex are influential factors in Mozambique, Malawi, Zambia and Kenya. Child marriage often precedes teenage pregnancy in Ethiopia, Pakistan and Indonesia. Other influencing factors include the (systematic) lack of access to contraception and lack of safe transport; all these contributing factors interact with each other.

Cultural rites also facilitate child marriage, such as wife-in-trainings in Ethiopia or abduction marriages in Indonesia and Ethiopia. Initiation rites in Kenya, especially those which involve female cutting, may expose young people to the risk of unprotected sex which can lead to teenage pregnancy and marriage.

While parents and social pressure play an important role in determining child marriage, it is worth noting that child marriage is not always forced. Young people may choose to marry young as they see a variety of benefits that they could gain, including a stable sexual and household partner (for boys), access to financial resources (for girls), having certain status and being considered an adult in their society. The growing gap between young people and older generations has an impact on how young people express their sexuality and desires and exercise their autonomy. Young people are further influenced by social and gender norms that govern their community and socio-economic structures around them.

Overall, the baseline affirmed that multiple interventions are needed at all levels, to drive a social movement that can eliminate child marriage and FGM/C and reduce teenage pregnancy.

To tackle the root causes of CM, FGM/C and TP, the YIDA developed a Theory of Change (ToC) describing how the alliance expected change to happen. With the full programme team, the long-term programme goal was identified, the conditions and stakeholders that must change in order to make progress towards the long-term goal and the assumptions underlying these expectations. The Yes I Do intervention strategies intended to achieve the following strategic goals as presented in the programme's Theory of Change:

1. Community members and gate keepers have changed attitudes and take action to prevent child marriage, FGM/C and teenage pregnancy
2. Adolescent girls and boys are meaningfully engaged to claim their SRHR
3. Adolescent girls and boys take informed action on their sexual health
4. Girls have alternatives beyond child marriage, FGM/C and teenage pregnancy through education and economic empowerment
5. Policy makers and duty bearers develop and implement laws and policies on child marriage FGM/C

These five pathways of change, in line with the five strategic goals, formed the foundation of the Yes I Do programme and they have guided the implementation of the programme across the seven countries.

1.3 Endline studies and final external evaluation

Between February and November 2020, KIT conducted programme endline studies in Ethiopia, Indonesia, Kenya, Malawi, Mozambique and Zambia. These studies paid due attention to analyzing why and how the Yes I Do interventions did – or did not – contribute towards improved outcomes related to the five strategic goals and ultimately a decrease in child marriage, teenage pregnancy and FGM/C in the intervention areas. Leaning heavily on primary data from surveys, interviews and focus group discussions, data collection in four of the six countries was (partly) postponed due to the Covid-19 pandemic and related restrictions on travel and gatherings. The country endline reports provide in-depth analysis of the results and impact of the YIDA and the findings of the endline studies are integrated in this report. The 7 country endline reports can be accessed here: Yes I Do: Reduce Child Marriage, Teenage Pregnancies and Female Genital Mutilation/Cutting - KIT Royal Tropical Institute.

An external final evaluation of the programme was commissioned in March 2020 and took place from July - December of the same year. The evaluation was conducted by an external consultancy firm, Key Aid, and supported by an external reference group of independent SRHR experts, youth representatives from the Netherlands, Kenya and Indonesia, and an IOB officer. As data collection was primarily done remotely due to the Covid-19 pandemic, the evaluation concentrated on assessing the relevance, coherence and the implementation modality of YIDA. To form a judgement on the effectiveness of the programme, Key Aid has worked with KIT endline data and triangulated this with key informant interviews with stakeholders from within and around YIDA. The final report was submitted to the MFA on 31 March 2021. To disseminate key lessons about the YIDA programme with stakeholders, a youth friendly comic strip was developed and shared, especially in the YIDA communities and with participating youth. It is available in 7 languages and was shared with the MOFA on 3 June 2021 and can be found here. Where relevant, outcomes and findings of the final evaluation report have been included in this final report.

1.4 Covid-19

Implementation of the programme was completed by December 2020, a year characterized by the global Covid-19 pandemic. Very soon into the pandemic, it became apparent that child marriage and teenage pregnancy were likely to increase. In April 2020, Girls Not Brides International in their agenda for action, already warned that *"Many of the complex factors that drive child marriage in stable environments are exacerbated in emergency settings, as family and community structures break down during crisis and displacement. A pandemic of this nature will also present unique challenges that can increase child marriage both in the acute and recovery phases."*[2]. Loss of household income due to restrictions on movement and gatherings, school closures, possible break down of community structures and higher risk of violence in the household, and disruptions in access to sexual and reproductive health services, exacerbate the risk of child marriage and teenage pregnancy.

The Yes I Do Alliance adapted its interventions to reduce the risk for spreading Covid-19: some activities were postponed or rescheduled; some activities moved online, while other activities went ahead with smaller numbers of participants and strict hygiene and protection measures. In most countries, the Yes I Do members worked closely with the government to facilitate and ensure that SRHR messages were integrated in the government's Covid-19 response. Section 2 of this report provides more detail on Covid-19 adaptations in programme implementation, as do the country progress sections.

1.5 Financial progress

While implementation in 2020 was affected by the Covid-19 pandemic, the implications on the annual expenditures have been limited and the year closed with a 95% expenditure rate. In most countries, alternatives were found for programme interventions in the form of online meetings, by organizing multiple smaller live meetings and using additional prevention measures, and/or by intensifying activities in times of more freedom of movement. Reduced costs for (inter)national travel were mostly offset by greater time investment in online exchange and additional Covid-19 related activities and prevention measures. Finally, at the level of local CSO partners, lower effectiveness may not show in expenditure figures because as a principle, the consortium continued those payments to local CSO partners that included salaries for local staff.

Financial information from the alliance organizations indicates that after a long start-up phase in 2016, the rate of implementation increased in 2017, 2018 and 2019. Budget originally reserved for PSI Zambia and Mozambique was reallocated to Plan International Zambia and CHOICE partner Coalizao Momzambique and they became accountable for the deliverables. The forced withdrawal from Pakistan in 2018, led to a reallocation of funds to the Indonesia, Ethiopia and Kenya country programmes.

Overall, the YIDA closes with a total of € 3,066 underexpenditure against the full five year budget of € 27,645,012. The YIDA financial report 2016-2020 can be found in Annex 3.

2 Girls Not Brides, COVID-19 and child, early and forced marriage, April 2020

MOZAMBIQUE
Olicia, 16, received SRH information through the YIDA during the lockdown period

2 Yes I Do results

The YIDA theory of change (ToC) described how the alliance expected change to happen when working towards a world in which adolescent girls and boys can enjoy their SRHR and achieve their full potential, free from CM, FGM/C and TP. It outlined the key actors that the programme engaged with, identified the pathways of change and made the underlying assumptions explicit so they could be tested during implementation and at endline. This section describes how the alliance has worked with the ToC, identifies key results from the YIDA in the five pathways of the ToC and distills lessons and and what to keep and what drop in future programmes.

2.1 Reflection on the Theory of Change

Working with the Theory of Change

The generic programme ToC was developed at the proposal writing stage. During the inception phase, the ToC was further elaborated upon and refined with country teams. Subsequently, all country teams contextualized the generic ToC to their realities in 2016 and reflected upon them during the Annual Review Meetings. Based on these joint annual reflections, led by the country teams with participation from the Dutch counterparts, implementation strategies were adjusted and activities adapted. In addition, the midterm review included a joint reflection on the generic programme's ToC and established that the five pathways remained a sensible programme strategy and that only within pathways adjustments were needed. A stronger need was identified for intergenerational dialogues and involvement of parents, more focus on out-of-school youth as well as a need for value clarification activities within the alliance and with stakeholders. The midterm review also revealed that pathway 4 and 5 were most challenging to be implemented and therefore these were prioritized during 2019 and 2020.

The ToC has broadly served as a framework for ambition and guided all the programmatic work. It supported YIDA coordinators and programme staff at all levels in streamlining the day-to-day work and guided the implementation of activities. The ToC has also served as an important reference framework for the M&E function in the alliance and for the base-, mid- and endline studies, in which the assumptions of the ToC were also systematically reflected upon.

Reflection on changes in the context

Across the board, the causes and consequences of child marriage, FGM and teenage pregnancy have remained largely the same over the past four years. Child marriage is perpetuated by limited future perspectives due to lack of education and job opportunities, gender inequality, economic hardship and traditional practices like initiation ceremonies (e.g. Malawi, Mozambique, Zambia), but can also be caused by parents' pressure to preserve family honour (e.g. Kenya). Causes of teenage pregnancy remained the same as well and are driven by early and child marriage, unprotected sexual intercourse, economic pressure, low education levels and cultural factors such as promoting early and unprotected sexual relationships. Also, the drivers of FGM/C did not change fundamentally over the past five years and are rooted in controlling female sexuality.

In all YIDA countries it was observed that the cultural beliefs and practices that perpetuate CM, FGM/C and TP remain very strong and are deeply embedded in society, culture and systems. For instance cultural or religious norms that stigmatize pre-marital sex, contributing to the taboo on young people's sexuality. Another increasing trend is an increasingly punitive culture towards child marriage at community level, especially in the southern African countries. While addressing the root causes of child marriage, teenage pregnancy and FGM/C was at the heart of Yes I Do's work, an important lesson was that social norms, taboos and harmful practices remain persistent and more work remains to be done and lessons to be applied that go beyond Yes I Do.

Increasing conservatism was witnessed in some countries and illustrated by for instance the introduction of the (extended) 'global gag rule' by USA president Trump in 2017. A conservative environment contributes to perpetuating taboos around sexuality and other unequal social and gender norms and caused pushbacks for some of YIDA's achievements. Nevertheless, there have been positive developments in terms of national legislation and international commitments. Implementation and resourcing of legislation and policy lags behind though.

Finally, a trend witnessed across athe YIDA countries was around new technology becoming available to wider audiences, creating opportunities to enagage more young people with the YIDA messages. The external evaluation however, concludes that radio remains very popular and reaches groups in otherwise difficult to reach areas. In Malawi and Kenya, radio and loud speakers were critical in reaching a wide audience in remote areas during the Covid-19 pandemic.

Assumption: Only a combined approach of strategies will reduce CM, FGM/C and TP.[3]

Drivers of CM, FGM/C and TP are very similar and the issues can't be dealt with in isolation. The endline studies confirm the assumption that 'Only a combined approach of strategies will reduce CM, FGM/C and TP'. In the first place, there are linkages between the three issues: e.g. child marriage follows teenage pregnancy, or the other way around, and there is also a dynamic between FGM/C and child marriage as being circumcised or not can influence marriageability of the girls. To avoid making progress in one area while the other one may be retained to take its place, it is important to focus on integrated programming tackling all issues simultaneously, targeting a range of stakeholders. The MTR in 2018 identified that not all communities were receiving the full package of the ToC and efforts to integrate the approach better have been made since. Towards the end of implementation, all programme areas were exposed to the different elements of the Yes I Do programme to tackle the shared root causes of the harmful practices affecting girls' lives.

3 Solutions to end child marriage, ICRW, 2011

2.2 Key results and lessons per pathway

Overall, a decrease in child marriage is observed, although there is concern that the impact of the Covid-19 pandemic will reverse this positive trend. The YIDA endline studies show across the countries substantial achievements on awareness on the harmful impact of child marriage, teenage pregnancy and where relevant, FGM/C. Attitudes towards FGM/C are shifting and similarly, shifts in underlying social norms were noted, but the timeframe for achieving change in behaviour change and social norm change is long. Engaging stakeholders in the prevention of teenage pregnancy remains difficult as premarital sexuality remains a taboo and contraceptives are often only limited available.

The external evaluation concludes that, while achieving the intended results was more challenging for certain pathways than others, the Alliance and programme made significant progress on all of them. It also found that the programme design and operational model were overall a contributing factor to achieving results. The table (on the next page) presents a summary of quantitative results on the YIDA core indicators.

Pathway 1: Community members and gatekeepers have changed attitudes and taken action to prevent child marriage, FGM/C, and teenage pregnancy

Within pathway 1, the YIDA has worked with change agents towards establishing a social movement to take action to end the practice of child marriage, teenage pregnancy and where applicable FGM/C. By the end of the programme, more gatekeepers acknowledged the harmful impact of CM, TP and FGM/C and some took action in preventing, and particularly reacting to child marriage, FGM/C and teenage pregnancy. However, actions to change underlying social and gender norms were more complex to implement.

In many countries, young people themselves were crucial change-agents as they reached out to their peers and community members to discuss topics on gender equality, girls' rights, the harmful effects of child marriage and teenage pregnancy and the importance of education for girls. The endline studies confirm that the Champions of Change peer education intervention has triggered positive effects in changing gender roles. In Ethiopia for example, actions to stop planned child marriages have emerged and these are particularly driven by teachers and youth clubs. The police and kebele officials are working to stop arranged child marriages, often through committees against harmful practices. Health (extension) workers are raising awareness about the use of contraceptives in school settings.

Quantitative results of the Yes I Do Alliance on core indicators[4]

	COUNTRIES[5]	Ethiopia	Indonesia	Kenya	Malawi	Zambia
PATH-WAY	INDICATOR	Change in pp[6]	Change in pp	Change in pp	Change in pp	Change in pp
PATHWAY 1	% of girls and women aged 18-24 who were married or in a union before age 18 (i.e., child marriage)	**-13.6**	-3.6	**-13.9**	+2.0	**-1.6**
	% of girls and women aged 20-24 years who had their first child under the age of 20	**-3.31**	-2.9	+4.4	+6.5	**+16.4**
	% of girls between 15-24 years underwent FGM/C	**-11.6**	-2.1	+1.1	NA	NA
PATHWAY 2	% of girls aged 15-24 who can decide for themselves whom to date and go out with	-1.5	**+77.9**	**+6.2**	+0.9	**-17.5**
	% of boys aged 15-24 who can decide for themselves whom to date and go out with	**+12.61**	**+85.0**	-3.9	-1.4	-4.3
PATHWAY 3	% of girls between 15 and 24 that have ever utilized SRHR services, including modern contraceptives	Non-comparable data	-3.0	**-10.6**	+0.1	**+26.4**
	% of boys between 15 and 24 that have ever utilized SRHR services, including modern contraceptives	Non-comparable data	+3.5	-6.2	**+19.8**	**+35.9**
	% of girls aged 15-24 who know how to prevent pregnancy using modern contraceptives	+0.5	**+7.2**	-0,5	+5.9	**+22.7**
	% of boys aged 15-24 who know how to prevent pregnancy using modern contraceptives	**+6.5**	**+13.0**	+6.6	**+11.0**	**+38.2**
PATHWAY 4	% of girls aged below 18 years who dropped out of school	+6.0	+1.5	**-7.1**	-10.8	**-5.2**
	% of girls between 18-24 years old who are economically active outside of the household	**-24.3**	+0.4	+3.5	**+11,5**	**+32.8**
	% of girls below 18 years who left school due to marriage	-1.4	+2.1	-3.2	-1.6	-0.8
	% of girls below 18 years who left school due to pregnancy	0.0	0.0	-4.4	+0.3	+0.1
PATHWAY 5	# of new or adjusted national and local law (incl. by-laws) and policies prohibiting CM and FGM/C	1	3	3	3	1

4 Color code: green represents an improvement over time; grey represents no change, or the change is highly probable to be a result of chance; orange represents a degradation over time. Bold figures represent a significant change (p,0.05) over the period of Yes I Do implementation (2016-2020). The other figures can, as such, not be considered as representative. The very big changes over time might be a result of questions being differently interpreted at base- and endline.

5 In Mozambique data collected at baseline and endline was not comparable and, as such, results cannot be presented in this table. Due to the early termination of the programme in Pakistan, results cannot be presented in this table.

6 Percentage point

Assumption: Change agents are willing to organize themselves to influence community members and to hold duty bearers accountable.[7]

The YIDA results support the programme's underlying assumption that various change agents are willing to organize themselves to influence the behaviour and attitudes of community members. However, to fundamentally transform social and gender norms, more concerted action is needed through the involvement of all community gatekeepers. While for example religious leaders were involved through the programme, some kept promoting abstinence and morality (Zambia). Instead, a stronger focus is needed to support boys and girls to nurture 'healthy relations' and have access to contraceptives. Also in Ethiopia, religious leaders were not the primary target from the start. However, as their influence on the community it strong, soon the team refocused the interventions and included cascaded training for religious leaders. This also implies a stronger coordinated effort to include all gatekeepers into the programme is needed and make sure all are actively engaged by the interventions. It is important for future programmes to focus more on the collective action necessary for stakeholder influence.

In Malawi and Zambia, community chiefs adopted bylaws to prevent child marriage and teenage pregnancies. This customary law is based on local, traditional, social and cultural norms. The bylaws set out punishing measures for parents and children who were involved in child marriage or teenage pregnancies such as paying a fine to the pregnant girls by the (family of) the boy who made her pregnant and/or contributing to a community fund. While ownership of the bylaws has increased over the course of the programme, they were in some instances seen as strict and punitive and sometimes even violated child rights. Therefore community based development of bylaws requires critical review while their effect on the prevention of child marriage and teenage pregnancy is yet to be seen.

