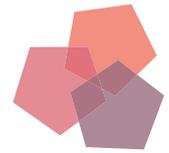


Yes I Do Alliance

Consolidated Annual Report 2018



YES I DO.



Girls first



For a strong and healthy Africa

CHOICE FOR YOUTH & SEXUALITY



Royal Tropical Institute

Rutgers

For sexual and reproductive health and rights



General Information

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Acronyms and abbreviations

ARP	Alternative rites of passage
CEPAP	Coalition for the Elimination of Child Marriage (Mozambique)
CoC	Champions of change
CLC	Community Learning Centre (Indonesia)
CM	Child marriage
FAD	Village's Child Forum (Indonesia)
FGM/C	Female genital mutilation/cutting
GTA	Gender transformative approach
KPAD	Village Child Protection Group (Indonesia)
MoFA	Ministry of Foreign Affairs
MTR	Midterm Review
MYP	Meaningful Youth Participation
PMEL	Planning, monitoring, evaluation and learning
SRH	Sexual and reproductive health
SRHR	Sexual and reproductive health and rights
ToC	Theory of Change
TP	Teenage pregnancy
YIDA	Yes I Do Alliance

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Summary

2018 was the third year of implementation for the Yes I Do programme, and the annual country reports and the Midterm Review (MTR) findings show promising results.

All Yes I Do Alliance (YIDA) countries made considerable headway under all five pathways to reduce child marriage (CM), teenage pregnancy (TP) and female genital mutilation/cutting (FGM/C) in 2018.



Under Pathway 1, attitude change and action by community members, awareness-raising activities and intergenerational dialogues were enhanced in all countries. The champions of change (CoC) training and awareness-raising strategies conducted in the communities contributed to increased knowledge of sexual and reproductive health and rights (SRHR) among different stakeholders. Networks and linkages in and beyond the youth groups and advocates within communities have been made to strengthen community-building activities to create social movements.



Under Pathway 2, adolescents meaningfully engaged to claim their SRH rights, training on meaningful youth participation (MYP) continued for individuals within non-governmental and community-based organizations and youth groups, as well as at the governance level. Youth are engaged in dialogues on SRHR in clubs, discussion fora and other networks and are taking action to claim their rights. Progress has been made on MYP, but this is not yet translating into youth always being able to participate in decision-making processes in all countries.



Under Pathway 3, adolescents take informed action for their sexual health, the YIDA continued to train teachers, school authorities and health care workers on SRHR to create a more enabling and safe environment for girls in schools and link young people to youth-friendly health services in the intervention areas.



Under Pathway 4, education and economic empowerment, activities focused on reducing school drop-outs and making parents and girls aware of the importance of completing post-primary education, as well as ensuring safe spaces in schools for girls by improving the school (hygiene) environment. In 2018, village savings and loans activities, microfinance and vocational and business skills training for young people continued.



Under Pathway 5, legislation and implementation of laws and policies, the YIDA participated in a number of government technical committees and engaged in dialogue sessions with duty bearers within different levels of government on the importance of having and implementing laws and policies on CM and, where applicable, FGM/C. Awareness-raising in communities also continued through public campaigns on SRHR, CM, TP and FGM/C in 2018.

The YIDA also implemented four **cross-cutting strategies**: gender transformative approach (GTA), girls' empowerment, male engagement and MYP. Improved knowledge of GTA enabled partners to replace discriminatory gender and social norms, redefine positive norms and include GTA within their organizations and activities. Girls' empowerment was enhanced by MYP, Champions of Change (CoC), comprehensive sexuality education (CSE), girls clubs in and out of school and other awareness-raising and empowerment activities.

Men's and boys' engagement was employed in dialogue sessions and other activities to encourage men to increase their knowledge of SRHR issues and engage with women and girls. Continued attention was paid to including young people in a meaningful way within the activities of all pathways, which contributed to building young people's skills and encouraging them to speak out.

The Netherlands and **country alliances** worked together to monitor and implement the programme, and organized in-country MTR workshops. In the **Netherlands** regular meetings also took place with the other two CM alliances, with all three CM alliances participating in Girls Not Brides Netherlands activities. The YIDA planning, monitoring, evaluation and learning (**PMEL**) group continued to align and coordinate different PMEL processes and worked on improving the International Aid Transparency Initiative reporting dashboard.

Implementation of recommendations from the MTR has already begun, and in 2019 the YIDA will focus on Linking & Learning and sharing best practices. We will also prepare for the end evaluation and endline.





Introduction

Marriage below the age of 18 is a fundamental violation of human rights. Child marriage (CM) threatens girls' lives and health and limits their future prospects, including completing their (secondary) education. CM is often followed or preceded by a teenage pregnancy (TP), often when girls are not physically or mentally ready. In developing countries, nine out of ten births to adolescent girls occur within a marriage or union.¹

Over the past 10 years CM has declined worldwide. Overall, the proportion of married women and girls under 18 has fallen from one in four to one in five over the last decade.² Despite the commitments and efforts to end CM, 12 million girls are still getting married in childhood each year, and the total number of child brides is estimated at 650 million.³

This 2018 annual report highlights the progress made by the Yes I Do Alliance (YIDA) funded by the Dutch Ministry of Foreign Affairs. The alliance consists of Plan International Netherlands (lead organization), Amref Flying Doctors, CHOICE for Youth and Sexuality, KIT the Royal Tropical Institute (KIT) and Rutgers. The Yes I Do programme aims to increase the ability of young women to decide whether, when and whom to marry, as well as on whether, when and with whom to have children. In addition, the programme aims to protect girls against female genital mutilation/cutting (FGM/C). The overall vision of the YIDA is a world in which all adolescent girls and boys are able to enjoy their sexual and reproductive health and rights (SRHR) and can achieve their full potential, free from all forms of CM, TP and FGM/C. In 2018, the YIDA was operational in seven countries; Ethiopia, Kenya, Mozambique, Malawi, Zambia, Indonesia and Pakistan.

In 2018, the YIDA conducted a Midterm Review (MTR) to identify programme strategies that should be continued and flag challenges to be addressed in the remaining programming period. The MTR was a participatory exercise in which the YIDA country partners collected and analysed data, held in-country MTR workshops and shared their findings and conclusions in a YIDA synthesis report-writing workshop in the Netherlands. Please refer to chapter Planning, Monitoring, Evaluation and Learning on page 18 for more information.