Assumption: Through rights awareness and alternatives, people will take action to change their social environment.[8]

This assumption is supported by the YIDA results, for instance the development of community bylaws. It is however recommended to conduct more research on the effect of bylaws on adolescent's sexual agency, prevention of teenage pregnancy and protection from exploitative sexual conduct.

7 Report of the External end Evaluation of the Youth Incentives Programme 2009-2010, Rutgers, 2010

8 Outcome Measurement 2013, SRHR Alliance, 2013

Across all countries, the taboo on youth sexuality remains large and this makes it more difficult for young people to speak out and enjoy their SRH rights. While the Yes I Do programme invested in intergenerational dialogues, especially after the mid-term review, this has not yet translated into sustained intergenerational communication on SRHR. In many countries, the hierarchical way of adults providing moral instructions and young people paying respect to the elderly is still the norm. Therefore, a substantial number of young people indicated in the endline studies that they did not find it easy to talk with their parents about sexuality and marriage, though in Indonesia young people expressed they were able to discuss sexuality issues with parents, while they also reserve topics to be discussed with their friends, like dating. In general, the threshold to discuss sensitive issues with mothers was seen to be lower than with fathers, which points to the direction that engagement of fathers and men need more investment.

Assumption: Through participating in intergenerational dialogues, men and boys become allies in changing social norms

Overall, there is scope for including parents, caretakers and guardians even better in programmes aimed at fostering change for young people as their actions and attitudes have major impact on the young people, like anywhere in the world. The external evaluation recommends to adopt a “youth plus” approach where the whole household is deliberately engaged in activities, and the role of parents is fully maximised in supporting intended changes.

Pathway 2: Adolescent girls and boys are meaningfully engaged to claim their SRH rights

Pathway 2 of the Yes I Do Theory of Change aimed to improve the level of meaningful engagement of adolescent girls and boys in community activities, programmes and policies. Young people consulted in the evaluation greatly emphasised how this part of the programme benefited their lives, by building their confidence and ability to speak up to claim their rights. By the end of the programme, more young people felt comfortable to discuss SRHR, especially among their peers. Also, the young people who participated in the Champions of Change (CoC) trainings (Malawi, Zambia, Mozambique) were more active in community discussions and dialogues. Youth reported more openness of parents and community members to listen to them, however, adults often remain in power of decision making. Although the CoC model uses a peer-to-peer approach, overall in the programme, it proved challenging to reach out-of-school youth.

Investing in youth through the Yes I Do programme has paid off, and many young people were very active by the end of the programme. Some had a role in decision-making bodies at community level like young people in Ethiopia who engaged with the government towards ending harmful traditional practices (from Ethiopia presentation). Youth reported increased confidence to speak up.

Assumption: When adolescent girls and boys have improved knowledge concerning their rights, they want to organize themselves to influence others

In Malawi, the Champions of Change programme and youth clubs supported youth to express themselves and learn about their rights. It can be seen as an additional result, that many young people and their communities reported that young people increased their confidence and feel they have increased agency to make decisions on their own behalf. However, speaking out and making decisions on sensitive issues such as sexuality remains challenging in most YIDA countries, especially for girls.

Pathway 3: Adolescent girls and boys take informed action on their sexual health

Over the past five years, YIDA has contributed to an increased access to SRHR information and services for young people in the target communities. SRHR information has been primarily provided in schools through Comprehensive Sexuality Education (CSE) by teachers. Furthermore, SRHR information was spread through radio and social media, as due to school closure during the lockdowns, these sources of information became more important. Across countries, the endline study revealed that teachers were the preferred source of information for youth, together with friends and information available at the health centres. SRHR information remained more accessible for in-school youth than for out of school youth, though communication through media was more inclusive to out of school youth. Mitigation strategies were put in place, in Ethiopia for example access to SRHR information improved through training youth clubs that directly work on SRHR education via community conversation and drama, and through the development of school mini media. In Indonesia, some health centres now have social media accounts to disseminate SRHR information, such as in Kediri, West Lombok. Settling the taboo on youth sexuality was more challenging within the timeframe of the programme and continued to limit young people's confidence in accessing and consistently using contraceptives.

Within pathway 3, the Yes I Do alliance has worked towards increasing access to Youth Friendly SRH services. This has been done by working with health facilities, ensuring they meet youth friendly standards, including for example confidentiality, provision of information and communication that is consistent with the service package and conventient opening hours. The 98 health facilities that YIDA engaged with over the past five years all meet the Youth Friendly Health services standards. On the other side of the spectrum, Yes I Do worked with teachers, youth and their communities to increase access to youth friendly SRH services. The numbers show that more youth have started to go SRH services but there were also health systems barriers identified, such as long distance to reach the clinic and stock-outs of supplies. The end evaluation noted that this poses a risk to the motivation of young people to use the services. If demand is created, it needs to be ensured that this can be met by the supply side. In Mozambique and Malawi the demand was met by collaboration and alignment with PSI programmes or additional funds from private sponsors.

Assumption: When girls and boys are meaningfully engaged to claim their SRHR they will take informed action on their SRH[9,10]**, / Assumption: Meaningful youth engagement is required for increased access and uptake of quality ASRHR services and information**[11]

For future programmes it is recommended to continue to meaningfully engage young people to enhance reach and effectiveness of the programme. In particular, their contribution to the development of messages and information material for young people can be capitalized upon.

9 Participate: the voice of young people in programmes and policies, IPPF, 2008
10 Provide: Strengthening Youth Friendly Services, IPPF, 2008
11 Report on Operations Research on Meaningful Youth Participation, ASK Project, 2014

Pathway 4: Adolescent girls have alternatives beyond CM, FGM/C and TP through education and economic empowerment

The external evaluation concludes that the YIDA managed to bring more attention and value to girls' education as a mechanism to prevent child marriage and teenage pregnancy, and to improve the living conditions of girls and their families. This had an impact on the school drop-out rates of girls, which decreased significantly in Kenya, Malawi, Zambia and in Indonesia (Sukabumi). To support increased attendance, YIDA worked with schools to ensure availability of menstrual hygiene products in school, youth friendly corners and question boxes, school safety and implementation of the back to school policies (after delivery) amongst others. Safety on the way to school has also been addressed by the programme but requires continued attention.

The endline study reports an increased interest for girls' education with more parents being supportive sending their daughters to school. In some countries, like Indonesia, young people are strongly motivated to stay in school and to get a higher degree while in many other countries people have seen that their peers with a diploma also don't find employment which decreased their motivation. Many girls attend post-primary education away from their families and this makes them vulnerable to GBV.

Implementing an economic empowerment component as part if of a Theory of Change to end child marriage, has proven challenging. Selecting areas with high incidence of child marriage often meant that these areas had limited opportunities for employment and cooperating with the private sector as a strategy appeared not being feasible, as the private sector as such is non-existent in many of the implementation areas. This component was reprogrammed to include training on for instance life skills and financial literacy skills in the trajectories. The effects of the focus on vocational training, small business/entrepreneurship trainings, provision of credit and Village Savings and Loan Associations (VSLA), were witnessed after the midterm review. The VSLA were also used as a platform to discuss child protection and financial management prioritizing the children.

Assumption: When adolescent girls finish post-primary education, they have more chances to be economically empowered[12]

It is difficult to gauge the effects of the efforts to increase economic empowerment, because when the endline studies were performed, the effects of the pandemic were still very urgent and had affected the incomes of many households. Nevertheless, the percentage of girls who were economically active out-side the household increased significantly in Kenya, Malawi, Zambia and Indonesia (Sukabumi). These economic activities include paid jobs and small scale business like saloons, tailoring shops, bakeries and garage for motor cycles.

12 Girls' Education, The World bank, 2014

Pathway 5: Policymakers and duty bearers develop and implement laws and policies on child marriage and FGM/C

Across Africa and Asia, there has been high political commitment and a conducive policy environment towards ending the practice of child marriage. The need to end child marriage is for example embedded in the Agenda 2063, the African Union's 50-year vision for the development of the continent, including a commitment to "mobilize a concerted drive towards immediately ending child marriage, female genital mutilation and other harmful cultural practices that discriminate against women". The Association of Southeast Asian Nations (ASEAN) at their regional forum in March 2019 called for ending child, early and forced marriage. These high-level regional political commitments have spurred governments across Africa and Asia to institute national measures aimed at ending child marriage. This conducive policy environment has created legitimacy for the Yes I Do programme and contributed to a favorable atmosphere in which ending child marriage could be put on the agenda. The endline studies noted that for the alliance, activities to end child marriage were more in their comfort zone than addressing teenage pregnancy and sexuality for example. This may explain why in some countries, the Yes I Do programme had a more positive effect on addressing child marriage than on teenage pregnancy.

Many efforts went into strengthening community structures and facilitating the link between them and the local government and police officers to improve the enforcement of laws. This has resulted in the reporting and follow up of 531 child marriage cases and 146 reported cases of FGM/C. The Police has been a key actor in this process.

Assumption: Policy makers are as much influenced by social norms, as people in communities[13]
The promising numbers show that there is support to end the harmful practices, the lack of capacity of many district authorities to be able to follow-up, monitor, and evaluate the implementation of local, regional, and national policies also poses challenges. In addition to the focus on law enforcement to end child marriage and FGM/C, future programmes can call for attention to identify the legal and policy gaps around violence against young women.

The Yes I Do programme teams worked with local authorities to include budget allocations on ending child marriage and FGM/C in their government budgets. This includes fund for alternative rites of passage, bursaries for young girls and child protection structures.

13 Ending child marriage in a generation, Ford Foundation, 2014 (p13-14,17)

ETHIOPIA
Nyalat, 15

2.3 Results and lessons from cross cutting strategies

Meaningful Youth Participation

Meaningful youth participation was anchored in the programme by strengthening organizations, youth and communities in meaningful youth participation as well as through a cross-cutting strategy, ensuring that youth were meaningfully involved in all the YIDA work. Because youth knows best what the interests of young people of their age are, they were involved in message development, campaigning, mobilizing their peers, identifying cases of child marriage through their school clubs and outreach. This has contributed to the reach of the Yes I Do programme and also to the relevance of the activities implemented. While MYP had been a big programme component from the start, it took some time for alliance members to see the benefits and to operationalize the concept into action.

In the alliance, having a focus on MYP resulted in many gains. Young people have turned out to be crucial in running the programme and they gained more and more trust from colleagues. Quite a number of young people who were trained under the Yes I Do programme are now employed by YIDA partner organizations and other (youth led) organizations. YIDA organizations strengthened their MYP policies, structural engagement of young people and resource allocation to plans brought up by young people.In the course of the programme, YIDA also managed to provide more space to young people in message development, youth action plans and dissemination of the key messages through their networks and in their own way. As such, YIDA has managed to be a facilitator and provided technical input upon request, rather than intervening and influencing the process.

The youth organizations with whom YIDA engaged throughout the programmes have gained tremendous experience in MYP and are in some places seen as a reference and training institute on meaningful youth participation (e.g. Coalizão in Mozambique, Taya in Ethiopia).

The self-assessment on MYP (2021) reveals that still a lot needs to be done in empowering youth to confidently bring their issues forwards when they are in a dialogue with adults and decision-makers. The external end evaluation noted that 'While important progress was made on the youth side, challenges remained with the adults. In all countries, adults showed more openness to listen to young people's voices and opinions, but often remained the final decision-makers.' The end evaluation also concluded that more is needed to institutionalize MYP into societal structures and make sure it remains part of system. A key factor is to continue to work on convincing adults of the need and usefulness of MYP, and investing in youth so that they are capable of making a meaningful contribution to decision-making.

Output: By the end of the programme, 743 young people participated in policy- and decision making bodies and perceived their participation as meaningful.

MYP in the implementation areas

A key strategy to take MYP forward was to train staff of YIDA partner organizations, to train young people themselves through (existing) youth groups and to work with existing (government) structures to integrate youth in decision making processes. For example, youth were part of decision making processes of the Woreda Youth and Sports Office (Ethiopia), Village Youth Forums (Indonesia), Village Development Committees (Malawi) and Multisectorial Committees (Mozambique), Community Advisory Teams (Kenya) and several decision making forums in Zambia, such as the Village Development Committees and Development Coordinating Committees at district, provincial and national levels. For most of these structures, there was no youth representation before YIDA. Besides this, the partner organizations with whom YIDA worked were all youth (led) organizations and/or organizations with a youth network. The end evaluation, endline studies, the MYP self-assessment and the country 5-year reflections all confirm that youth have gained significant skills and self-confidence. In some countries, their involvement was also beyond district and community level, such as in the national campaign to adopt the Prevention of Child Marriage bill in Mozambique (2019). In other countries youth took up leadership positions, like in Kenya where young people involved in the YIDA programme chair the Community Advisory Teams (Emurkeya and Indupa) or in Indonesia, where young people head the Village Child Protection Committee (KPAD). In many countries, young people were in the driver's seat when it concerned celebrating international calendar days relevant to FGM, CP & TP i.e. day of the African Child, International day of the girl child, zero Tolerance to FGM Day while they were also part of the planning, implementation and monitoring programs in the schools and meaningfully engaged in school committees.

Output: 2418 Young people have received meaningful youth participation (MYP) training together with 530 staff of partner organizations, government agencies and community based organizations.

Gender Transformative Approach

CM, FGM/C and TP are human rights violations, and are manifestations of deeply rooted gender inequality and social norms, poverty and limited economic perspectives, inadequate access to education and youth friendly and quality SRHR services, and voiceless youth. A core strategy of the Yes I Do programme was the use of a Gender Transformative Approach (GTA). The Gender Transformative Aapproach questions and tackles harmful and discriminating gender norms and underlying power imbalances. Social norms theory and research show that often harmful norms are sticky, i.e. that they are upheld by a manyfold of social factors like religion, economic inequality and other intersectional factors such as age, race, educational status, parity and so on. GTA assumes that change should be reinforced at all levels of the socio-ecological model to create synergy for positive transformation.

For a GTA to be effective it is crucial to have a thorough contextual understanding of the complexities and history of the gendered kinship and cultural practices related to harmful practices like Child, Early and Forced Marriage (CEFM), Teenage Pregnancies (TP) and Female Genital Mutilation/Cutting (FGM/C) at country level. To do justice to this complex topic, budget to operationalize GTA was allocated to all countries from year two.

In 2018, a survey was conducted in each country to measure the status quo of the operationalization of GTA at country and global levels. Findings were discussed at the Mid Term Review and the topic of engaging men jumped out as requiring more attention in the programming. Most countries planned to intensify their engagement of traditional leaders, religious leaders and other boys/men. Unfortunately full engagement of boys and men including addressing patriarcharchy and gender injustice was still a bridge too far for the YIDA country teams, except in Mozambique where the MenEngage organisation HOPEM was one of the YIDA partners. A global survey to identify capacity strengthening needs, conducted as part of the MTR process,

revealed that all YIDA partners were aware of the importance of the GTA concept. However, knowledge gaps were identified and more support was needed to ensure that a GTA perspective was applied to interventions, products and policies. GTA training and a GTA webinar series were rolled out, including topics such as value clarification, integrating GTA in comprehensive sexuality education, and integrating GTA into youth friendly service delivery.

The level of operationalization of the Gender Transformative Approach varied between countries. In Zambia GTA was effectively integrated into government approved Comprehensive Sexuality Education (CSE). In Kenya health workers were trained in GTA, thereby improving youth-friendly services (YFS) and outcomes for young people in all their diversity. In Indonesia youth clubs were trained in GTA and the findings of the Global Early Adolescent Studies on gender were integrated into CSE programming and religious leaders were engaged.

Many country teams were trained in the Champions of Change modules, a method developed by Plan International, which takes into account the difference in psycho-social development for boys and girls when dismantling the concept of masculinity and internalizing gender equality. The CoC training has created self-confidence among the youth including being able to speak in public, made them aware of gender equality and girls' rights, and created interest in education among themselves. The trained youth motivated other youth to go to school. Community members appreciated the positive behaviour changes that have occurred in the CoCs. These changes have also been observed in the wider community, where for example the status of women has changed including that boys and girls are performing similar chores, girls are readmitted into school after dropping out and boys and girls are now well behaved. It was reported that boys and girls have adopted good health seeking behaviour for diseases including sexually transmittable diseases (STIs) and that boys and girls are now more open to their parents and other adults. Another change which was reported was that nowadays, boys can just chat with girls, and not right away propose sex, because they are more used to interact with each other. It was also reported that parents are more aware of gender equality and girls' rights. Most parents also encourage young people to participate in CoC activities as they have experienced positive outcomes.

CoCs have brought about these changes using a number of strategies: conducting sensitization meetings including use of drama and door-to-door visitations, working with community structures (e.g. chiefs, mother groups, victim support units, child protection committees) that provide support to them, providing school materials and contributing to ending child marriages. The CoCs were also working with teachers, health workers and the police. As a result youth movements have contributed to the achievement of gender equality and girls' rights.

KIT measured the effectivity of GTA in both Kenya (GTA and health workers/Youth Friendly Services) and in Zambia (integrating GTA into existing government approved CSE). Both reports were shared with the YIDA country teams through webinars and at linking and learning meetings. The findings show that when integratingthe GTA in YFS modules and the CSE module for a longer period of time (at least 6 months), attitudes of both health workers and teachers towards gender equality changed for the positive. Health workers were more open to sexual diversity and assisting young people. Teachers were more comfortable to talk with pupils about sexuality, including harmful practices, and reported changes in their own gender norms. Findings can be found on: https://rutgers.international/gender-transformative-approach/gta-research.