2018 was also marked by 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 Pakistan and Rutgers in Pakistan. Both organizations appealed against this decision and then received news in early October 2018 that their registration applications had been rejected. This means that both organizations had to close down their offices and programmes at the end of 2018. In agreement with the MoFA, the remaining funds for the Pakistan programme will be re-allocated to programme activities in other YIDA countries.

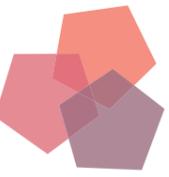
This annual report consists of the following elements:

- an update on the progress made under each pathway of the YIDA's Theory of Change (ToC) for 2018;
- an update on the the results achieved by working with YIDA's cross-cutting strategies: gender transformative approach (GTA), girls' empowerment, men's and boys' engagement and meaningful youth participation (MYP);

¹ UNFPA, Child Marriage, 2018.

² UNICEF, Latest trends and future prospects, 2018.

³ UNFPA, Worlds Apart, 2017.



- information on the cooperation taking place in Yes I Do alliances in each country and in the Netherlands, including cooperation with the Dutch Ministry of Foreign Affairs (MoFA), the two other Dutch alliances working on CM, and Girls Not Brides Netherlands (GNBN);
- an update on the YIDA planning, monitoring, evaluation and learning (PMEL), including the International Aid Transparency Initiative (IATI) and the IATI dashboard; and
- looking forward to 2019.



Progress by pathway

Theory of Change results

In addition to providing overall guidance to the alliance, the YIDA ToC serves as a framework for action for the programme countries. The following section presents key trends and results by outcome area (pathway) and highlights signs of success and challenges with regard to the interventions. Only a selection of outcomes achieved in YIDA countries is presented. For an overview of YIDA key outcomes and outputs please refer to Annex 1 and the [YIDA IATI Dashboard](#).

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



YIDA organizations continued to engage with communities to support a social movement that stands up against social and gender norms perpetuating CM, TP and FGM. The MTR showed that the intergenerational dialogues are crucial in supporting an enabling environment for young people, hence in the second half of 2018 more emphasis was put on including parents in the dialogues.

Adolescents and parents talk about sexuality in intergenerational dialogues

YIDA in **Ethiopia** has developed parent dialogue manuals to facilitate intergenerational discussions. The initial results of these dialogues look promising, as they open the floor to discuss sexuality, relationships and gender step by step. Moreover, the YIDA team in Ethiopia reports that the tendency of parents to marry off their daughters and get them circumcised is decreasing. The extent to which this is a consistent trend will be further researched in the endline study.

Additionally, the champions of change (CoC) methodology, which trains young people to promote gender equality, increase their knowledge on SRHR and enhance their self-confidence and personal leadership, was further strengthened. The operational research⁴ conducted in **Malawi** showed that this approach is already having a positive influence on the drop-out rate (i.e. more girls are attending school, including those who dropped out of school due to pregnancy) and also provided recommendations to further enhance the impact of the CoC approach. This will be done by supporting young people to involve their communities better and to link the CoC activities with developing alternatives beyond CM and TP (Pathway 4) and access to adolescent SRHR services and information (Pathway 3).

In **Kenya**, four community led alternative rites of passage (ARP) were planned and executed. These community initiatives to prepare girls for adulthood without circumcising them, were led by area chiefs and supported by advisory teams. In 2018, 1130 girls underwent an ARP with 786 boys attending the sexual and reproductive health and rights lessons.

⁴ Murthall, A.C. (Centre for Social Research, Zomba) and Kok, M. (Royal Tropical Institute), Midline study of the Champions of Change programme in Traditional Authority Liwonde, Machinga District, Southern Malawi, 2018.



Local support for these sessions is shown by the fact that 3000 community members, including the local, county, national and political leaders participated in these four ARPs.

Health Development Armies visit mothers of newborns to prevent FGM/C

In 2018, the ongoing awareness-raising and sensitization events in the communities in **Ethiopia** have inspired religious leaders and elders to start working with the Health Development Armies⁵ (HDAs) and with community conversation group facilitators. This has led to the HDAs taking the initiative to follow up with mothers of newborns until the seventh day has passed, as in the YIDA intervention areas it is customary to circumcise a girl child on the seventh day after birth.

Community members start to prevent CM

There are also signs that community structures are autonomously starting to take a stand against CM, TP and FGM/C. For instance, in **Ethiopia** youth activists, YIDA facilitators, HDAs, health extension workers, in-school and out-of-school club members, and peer educators are now all working in collaboration with government committees to reduce harmful traditional practices. According to a report from the district women's and children's offices, this has contributed to 26 girls being prevented from being circumcised and 20 girls being prevented from being married under age in Kewet in 2018. In Bahirdar Zuria 44 girls were prevented from underage marriage in 2018.

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



One of the key strategies to achieve a world in which all adolescent girls and boys enjoy their SRHR and achieve their full potential is to strengthen the meaningful participation of young people across all layers of the alliance. The MTR showed that despite the considerable progress in enhancing youth participation, granting them real decision-making space remains challenging. In a number of programme areas successful youth structures exist, such as the Kirans in **Pakistan** and the **Ethiopian** Council for Higher Opportunities (ECHO) in Ethiopia. The investments made by YIDA in these youth structures have resulted in young people being able to negotiate between parents and daughters regarding cancelling marriages (Ethiopia) and increased knowledge amongst youth and their communities in Pakistan about CM in relation to the CM restraint act-2013 and penalties as well as knowledge about girls' education and health rights and the negative consequences of teenage pregnancies.

Acknowledging the effect of engaging young people in decision making

As in all countries, the YIDA team in **Mozambique** has developed an MYP action plan for the alliance members and other partner organizations. During 2018 these action plans were implemented and monitored. For example, the YIDA conducted training for all civil society organizations that are members of the Coalition for the Elimination of Child Marriage (CECAP) based in Nampula, to discuss how young people can be more meaningfully involved in the planning and implementation of programmes on SRHR and combating and

5 Health Development Armies (HDAs) are women's groups established by the government in Ethiopia. Each group organizes 30 households (taking the mother as a representative) under the leadership of one model family (1 to 30 networks), and five leaders of the 1 to 30 network also form smaller higher-level groups (1 to 5 networks) which report to health extension workers.

preventing CM. Community-based decision-making structures, such as the Co-management and Health Committees, are increasingly involving young people, and these provide opportunities to make their involvement more effective. YIDA youth partner Coalizaõ is member of a forum where young people advocate quality health services for adolescents and young people.