MALAWI
Shakira, 17, learning at school
in Machinga district

2.4 Covid-19 and implementation progress in 2020

Lockdown measures, bans on public meetings and travel restrictions brought implementation of planned activities to a standstill for shorter or longer periods of time, depending on specific Covid-19 measures per country. The YIDA organisations had to revert to home-based working and distance monitoring and coordination. This was in many cases complicated by connectivity issues and took a toll on (mental) wellbeing and functioning of staff (depending on their personal situation) and their sense of connectedness. When face to face activities resumed, the safety and health of staff, programme participants and other actors involved was protected.

The Yes I Do Alliance adapted its interventions to reduce the risk for contributing to the spread of Covid-19: some activities were postponed or rescheduled; some activities moved online, while other activities went ahead with smaller numbers of participants and strict hygiene and protection measures. To remain in contact with communities during the lockdowns in Malawi, in YIDA created Whatsapp groups with the Champions of Change, youth advocates, teachers and community leaders and created door-to-door activities for health workers who got additional training. By keeping in contact and providing the opportunity to pose questions and continue the dialogue, the programme teams were able to respond to questions and respond to cases of child marriage and where relevant FGM/C.

Extended school closure was a challenge in for instance Indonesia, Kenya and Mozambique. There were concerns about school closures leading to a rise in teenage pregnancies and child marriage, as gilrs and boys may spend more time together in the communities with little to do due to suspension of classes. In Kenya, girls lacked access to the free sanitary products normally available at school, and in most countries students missed out on ASRHR information usually shared at school through CSE and youth clubs. YIDA school based activities were often postponed, but some teachers in Sukabumi (Indonesia) started using social media to deliver information on SETARA topics via Instagram or WhatsApp in addition to face to face sessions outside of the school. In many YIDA implementation areas though, online or digital activities as alternatives were only limited due to poor internet connectedness. In Malawi the programme focused on out-of-school youths and community structures during school closures.

The YIDA included new messages related to Covid-19 prevention and control in its programming in 2020 and invested in strengthening GBV response mechanisms, including case management, referrals, counseling and psycho-social support to promote child protection. In addition, the YIDA in most countries worked closely with the government to facilitate and ensure that (A)SRHR messages were integrated in the government's Covid-19 response. The pandemic has learnt that a diversification of communication channels with youth and communities is possible and effective. The endline studies show that radio was a preferred source of information.

Lastly, in Mozambique and Zambia, production of face masks was taken up by girls and women as a new business activity in 2020. In Mozambique a tailoring cooperative was established which sold 2800 face masks in 2020, with a profit of 1000 USD.

2.5 Sustainability

Many of the YIDA interventions by nature had a sustainable approach focusing on social norms change and attitude and behaviour change, engaging change agents and gate keepers in the communities and from local government. The YIDA also invested in establishing or sthrengthening community structures to promote child protection and prevention of CM, TP and FGM/C. For instance, in Indonesia, since 2016, efforts have been made to focus on sustainability of the Yes I Do programme by bringing key government stakeholders on board and monitor their commitment. Technical assistance and capacity-building for KPADs and FADs were provided by the Yes I Do programme. KPADs/PATBMs were legalized in all intervention villages. The Yes I Do Alliance in Zambia collaborated with local or sub-national government agencies, involving them in planning, implementation, monitoring and reporting of the programme. Working with government stakeholders was a key approach in YIDA to create a sense of ownership and responsibility. The results from interventions in pathway five are also sustainable by nature: the programme contributed to the development of laws and policies at local, sub-national and national level, for instance in Kenya where a total of 11 national laws and policies had been changed between 2016 and 2020.

The external evaluation includes an example from Kenya, where, during the lockdown, some activities continued independently, without YIDA partners. Change agents in the community were reportedly able to continue to reach out to young people and community members through WhatsApp to share awareness raising messages. Some teachers, who were not obliged to keep teaching, continued some of the YIDA activities on their own initiative. This was also noted for the school clubs that continued autonomously, and the boda-boda rider groups that raised awareness on child marriage to newcomers on their own initiative. After the 2019 Annual Review meetings, the Yes I Do Alliance in each country developed an exit plan and ensuring sustainability of results was a focus for the programme in 2020. The exit plans included joint review meetings with local government actors to reflect on programme implementation and discuss the way forward. In Malawi the district officers used the by YIDA developed lobby and advocacy plans for further implementation. However, as a result of the Covid-19 pandemic and related restrictions, it was often not possible to travel to communities or meet face to face with government officials. Some meetings moved online, were postponed or cancelled.

Key stakeholders interviewed for the external evaluation were optimistic of maintaining the programme's results and activities, however, significant impediments, including personnel turnover and COVID-19, are likely to detract from their sustainability overtime.

The external evaluation recomments to make the sustainability and exit strategy prominent from the start of the programme, to ensure that all partners are working towards this strategy from early-on in the implementation phase. This could be done for instance by keeping it on the agenda during Annual Learning and Reflection meetings throughout the programme life cycle.

ETHIOPIA
Girls carry home water canisters on their backs in Amhara Region

3 Learning in the Yes I Do Alliance

3.1 M&E and research

Learning has been central to the work of the Yes I Do Alliance and the Theory of Change has been instrumental in this process. Exchange between programme staff took place at various levels and both at formal and informal moments. Annual reflection meetings provided a moment to look back and to take stock of what went well and less well in a structured way. Each year, annual plans were fine-tuned and adjusted based on these reflections. During the final year, in addition to country level five-year reflection sessions, global level online exchange workshops were organized around the topics of Covid-19, advocacy and sustainability.

KIT facilitated the Monitoring & Evaluation (M&E) function within the Alliance and worked together with M&E focal points from each organization. At country level, M&E coordinators were appointed to oversee the data collection process and analysis and feed the learnings back to the interventions. Following the Mid Term Review (MTR) recommendation to strengthen the learning function of the M&E system, a selection of core indicators was agreed upon to reflect progress at programme level, while the country M&E systems track additional information relevant for their context.

Within the Yes I Do Alliance, KIT Royal Tropical Institute (KIT) was the knowledge partner. Besides the base-, mid- and endline studies, KIT Royal Tropical Institute has worked with in-country teams and local universities to determine areas for further research which resulted in 19 operational and other studies. Country teams were crucial in the selection of the study topic and and validation of the findings and in some cases were part of the research team. KIT and local research partners in the countries conducted operational research to provide more in depth information on emerging topics, such as the Causes and consequences of divorce after Child Marriage in Indonesia and Child Marriage cancellation in Ethiopia studies - all YIDA studies by KIT can be accessed here: Yes I Do: Reduce Child Marriage, Teenage Pregnancies and Female Genital Mutilation/ Cutting - KIT Royal Tropical Institute. Study results and recommendations were disseminated at country level and during the Covid-19 pandemic, this took place online. Dissemination went beyond programme staff and included government officials and national and international NGOs and in several countries, community feedback meetings were conducted as well. The information derived from these studies was used as input for the interventions as well as for advocacy, for instance in the case of Malawi where the focus of target groups was adjusted following the findings of the study on initiation rites.

The midterm review process was set-up as a decentralized, joint effort in which country teams reflected on their M&E data and the findings of the midline studies. A write-shop, organized by KIT, provided the opportunity to engage and link up and to get deeper understanding of the challenges and enablers in each context. As a follow-up to the midterm review, country teams expressed the wish to learn from the progress made in Malawi and in 2019, a learning exchange visit was organized. This visit centered around gaining a deeper understanding of the process of developing by-laws to end child marriage and prevent teenage pregnancies with a broad range of community members and adjustments to initiation rites. One of the conclusions was that truly engaging with communities supports the development of appropriate by-laws,

though caution is required with the punitive nature of the laws, neglect of child rights and do not harm principles, as well as the fact that the by-laws do not address the underlying reasons for teenage pregnancies and child marriage.

The YIDA endlines studies were affected by the global Covid-19 pandemic, which hit just after data collection in some of the countries had started. Data collection was delayed in most countries, but resumed in the second half of 2020 with extra preventionrecautions. Only in Mozambique this led to a change in methodology since large scale quantitative data collection was not possible. The online data analysis and validation was time intense, but all endline studies were finalized in the first quarter of 2021. The country endline reports provide in-depth analysis of the results and impact of the YIDA and this report draws on the findings of the endline studies. The endline country reports can be accessed here: Yes I Do: Reduce Child Marriage, Teenage Pregnancies and Female Genital Mutilation/Cutting - KIT Royal Tropical Institute.

INDONESIA
Nihyatul is a member of her local village children forum in Rembang Regency, a part of the Yes I Do project. Teenagers in Rembang Regency in Central Java are learning about the dangers of child marriage

3.2 Findings from the external evaluation

Overall, the external end evaluation, conducted by consultancy form Key Aid, found that despite some challenges the Yes I Do programme has been relatively successful in achieving its intended outcomes. The external evaluation validated key findings from the endline country studies and confirmed that the most important changes that YIDA contributed to are an overall decrease in the harmful practices of child marriage, and FGM/C. It is also noted that engaging stakeholders in the prevention of Teenage Pregnancy remains difficult as premarital sexuality remains a taboo and availability of contraceptives remains limited.

Other key changes that the YIDA contributed to, according to the external evaluation:

- Increased ability for young people to speak up and make their own decisions;
- The ability for young people to gain new skills and increase their employability, and for some of them to go back to school after dropping out;
- An increased access to SRHR information and services for young people in target communities;
- A more open dialogue among young people and adults around SRHR issues.

While achieving the intended results was more challenging for certain pathways than others, the evaluation found that the Alliance and programme made significant progress on all of them. The evaluation also found that the programme design and operational model were overall a contributing factor to achieving results and that the programme was able to adapt to changes in the context. Adjusting to changes was institutionalised across countries as all partners came together during the annual planning and review meetings to adjust activities based on needs and changes in the context.
Key recommendations from the evaluation include:

1. Target groups in some countries had competing priorities, as targeted communities often lack access to basic needs and services, such as water or food. As such, communities and local authorities had to prioritise survival over the objectives of the YID programme.
   The evaluators recommend to liaise and collaborate more with other organisations that focus on basic needs coverage.
2. The evalutors noted a tension between working with an overall ToC and space for local contextalization. They recommend to:
   Consider having a more bottom-up approach to programme design and further build a consultative process with in-country representatives to ensure the programme design has a more tailored and granular approach.
   The global ToC could be framed as a set of ambitions, rather than a framework that needs to be delivered upon.
3. In order to break silos, the evaluation recommends to ensure that all partners have a presence in the selected implementation areas, report in a common manner on higher level outcome indicators, and invest more time in familiarising all staff with the ToC's rationale, and include reflections and adaptations throughout the programme cycle.
4. Envision the livelihood activities' role is preventive, and not only reactive. The livelihood activities should be considered a way to prevent negative coping mechanisms, a safety net which can contribute to preventing girls from falling into child marriage and teenage pregnancy.

5. In a programme with children/youth related outcomes, adopt a “youth plus” approach where the whole household is deliberately engaged in activities, and the role of parents is fully maximised in supporting intended changes.
6. Operationalisation of cross-cutting issues was often challenging due to either limited capacities or budget.
7. Increase documenting decisions and sharing of Alliance decisions at various levels. Document lessons learned.

KENYA
Tumeso, 22, is campaigning in her Maasai community to end FGM

4 Collaboration and cooperation

4.1 Steering structure

The mid-term review concluded that the steering structure was clear on paper, however in practice, it was experienced as complicated and time consuming, with decision making being concentrated in the Netherlands. During the final two years of the YIDA, as the alliance structures had matured, the focus was on facilitating country level adaptive planning. The evaluation found that documentation and sharing of alliance decisions at various levels had not been optimal, impacting on the ability of the partners to work together efficiently in the political nature of an alliance of organizations. It also recommends to give more space for in-country programme teams in the governance of the alliance.

The process of building an alliance beyond just a structure on paper, requires time to build trust and common understanding, and it is generally understood within the YIDA that the MTR has been instrumental in strengthening trust and understanding of the YIDA structure, strategies and approaches.

The external evaluation concludes that “working in a strategic alliance was a sensible way to cover various thematic areas and join forces in advocacy. However, challenges included among others: time required to set up the alliance and a common identity at country-level, documenting decisions and processes, lack of clarity around the roles and responsibilities of the decision-making bodies and partners having different levels of influence in the decision-making processes.”

4.2 Internal and external collaboration

At country level, it took time for the alliance collaboration to mature. Initially, in some countries, the alliance needed to overcome a sense of competition between the members. Selection and reaching agreement on implementation areas and on complementarity of activities, making activity plans and budgets, finalising M&E frameworks, signing contracts with implementing partners, recruiting key staff, and introducing the programme to the communities took longer than anticipated. This process was also hampered by restrictions of the country governments approving or disapproving geographical locations or certain themes. It took a while to create a Yes I Do Alliance identity, partly due to high turnover of country coordinators. However, as the YIDA progressed, a sense of togetherness developed and the external evaluation mentions that key informants in all countries recognised the complementary expertise of the different alliance partners, which allowed each member to further build its capacity. The members of the alliance were able to tap into the resources and expertise of each other’s organisations, as well as to take advantage of each other’s networks and connections.

Throughout the programme period, regular contacts and exchange between YIDA and Dutch Embassies in programme countries took place, building on positive contacts established in the first years of the program. Exchange with Her Choice alliance and the More than Brides Alliance (MTBA) was regular, both in the Netherlands as well as in the programme countries. The three alliances jointly presented and exchanged

the lessons from their mid term reviews with the Ministry and other stakeholders. Together with the two other CM alliances, the YIDA founded the Girls Not Brides Netherlands network. The GNBN was considered a suitable platfor for collaboration, dissemination of research and linking and learning and the three alliances chaired the working groups for GNB Netherlands. In several countries YIDA partners were member (co-chair in the case of Zambia) of the country GNB which resulted in collective lobbying.

ETHIOPIA
Two adolescent girls from
Amhara Region

5 Country results

5.1 Ethiopia

The alliance implementing the Yes I Do programme in Ethiopia consisted of Amref Health Africa Ethiopia (lead), Plan International Ethiopia (PIE), Rutgers and CHOICE Youth for Sexuality, together with local partners Development Expertise Centre (DEC) and Talent Youth Association (TaYA). In 2019, the YIDA in Ethiopia was joined by Beza Posterity Development Organization (BPDO) and the Ethiopian Center for Development (ECD). The programme was implemented in North Shewa Zone (Kewet District) and West Gojam Zone (Bahirdar Zuria District), in the Amhara Region.

After the first cases of COVID-19 were reported in Ethiopia, a state of emergency was announced Mid-March 2020. Consequently, community based activities that require gathering of people, school based activities, and planned field visits were postponed or cancelled. The Yes I Do Alliance in Ethiopia adjusted its interventions, by using virtual/digital platforms in place of face to face meetings; applying less risky alternative methods to conduct community level activities, including provision of personal protective equipment; and postponing less urgent activities.

The YIDA has also made a significant contribution to the Covid-19 prevention and control effort in the intervention areas by integrating Covid-19 response measures to planned activities. The activity plan was revised to respond to the needs that arise due to the pandemic in a way that contributes to the accomplishments of the project objectives. Hence, trainings and awareness raising were undertaken in order to minimize the impacts of the pandemic on the program targets.

The endline study indicates that the rates of child marriage and teenage pregnancy declined significantly over the programme implementation in the intervention areas of Kewet while remaining largely the same in the intervention areas of Bahir Dar Zuria.

Pathway 1: Community members and gatekeepers have changed attitudes and taken action to prevent child marriage, FGM/C, and teenage pregnancy

YIDA Ethiopia has facilitated links and collaboration between various community actors that contributed to communities' ownership and to coordinated and self-initiated/proactive actions at the community level. The endline study revealed that actions to stop planned child marriages have emerged, particularly driven by

teachers and youth clubs. The police and kebele officials are working to stop arranged child marriages, often through committees against harmful traditional practices. Health (extension) workers are raising awareness about the use of contraceptives in school settings and there is more acceptance of young people regarding their sexuality and choice of future partner. Newly established youth clubs are becoming a driving force in transforming norms around child marriage, particularly in Kewet. Active engagement of Iddir[14] leaders resulted in actions and regulations to stop child marriage and FGM/C. Young uncircumcised women started sharing their testimonies of being able to give birth and having no problem with marriage and this is slowly contributing to changing the myths.

Output: 973 Initiatives undertaken by local clubs/ associations and schools to address FGM/ TP and CM

At the same time, the endline study found evidence of obstacles which impeded the programme's aims, such as cases of corruption among health workers regarding age estimation and police who continued to allow child marriages to take place. Moreover, the persistence of the deeply rooted beliefs among some religious leaders, particularly in relation to FGM/C - that uncircumcised women can't give birth or have sex - remain prevalent. Young people are also less engaged in taking action on FGM/C in comparison with child marriage, which may be due to the fact that FGM/C usually takes place soon after birth. Finally, despite indications of improvements in intergenerational dialogue, gaps remain between older and younger generations in terms of their positions towards social and gender norms related to marriage and childbearing.