Young people take the initiative to organize intergenerational dialogues

Within the alliance in Mozambique, young people now have a voice to share their opinions and influence the decisions taken. Young people trained by the YIDA are taking the lead in organizing intergenerational dialogues with adults, including community leaders and matrons of initiation rites. There are signs that these meetings are becoming more effective, as adults reported that they acknowledge young people's knowledge and their capacity to conduct discussions and give opinions.

Deconstructing social norms with parents and their children

In Indonesia, training of trainers for local alliance members and partners on MYP and youth-adult partnerships highlighted that social norms about young people are still strong. People tend to believe that adolescents cannot make their own decisions without guidance from adults, and young people think that being assertive can be perceived as not being respectful towards adults. The open discussions that take place during these training sessions help change these beliefs and show people the benefits of engaging youth meaningfully. In 2018, this resulted in 24 young people taking up strategic positions within YIDA members or partner organizations in Indonesia.

As a result of the training of trainers, sharing sessions to further implement MYP were organized in all of the intervention villages. Additionally, the Village's Child Forums (FADs) in the communities received technical assistance with the aim of empowering young people to run FADs as a platform or network that can help their voice be heard more effectively. As a result, youth engaged with FADs were able to conduct activities such as awareness-raising campaigns and getting involved in the village-level policymaking mechanism (Musrenbang). The level of capacity of the FADs differs substantially; therefore, the YIDA is taking a tailor-made approach to supporting them and will continue to do so in 2019.

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



To increase the number of teachers that have positive attitudes towards adolescent SRHR and are able to teach this topic, the YIDA continued to train teachers and school officials. This remains necessary, as the MTR showed that many teachers and other professionals still struggle with the sensitivity of providing SRHR lessons and positive sexual and reproductive health (SRH) messages. Activities also included involving community members to help them understand and reduce stigma and other barriers for young people to use adolescent SRHR services. To enable adolescent girls and boys to take informed action on their sexual health, the YIDA continued to equip young people with SRHR information and to improve youth-friendly health services by training health-care workers, leading to an increased uptake of adolescent SRH services.



Creating safe spaces in school, linking adolescents to youth-friendly health services

In **Kenya** in 2018, 10 new schools were selected, bringing the total number of schools to 30 in the YIDA intervention areas. The new schools signed a code of conduct to create healthy and safe school environments free from harassment and violence. School administrations are now also referring students to youth-friendly SRH services at nearby health-care centres. Schools were supported on how to tackle sensitive issues that are considered taboo in the Maasai community. Seven schools have established linkages to the nearest health-care facilities, while three schools intend to but are not in the vicinity of a health-care facility. Boys and girls were capacitated through empowerment and self-defence training courses, and 1,066 boys and 928 girls received refresher training to review how well they had mastered the 'I'm in power' skills. Nineteen girls who have attended training were able to use the skills taught successfully to avoid arranged marriages.

Girls who undergo an alternative rite of passage are more likely to stay in school

To keep track of girls who had undergone an alternative rite of passage (ARP) and were trained as peer educators, an FGM/C symposium was organized for 275 girls in **Kenya**. The symposium reviewed the girls' progress in their new role as peer educators in and out of school. Most (93%) of the ARP girls turned up for the meeting, still committed as peer educators. At the symposium, an additional 65 uncircumcised girls showed up and requested ARP training. This is a significant contrast to previous years; it shows that the ARPs are gaining acknowledgment and arousing curiosity among community members. Whereas previously community members were hesitant and tended to believe the rumours and misconceptions about alternatives to FGM/C, people are now starting to see the benefits and the extent to which an ARP can be a positive experience. The community of Torosei has already asked to have an ARP for 2019.

Gaining knowledge and skills to talk about sexuality in schools

In **Zambia** boys and girls participated in 24 in-school club review meetings involving 72 schools. The school club review meeting is a platform which brings together in-school club boys and girls together to share experiences on ASRHR and what is working well in their schools and what can be improved. Across all schools involved, the patrons and matrons⁶ have shown increased capacity to deliver youth friendly SRHR information, demonstrated by improved assertiveness and negotiation skills of girls and boys. To help teachers and others to talk about sexuality more freely, 30 teachers, YIDA partners and government officials received training on how to integrate a GTA within comprehensive sexuality education. Building knowledge on SRHR also led to 10 underage marriages being reported to the school. The marriages were dissolved in collaboration with the Victim Support Unit and the girls were able to return to school. The YIDA in Zambia developed a database for monitoring the number of CMs and TPs quarterly. Reports from health centres indicated an increase in the number of out-of-school boys and girls accessing services at health-care facilities near their communities. As young people also access community-based distribution points for condoms, 48 distributors have been included in training sessions, enabling them to provide youth-friendly services. This has increased the uptake of contraceptives.

Initiators start to change the messages they give during initiation rites

In **Zambia**, but also in **Mozambique** and **Malawi**, adolescent boys and girls go through initiation rites of passage to mark the transition into adulthood. In 2018 the YIDA started to train 'initiators' with the aim of increasing their knowledge on SRHR so that they can replace harmful norms embedded in the rites of passage and replace them with positive norms. The idea is not to change the positive aspects of this cultural practice but to address norms that create rights violations, and for initiators to give correct SRH information, so that underage boys who undergo initiation are no longer told to have sex with girls within 24 hours of initiation.

Training shows the initiators that such practices have a negative impact on TP and indirectly on CM, but also on human rights, leading to sexual violence and violations of bodily integrity and consent.

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



In all countries, the YIDA continued to contribute to increasing awareness among girls, parents and the wider community of the importance of completing primary education and continuing with secondary education. As such, girls and boys, parents and school teachers have been made aware of the positive correlation between continued education, economic prospects and reduced CM, TP and FGM/C. Making schools safe and girl-friendly is an important condition for girls to stay in school; therefore, activities to enhance safe schools continued. To build economic opportunities for girls and boys, economic empowerment activities such as training on entrepreneurial and financial skills were also enhanced in 2018.

Teachers and students are taking decisions together and inspiration centres for school drop-outs

In **Indonesia**, an increased number of safe and child-friendly schools showed positive changes in the knowledge, attitudes and practices of teachers and school stakeholders regarding child rights and protection. Teachers and school stakeholders now empower students and involve them more in decision-making processes. Fifteen schools in the YIDA intervention areas were also inspired to ensure that they have child protection and complaints mechanisms in place, pay attention to prevent violence against children, and sign commitments to implement safe and child-friendly schools. The YIDA also strengthened Community Learning Centres (CLCs), where school drop-outs are encouraged to continue with (higher) education. Boys and girls who have dropped out of school are also inspired to explore their potential in creativity and business. A total of 639 adolescent girls and boys participated in CLC activities.

More people in favour of girls' education

The importance of educating girls is starting to resonate among community members in the intervention areas in **Pakistan**. Community discussion sessions led to increased awareness, especially among elders, of the need to allow girls to complete their education. A total of 463 scholarships were distributed to encourage schoolgirls in Umerkot and Sanghar to pursue their (secondary) education.

Economic opportunities in **Pakistan** were created by in-school markets set up by boys and girls that enabled them to sell home-made goods to community members. These activities created awareness about the importance of pursuing economic opportunities and had an empowering impact, as they allowed young women to use their creativity to contribute to their family income. The school markets were open to parents and community members, who could witness the potential of economic benefits for their daughters. These activities were supplemented by information materials that highlighted the economic role of girls and women and the value of participatory decision-making within families.



More girls are able to set up a small business and earn an income

In **Malawi, Zambia** and **Mozambique** boys and girls were involved in vocational skills and financial literacy training as well as refresher training for the village savings and loans methodology, enabling young people to form savings and loans groups within their communities. The YIDA in Malawi saw an increase of the number of adolescents conducting small businesses from 150 to 285 (including 157 girls). In Zambia village agents reported an increase in the savings portfolio of 120 village savings and loans groups. There is a growing number of girls engaging in income-generating activities, enabling them to pay for school fees themselves rather than being dependent on parents or partners. In Mozambique 17 village savings and loans groups are in the process of becoming associations, and an increase in the number of young people involved, especially girls, is being noticed. Income-generating opportunities help them support themselves or pay school fees, and as such these activities led to a reduction in school drop-outs. Also in **Ethiopia** 18+ girls were economically empowered with trainings, 58 girls/young women received vocational/business skills training and received a loan and material/technical support to start up a small business.

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



After an initial emphasis on raising awareness through public campaigns, mostly at community level, countries are moving more towards advocacy and lobbying, targeting duty bearers at different levels. In most countries advocacy strategies and action plans are being developed. The YIDA has influenced policymakers on laws and policies on CM and/or FGM/C by participating in a number of technical committees — for example, in **Malawi, Zambia** and **Mozambique**. Training young people in youth structures in **Pakistan, Ethiopia** and **Indonesia** enables them to speak out on SRHR and engage in dialogues with community leaders and government officials at different levels.

Advocating for change in relation to child marriage

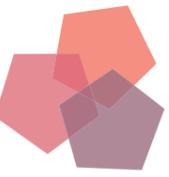
The YIDA in **Malawi** launched its advocacy strategy and action plan (2018–2020) in 2018, so that it can direct its advocacy messages to relevant duty bearers at both district and community levels to encourage them to endorse and effectively monitor the enforcement of by-laws addressing CM and TP. YIDA advocacy has already contributed to the fact that community by-laws on ending CM were passed at the district’s Full Council meeting in October 2018 (Machinga). The by-laws were further adopted into the District Development Plan, meaning that the by-laws are now applicable across the district. The YIDA also disseminated the existing policies to youth clubs (with in- and out-of-school members) and four schools, making community members aware of policies and laws that safeguard and protect the rights of children, including education and sexual health. Community sessions provided participants with information about where to report offences in relation to CM, and enabled 27 youth clubs to monitor policies and procedures in their communities and to speak out when by-laws are not enforced.

Local community members are taking action against child marriage

In **Indonesia** lobbying and advocacy mainly took place at the local level, increasing the knowledge of and attitude towards SRH rights of intermediary actors such as KPAD (Village Child Protection Group) members, teachers and health-care workers. Thirteen KPADs formulated advocacy action plans to influence policymakers on CM. In Sukabumi, Rembang and West Lombok learning activities related to CM were organized with local duty bearers at sub-district and district levels.

A new window of opportunity

For a long time, lobbying and advocacy by non-governmental organizations has been restricted by the government in Ethiopia. Under the new government of Prime Minister Abiy Ahmed there are positive signals that advocating for SRHR will be allowed. The YIDA held dialogue sessions with government officials allowing the alliance to introduce relevant policy and legal frameworks ensuring gender equality and women’s empowerment. Awareness-raising sessions have also inspired district officials, who are now showing greater willingness and commitment to eliminate CM and FGM/C, as illustrated in Kewet, where government officials started to visit youth groups and participate in YIDA activities.



YIDA cross-cutting issues

To achieve the long-term goals as defined in the ToC, the cross-cutting strategies of GTA, girls' empowerment, male engagement and MYP have been integrated into all intervention strategies.

Gender transformative approach: questioning social and gender norms

Alliance partners in **Malawi, Zambia, Indonesia and Pakistan** were equipped with basic knowledge on GTA in SRHR issues to apply gender-transformative programming by raising awareness on harmful gender norms and replacing them with healthy ones. This has enabled them in 2018 to implement their GTA knowledge — for example, by including a gender lens within their organizations and within all their activities. GTA is a complex concept, as it addresses underlying social and gender norms. To further support countries, a GTA survey was sent to gauge the level of understanding of the issue. Analysis of the survey enabled the programme to support partners' understanding of GTA and allowed them to further integrate a GTA perspective into their programming. In **Kenya** the alliance is applying GTA by discussing power and gender norms that are at play in the communities by introducing community dialogue fora, ensuring that men and women, elders and health practitioners participate and make them part of the decision-making process. In **Malawi** GTA was applied by questioning discriminating gender norms in activities and school clubs. In **Indonesia** GTA activities are continuously being strengthened and refreshed, ensuring that they are not only about having an even number of women and men participating in interventions, but that the discussions also include the gender roles of men and women, that women's and girls' voices are also heard and respected, and that female leadership is acknowledged in different activities. In the Netherlands GTA training was organized by one of the alliance members to increase the awareness, knowledge and skills of other alliance members. A series of GTA webinars was also made available for alliance members in the Netherlands and the programme countries.