Pathway 2: Adolescent girls and boys are meaningfully engaged to claim their SRH rights

Stakeholders and alliance member organisations have been trained to engage young people in a meaningful way and this has resulted in more engagement of young people during planning, implementation and the monitoring of the programme. Next to in-school SRH clubs, an important structure that YIDA strengthened during the programme period, is the Ethiopian Youth Council for Higher Opportunities (ECHO), a youth advisory group for TaYA. Members of this group have received (1) various trainings on SRHR, leadership, communication and advocacy by TaYA and (2) engaged in monthly ECHO member meetings. The ECHO youth groups subsequently became instrumental in influencing their peers to claim their SRHR and to advocate for SRHR. Another initiative of the ECHO groups was the (3) organisation of quarterly Youth-Adult Partnership (YAP) dialogues involving participants from ECHO, religious and community leaders, teachers and school principals, parents, youth and public stakeholders. Lastly, (4) TaYA organised annual experience sharing among three ECHO groups for peer-learning and exchange.

14 Type of community based organizations

Output: 73 young people participate in policy and decision making bodies and perceived their participation as meaningful

Addressing SRHR remains a sensitive issue that young people and adults find difficult to discuss in Ethiopia. However, in the two intervention woredas[15], young people appear to be able to express themselves better to their parents. It is becoming more common for young people to discuss topics like marriage rejection/refusal and education with their parents. In Kewet, in particular, the percentage of young people who find it less complicated to discuss marriage and sexuality has significantly increased over the course of the Yes I Do programme, from 25% at baseline to 45% at endline. All young people who had participated in Yes I Do activities related to youth clubs found activities beneficial.

Pathway 3: Adolescent girls and boys take informed action on their sexual health

The endline study found that the majority of young women and men in Bahir Dar Zuria and Kewet who have engaged in sexual activity have also used SRH services. Furthermore, the study found that family planning and Voluntary Counseling and Testing (VCT) are the most used services, with family planning used more by young women, and VCT by young men. Remarkably, life skills and sexuality counselling are mainly being used by young men. Overall, at endline the majority of the young people who had used SRH services were satisfied with the quality of the last service they used. The midterm review finding of improving health workers' attitudes towards young people was followed up by suggestion boxes and trainings on open and non-judgemental attitudes and this seems to have paid off. The knowledge on how to prevent pregnancy among youth is high, and most young people who have engaged in sexual intercourse acknowledged that they use contraceptives to prevent pregnancy. The most known and used contraceptive method among married and unmarried youth are injectables, which do not prevent young people from contracting Sexually Transmitted Infections (STIs).

Output: 82.194 adolescent boys and girls between 15 and 24 have utilized SRHR services between 2016-2020

Condom use remains low although the majority (around 60% of the respondents) at endline believe it is easy for a boy to propose condom use and most (around 70%) do not think it is inappropriate for a girl to propose condom use. Some possible reasons can be related to beliefs around sexual pleasure, trust or shyness around

15 districts

purchasing condoms from local shops. In summary, the endline study acknowledges that the results related to Pathway 3 do not provide very rich evidence but do point towards increased knowledge on pregnancy prevention, contraceptives and SRH services as factors contributing to young people's informed actions on their sexual health and uptake of SRH services.

Pathway 4: Adolescent girls have alternatives beyond CM, FGM/C and TP through education and economic empowerment

Under Pathway 4, the YIDA member organisation PIE designed and implemented education empowerment programming for in-school girls and economic empowerment for out-of-school young women through a range of approaches: (1) Establishment and supporting in-school Girls Clubs and involving boys as allies, (2) Providing scholastic support like exercise books, pens, bags, and uniforms for the poorest of the poor school girls, (3) Securing/renovating girls' safe corners, soap and underwear/pants and training students and teachers on menstrual hygiene management and how to make reusable sanitary pads to create girl-friendly schools and (4) Economic empowerment opportunities for selected out-of-school young women in form of entrepreneurship training and support and vocational skill trainings on women hair dressing, bakery, garment, poultry, animal fattening and food preparation.

Output: 308 girls have received vocational training

A significant change between base- and endline, is that post-primary education has improved in both woredas, with attendance rates almost doubling in Bahir Dar Zuria. The production of reusable sanitary pads by the Girls' Clubs is taken up and adopted by other schools that are not covered under YIDA target. This has become an entry point for girls to start open discussion with each other and their parents on menstrual health and their SRHR issues.

However, school drop-out remains a serious concern. The endline study also revealed a declining trust by parents and students in secondary and higher education as a way to increase income and employment opportunities. Alternatives, such as migration to Arab countries (particularly in Kewet), are perceived to pay off better economically than higher education . Hence, the underlying assumption of the ToC that when young women complete post-primary education they have more chances to be economically empowered is weak in contexts with very limited economic opportunities such as Kewet and Bahir Dar Zuria.

Pathway 5: Policymakers and duty bearers develop and implement laws and policies on child marriage and FGM/C

In Ethiopia, there is a clear political commitment to eliminate child marriage and FGM/C and this was already present prior to the start of the Yes I Do programme. YIDA implemented several policy-influencing activities to strengthen the development of new and implementation of existing laws and policies, among which : (1) Celebrating international days like Women's Day, WORLD AIDS Day or the International Day of the Girl Child together with districts' government officials, including the ECHO youth groups and using panel discussions, music, drama, dances and literature, (2) Dialogue sessions between 431 government representatives and over 2000 young people at district level to push duty bearers and law enforcing bodies to execute the policy and legal frameworks including High-Level Policy Dialogues, (3) Developing and distributing factsheets and policy briefs on child marriage and adolescent SRHRs through the ECHO and Women Children Youth Office, (4) Public, social media and street campaign organised by ECHO members and (5) Strengthening the capacity of CSOs and duty bearers.

Output: 584 cases of FGM/C and CM were reported and acted upon during the programme period

In 2019, the Ethiopian Parliament adopted a new Civil Society law which has created fertile ground for more advocacy activities and more space to engage with communities at various levels. Around the same time, the Ministry of Women, Children and Youth (MWCY) prepared the National Road Map to end CM and FGM (2019-2024) and this framework has boosted the commitment of government staff and other actors and paved the way for increasing support to Yes I Do. The endline study showed that there have been clear efforts to implement the national policies on ending child marriage and FGM/C: particularly visible in the enforcement of the law prohibiting child marriage through emerging structures (e.g. anti-Harmful Traditional Practices committees) and actors (e.g. the police) stopping cases of planned child marriages. In Kewet, in particular, the intervention of the police in cases of planned child marriages has seen an important increase over the Yes I Do programme implementation period. In relation to FGM/C, the efforts have been more focused on awareness-raising and on closely monitoring of newborn by health extension workers. Iddirs have included child marriage and FGM/C in their bylaws, a change to which the Yes I Do programme has contributed through awareness-raising.

INDONESIA
Elis, 37, teaches her students about their reproductive health

5.2 Indonesia

In Indonesia, the Yes I Do programme was implemented in Rembang District (Central Java Province), Sukabumi District (West Java Province) and West Lombok District (West Nusa Tenggara Province). The YIDA in Indonesia consisted of Rutgers WPF Indonesia, Plan International Indonesia and CHOICE Youth for Sexuality, together with their local partners Independent Youth Alliance (ARI, implementation in 2016-2019), Lembaga Perlindungan Anak dan Remaja (LPAR), Perkumpulan Untuk Peningkatan Usaha Kecil (PUPUK) and Perkumpulan Keluarga Berencana Indonesia (PKBI).

In 2020, the Covid-19 pandemic posed a challenge for programme implementation, in particular in the first half of the year. The Yes I Do Alliance in Indonesia responded to the situation by communicating about the transmission and prevention of Covid-19, disseminating national communication materials such as posters and videos. The videos were translated to several local languages of YID areas. They were distributed by social media and WhatsApp to communities and their leaders. The posters were contextualised by LPAR with added information about violence against children - especially domestic violence and gender-based violence - as well as local contacts for reporting cases. The Covid-19 pandemic outbreak caused significant change in the activity implementation schedule, particularly for activities requiring face to face meetings. Due to poor internet access in the YIDA areas, online meetings were often not a realistic alternative.

Reflecting on the three main impact indicators of child marriage, teenage pregnancy and FGM/C, there were considerable differences between the intervention areas: there was more progress on child marriage and teenage pregnancy in Sukabumi than in West Lombok. Lower rates of FGM/C were found in West Lombok for a variety of reasons, including a mixed religious population. Small positive outcomes were observed compared to baseline, as a lower percentage of girls and young women across both districts wished to circumcise their daughters in the future, which was a statistically significant change over time. Another positive sign is that since the beginning of the Yes I Do programme, social and gender norms in West Lombok and Sukabumi have been shifting towards gender equality. Due to a change in methodology, it is difficult to compare endline results to the baseline for Rembang District.

Pathway 1: Community members and gatekeepers have changed attitudes and taken action to prevent child marriage, FGM/C and teenage pregnancy

An external outcome harvesting evaluation was conducted in 2020, specifically for the Yes I Do programme in Indonesia. The report relates the positive outcomes that were harvested for pathway one, to the following approaches and activities:

The success of KPADs (village child protection groups) in carrying out or re-introducing *belas* (separating the groom from the bride, which means a cancelling of the *mararia*, or, elopement) to prevent cases of child

marriage. KPADS also provided assistance to children dropping out of school to be registered at a public school or community learning center, as well as assisted in cases of violence against children and case of child trafficking. The YIDA supported the formation of movements to socialize and campaign for marriages over the age of 19 through religious events by male and female religious leaders. The YIDA successfully advocated for budget allocation by Village Governments to KPADs, which is used for KPAD operations and to support activities, including the Stop Child Marriage Campaign. Overall, continuous mentoring and coaching of community and stakeholders, specifically focused on SRHR, as well as intensive dialogue between religious and community leaders can be identified as enabling factors.

Output: 112 Initiatives undertaken by local clubs/ associations and schools to address FGM, TP and CM

One of the achievements of the Yes I Do programme was that women were elected as the chairperson of the KPAD in three villages in Rembang and the involvement adolescents and children and in one KPAD, of a young mother. Also, at endline, more parents perceived that girls and boys should have equal education and employment opportunities. Another crucial outcome is the pact of the RINDU-19 movement in Rembang, initiated by religious leaders, disseminating child protection information materials targeting child marriage prevention through routine religious activities among their congregations. Further, in Sukabumi, the YIDA developed and used the Ulama Manual: Prevention of Child Marriage, Teenage Pregnancy and FGM/C that contains religious perspectives in seeing CM/TP and FGM/C.

Yet, the endline studies for Indonesia, conclude that gender values and norms still place men as the main breadwinners of the family and women as housewives in Indonesia, which also impacts parents' perceptions of the value of girls' education. There were also context-specific challenges to addressing FGM/C, especially at the beginning of the programme when stakeholders, including YIDA partners, had different understandings of the practice that does not always involve cutting, and thus was not always seen as harmful. There is still limited documentation about the prevalence of FGM/C practices by health workers after the Ministry of Health regulation No. 06/2014 which makes it harder to argue for this programmatic focus. Consequently, the programme was able to raise awareness in the targeted areas, but was less able to change attitudes and behaviour.

Pathway 2: Adolescent girls and boys are meaningfully engaged to claim their SRH rights

Under pathway 2, the positive outcome harvested can be mostly related to adolescent girls and boys having become agents of change through their engagement with the KPADs and the Village Children Forums (FADs). Overall, the YIDA programme contributed in four main ways to adolescents demonstrating new abilities,

confidence or motivation to raise demands: building awareness of child's rights including ASRHR; supporting skills development on collective action, leadership, communication, and entrepreneurship; confidence building and group support; and advocating on the importance of the issue of ASRHR to local government from district to village level.

Output: 115 young people participated in policy and decision making bodies and perceived their participation as meaningful

Despite terminating the collaboration with ARI in 2019, successes were observed at endline in increased autonomy, involvement and empowerment of adolescent girls and boys in comparison to baseline. FADs were active in campaigning against child marriage in their villages, involved in national advocacy campaigns, and collaborated with other youth groups and with FADs from other villages. In addition, they were also represented at village decision-making meetings where they could often have a say. Some FADs started initiatives to finance themselves by selling food items or handicrafts. At endline, youth credited the Champions of Change programme as being particularly beneficial for boosting their confidence and FAD members reported feeling more confident in expressing their opinions in the village and their families. There was significant increase (around 80% in all implementation regions) in the percentage of boys and girls who can decide for themselves and whom to date and go out with.

The endline study found that youth involvement in advocacy was limited to advocacy around child marriage, child rights, youth Posyandu (integrated health services at local/community level) and, to some extent, the importance of education. However, premarital teenage pregnancy and FGM/C were absent from the discussion. There were also discrepancies across districts and villages, particularly FADs in remote areas having less active members than others. Another identified gap was the involvement of boys and (young) men in the project activities. Since inception, the project had focused primarily on girls and women and activities were designed to accommodate girls' needs. However, YIDA in Indonesia later on in the process designed more activities to involve boys and men. The Champions of Change model, which accommodates this, was only implemented during the last year.

Pathway 3: Adolescent girls and boys take informed action on their sexual health

Successful activities and approaches related to pathway three are: Increasing the number of male and female adolescents accessing health services related to SRHR through Posyandu Youth as well as Youth Care Health Services (PKPR); girls and boys as peer educators actively sharing ASRHR knowledge in the School Health Unit, through extracurricular activities and on social media/local media; girls and boys becoming village health cadres actively assisting village and mobilizing village youth to attend routine activity of Posyandu Youth;

and village midwives working at Youth Posyandu becoming agents of change by facilitating regular activities including coordinating with midwives in charge of implementing Youth Care Health Services (PKPR). Evaluating SETARA (Comprehensive Sexuality Education module developed by RI/PKBI and implemented by YIDA in a number of schools).

Output: 15,520 young people between 10-24 years have participated in SRHR education sessions and awareness raising activities

The endline studies in Indonesia reveal an increase in the percentage of young women and men aged 15–24 years who had received SRHR education - with the main source of education being teachers in schools. The YIDA facilitated SRH education in several junior high schools through the SETARA module. Despite the obstacles of teachers who considered the SETARA module inappropriate and the limited political acceptance of the programme within the education district office, at the endline, teachers shared that it is now easier for her to deliver the SETARA module. Still, despite many teachers remaining reluctant to discussing SRHR, young people also receive their SRHR knowledge from health workers, traditional media and social media sources and religious leaders. Over time, a lower percentage of youth in West Lombok and Sukabumi stated that their parents or relatives would decide their future partner, particularly in cases of merariq kodeq (a practice in which the groom "kidnaps" his prospective bride from her parents' home. When a young couple resorts to merariq, their parents usually allow them to get married). According to the endline, youth in Sukabumi – particularly young women – seemed to have more support from parents and relatives than youth in West Lombok. Also in Rembang, at endline, more girls mentioned they were willing to speak up if they would disagree to marry than at midline. Girls and boys showed a high level of enthusiasm for advocacy, which led to successful youth Posyandu activities, holding regular meetings every month at the time of the endline study. Even though more girls attended the youth Posyandu than boys, boys had begun to be involved by becoming cadres or even leaders of youth Posyandu. Another positive outcome is that some KPADs now have social media accounts to disseminate SRHR information, such as in Kediri, West Lombok. Since the start of the Covid-19 pandemic, some teachers in Sukabumi whose schools implement SETARA, in addition to offline working, started using social media to deliver information on SETARA topics via Instagram or WhatsApp.

Yet, in most community health centers, however, there was still no special room and time for youth to have an SRHR consultation. The endline studies indicate that the overall support for youth to exercise their agency regarding their ASRHR is still limited. This is mainly because of poor quality of the information received and harmful myths and social and gender norms still being highly influential in determining the actions of youth. Especially young people's attitude change related to FGM/C remained difficult. Despite the increasing knowledge of contraceptives and the decreasing rate of teenage pregnancy, there was still an enduring view that contraception could only be given to married couples. Since premarital sex is prohibited by religion, in that case, abstinence remained to be considered the most appropriate method for preventing pregnancy by youth.

Pathway 4: Girls have alternatives beyond child marriage, FGM/C and teenage pregnancy through education and economic empowerment

Activities and approaches that positively contributed to this pathway's results were: the Community Learning Center (PKBM) becoming child-friendly, marked by the existence of a child-friendly PKBM integrity pact, a child friendly PKBM policy and tutors or PKBM managers trained in child rights and protection; PKBM organized vocational activities for soft skills and life skills (sewing, food processing, making arts and crafts, etc.); formal schools have complied with the requirement of Child-Friendly School and formalised by the decree of Head of District Education Department; formal schools have engaged school children to take part in establishing school's regulations & procedures; formal schools have included Business Class modules, YIDA developed and focused on vocational and business skills, as an extracurricular subject and ; as a result of the business class learnings, adolescents (girls and boys) have set up business and entrepreneurship groups and receive monthly income as an effort and step to become entrepreneurs with the guidance of their parents, adults or teachers.