Girls' empowerment: building knowledge, self-confidence and support

Girls' empowerment is integrated into all five pathways by applying three different aspects ('power within', 'power over' and 'power with') into the activities. For example, 'power within' is enhanced in the CoC training by providing girls and boys with knowledge and skills that build their self-confidence. Comprehensive sexuality education lessons and MYP training are other examples of young people increasing their SRHR knowledge, building their leadership skills and developing their 'power within'. Girls' 'power within' is strengthened when they are able to fully participate in discussions within community structures — for instance, KPADs in **Indonesia**. Promoting and endorsing girls' leadership is also taking place in schools (e.g. girls clubs) and in different fora in all YIDA countries.

'Power with' is created when girls are supported by community members or peers — for example, in girls clubs — which allow girls to feel connected, able to express their concerns and speak out within a safe space. 'Power with' provides community members and peers with the opportunity to give support to young people, listen to their issues and direct them to SRH services when needed. Positive examples of 'power with' are seen where girls have been able to seek assistance from duty bearers in their community when they were compelled to undergo an underage marriage and/or FGM/C. Support from parents is created by conducting intergenerational dialogues within communities.

'Power over' is part of sensitization activities with power holders to convince them to become agents of change. It is also part of lobbying and advocacy activities. Young people are carrying out lobbying and



advocacy activities to raise awareness in their communities and districts on SRHR and challenge legislation perpetuating CM and FGM/C.

Men's and boys' engagement: preventing child marriage, teenage pregnancy and FGM/C together

The support of boys and men in the prevention of TP, CM and FGM/C is paramount. The MTR showed that a full strategy to engage men and boys structurally in the interventions needs strengthening. Nevertheless, in all programme countries men and boys are encouraged to join forces to prevent CM, TP and FGM/C and traditional leaders have started to encourage boys and men to access adolescent SRHR information and services, which previously were mainly seen as 'women's issues'. Engaging men is also a means to impart information from boys to boys in schools and in out-of-school clubs. Boys are also active members of the CoC activities in a number of countries, where they become change agents and are encouraged to influence their peers and others. In Mozambique the YIDA implementing partner HOPEM facilitates regular men-to-men dialogues, which are very successful and have received attention from surrounding communities that also want to be involved.

Meaningful Youth Participation: combining knowledge and skills to speak out on SRHR

MYP is both a pathway of change and a cross-cutting issue in the Yes I Do programme. Young people are seen as important actors in the programme. The YIDA has six youth-led implementing partners that have received a training of trainers on MYP. This has enabled them to use the MYP manual and tools to assist other partners to engage young people more effectively. With technical assistance from the youth-led partners, alliance partners have started to ensure that young people are represented at all levels of programme design, implementation and monitoring. Positive examples of MYP are the Kiran clubs in Pakistan where young people who have been trained have been successful in setting up platforms to talk about CM and related issues to their peers in their communities but also at the district level. In Ethiopia the Council for Higher Opportunities (ECHO) is offering young people training on youth-adult partnerships. An ECHO platform created an opportunity for young people to participate in different campaigns, dialogue fora, panel discussions and workshops. The YIDA youth-led partner also trained other alliance members and public stakeholders to replicate the MYP approach. In **Zambia** youth fora were set up, with young people participating by exhibiting their skills during international events, such as the International Day of the Girl Child.

Reflection on the Theory of Change

A reflection on the Theory of Change formed part of the MTR process, in which YIDA programme teams in the countries jointly analyzed the position of the main actors in the programme and reviewed the assumptions that underpin the YIDA programme since the start. Working with the ToC helps YIDA to have short feedback loops, to review and interpret monitoring data and to adapt the interventions. While the YIDA ToC has gained traction and is used across the countries, a challenge remains in capturing the complexity of the programme in its local contexts while also serving the purpose of an overall framework for action. Additionally, linking the activities and results in the different pathways can be done more strongly. The MTR showed scope for linking MYP (pathway 2) stronger with the other pathways and also advocacy (pathway 5) can still be conducted more effectively when using results, constraints and research findings that emerge from implementing activities in the other pathways. The YIDA midline studies were conducted in 2018, in which the progress made since the baseline was assessed. These studies included a review on the assumptions of the ToC and helped the

YIDA country teams to review their strategies where necessary. For example the need for stronger inclusion of parents in the interventions, including specific activities for them, and specifically targeting out-of-school youth and pregnant and married girls. Besides the updates on the ToC that resulted from the MTR process, no adjustments are currently being made. The next moment to reflect on the ToC will be in June 2019 at the global level and in the annual review meetings in the countries. During these meetings, countries will review the progress made in terms of implementing MTR recommendations.





The YIDA partnership

Alliance cooperation in the programme countries

During 2018, quarterly review meetings, annual planning meetings and participation in the MTR were good opportunities for the alliances in the countries to work on teambuilding. As part of the MTR, all YIDA countries, including the Netherlands, participated in a partnership review to discuss the set-up of the alliance and the working modalities. In some countries, such as **Ethiopia, Indonesia and Pakistan**, the alliance is working very well. The alliances in **Malawi, Mozambique and Zambia** needed some more time to mature, but overall cooperation is now going well. Due to staff changes in **Kenya** and the partners working in different areas, the alliance in Kenya has faced some difficulties. The overall conclusion is that the Yes I Do alliances value each other's expertise and clearly see the added value of the partners. There is room for improvement in ensuring that decision-making in the countries is enhanced, as the alliances are working with a ToC which encourages adaptive programming.

YIDA governance

In the **Netherlands**, the **YIDA Board of Directors** and the **Programme Committee** have been meeting regularly to harmonize, monitor and steer the programme. In early 2018 the Programme Committee held a few sessions to discuss bottlenecks that had been identified and made recommendations for improvement — for instance, on agenda setting and communication.

YIDA working groups

The **communications group** finalized a short animated video visualizing the rationale of the programme. The video has been positively received in the countries and shared on social media and used at various (public) events. The group also prepared a content trip to Malawi, which provided information, interviews, photos and personal case stories to be used on alliance members' websites and by the Dutch media. The **PMEL group** supported the countries on IATI and PMEL and facilitated the MTR process. More information on the activities of the PMEL group is given below, on page 22. The **YIDA finance group** prepared the annual financial audit, financial reports and budget. All three groups met regularly.