Output: 23 schools have a Child Protection Policy in place

As a result, an overall increase at endline was observed in the percentage of girls aged 15–18 years who were still in school. Only in West Lombok, there was also a slight increase in the percentage of girls under the age of 18 who dropped out of school. The endline shows that sexual harassment cases remained frequent in schools, which may be a cause for school drop-out. Most schools had a referral system in place, but it was not always implemented due to insufficient infrastructure and support available (e.g. the lack of counsellors or a special room, and ineffective health referrals to the nearby community health centre). SETARA teachers handled some cases of sexual harassment, but expressed having limited knowledge and skills to do so.

The YIDA concentrated on the training of under-18 years old on economic empowerment, mostly through business classes at schools, because of the link with preventing child marriage. There was less focus on strengthening economic empowerment opportunities of over 18 years old. Consequently, the endline studies found no change in access to economic empowerment opportunities in Sukabumi nor West Lombok, and also the endline study in Rembang did not unpack many alternatives related to women's work choices. Lack of capital remained an important barrier, particularly for young women.

Pathway 5: Policymakers and duty bearers develop and implement laws and policies on child marriage and FGM/C

The Yes I Do Alliance in Indonesia, advocated for laws, regulations, decrees, and through campaigns using various local and national media platforms, reaching a total of 14,352,830 people. While YIDA was the driving force, for the campaigns to have a wider impact, it depends on the KPADs and PATBM to continue tom monitor the implementation of government plan and raise the alarm in case of any issues.

Output: 68 (including local) laws and policies changed, with contribution of the YIDA

In the last year of YIDA, the application of the provisions regarding the extension of the age of marriage occurred. Socialization in the community has been carried out through the KPADs, and the child-friendly school approach has resulted in regulations issued by the Education Office in both Sukabumi and Rembang. However, it is necessary to pay more attention to the KUA (religious affairs office) and civil registration institutions that contribute to the passage of child marriages.

In total, over the YIDA programme period, and as a result of the specific focus of YIDA in Indonesia to work with both national and local government actors on this, 68 (including local) laws and policies changed, with the enactment of the new Marriage Law in 2019 being one of the most important results – changing the marriage age for girls from a minimum of 16 years to 19 years.

Since baseline, more policies were present at endline at both the national and local levels, such as:

- The Regional Regulation (Peraturan Daerah) by Head of District concerning Maturity of Marriage Age in Lombok Barat
- Village Regulations by Head of Village concerning Prevention of Child Marriage in Rembang
- Regional Regulation by Head of District as commitment of the local government in realizing formal, informal and non-formal education units into child-friendly education units in Rembang
- Regional Regulation by Head of District concerning the Implementation of Child Protection to reduce the number of violence against children in Sukabumi
- Village Head Circular concerning the prevention of child marriage in Lombok Barat, Sukabumi and Rembang
- The Village Head including financing for child protection activities, soft skill training, the development of PKBM in the Village Medium Term Development Plan document in Lombok Barat
- The Head of the Office of Population Control, Family Planning, Women's Empowerment and Child Protection issued a Decree regarding the Community-Based Integrated Child Protection (PATBM) facilitator of the KPAD to ensure the sustainability of child protection institutions at the village level after the program ends Yes I Do in Lombok Barat

- Regent Regulation (Peraturan Bupati) by Head of District concerning the Anti-Child Marriage Movement in Lombok Barat
- The Education Office of Youth and Sports issued a Decree on Implementers of CSE Equivalent for Junior High Schools, which is the basis for implementing Reproductive Health and Sexuality Education in 32 Junior High Schools in Rembang
- Decree from the Education Office regarding the formation and development of Child Friendly Schools in basic education units in Junior High Schools and Elementary Schools in Lombok Barat, Rembang and Sukabumi

Challenges around enforcing the regional and village regulations on the prevention of child marriage or child protection were evident, as identified by the endline studies. For instance, complying with an MoU with the District office of Religious Affairs, village officials in West Lombok refused to issue recommendation letters in cases where the age of the groom or the bride was under 18. However, as a consequence, if the marriage goes ahead despite the refusal of the recommendation letter, their marriage will not be formally registered, causing other problems including for their children.

Consequently, there remains a need for a monitoring and evaluation system to appraise the local government's implementation of these policies and programmes, including mitigation of possible negative consequences of enforcement of the regulations. Moving forward, it is particularly important to raise awareness about the new Marriage Law at the village level, and to renew the MoU between the Office of Social Services, PPKB Rembang and the Rembang Religious Court regarding requests for marriage dispensation in Rembang.

KENYA
Lorna, 21, has started her own tailoring business after taking part in the Yes I Do project

5.3 Kenya

The Yes I Do programme in Kenya was implemented in 4 wards of the Kajiado West Sub County by the YID country alliance consisting of Amref Health Africa, Plan International Kenya and KIT Royal Tropical Institute, together with local implementing partners Center for the study of Adolescence (CSA), Network for Adolescents and Youth in Africa (NAYA) and Ujamaa- Africa. Nine grass-root CSOs were sub-granted by the programme to undertake community engagement activities to end FGM/C, CM and TP.

A major finding of the endline study in Kenya is the decline in the prevalence of child marriage in the intervention area. This could be attributed to increased community awareness of the consequences of child marriage and the fact that there is agreement among community members that there are no benefits of child marriage. There is also increased awareness and enforcement of the return to school policy. On the contrary, the prevalence of teenage pregnancy and FGM/C did not change in the intervention area over the programme period. The practice of FGM/C continues as a social norm, though largely in secret due to the fear of law enforcement.

The Covid-19 pandemic disrupted implementation of the YIDA programme in Kenya in 2020 as the government ordered school closures, banned social gatherings and implemented a nationwide curfew. Some YIDA activities, such as community dialogues, discussions with bodaboda riders and in-school sessions with pupils and teachers, were converted to online sessions, while other meetings were put on hold. In the meantime, ‘village runs’ to over 100 villages were held: community champions shared information on SRHR and Covid-19, using a vehicle with a loudspeaker. In order to reach out of school youth and other hard to reach audiences, a local radio station (Mayian FM, total listenership of 2 million) was engaged for community sensitization by inviting key gatekeepers such as health workers, policy makers, teachers and end FGM/C champions to speak at radio shows and by airing brief information messages. The shows were highly interactive as community members and young people called in to share their points of view and ask questions.

Through newly established WhatsApp groups, the YIDA continued working with community advisory teams (CATs), established earlier in the programme, to detect, report and respond to cases on FGM/C and CM, and to support, rescue and link child survivors of abuse for support. The WhatsApp groups consisted of champions, youth advocates, advisory team members, chiefs, bodaboda riders and teachers. Through this forum, child protection issues including abuse, FGM/C, child marriage and TP were reported and project team members offered guidance and responded to questions from the community. The YIDA in Kenya also joined the county government’s multi-agency taskforce to look at the increasing cases of teenage pregnancies during this pandemic period in the area and was part of an WhatsApp forum created by the county health team for information exchange and discussion on child protection issues.

Pathway 1: Community members and gatekeepers have changed attitudes and taken action to prevent child marriage, FGM/C and teenage pregnancy

The Maasai community in Kajiado West had deeply rooted cultural norms and values that made them resistant to policy and legal changes on FGM/C, teenage pregnancy and child marriage. As a result, the YIDA noticed initial resistance against the programme information. Men in particular felt that FGM/CM/TP were not issues requiring their attention. To address this challenge, YIDA adopted an approach of dialogue as opposed to enforcement of the law as had been propagated by the state officers.

Output: 46 Initiatives undertaken by local clubs/ associations and schools to address FGM/C, TP and CM

Programme activities under pathway one were geared towards the formation of a social movement capable of transforming the norms perpetuating the issues of CM, TP and FGM/C. To this end, the YIDA supported communities to establish community advisory teams (CATs), made up of community gate keepers and champions, beacon teachers, civil society groups, youth advocates, health staff, and reformed female cutters - all trained under the programme. The CATs have become a grass root structure for interventions on child protection issues. The CATs were mentored on detection, reporting and responding to issues of FGM/C, CM, TP while maintaining confidentiality and anonymity and in mentorship sessions, progress on cases was reported and the roles and responsibilities of the members were reviewed. They were given toll-free child helpline numbers through which to report these cases. Two of the CATs are youth-led and young people are engaged to spearhead protection, detection, prevention and taking action on incidences of FGM/C, CEFM, and TP.

Structured community forums, where community leaders and gate keepers such as chiefs, nyumba kumi, religious leaders, village elders, youth leaders, and morans, facilitated dialogue about cultural practices. While positive aspects of the cultural practices were appreciated, the dialogues also identified harmful traditional practices, discussed effects of FGM/C, TP and CM and the forums embraced the desire to counter harmful practices and came up with possible solutions at local level. Following the findings of the MTR, the programme in Kenya adjusted the targeted groups of change agents and gate keepers and included bodaboda riders in the prevention and responding to teenage pregnancies, FGM/C and child marriages at the community.

To address (A)SRHR issues in schools, the YIDA applied a whole school approach, engaging stakeholders including the school board of management, parents, teachers and children. Parents were sensitized on how best they can help their children in making informed choices regarding their ASRH and were taken through child protection policy, prevention of Gender Based Violence and case reporting. During the school closures in 2020, beacon teachers and champions of change organized forums with children in their respective villages to pass information on Covid-19 as well as continued awareness on child protection.

Participants in the endline study reported that through the efforts of various stakeholders, particularly non-governmental organizations (NGOs), the church and community leaders, there has been an increase in the awareness on the dangers of child marriage and teenage pregnancy generally. During discussions with parents, it was reported that the Yes I Do programme has contributed to creating awareness of the negative consequences of child marriage and teenage pregnancy, explaining that the life of a girl who marries early is plagued with misery, she gives birth with less spacing and this negatively affects her health. Examples were given where some parents are beginning to embrace formal education for both boys and girls as a protective measure against teenage pregnancy. In particular, parents acknowledged the role they need to play in supporting girls and protecting them from teenage pregnancy.

The issue of hidden incidences of FGM/C was a challenge during programme implementation as it was found that some community members crossed to neighboring counties to have their daughters cut. The YIDA encouraged the chiefs in Kajiado West to coordinate with the neighboring administrators to address the incidences of FGM/C and take it up for further action. The endline study also concludes that despite the persisting practice of FGM/C in both areas, there seems to be a considerable shift in the circumstances of circumcision from open celebrations into a more clandestine practice, with an increase of 40% in secret circumcisions compared to the baseline. Similar results were reported in the qualitative part, where FGM/C practice was reported to continue largely in secret and among younger women, due to awareness among community members of the illegality of the practice.

Pathway 2: Adolescent girls and boys are meaningfully engaged to claim their SRH rights

YIDA activities in Kenya under pathway two included SRHR awareness and training at school and outside of school. The cultural Maasai morans for instance, were engaged in discussions around sex and sexual behaviour, and youth and community forums discussed the role of young people in addressing FGM/C, TP and CM. Youth advocates received skills training on effective messaging and engaging with traditional and new media platforms on advocacy for (A)SRHR, resulting in 5 feature stories developed together with journalists and participation in 4 radio shows.[16]

Output: 114 young people participate in policy and decision making bodies and perceived their participation as meaningful

16 https://www.nation.co.ke/news/fgm-childbirth-kenya/1056-5285292-7srvi0z/index.html

Youth advocates and youth champions were trained on MYP and GTA, including 36 young members of the community advisory teams, as well as staff of the alliance organizations and partners. MYP action plans were developed and monitored and this resulted in engagement of young people as mobilisers or facilitators and in young people taking lead in celebrations such as the Day of the African Child, International Day of the Girl Child and Zero Tolerance to FGM Day. Young people are also part of the planning, implementation and monitoring programmes in the schools and are engaged in school committees. To support sustainability of YIDA activities, it was encouraged that young people sit in the community advisory teams, which resulted in two CATs being chaired by young people. As a result of the YIDA trainings and engagement with the Kajiado county government, thirty young people were involved in the county budget making process and in the development of the County FGM/C and Gender Policy. In these fora, young people were able to front their views to be included in the documents.

Participants in the endline study reported observed changes in girls' autonomy, citing perceptions that one can find girls who have gone up to high school level uncircumcised, and participants believed that the Yes I Do programme made important contributions. Other participants spoke of girls being able to refuse forced marriages and instances where girls were consulted for their opinion in marital decisions, which represent a remarkable improvement over the situation at baseline when girls had little autonomy. On the other hand, girls expressed worry that they are unable to discuss sensitive issues related to sexuality. Changes in girls' agency seem to be overshadowed by notions of respect, obedience, discipline as the cornerstone of social and cultural norms underpinning the relationship between girls and boys, men and women, children and parents, community members and elders. The views on girls and boys regarding their prescribed roles in society influence how they can advocate for issues affecting their lives. For example, good girls and good boys follow instructions from parents – including accepting instructions regarding child marriage and FGM/C as a traditional practice. Although child marriage is still an important normative belief in the community, there is also evidence that some girls are daring enough to refuse, which indicates changes in personal autonomy. It was reported that girls might appear to "disobey" by running away from child marriage, often in search of education. Also, in some families, girls were being asked if they accept the choice of parents for a husband or not.

Pathway 3: Adolescent girls and boys take informed action on their sexual health

The YIDA in Kenya established a beacon teacher's movement in Kajiado West with membership of 51 beacon teachers, functioning as community based child protection focal points. This movement is linked to the County and national beacon movements under the Teachers Service Commission. The movement focused on re-enrolling to school girls that had dropped out and saving girls from child marriage by working closely with stakeholders. Other activities included creating awareness at community level and at schools and keeping track of pupils to ensure they are retained in schools. Teachers implemented the world starts with me curriculum, which includes information on SRHR. Head teachers in the schools organized health talks by inviting local health care providers trained on youth friendly services. The health care providers also gave talks on menstrual hygiene, drug abuse, STIs and HIV, how to handle and report sexual abuse, and pregnancy prevention and created safe space and they encouraged them to seek SRH information and services from facilities.

Output: 32,588 young people between 10-24 years have participated in SRHR education sessions and awareness raising activities

The YIDA supported health facilities in strengthening the provision of youth friendly SRH services and supported the establishment of youth resource centers. Mentorship sessions with resource center youth leaders on covered topics such as leadership, management, governance and SRHR. Young people discussed and identified various functions of the resource center as: providing a safe space where young people can interact and exchange ideas; a social place that fosters self-confidence and esteem among peers; help reduce unsafe activities such as drugs and substance abuse among young people; offer education and entertainment to influence positive behavior change and empower young people to think critically about SRH issues affecting them; health promotion, providing counselling services. Containment measures to prevent Covid-19 former a barrier to accessing the centers in 2020, however, many young people visited the resource centers in the evenings to access commodities such as condoms and counselling services.

The qualitative narratives at endline show that young girls reported to receive SRHR information from teachers in schools, their peers, social media, churches, NGOs providing education, parents, and community health volunteers. It was also reported that girls are expected to mostly get information from their mothers while boys are expected to get information largely from their fathers. At endline, although the church was frequently mentioned as a source of sexual and reproductive health (SRH) information for young people, there were concerns by male parents about current activities in churches that predispose the youth to sexual activity. Some mentioned that church seminars could also be places where young people socialise and get the opportunity to engage in (unsafe) sexual activity. While some young participants were emphatic to state that they were being provided with reproductive health information by teachers in school (including taking exams on SRH topics), and at home, others spoke of not receiving enough sexual education.

Pathway 4: Girls have alternatives beyond child marriage, FGM/C and teenage pregnancy through education and economic empowerment

The YIDA successfully supported adolescents and the parents of target girls to start Village Savings and Loans Associations. Through the ccurrently 90 VSLAs, they were able to save and access loans to meet basic needs such as food, medical and to a large extend the school fees needs. The VSLAs have not only served as a model for economic empowerment but also as platforms to dialogue about issues affecting girls and the community at large. VSLA participants received training on entrepreneurship and gained knowledge and skills on business management. Thirty-five VSLA groups initiated a social fund and the money raised was used to pay school fees for girls from vulnerable households whose parents are members of the VSLA groups. This support system aimed at ensuring that all their children are retained in school and are protected from CM and TP. The groups are further reaching out to families with vulnerable girls to support them. VSLA participants were also sensitized on child protection topics, including: protection of girls from FGM/C, CM and TP, use of the child helpline to report child abuse cases, the role of parents in promoting the girl child's education and meeting their basic needs, the role of community leaders in child protection, and financial management with an emphasis on prioritizing the needs of the girl child.

Output: 40 girls have completed vocational training

The beacon teacher movement supported an enabling environment that protects girls and encourages them to remain in school. Due to the Covid-19 related school closures, children remained at home for a long period of time in 2020. The majority of the children had no means of accessing online classes that the government had rolled out due to limited/no internet connectivity in the YIDA implementation areas. As a result, parents felt that girls were at risk of teenage pregnancy or risking them being offered for marriage. YIDA in collaboration with beacon teachers and champions organized for sessions with boys and girls to pass information on SRHR, child protection reporting mechanisms as well as created time to listen to the children.

The YIDA also facilitated vocational training for a small number of girls. During follow up meetings, 24 of the 36 of the girls said they are planning to start their own businesses after graduation, 10 wanted to seek job opportunities while 2 wanted to proceed with their course on another level.

It was reported at the end-line that girls and boys were given more equal opportunities for education, as a result of the influence of a few role models in the communities. More girls are now attending school and attaining high school-level education. This reportedly allows them to gain respect from influential persons such as their parents, leading to an increase in those girls' participation in decision-making. Relative to the baseline, positively, the narratives at endline show that more young people (males and females) are now going to school and completing secondary or college education with the hope of accessing employment opportunities. However, the lack of employment was a major discouragement to taking children to school. Education was seen to drain families without any return as overall employment opportunities were limited.

Pathway 5: Policymakers and duty bearers develop and implement laws and policies on child marriage and FGM/C

YIDA Alliance initially experienced difficulty in getting support from key decision makers especially the County Executive and Members of the County Assembly (MCAs) to drive the YIDA agenda. This was due to a myriad of reasons including busy schedules and bureaucracy, but also the sensitivity and discomfort in addressing FGM/C, child marriage and teenage pregnancy. The YIDA identified champion MCAs who were progressive and worked with them as champions of change.

Output: 58 cases of FGM/C and CM that were reported and acted upon during the programme period

The YIDA worked with county departments and like-minded partners to pass two policies prohibiting CM and FGM/C: the Kajiado County Gender mainstreaming policy; and the women economic empowerment and gender mainstreaming bill. YIDA partners also worked with the county gender department to influence budget allocation for the implementation of the Kajiado policy on eradication of FGM/C for the financial year 2020/2021. Budget items being pushed forward include bursaries for girls, funds for building the capacity of grass root committees, and fund allocation for income generating activities for reformed cutters.

Participants in the endline study repeatedly mentioned laws and policies protecting girls' rights, including the Children's Act, the return to school policy, anti-FGM/C laws and the 100% transition from primary school to secondary school. Unlike the situation at baseline when there was little to say about the implementation of these laws, there was evidence that the laws and policies are being implemented, including reported instances of arrest of parents and circumcisers over FGM/C and child marriage. The qualitative narratives show that during the life of the Yes I Do programme, Kajiado County developed an anti-FGM/C policy together with stakeholders working in the county – the Yes I Do alliance's role in the development of the County policy was repeatedly acknowledged. Also, there was evidence of clear commitment towards the implementation of the County policy on FGM/C. Nonetheless, others raised concerns about implementation and the need for follow-up to ensure that all stakeholders and partners are engaged. The endline narratives also show that policy makers are now speaking openly when it comes to supporting SRHR and gender equality.

MALAWI
Joyce James, 41, is preventing teenage pregnancies in her role as village head

5.4 Malawi

The journey for the Yes I Do Alliance in Malawi commenced soon after the enactment of the Marriage, Divorce and Family Relations Act in 2015, which introduced a legal clause against all forms of child marriage. Malawi is ranked 11th in the world and 9th in Africa in terms of child marriage prevalence rates. Machinga District had the second highest rates of child marriage with 61.8% of all women between the age of 20-49 marrying before their 18th birthday[17], and consequently, Machinga had the highest rates of adolescent childbearing with 41.1% of all girls aged 15-19 having begun childbearing[18] before the age of 20. The Yes I Do Alliance therefore decided to work in Machinga District in southern Malawi, in particular in the Traditional Authority Liwonde, which had registered the highest number of child marriage cases in 2016 at the district level. The Yes I Do Alliance in Malawi consisted of Plan International Malawi, KIT Royal Tropical Institute, Family Planning Association of Malawi (FPAM), Centre for Human Rights and Rehabilitation (CHRR), Amref Health Africa and Centre for Youth Empowerment And Civic Education (CYECE).

During the months of school closure in 2020 due to the Covid-19 pandemic, the programme focused on out-of-school youths and community structures. In order to ensure child protection for the girls staying at home, the programme shifted towards activities that targeted community structure leaders in child protection matters to strengthen the GBV response mechanisms, intensified a campaign against child marriage by popularizing community by-laws, encouraged out-of-school champions of change to continue gathering following COVID-19 prevention measures, conducted awareness campaigns through a radio programme and one-on-one visits, and conducted monitoring visits to assess the impact of COVID-19 and how community members overcame them.

Over the YIDA programme period, the percentage of women (18-24 years) who were married or in union before the age of 18 increased (but not significantly) in TA Liwonde, from 18% at baseline to 20% at endline. However, figures in the control district were worse with a significant increase from 23% to 29%. Similarly, teenage pregnancy also increased from 2016-2020, again more so in the control than implementation area. Changes observed at outcome level and what the contribution of YIDA has been, are described in the sections below.

Pathway 1: community members and gatekeepers have changed attitudes and take action to prevent CM and TP

For gatekeepers to act against child marriage and teenage pregnancy, it is needed that local structures, including government ministries, traditional leaders, parents and youth, but also health facilities and schools, work together in changing prevailing social and gender norms. Through the YIDA, traditional leaders and youth clubs shared messages and started dialogues to transform norms that perpetuate child marriages and teenage pregnancies.

17 Zomba, Malawi: National Statistical Office (2017)
18 Malawi: Demographic and Health Survey, 2015-16. (2017)

Output: 1,537 Initiatives undertaken by local clubs/ associations and schools to address FGM/ TP and CM

The Yes I Do Alliance engaged NGOs, CBOs, Village and Area Development Committees (VDC and ADC), Child Protection Committees (CPCs), mother groups, religious groups, the police, youth clubs, traditional leaders, health workers, the social welfare office, teachers and the private sector in preventing child marriage and teenage pregnancy and promoting girls' education. YIDA worked with 16 existing youth groups and supported the establishment of 8 new youth groups in the 38 communities in TA Liwonde; 64 Champions of Change networks in all youth clubs were formed; and the YIDA built the capacity of Child Protection Committees, traditional leaders and initiators. The programme has created 128 Champions of Change safe spaces in all communities of the implementation area, where girls and boys freely discuss issues that concern them.

The end evaluation of the Champions of Change intervention and the overall endline study revealed a gradual shift in ideas about roles of boys and girls and their responsibilities in the household. Both the CoC end evaluation and the Malawi endline study concluded that in TA Liwonde, young people and adults have gender unequal attitudes, including the importance of being obedient for young women and having most decision-making power for men. Some young women interviewed for the endline study also expressed that some girls have internalized this cultural expectation of early marriage and are interested in getting married. They are not concentrating on education as they feel like education will not benefit them.

The endline shows that YIDA created more awareness among traditional leadership, young people, and other community members and gatekeepers about the disadvantages of child marriage and teenage pregnancy and the need for girls to go to school and stakeholders were brought together to jointly work on gender equality and girls' rights. Between 2016 and 2020, most of these stakeholders have become more active regarding child marriage and teenage pregnancy. A few examples of actions are: mediation when they hear that a teenager is pregnant or has been forced into marriage, reporting cases to victim support unit (Police), community based processes to adjust community by-laws on ending child marriage and teenage pregnancy, and ensuring that community by-laws are enforced. Eighty-four percent (84%) of the respondents in TA Liwonde at endline reported that people intervene in cases of child marriage and they stated that these people are mainly community leaders (71%), NGO staff (47%), and parents (46%). The programme has dissolved 278 CM cases through the initiatives of the gatekeepers.

The study by KIT on traditional initiation rites unearthed that the programme did not target the 'alombwes', who are the guardians of initiates in the initiation camps. The programme had been previously targeting the initiators only, the 'angalibas' and 'anankungwis', which is very important, but which left a gap, because alombwes are with the initiates full time and play a role in advising the initiates. Evidence from the study indicated that 'kusasa fumbi' (early sexual debut after initiation ceremonies) was encouraged in some areas, and songs that motivated boys and girls to experiment with sex were still sung in most initiation camps. The YIDA responded to these findings by sensitizing the alombwes.

Pathway 2: Adolescent girls and boys are meaningfully engaged to claim their SRH rights

A total of 200 transformative dialogues between in and out of school boys and girls, mother group leaders, health care workers, religious and local leaders, teachers and police have been conducted during the programme. Dialogue topics included: 'how to ensure accessibility of contraceptives to girls and boys to prevent teenage pregnancies?' and 'what is the role of parents to ensure that no girl is forced into marriage?'.

Output: 63 young people participated in policy and decision making bodies and perceived their participation as meaningful

The Yes I Do programme also capacitated government agencies, youth groups and young people about meaningful youth participation. As a result, all 38 Village Development Committees have incorporated youth in their membership and the number of young people in decision making positions in the ADC (area development committee) structure increased from 1 to 6 young people. The MTR and mid line studies find however that decision making continues to rests with adults.

Pathway 3: Adolescent girls and boys take informed action on their sexual health

The YIDA in Malawi rolled out a peer education mechanism to increase access to comprehensive sexuality education (CSE) as key SRH information in all schools of Liwonde and Machinga, and the information was further shared through school clubs and sports activities. Additionally, 25 out-of-school youth club members were trained in CSE and they disseminated the information in the various youth clubs they represented. The YIDA also supported youth led advocacy meetings where young people interact with duty bearers and discuss the issues that affect them. While before programme interventions, young people were not able to engage the relevant duty bearers concerning their needs, after the training however, young people were able to demand from duty bearers also take informed action with regards to their sexuality.

Outcome: 35,787 young people between 10-24 years have participated in SRHR education sessions and awareness raising activities

The intermittent supply of contraceptives in the health centres, proved a challenge in the Yes I Do programme and was a factor in the increase in teenage pregnancies. The situation even worsened when the disastrous effects of the IDAI cyclone led to shortage of commodities in Malawi[19] in 2019. Responding to the growth in demand for contraceptives as a result of programme interventions, the YIDA facilitated distribution of contraceptives through joint community outreach with Population Services International (PSI) and through youth clubs, whose members were trained to conduct proper contraceptives distribution, counselling and data recording. Another setback was the growing disapproval against contraceptives during the programme period as a result of a massive campaign by traditional herbalists pushing for traditional contraception in the place of modern contraception, even citing unsubstantiated side effects. The YIDA engaged traditional leaders in the programme to further sensitize communities on the need to continue using modern contraceptives, in spite of the campaign by the traditional herbalists.

The programme conducted capacity building initiatives with health workers in youth friendly health service (YFHS) provision. In the early years of the programme only one health centre was YFHS certified, however, through the programme, the other two health centres were YFHS certified after they gained the qualification through the training. At endline, key informants, young women and men and their parents and guardians acknowledged that there has been an improvement in the delivery of health services to young women and men. It became evident that the way young women and men were treated when they visited health facilities has improved. The endline concludes that "implementation of YFHS seems to have contributed to an increase in the use of SRH services among young men and women".

Pathway 4: Adolescents have better alternatives beyond CM, FGM/C and TP through education and economic empowerment

In the second year, the YIDA conducted an assessment in schools and communities on barriers and opportunities for access to education and economic empowerment initiatives to girls. It was found that girls were at higher risk to drop out of schools due to the pressure to get married, teenage pregnancies, and lack of parental support for girl education, but also due to lack of sanitation facilities for girls. In response to these findings, the programme rolled out interventions targeting the drop-out girls, headteachers, mother groups and traditional leaders, including interface meetings with girls and boys, supporting mother groups with resources to support their economic empowerment, trainings in psycho-social support (PSS) to support girls and ensure that they remain in school, procurement of education materials to support girls' return and retainment in schools. Additional budget from the Cycle for Plan action, was used to provide four schools with improved sanitation facilities and Menstrual Hygiene Health programmes.

19 The port of Beira, Mozambique, is essential for import of commodities in Malawi and was destroyed during the IDAI cyclone in March 2019

Outcome: 41 schools have a Child Protection Policy in place

The endline study shows that the percentage of girls (15-18 years) who attended secondary school was low at both base- and endline, but higher in TA Liwonde than in the control area and similarly, the decrease in drop-out rates was larger in TA Liwonde as compared to the control area. Key informants as well as informants at community level reported that previously, educating girls was not a priority, but that this situation has changed with the coming in of the Yes I Do programme. Between 2016 and March 2020, the programme had managed to return a total of 1,301 learners (678 Girls and 623 boys) to school.

The YIDA midline study found that reports on child abuse and sexual violence in schools continued to surface, and only 18 out of 38 schools had child protection systems in place. To address this problem, the programme introduced suggestion boxes in all schools for easy reporting of cases of abuse and redress, whilst at the same time, it intensified male engagement and gender transformative programming under this pathway.

The programme also reached out to adolescent girls and boys who could not return back to school with economic empowerment interventions such as capacity building in village savings and loans (VSL) methodology, entrepreneurship training, and technical and vocational education training (TVET). In 2020, over 180 girls had started small scale businesses through the initiative of VSL groups in their local communities. Remarkable is also that more girls have started working in male-dominated careers, such as tailoring and mechanics in Machinga district as a result of the TVET training. The endline study shows mixed responses from community members on the question whether employment opportunities had improved since the past four to five years. The YIDA in Malawi was implemented in a rural area. Given the lack of (formal) job opportunities, most young people were self-employed – running small-scale businesses, or traveling to South Africa in search of jobs.

Pathway 5: Policymakers and duty bearers develop and implement laws and policies in relation to CM and FGM/C

A critical outcome of the YIDA in Malawi is the formulation, adjustment and scaling up of Senior Chief Liwonde Community By-laws on Ending Child Marriage, with support from the Lilongwe District Council. There is evidence that the community by-laws are being enforced, anyone who infringed these laws was fined by the chiefs. However, respondents in the endline shared concerns that some stakeholders, especially chiefs and policemen, were corrupt and could not effectively implement the bylaws. Negative effects of a community based by-laws development process, was negation of child protection and do-no-harm principles, leading in some cases to harmful bylaws punishing boys being the perpetrators when a girl got pregnant. Once this became clear to the YIDA, the programme took additional actions to sensitize communities about this.

Output: 303 cases of CM that were reported and acted upon during the programme period

Key informants in the endline mentioned that the school readmission policy, which allows pregnant girls to return to school after birth, existed before 2016 but that the Yes I Do alliance and other stakeholders had sensitised the community about this policy. As a result, many girls who had withdrawn from school due to pregnancy re-enrolled into school.

The Yes I Do programme focused its advocacy efforts at the district level, where it engaged relevant duty bearers at both district and community levels such as members of Machinga District Hospital, officials from Machinga District Council, officers-in-charge from Machinga Police and local leaders endorse and effectively monitor enforcement of responsive policies, national laws and by-laws, on addressing child marriages and teenage pregnancies. Another key activity was the support to the development of Machinga District Development Plan 2018-2023, which clearly stipulates how the district will commit to eradicate all forms of child abuses including child marriage. The YIDA advocacy strategy was integrated into the district development plan. The year 2020 was marked by national elections and there was concern about the change in district officers with the coming of the new government - possibly compromising sustainability. YIDA in Malawi oriented the new officers and continued engaging them in the implementation on the ground to ensure sustainability of YIDA initiatives.

At national level, after assisting with the development of the National Children's Policy, the National Strategy on Ending Child Marriage now contains the Yes I Do advocacy strategy for promotion of interventions against teenage pregnancies and child marriages in Machinga. As per a key informant in the endline study, this policy of the Ministry of Education helps girls to avoid marriage or another pregnancy. A district official emphasized that age was not a barrier when returning to school.

MOZAMBIQUE
Deolinda, 19, has opened a food stall in front of her home

5.5 Mozambique

In Mozambique, the Yes I Do Alliance consisted of Plan International Mozambique, CHOICE Youth for Sexuality and KIT Royal Tropical Institute, together with local partners Associacao Coalizao da Juventude Mocambina (COALIZAO), Rede Homens Pela Mudanca (HOPEM) and Forum da Sociedade Civil Para os Direitos da Crianca (ROSC), working together to end child marriage and reduce teenage pregnancies in Mogovolas, Nampula and Rapale districts in Nampula Province in Northern Mozambique. The Northern province has one of the highest rates of child marriage across the country.

In the Northern province, various factors contribute to girls marrying young, like poverty, lack of job opportunities, sociocultural norms and practices, early sexual activity and teenage pregnancy. Often, child marriage is seen as a direct way to reduce the girls' household economic burden. When young women marry young, they usually become a parent, stop education and take care of the house. Marrying young does not always result in economic relief but can even result in more expenses and young people are then not able to sustain themselves.

It is difficult to establish whether child marriage and teenage pregnancy rates went down in the three communities, because the quantitative endline survey in Mozambique was of limited scale due to the Covid-19 pandemic. Nevertheless, the sections below describe the changes that were observed and the contribution of YIDA.

Pathway 1: Community members and gatekeepers have changed attitudes and take action to prevent CM and TP

YIDA's programme work under pathway one focused on engaging various stakeholders at community level in ending child marriage and preventing teenage pregnancies. To this end, regular dialogues were held with community and religious leaders, matrons and traditional healers but also workshops with Child Protection Committees and Child Traffic Reference Groups at district levels aimed at preventing trafficking and combating premature unions. A lot of the work has focused on strengthening young people as peer educators through the Champions of Change programme and activities. The endline study revealed that many community stakeholders are more active in preventing child marriage and teenage pregnancy as compared to their involvement at the start of the programme. For example, by the end of the programme, community and religious leaders were giving lectures and speeches in churches, mosques and in public spaces. Matrons, who lead initiation rites, have divided the initiation into three different age-appropriate sessions instead of one session for girls of a wide age range. They included age appropriate information in their rites, such as how to take care of one-self during menstruation. Before the YIDA programme, initiation rites included information about how to please a man, even when the initiation rite was attended by very young girls at the age of 9, 10 year old.