Cooperation with the Netherlands Ministry of Foreign Affairs

Regular meetings between the three Dutch CM alliances and the Ministry of Foreign Affairs (MoFA) continued to take place to discuss progress. In 2018 the MoFA and representatives from the three CM alliances visited Bahirdar in **Ethiopia**, where both the Her Choice and the YIDA are active. The visit provided the opportunity to visit schools where safe spaces for girls have been put in place, to discuss the impact of comprehensive sexuality education training with teachers and students as well as to visit the Dutch Embassy, UNFPA and UNICEF to discuss progress on CM in Ethiopia. The MoFA also took part in the partnership review to discuss the cooperation between the three CM alliances and between the alliances and the MoFA.

Cooperation with the Dutch Embassies

Cooperation between the YIDA in the countries and the Dutch Embassies varies by country. Linking and Learning between different alliances and the Embassy takes place in **Ethiopia**, and in **Indonesia** the Embassy was present during one of the MTR sessions. As there is no Embassy in Malawi or Zambia, involvement in MTR sessions or other events such as international days to showcase activities and discuss the programme is less frequent.

YIDA participation HIV/AIDS Conference

The YIDA presented a poster at the 2018 International AIDS Conference in Amsterdam, explaining the link between CM, TP, FGM/C and HIV and AIDS. The basic message was to develop strong links between SRHR and HIV programmes, as countries with high HIV prevalence often also have high CM prevalence. CHOICE presented a session on MYP, providing an opportunity to further discuss examples of YIDA research from Mozambique and going more deeply into the vulnerabilities of girls in this specific context. During the Girls Not Brides session, titled 'Tipping the scale for adolescent girls and young women', it was stressed that in high-prevalence countries programmers should be using a multisectoral approach and linking education, gender, health (including HIV and contraceptives) and economic empowerment.

Cooperation between the three Dutch CM alliances

Regular meetings between the three Dutch CM alliances include meetings between the three alliance coordinators and quarterly meetings with the research institutions (Population Council, University of Amsterdam and KIT) to share research methodologies and findings. The MTR reports of all three alliances proved to be a trigger to organize a joint learning event, which took place in early 2019. The alliance coordinators of all three alliances participated in joint trips to **Pakistan** (2016), **Malawi** (2017) and **Ethiopia** in 2018.

Girls Not Brides the Netherlands

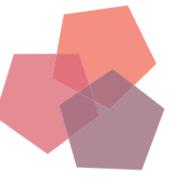
In June 2018, two representatives from the steering group of Girls Not Brides the Netherlands (GNBN) participated in the 2nd Girls Not Brides Global Meeting in Kuala Lumpur. Nearly 500 programmers, donors, youth, activists and other attendees from 74 countries came together to gain insights into the complexity of CM but also to learn about the progress being made to end CM. During the event, Girls Not Brides stressed the importance of empowering youth and ensuring that they have the agency to make decisions. The GNBN representatives also attended a pre-meeting on building national partnerships, the Netherlands being one of the nine national partnerships of Girls Not Brides Global. Challenges such as a lack of political will, membership engagement, advocacy and funding were shared and discussed. The YIDA presented a poster on the importance of GTA, and CHOICE led a session on MYP. Representatives from the GNBN participated in a session on partnership building to share positive advocacy examples from the Netherlands.

GNBN Dutch working group

In 2018 the Dutch working group has been in contact with members of communities at risk from CM in the Netherlands, including members of the Roma, Afghan, Turkish and Pakistani communities. Community representatives are working with GNBN and speaking out against CM at GNBN events and within their communities. Young members from the network of the Dutch working group presented personal experiences during a play performed at the Dutch MoFA. CM in the Netherlands also featured in Dutch media — for example, youth members of the Christian Democrats have called for a more thorough approach to addressing CM in the Netherlands through articles in various newspapers.

GNBN Global South working group

The Global South working group (in cooperation with Share-Net International) organized five successful lectures for GNBN and Share-Net members and other SRHR professionals to share knowledge and learn about issues related to CM in 2018. An average of around 20–30 people attended each event. The lecture series continues in 2019.



GNBN advocacy working group

The advocacy working group approved its advocacy strategy in early 2018 and started developing its advocacy action plan. On behalf of GNBN, a number of advocacy letters were written to the Dutch MoFA and the Chair of the Multi-Party Parliamentarian Initiative for gender and SRHR, MPs working on foreign trade and development cooperation and MPs embracing SDGs 3 and 5. This was in response to the new foreign policy paper on trade and international development and in preparation for discussion of this policy paper in Parliament. This resulted in a motion in Parliament and an adaptation of the policy note on development cooperation. At the end of 2018 an amendment for CM was accepted, which led to additional funding being made available for CM.

Planning, monitoring, evaluation and learning

The YIDA planning, monitoring, evaluation and learning (PMEL) group consists of PMEL advisors from the partner organizations based in the Netherlands and is chaired by the YIDA PMEL coordinator. A new coordinator came on board in August 2018 to coordinate the MTR process and to further support the alliance's PMEL activities. The PMEL function lies strongly in the countries, and the PMEL group supported the country alliances with data collection, quality assurance, interpretation and learning. At overall alliance level, this PMEL data comes together in the [YIDA IATI dashboard](#), which allows for an overview of the progress made by partners collectively.

Reflecting and joint learning during the 2018 YIDA Midterm Review

2018 was marked by the MTR, which allowed the programme teams to reflect on what is going well and what needs improvement to achieve the overall objectives of the programme. The MTR was a genuinely joint effort, with in-country programme teams and Dutch country leads reflecting on the ToC and identifying the successes and constraints. In all YIDA countries, MTR workshops were organized to enable the teams to discuss the ToC, working modalities (partnerships), PMEL and research.

An important element of the MTR was the inclusion of the midline studies that were conducted in each of the YIDA countries. These studies provided insight into the progress made compared to the baseline, and identified a number of improvements for YIDA interventions. The midline studies have been integrated into the country MTR reports as well as into the [YIDA MTR synthesis report](#).