Output: 202 initiatives and activities were organized by communities to tackle child marriage and teenage pregnancy

In addition, school teachers, health and social workers continue to play a vital role in preventing child marriage and teenage pregnancy, since intergenerational communication between parents and their children is an area that still has to be improved.

Throughout implementation, the programme team has learnt that it is important to regularly check in with community members about how messages are taken forward. The endline showed that young women felt they were warned against engaging with young men. They actually had picked up the message that it is better to avoid relationships with the other sex at all. They interpreted that hanging around with boys would automatically lead to sexual relationships which in turn would contribute to teenage pregnancy and consequently child marriage. While having dialogues around the importance of ending child marriage and continuing education is within the comfort zone of both programme staff as well as stakeholders, it is important to include youth sexuality in the discussions since early sexual debut and not using contraceptives are a main cause of unintended pregnancy and hence, child marriage. Another finding of the endline study was that the multi-sectoral efforts to prevent child marriage and teenage pregnancy were more geared to inform young people and not necessarily to facilitate open discussions and tackle taboos about sexuality.

Pathway 2: Adolescent girls and boys are meaningfully engaged to claim their SRH rights

To strengthen youth participation, YIDA has worked with CSOs and strengthened young people affiliated to them in youth leadership and their advocacy skills. Moreover, youth groups and Champions of Change were supported to be active in schools and communities and promote an open discussion about challenges related to child marriage and teenage pregnancy among youth, focusing on the benefits of staying in school and delaying the start of sexual activity. The Champions of Change programme was very visible at community level and young people were positive about their influence. The endline study shows that while youth have strengthened their leadership skills and are active in youth groups and talking to their peers, their participation in decision-making at household and community level seemed to be limited, as it is expected that young people obey their parents and elders. Despite the renewed attention on the inclusion of parents and the need to strengthen intergenerational dialogues, the self-expression of youth with their parents about sexuality is still a challenge. The external evaluation finds that the results are promising, however there is scope for improvement in terms of reach.

Output: 66 young people participate in policy and decision making bodies and perceived their participation as meaningful

Pathway 3: Adolescent girls and boys take informed action on their sexual health

SAAJ are special SRH clinics for youth and they are available at district level. SAAJ are not only the largest supplier of contraceptives, but also the most important place that offers SRH services. Therefore, YIDA has worked with SAAJ staff to train them in delivering youth friendly services and to make sure the services are in line with youth friendly health services standards. While the endline showed that many youth visit the service, there were also respondents who indicated they were shy, that the service was too far away, or that their partner disapproved of the services. While all eight SAAJ services have adopted and implemented youth friendly health service standards, continuous attention needs to be given to the way the service is set up, in particular around respecting anonymity and privacy.

Output: 5,170 adolescent boys and girls between 15 and 24 have utilized SRHR services

The KIT operational study on (the use of) modern contraceptives in the YIDA implementation districts in Mozambique concluded that although youth were aware of the existence of modern contraceptives, however, considerable worries and taboos existed about the use of contraceptives; the main worries being that contraceptives cause infertility or stimulate extra-marital sex and sexual appetite.

The main sources of information for youth in the communities where YIDA worked were, according to the endline, teachers in schools, health staff in the health facilities and SAAJ, NGOs and youth organizations, the project geração Biz by Coalizao, but also friends and family. There was a focus on providing information about family planning, how to avoid pregnancy, avoiding of HIV and STIs, and avoiding child marriage. The endline revealed that youth also access information through television and radio, whereas internet was hardly brought up as a source of information. In general, it could be established that SRH information has become much more available. An important facilitating factor was the peer to peer information sharing. Some of the information that young people received focused primarily on negative consequences of engaging in sexual activities. Other young people indicated that they rather receive technical and biological information about SRH. Moving away from fear based messages and focusing on positive sexuality and information that is comprehensive is an area that requires continuous focus and improvement.

Pathway 4: Adolescents have better alternatives beyond CM, FGM/C and TP through education and economic empowerment

Under YIDA in Mozambique, one of the strategies to prevent teenage pregnancy was to make sure that girls and young women, and their parents or caregivers, see value in continuing their education and that school is a safe place for girls, pregnant girls and young mothers. Efforts were made to make girls resume their education and attend night school. Fifteen schools have adopted the full Child Protection policy and more schools have appointed teachers as counsellors to whom girls and young women can reach out in case of rape or sexual abuse or harassment. Male teachers are aware that they cannot engage in sexual activities with students and this has led to less harassment by teachers of young female students. Girls who attend evening classes do not feel safe yet, because traveling from school to home late at night makes them vulnerable to harassment and abuse.

Output: 15 schools have a child protection policy in place

While YIDA strengthened Village Savings and Loans groups, support systems for pregnant young women or teenage girls can still be strengthened. Family members of both the young mother and father are usually supporting them.

In the north of Nampula, the main source of income is agriculture, followed by miming and informal trade. Young people often follow their parents in the agricultural field or resort to informal trade, selling baked goods, phone credit, clothes and other small items. There are few job opportunities and very little options for a formal job. During the programme period, 78 adolescents took part in the economic empowerment activities, including village savings and loans, small business such as farming produces sale, or during the Covid-19 pandemic, the production of face masks. From this, a tailoring cooperative was established which sold 2800 face masks in 2020, with a profit of 1000 USD. The external evaluation concludes that emerging results are becoming visible, but the scale of the economic empowerment activities needs to be increased.

Pathway 5: Policymakers and duty bearers develop and implement laws and policies in relation to CM and FGM/C

While a national strategy for the prevention and combating of early marriage (2015-2019) was already in place at baseline, the first Mozambican law preventing child marriage was approved in 2019. This is an important achievement because the minimum legal age of marriage is now 18 years and perpetrators can be penalized, including being sent to jail. YIDA Mozambique has been active in the lobby and campaign for the approval of the law and supported multi-sectorial committees. Another important contribution of the YIDA was the successful lobby for The Decree 39/2003, which stipulates that pregnant girls should be transferred to night classes was abolished allowing now the pregnant girls to go to school in the day shift.

Output: 81 cases of CM were reported and acted upon during the programme period

While the long-term effects of the implementation of the law are still to be seen, it is already perceived as a reference when discussing child marriage at community level. Both the government and NGOs, including the Yes I Do Alliance, have put effort in disseminating information about the new law through social media and by involving teachers, social workers and health professionals. The endline study showed that while many respondents were aware of the law and the legal age of marriage, this knowledge was far lower among young females. Therefore, more efforts are still needed to disseminate the law, including to all young people both in and out of school. Nevertheless, multi-sectorial committees composed by community and traditional leaders, community-based organizations (CBOs), non-governmental organizations (NGOs), police and other relevant gatekeepers are already being trained to enforce the law and meet regularly to discuss and decide on reported cases of child marriage.

PAKISTAN
Adolescent girls

5.6 Pakistan

Child marriage and teenage pregnancy in Pakistan are a reflection of the patriarchal nature of Pakistani society characterized by deeply rooted gender inequalities, hierarchy, social norms, and poverty. Poor quality of education, limited economic opportunities and a lack of comprehensive information regarding sexual and reproductive health and rights (SRHR) limits young people to be empowered individuals and realize their SRHR.

The Yes I Do Alliance in Pakistan consisted of Plan International Pakistan, Rutgers and KIT Royal Tropical Institute, together with local partners Institute of Rural Management (IRM) and Sindh Agricultural Forestry Workers & Coordinating Organization (SAFWCO). The programme was implemented in Sanghar and Umerkot districts. The YIDA was prematurely terminated at the end of 2018, as a result of the decision of the Pakistani Ministry of Internal Affairs not to approve the registration of a large number of international non-governmental organizations, including Plan International and Rutgers. Within a very short time span, programme implementation was wrapped up and remaining funds were reallocated to the YIDA country programmes in Indonesia and Ethiopia.

Overall, despite the early termination of the Yes I Do programme in Pakistan, the mid-line study in 2018 found that good progress was made. The midline findings indicate that community members, including young people, were aware of the negative consequences of child marriage. Young women were (still) expected to have a child as soon as they are married and hence the main negative consequence of child marriage highlighted by participants was that of the adverse effects on the health of the mother due to early childbearing. Girls and young women were symbolic of their family's honour while at the same time they were considered a financial liability. (Child) marriage functioned as a protective mechanism to guard them against pre-marital sexual relationships, sexual harassment and to relieve the family's economic burden. Teenage pregnancy usually occurred within marriage. However, some participants mentioned that in case of an out-of-wedlock pregnancy, marrying the girl would be a solution. The data also show that girls and young women face bullying by their peers and at times their teachers if they come to school as a married woman or a mother.

Pathway 1: Community members and gatekeepers have changed attitudes and take action to prevent CM and TP

The Yes I Do Alliance in Pakistan supported the establishment of a network of youth change makers to advocate against CM and TP within their communities and in provincial and national policy forums. 740 Girls and boys were selected on the basis of their enthusiasm and commitment regarding the issues of CM and TP. The youth advocates, called Kiran Plus, were trained on community mobilization, leadership and advocacy. Kiran Plus became the flag-bearers of the YIDA's social mobilization and advocacy by leading the efforts in all regards.

Output: 5 networks of change agents established

The Kiran Plus have propelled the level of awareness beyond the local scale and towards the provincial level, where their advocacy efforts were acknowledged by policymakers and a wide range of stakeholders whose support they have successfully garnered. Additionally, the Kiran Plus each shared information about YIDA topics with their peers and community member, using specially designed toolkits. Over 14,000 community members were reached with this information.

Gatekeepers in the community are crucial in creating a social movement. YIDA in Pakistan worked with CSOs, office bearers, school administration, local governments and religious leaders. In comparison to the baseline, the midline found an improvement in the knowledge of gatekeepers regarding the harms of child marriage and teenage pregnancy. This increased from a few gatekeepers at baseline to several gatekeepers at midline. Overall, they were aware of the negative consequences of child marriage, which primarily included the adverse health effects of having an early pregnancy. When it comes to attitudes and actions of gatekeepers, it has not improved to the same extent as their level of knowledge.

Pathway 2: Adolescent girls and boys are meaningfully engaged to claim their SRH rights

Young people (especially those in school) had more access to SRHR information through trainings provided by the YIDA, and the midline findings clearly suggest that those young people who were directly involved in the YIDA activities had higher levels of awareness regarding their SRHR. To some extent, teachers were talking about SRH more openly and giving SRHR-related education. However, it is worth noting that the baseline showed that many young people in both districts are out of school and the programme did not reach them as effectively.

Output: 740 young people trained in MYP outside partner organizations

Although the midline data found that health workers had conducted awareness sessions in schools and the discussions from the mid-term review indicated that health workers were trained in providing youth friendly health services in schools, young people did not report increased use of the health facilities. This indicates that young people perhaps do not feel comfortable accessing these facilities themselves.

The midline found that some young women and men felt that they could advocate for themselves especially if they are directly involved in YIDA activities. After being involved in the Yes I Do programme and related

programmes, they were more confident to speak up. However, they still face difficulties being heard by elders and decision making is still concentrated in the hands of elders. Young people indicated wanting to have more autonomy and be included in decision-making.

Pathway 3: Adolescent girls and boys take informed action on their sexual health

Using the Whole School Approach, the programme trained master trainers on Life Skills Based Education (LSBE), who went on to train male and female teachers from the targeted schools. A total of 15,181 adolescents received the LSBE education. Additionally, the programme targeted health care providers from nearby areas, providing training on how to provide youth friendly health services. Health care providers from targeted communities facilitated health sessions in schools to adolescents who had been previously provided LSBE. These health sessions aimed to provide adolescents with better quality SRHR information and to establish a referral mechanism between adolescents and health care providers.

Output: 130 teachers, health and social workers and peer educators trained in detection and prevention of CM and TP

Health facilities were trained to provide youth-friendly health services and the midline showed slightly improved scores for the services at targeted facilities. However, young people were not accessing these services. The mid line showed that although parents and friends continued to be a popular source of SRHR information for young people, the role of health workers had gained importance due to outreach visits by Lady Health Workers (LHWs) and health-care provider-led sessions in schools. Adolescents had benefitted from health sessions held in schools and as compared to the baseline. The comprehensiveness and quality of the information they received could be improved however.

Pathway 4: Adolescents have better alternatives beyond CM, FGM/C and TP through education and economic empowerment

Respondents during the mid-line study widely acknowledged education and economic empowerment as strategies to prevent child marriage and teenage pregnancy. The community considered education as integral

to raise a child with a good moral character, while economic empowerment was used as a means to shift the narrative from young woman being seen as a burden to being income-providers. However, quality and access of the (especially secondary) education facilities was found to be poor and the midline found that young women regularly face sexual harassment on their way to school. This in turn restricted their mobility and further increased parental supervision. Once married, if young women go to school, they are bullied and harassed by peers due to their marital status. Due to reports of rape and harassment, parents felt more fear about their daughters.

Output: 2,140 girls, boys and adults participated in vocational, business or life skills training

The midline findings also indicate that as a result of the YIDA interventions, skill development opportunities such as stitching and handicrafts have been established for young women. Although a markets scan showed economic profitability for these products, these skills still subscribe to traditionally female jobs. However, discussions during the mid-term review did indicate that the economic opportunities for girls in an area such as Umerkot, which is predominantly rural, are quite sparse. Social norms that restrict girls' mobility further hinders economic empowerment. While opportunities for economic empowerment were relatively higher in Sanghar, they were almost absent in Umerkot due widespread poverty.

Pathway 5: Policymakers and duty bearers develop and implement laws and policies in relation to CM and FGM/C

YIDA Pakistan, through its membership of the Child Rights Movement and the Alliance Against Child Marriages in Sindh, Punjab and the federal territories, as well as through the Kiran Network, advocated for better implementation of Sindh Child Marriage Restraint Act (SCMRA) 2013 and the raising of the marriage age for girls in Punjab and at the federal level. These continued efforts have seen political will being created in trying to pass legislation that would increase the age of marriage to 18 at the federal level. Two Kiran Plus from Sanghar being officially appointed as members of Sindh Government sanctioned district monitoring committee on child marriages.

Community members, policy makers and young people responded in the mid-line study that they were aware of the SCMRA 2013 prohibiting marriage under the age of 18 years. All participants in the mid line study acknowledged the influence of religious leaders, but there were mixed sentiments regarding their role. Some study participants said they were involved in the fight against child marriage, others indicated that many of them were supporting marriage under 18.

ZAMBIA
Samira, 14, learning at school
in Zambia's Central Province

5.7 Zambia

In Zambia, the Yes I Do programme is implemented by an alliance consisting of Plan International Zambia, Rutgers, CHOICE for Youth and Sexuality and the Royal Tropical Institute (KIT), together with local Implementing partners Generations Alive and Afya Mzuri. The programme has been implemented in Chadiza and Petauke districts.

The endline study for Zambia concludes that the Yes I do programme has played an important role in increasing knowledge of different stakeholders about the harms of child marriage and teenage pregnancy and triggering positive attitudes towards the prevention of child marriage and teenage pregnancy in the communities. The study reveals a small but significant decrease in the prevalence of child marriage among young women (18-24 years) in Petauke district over the past four years. In Chadiza, no change in child marriage prevalence is observed. It is unclear why there is a difference between the two districts and it is not possible to conclude whether the Yes I Do programme contributed to the changes observed. The teenage pregnancy rate significantly increased in both Chadiza and Petauke. While access to SRHR information and SRH services increased over the past four years, a positive change that could be attributed to the Yes I Do programme, a taboo on youth sexuality – supported by social and cultural norms – limits young people's confidence in accessing and consistently using contraceptives.

Pathway 1: Community members and gatekeepers have changed attitudes and take action to prevent CM and TP

The Yes I Do programme in Zambia provided information to the community on the harmful consequences of child marriage and teenage pregnancy and engaged in capacity building with key traditional leaders during the 5 years of the programme. The endline shows that especially the roll-out of the Champions of Change (CoC) intervention was found to be a successful approach, training facilitators of Champions of Change (FCoCs) that in total reached over 5000 adolescent girls and boys with life skills training. While young people themselves seemed to be the most important change agents in Zambia, in some communities, traditional and community leaders were engaged in awareness raising and meetings focused on integration of by-laws monitoring into already existing community structures.

Output: 128 Initiatives undertaken by local clubs/ associations and schools to address TP and CM

At endline, many participants referred to the establishment (and in Chadiza, the reinforcement) of bylaws. This demonstrates increased communities' awareness about the need to decrease cases of child marriage and teenage pregnancy. Other positive outcomes stressed in the endline were that some traditional leaders were

involved in calling for general community meetings, in which CoCs could address the community and some churches included discussions on topics related to equal rights and gender-based violence in their services. Parents' support seemed to involve only the attendance of their son or daughter to CoC activities, whereas teachers encouraged attendance of school and CoC activities and some provided counselling to CoC members.

Different from the baseline but similar to the midline, the endline showed evidence of active engagement of men and boys in strategies to reduce teenage pregnancy and child marriage. In particular, the Champions of Change intervention seems to have positively engaged male youth who were advocating for girls' rights.