In October 2018, the MTR report-writing workshop took place in the Netherlands, at which the principal authors of the country MTR reports received training on report writing while also sharing experiences and learning in the peer-reviewing sessions and country presentations. Based on the country reports, midline studies, writing workshop and operational research, the YIDA MTR synthesis report was written, bringing together the main findings, conclusions and recommendations. This was followed up by a management response from the YIDA Board of Directors to prioritize recommendations and provide guidance to the alliance members for their follow-up.

Putting the YIDA IATI dashboard to use

In addition to the MTR process, the PMEL group in the Netherlands worked hard to streamline data management in IATI and to create a YIDA IATI dashboard. The YIDA IATI dashboard generates data from IATI and enables the alliance to put together and combine data in one place. It allows the YIDA to monitor the Yes

I Do programme by tracking progress on indicators and expenditures by country and by partner in a visually attractive way. In addition, the dashboard allows the alliance to merge data on a larger scale to provide insight into Yes I Do's overall performance. The IATI dashboard has become the prime PMEL data management system for the alliance, and continued efforts, both on input (data quality), presentation (a focus on core indicators while keeping nuances) and the learning side (using PMEL data for decision making), remain at the heart of the PMEL group's work plan for 2019.





Challenges and Opportunities for the YIDA

The MTR enabled the YIDA at all levels to reflect on the major challenges and opportunities and to update the mitigation measures for the risks that were identified at the start of the programme. The MTR recommendations include the overall and country specific challenges for all pathways. A start has already been made by implementing the recommendations and the upcoming 2019 annual review and planning meetings will be a good opportunity to discuss first progress made towards the key overall recommendations to better interlink pathways, to include out of school youth and married and pregnant girls better into the programme and to strengthen value clarification and focus on the YIDA key principles. Regular monitoring of the MTR recommendations will continue in 2019.

A selection of programmatic challenges

In the **Southern African** countries and Kenya, the midline findings showed that despite a decline in child marriage, the number of teenage pregnancies is not going down. Due to awareness raising initiatives, more people are aware that it is illegal to marry below the age of 18. However, this may have led to the unintended effect that young girls are falling pregnant and do not necessarily marry. At the same time, many rural health facilities don't have contraceptives available. This remains a challenge within the programme and therefore YIDA continues with advocacy and seeks partnerships with organizations that strengthen health systems in **Malawi**. The positive development in this regard is that the number of girls who are pregnant or have given birth are returning to school, as a result of the dialogue YIDA engages in with schools. This will be continued in 2019 and beyond.

Across all YIDA countries implementing MYP fully is still challenging. Therefore, more programmatic guidance is being provided in the countries by the youth led partners together with representatives from all YIDA members in The Netherlands⁷.

The MTR also showed that in all countries more attention needs to be given to include parents, teachers and health-care workers in (intergenerational) dialogues to strengthen addressing the social and gender norms in the communities. Therefore, countries were encouraged to do value clarification sessions with teachers and health-care providers to strengthen comprehensive sexuality education so that teachers grow in feeling more comfortable and are more knowledgeable about CSE and health-care providers more confident in providing youth friendly services. In 2019, the YIDA will continue to support countries in implementing their lobby and advocacy strategies by encouraging them to do L&A at different levels, in the communities and at district and regional level and where needed and possible at national level.

Alliance challenges

Working with a ToC requires adaptive programming, country ownership and decision making at the country level. Therefore, the planning and deliverables for review and planning meetings will be more country led, giving countries more space to adapt and work in a tailor made manner. All countries indicated that cross country learning on strategies and themes need to be prioritized so that successful strategies used in country A can also be applied in country B. Learning between countries will also provide opportunities to focus on the YIDA cores principles and do value clarification. The learning sessions will also be used to increase the link between PMEL and research to enrich and improve programming. This has already taken off early 2019.



Political challenges

One of the ongoing risks is political unrest due to elections. For example, in 2019 (national) elections will take place in **Indonesia**. Some safety and security risks due to e.g. political opposition will most likely continue, e.g. in **Ethiopia** and **Mozambique**.

The major challenge of not being able to implement the programme in **Pakistan** anymore is being mitigated by the fact that MoFA has invited the YIDA to send in a proposal to reallocate the available funding from the Pakistan programme. The YIDA has recently sent in the activity plan and budget for the re-allocation of the Pakistan funds.

Growing conservatism / opposition

Growing conservatism towards SRHR is seen in recent years, both in developing and western countries. In the USA, the Protecting Life in Global Health Assistance policy — formerly known as the Mexico City policy — bans US government family planning funds and other funds from going to foreign NGOs that provide or advocate for abortion services as a family planning tool, continues to decrease SRHR funds being available. An increase in conservatism towards SRHR in the YIDA programme is most prominent in Indonesia where a large online movement openly promotes early marriage and in **Kenya** where a court case is ongoing to allow girls to undergo FGM/C at age 18. The YIDA in Indonesia has been responding to the online promotion of early CM by encouraging young people to use social media (twitter and facebook) to post counter messages and to claim SRH rights.

Also on a smaller scale YIDA experienced opposition against the interventions as myths around using contraceptives are still very strong in some programme areas. For example in **Malawi**, traditional herbalists conducted campaigns in the communities to advocate for using traditional contraceptive methods instead of modern contraceptives. In **Mozambique**, myths around contraceptive use are also very strong and therefore an operational study is planned for 2019 to deconstruct this belief and identify opportunities to increase modern contraceptive use amongst young people. In **Kenya**, the programme was confronted with misconceptions around the ARP as people were telling that the traditional knife would be broken which would lead to a curse for the girls. However, the ARPs were positively received and this countered the false messages that were spread. Throughout the programme, YIDA stays open for this type of opposition and aims to engage in a dialogue.

Opportunities for linking and learning

In addition to implementing the MTR recommendations we will focus on the Linking & Learning agenda in 2019 and increase capacity-strengthening. A Linking & Learning working group started preparations for a global YIDA learning event scheduled for October 2019. Besides this, country exchange visits will take place for alliance members in programme countries to learn from each other, be inspired by good practices and lessons learned and share successful methodologies. Technical expertise from Dutch alliance members on MYP and GTA will continue to be shared, specific tools will be shared on GTA, and the alliance will discuss further how to enhance MYP.