Nevertheless, actions by community leaders to change underlying gender and social norms were not very prominent. The endline study further reveals that not all gatekeepers were equally addressed by the Yes I Do interventions. While health workers and teachers were engaged, their role in promoting SRHR was not so visible and teachers, and even some health workers, seemed to follow the line of religious leaders – stressing that abstinence is best for young people. Further, the midline study found that YIDA targeted parents in a limited manner, having implications for intergenerational communication on matters related to gender and SRHR. Following the MTR advice, intergenerational dialogues have been organized by Yes I Do in both districts, but have not resulted in more sustained intergenerational communication. Study results indicate that in some households, it significantly improved – particularly if children took part in the CoC intervention – and in others not at all.

Pathway 2: Adolescent girls and boys are meaningfully engaged to claim their SRH rights

The YIDA conducted trainings on meaningful youth participation with staff, volunteers, community workers, guardians and adults and partnered with ZANERELLA+ on a session in MYP with religious leaders and young people from local FBOs. Furthermore, safe spaces and dialogues with girls were organised to train them in engaging with gatekeepers, such as traditional and religious leaders and to advocate for the need to change harmful social norms, calling to increase girls' decision-making within child marriages, and speaking up for age appropriate messages during initiation ceremonies. Overall, the positive outcomes within pathway two are related strongly to the effects of peer-to-peer engagement and youth-led activities in the CoC intervention which took advantage of young people's 'comfort zone' conversations to enhance programme reach and effectiveness.

Output: 56 staff of YIDA partner organizations have strengthened their capacities in MYP through training

The assumption that adolescent girls and boys who have improved knowledge concerning their rights wanting to organize themselves to influence others was, at least partly, met in Zambia. Some progress has been made towards young people engaging in household-level discussion of sensitive topics such as SRHR and some CoC reported increased participation in community discussions and activities. Young people were increasingly involved in decision making forums and now include a youth representative in Village Development Committees, District Development Coordinating Committee, Provincial Development Coordinating Committee, National Development Coordinating Committee as well as District and Provincial Adolescent networking group. Also at the Plan National Office and Provincial Office, spaces were created specifically for young people.

Despite some progress, the opportunity to speak out, in particular for young women, is still limited. Young people's decision-making in dating and marriage stayed generally stable over time, however, among females, the percentage who said that they can decide themselves whom to date significantly decreased over time and young people's voice in marriage decisions remained particularly limited when a girl was pregnant. The endline study also showed that intergenerational communication about these topics is still limited and not sustained. There is a need to involve more youth and other stakeholders at community and district levels during a longer period.

Pathway 3: Adolescent girls and boys take informed action on their sexual health

The YIDA trained teachers, health workers, peer educators, district health directors and young people in ASRHR and influenced the Ministry of General Education through various engagements to own CSE and GTA roll out to all schools. Also, existing youth friendly spaces were updated and the creation of these spaces within the facilities that did not have one present was supported. Health facility managements integrated external youth structures for ASRHR service delivery, comprising of peer educators, community based distributors, youth counsellors and theatre groups, contributing to increased access of ASRHR information services enriched with Covid-19 awareness raising efforts in the last project year.

Output: 23,775 adolescent boys and girls between 15 and 24 have utilized SRHR services between 2016-2020

These engagements influenced the Provincial Education Administration office to integrate CSE and GTA roll out within existing school calendar programmes and the Ministry of General Education now monitors CSE and GTA as they go about conducting routine quality assurance in schools. While the radio was cited as youth's preferred source of SRHR information, throughout the programme, young people showed interest in participating in SRHR awareness activities. As a result of undergoing the CoC training, endline survey results

indicate improved assertiveness and confidence among girls in terms of decision making from 71.9% at baseline to 80.2% and some young men said to be involved in tasks and chores that are traditionally defined as tasks and chores for women, and vice versa. The endline study also found improved SRH behavior such as the uptake of contraceptives amongst young women, which demonstrates informed decision making power. The endline findings point to a stronger effect of YIDA activities related to pathway three on girls' actions toward sexual health which can be seen in the proportion of females stating to negotiate condom use during sex to prevent pregnancy or disease increased by 12% from baseline to endline while the increase among males was only 2%. At the same time, the acceptance of various forms of violence seemed to be higher among female than male youth. Young mothers more often seek and use SRH services leading to a reduction in repeated pregnancies. Although women who ever had a child use contraceptives and SRH services more than women who never had a child, also the latter group showed a significant increase over time in having ever used contraceptives, current use of contraceptives and the use of SRH services.

In contrast, there was a reduction from 92% at baseline to 83% at endline of respondents who agreed with the statement that they take care of their sexual health. Overall, there remains a problem in young people's access to modern contraceptives in Chadiza and Petauke and mobility restrictions as a result of Covid-19 further increased barriers. Furthermore, consistency in the use of contraceptives seems to be a challenge. At endline, one community in Petauke did not have adequate SRH services as it is serviced by a mission hospital which does not provide family planning services for adults and youth. In other areas, access to family planning appeared dependent upon NGOs. In addition, in all areas, schools officially do not promote access to contraceptives for youth due to conservative norms towards adolescent sexuality.

Pathway 4: Girls have alternatives beyond child marriage and teenage pregnancy through education and economic empowerment

YIDA provided access to micro financing to over 1,500 young women and men and youth through training beneficiaries in Village Saving and Loan associations (VSLA), empowering and enabling them to increase their access to loans through savings and lending associations. YIDA facilitated 192 savings and lending associations in which the VSLA members themselves provided micro finance solutions such as loans. After completing the training the VSLA and/or CoC trainings, 120 girls underwent vocational skills training in poultry farming and management, hair dressing animal husbandry and in the light of Covid-19, face mask designing. 56 women started a new business in poultry. Furthermore, the overall percentage of young people saying that they save money went up from 23% at baseline to 65% at endline, while males continue to report saving more than females.

Output: 112 girls have completed vocational training

Another crucial activity were capacity building workshops to in-school matrons and patrons who conducted ASRHR awareness sessions in schools, cascading sessions to their peers and the integration of ASRHR sessions within the schools policies. Next to this, YIDA programme influenced the Ministry of General education who developed standalone child protection rules for effective quality monitoring and 64 health clubs and child protection stand lone rules were integrated into existing in-school programme. As a result, over 400 girls came back to school in YIDAs implementation area through government re-entry policy from 2016-2020 and over 1,093 children attained education at primary school level as earnings through their undertakings were invested in various businesses such as trading, groceries, selling beans, rice and dry fish and selling second hand clothing. The endline study also finds increased interest among boys, girls and their parents regarding education, partly a result of Yes I Do's advocacy efforts on the importance of education, but also general improvement in school infrastructure and school safety contributed to this positive finding.

Yet, there are almost no private sector driven employment opportunities in both Chadiza and Petauke and while education was more valued and economic activity went up, young people's economic empowerment is still limited. The coverage of these interventions was little, which limits the potential impact on reducing child marriage and teenage pregnancy.

Pathway 5: Policy makers and duty bearers harmonize, strengthen and implement laws and policies on CM and SRH

Through various engagement meetings, the YIDA stimulated more collaboration between the Ministry of General Education and Ministry of Health, who were before working in silos on addressing CM and TP. The YIDA, in collaboration with government and traditional leaders, engaged in policy-influencing through the district Council and, on national level, the YIDA has been part of the National Adolescent technical working group through Plan International and Generation Alive which presented a strategic platform to influence government.

Output: 546 cases of CM were reported and acted upon during the programme period

As a positive outcome, linkages were created between Ministry of General Education and Ministry of Health thus strengthening referral systems on SRHR for in-school boys and girls to access SRHR services in health facilities. The Ministry of Health recruited and placed district adolescent health focal point people on government payroll the entire country to increase response and access to SRHR services. Revisions on the "supply chain policy" and "youth friendly policy" on SRHR services and commodities were made after advocacy to address the weak implementation, including a revision by the Ministry of Health removing middlemen from the supply chain. This resulted into improved stocking of SRHR services and commodities in most health facilities in YIDA programme area.

The endline study found that chiefdom by-laws were established and reinforced in Petauke and Chadiza as biding and recognized laws. The bylaws, which are integrated within the traditional leadership system and adopted by the chiefs, prescribe punitive action in case of child marriage and teenage pregnancy. Although the bylaws seem to yield some positive results regarding people's awareness on the matters, it is unclear whether they can contribute to reduce the prevalence of both child marriage and teenage pregnancy in the future. The punitive measures could be stigmatizing for pregnant girls, their partners and parents. There is therefore a need for an assessment on the social and psychological impact of the laws including community perceptions of the laws. Furthermore, the endline evaluation concluded that massive resistance against implementing CSE in schools requires strong advocacy for implementation of CSE at national and provincial level on the way forward.

INDONESIA
Umi campaigns against child marriage in her community

Annex 1 YIDA core indicators overview

RESULT AREA	CORE INDICATOR		Ethiopia		Indonesia		Kenya		Malawi		Mozambique		Zambia		Total	
			TARGET	RESULT	TARGET	RESULT	TARGET	RESULT	TARGET	RESULT	TARGET	RESULT	TARGET	RESULT	TARGET	RESULT
PATHWAY 1 COMMUNITY MEMBERS AND GATE-KEEPERS HAVE CHANGED ATTITUDES AND TAKE ACTION TO PREVENT CM, FGM/C AND TP	PW1.2 # and description of initiatives in the local community and local clubs/associations/schools to address FGM, TP and CM and gender inequality	2020	218	218	6	24	2	0	40	45	50	11	3	80	319	378
		Full programme period	945	973	39	112	45	46	780	1.537	253	202	53	128	2.115	2.998
	This outcome indicator describes the number of initiatives by the community to address CM, TP and where applicable, FGM. In some countries, the number of groups formed, independently from YIDA were counted, while in others activities and initiatives initiated by these groups were counted. This explains the wide variation in results.															
	PW1.4 # of networks established consisting of change agents	2020	30	28	12	12	0	0			4	1	16	16	62	57
		Full programme period	83	81	12	12	7	7	7	9	16	15	168	161	293	285
	Often times, these networks were existing networks that were strengthened and nurtured through YIDA. In Kenya, the Boda-boda networks were identified as new agents of change and they were engaged in campaigns to end CM, TP and FGM/C in their communties. In Indonesia, the Village Child Protection Committees were strengthened while in Ethiopia, these networks comprise networks of health extension workers, anti-harmful traditional practces committees and Iddirs (local CBOs).															
PATHWAY 2 ADOLESCENT GIRLS AND BOYS ARE MEANINGFULLY ENGAGED TO CLAIM THEIR SRH RIGHTS	PW2.6 # of young people who participate in policy and decision-making bodies and perceive their participation as meaningful	2020	30	30	60	33	20	30	-	21	25	20	300	295	435	429
		Full programme period	71	73	60	115	40	114	20	63	46	66	315	312	552	743
	PW2.4 # of staff of partner organisations that have been capacitated in MYP	2020	15	15	7		10	15	15	10	30	30	20	23	97	93
		Full programme period	63	62	196	246	60	55	41	21	92	90	87	56	539	530
	PW2.5 # of young people trained in MYP outside partner organisations	2020	35	35	300		30	25		102	60	60	360	300	785	522
		Full programme period	123	112	700	1.200	43	100		104	105	140	869	762	1.840	2.418

RESULT AREA	CORE INDICATOR		Ethiopia		Indonesia		Kenya		Malawi		Mozambique		Zambia		Total	
			TARGET	RESULT	TARGET	RESULT	TARGET	RESULT	TARGET	RESULT	TARGET	RESULT	TARGET	RESULT	TARGET	RESULT
PATHWAY 3 ADOLESCENT GIRLS AND BOYS TAKE INFORMED ACTION ON THEIR SEXUAL HEALTH	PW3.1 # of adolescents girls and boys between 15 and 24 that utilize SRHR services	2020	15.000	32.665	9.500	14.662	600	479	1.000	434	2.000	1.843	4.000	3.559	32.100	53.642
		Full programme period	60.000	82.194	19.000	43.361	3.406	2.993	8.500	15.624	12.000	5.170	22.900	23.775	125.806	173.117
	PW3.7 # of (government/ private-for profit) health facilities that adopt YFS	2020	9	9	2	8	2	-	-	5	8	8	64	58	85	88
		Full programme period	9	9	9	8	4	2	8	13	8	8	64	58	102	98
	PW3.9 # of young people between 10-24 years who participated in SRHR education sessions and awareness raising activities	2020	4.040	4.040	4.680	7.732	10.240	12.324	8.000	2.542	20.000	7.291	8.000	8.869	54.960	42.798
		Full programme period	20.500	23.101	7.552	15.520	20.240	32.588	15.500	35.787	45.000	59.061	25.000	27.505	133.792	193.562
	PW3.11 # of teachers, health and social workers and peer educators trained in detection and prevention of CM, TP and FGM	2020	410	350	235	233	68	68	25	150	80		382	429	1.200	1.230
		Full programme period	1.130	1.344	782	1.562	90	240	240	357	160	140	1.224	1.191	3.626	4.834
PATHWAY 4 GIRLS HAVE ALTERNATIVES BEYOND CM, FGM/C AND TEENAGE PREGNANCY THROUGH EDUCATION AND ECONOMIC EMPOWERMENT	PW4.1A % of girls below 18 years who dropped out of primary school and secondary schools		15 (Bahidar) 15 (Qewete)	31,2 (Bahidar) 26 (Qewete)	10 (Lombok) 0 (Sukabumi)	17,2 (Lombok) 3,4 (Sukabumi)	11	10,7	15	27,9	35	-	30	31,4	n.a.	n.a.
	PW4.1B % of girls aged 15-18 years currently attending secondary school		22 (Bahidar) 35 (Qewete)	17,8 (Bahidar) 39,8 (Qewete)	81 (Lombok) 78 (Sukabumi)	75,5 (Lombok) 77,8 (Sukabumi)	42	17,7	30	10,5	10	-	35	25,5	n.a.	n.a.
	PW4.6 # of schools where Child Protection Policy is in place	2020	18	17	26	23	30	22	41	41	15	15	64	64	194	
		Full programme period	18	17	26	23	30	22	41	41	15	15	64	64	194	182
	PW4.9 % of girls 18-24 who are economically active outside of household		87 (Bahidar) 39 (Qewete)	41,6 (Bahidar) 7,5 (Qewete)	No target (Lombok) No target (Sukabumi)	21,4 (Lombok) 30,5 (Sukabumi)	30	25,5	60	52,8	50	-	15	41,7	n.a.	n.a.
	PW4.10 % of girls 18-24 who have received any income in the past 6 months		72 (Bahidar) 28 (Qewete)	45,4 (Bahidar) 11 (Qewete)	No target (Lombok) No target (Sukabumi)	98,2 (Lombok) 92,8 (Sukabumi)	49	58,7	80	40,2	40	-	35	6,9	n.a.	n.a.
	PW4.17A # of girls who completed vocational training	2020	80	79	0	260	40	40		20		0	64	64	184	463
		Full programme period	280	301	1000	2085	105	40	110	95	190	163	112	112	1.797	2.796
	The vocational training component only started after the MTR in 2018. Therefore, these numbers are from 2We have only started counting this indicator as from 2018, please highlight this in the explanation, so full programme period data is 2018 - 2020 only! Reason: girls can only participate in vocational training after completing other types of trainings, so these happened in 2017.															

RESULT AREA	CORE INDICATOR		Ethiopia		Indonesia		Kenya		Malawi		Mozambique		Zambia		Total	
			TARGET	RESULT	TARGET	RESULT	TARGET	RESULT	TARGET	RESULT	TARGET	RESULT	TARGET	RESULT	TARGET	RESULT
PATHWAY 5 POLICY MAKERS AND DUTY BEARERS DEVELOP AND IMPLEMENT LAWS AND POLICIES ON CM AND FGM/C	PW5.1B # of (new) national and local law			5 (bylaws)	1	18	9 (8 in 2018 and 1 in 2019)	11 (total)	3	3	2	1	1 (law) 2 (policies)	1 (law) 2 (policies)		
	PW5.3A # of FGM/C cases reported and acted upon by duty bearers		105	135			110	11	75	N/A	N/A	N/A	N/A	N/A	215	146
	PW5.3B # of child marriage cases reported and acted upon by duty bearers		245	294		29	110	38		67		4	233	148	588	531
		Full programme period	450	584		68	240	58		303		81	683	546	998	1.640
	PW5.6 # of media hits	2020	4	3		73	14	71	7	17		265	2	6	27	
		Full programme period	20	20		73	77	109	30	38		273	26	33	153	546
THE YES I DO ALLIANCE AND ITS PARTNERS HAVE THE KNOWLEDGE AND SKILLS TO IMPLEMENT GENDER TRANS-FORMATIVE PROGRAMMES	CC.4 # of staff of implementing partners receiving GTA training in 2020	2020	50	50	25	21	15	14	0	0			18	17	108	102
		Full programme period	116	118	25	23	15	15	15	15	10	11	48	37	229	219

The Yes I Do core indicators were introduced in 2018. Due to the early termination of the Yes I Do programme in Pakistan in 2018, this overview does not include data for YIDA Pakistan.

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Annex 3 Financial and audit reports

The YIDA consolidated financial and audit reports for 2020 and the overall programme period 2016-2020 are submitted as separate documents.

YES I DO.

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