As the other two CM alliances in the Netherlands have also conducted their midlines, this provides a wealth of information and the alliances a great opportunity to compare findings and learn from each other's strategies and interventions. A successful learning session involving the 3 CM alliances took place early 2019. Girls Not Brides the Netherlands will, in cooperation with Share-Net International, continue to provide space and opportunity to share learnings from the programmes with the wider SRHR community in the Netherlands.

More in general, the MTR recommendations give the programme the opportunity to strengthen and adapt key strategies and also to take on board the main findings of the YIDA midline studies





Looking forward

More than half way through the programme, the Yes I Do programme has achieved a great number of promising results under all pathways and cross-cutting issues. The MTR provided the countries with insights into which strategies are working well and where there is room for improvement. All countries are committed to follow up on their MTR recommendations. The MTR also revealed that in general the YIDA is well on track to achieve its goals. 2019 will be used to build on the achievements and to enable countries to deepen their learning from each other and share best practices.

Preparations for the endline and (external) end evaluation are taking place so that the alliance is ready for them in 2020. In addition, we will start preparing for a YIDA after 2020 by initiating discussions among the Dutch alliance members and with YIDA partner organizations in the countries.

YIDA annual financial report 2018

The YIDA consolidated 2018 expenditures have been audited and approved by PricewaterhouseCoopers (PwC) on 20th May. Both the PwC audit report and the 2018 Financial Report including the audited expenses of the Yes I Do Alliance will be sent to MoFa, 1st June 2019.

The actual expenditures of 2018 amount to € 6.782.547, budget 2018 was € 7.596.223, total deviation is 11%. The biggest deviation between budget and expenditures is seen in Pakistan (-38%), as the Yes I Do Programme was not able to implement the full year due to the advice of the Pakistani Government to a large number of international organizations including Plan International and Rutgers to cease operations.



Overview YIDA core indicators

The table on the next pages presents an overview of a number of results that YIDA contributed to in 2018. The data presented is based on a selection of core indicators from the YIDA generic M&E framework. In a number of cases, measurements on indicators were conducted differently by the country teams and this is related to the very contextualized and localized PMEL frameworks of the countries. In order to be able to aggregate the data better at YIDA desk level, the data collection process for these indicators will be further streamlined and harmonized. This will affect the local PMEL frameworks only slightly, as the core function of YIDA's PMEL function remains to facilitate monitoring and decision making at the level of implementation in order to adapt and steer the programme in a timely way.

The table presents the progress made in 2018 compared to the annual target (planning). It includes a brief interpretation of the measurements in case numbers deviate from the target or in case there are significant differences between countries.

RESULTS AREA		CORE INDICATORS	ETHIOPIA		INDONESIA		KENYA		MALAWI		MOZAMBIQUE		PAKISTAN		ZAMBIA		TOTAL	
			RESULT	TARGET	RESULT	TARGET	RESULT	TARGET	RESULT	TARGET	RESULT	TARGET	RESULT	TARGET	RESULT	TARGET	RESULT	TARGET
PATHWAY 1 COMMUNITY MEMBERS AND GATE-KEEPERS HAVE CHANGED ATTITUDES AND TAKE ACTION TO PREVENT CM, FGM/C AND TP	OUTCOME	1.2. # of initiatives in the local community and local clubs/associations/schools to address FGM, TP and CM and gender inequality	149	149	46	6	13	13	872	450	19	30	3	3	23	25	1.125	713
	This indicator describes the number of initiatives by the community to address CM, FGM and TP. In some countries, such as Pakistan, community structures are measured and not the initiatives taken by these structures. Therefore the number is lower than the others.																	
	OUTPUT	1.4. # of networks established consisting of change agents	23	23	12	12	4	4	9	7	3	3	30	0	24	20	75	69
Besides the establishment of new networks in 2018, YIDA put emphasis on nurturing and maintaining existing networks. This explains why the actual result is lower than the target and that in Pakistan the # is 0 (no new networks established).																		
PATHWAY 2 ADOLESCENT GIRLS AND BOYS ARE MEANINGFULLY ENGAGED TO CLAIM THEIR SRH RIGHTS	OUTCOME	# of youth who participate in policy and decision-making bodies and perceive their participation as meaningful	4	6	24	7	114	-	2	-	53	46	-	-	-	-	200	NEW INDICATOR HENCE NO TARGET FOR 2018
	This is a new indicator and Pakistan and Zambia have not yet measured it in 2018 and Malawi and Kenya did not set targets. In Kenya 14 young people were involved in a local gender responsive budgeting process and 100 young people form part of community structures. In Mozambique, young people participated in the multisectoral committees which are community structures representing various community members to end child marriage.																	
	OUTPUT	2.4. # of staff of partner organisations that have been capacitated in MYP	29	29	7	12	5	15	11	11	18	20	4	5	5	21	79	134
	In Ethiopia, different means for building MYP capacity of partner organizations were used: trainings on youth-adult partnerships, MYP follow up trainings and youth-adult dialogues. In Zambia, besides training the partner organisations, MYP capacity building focused on local organizations and community members, of which 91 participated in an MYP training (not included in the # above). Indonesia and Kenya also started to train staff outside of their organisation which explains the lower result compared to the target.																	
OUTPUT	# of young people trained in MYP	28	15	520	45	13	7	24	22	30	20	12	0	17	29	644	163	
Most countries invested in training of trainers to be able to reach more young people with MYP trainings. Peer educators shared their knowledge and created a movement in doing so. In Indonesia, an unspent budget from 2017 was used to reach more young people with MYP trainings. Therefore the actual results surpasses the target.																		

SEE NEXT PAGE FOR PATHWAY 3,4 & 5



RESULTS AREA	CORE INDICATORS	ETHIOPIA		INDONESIA		KENYA		MALAWI		MOZAMBIQUE		PAKISTAN		ZAMBIA		TOTAL		
		RESULT	TARGET	RESULT	TARGET	RESULT	TARGET	RESULT	TARGET	RESULT	TARGET	RESULT	TARGET	RESULT	TARGET	RESULT	TARGET	
PATHWAY 3 ADOLESCENT GIRLS AND BOYS TAKE INFORMED ACTION ON THEIR SEXUAL HEALTH	OUTCOME	3.1.A. # of adolescents girls and boys between 15 and 24 that utilize SRHR services, including modern contraceptives (including condoms) and safe abortion rate/post-abortion care	21.766	15.000	7.010	9.000	-	-	2.061	2.500	18.184	15.000	-	NOT SET	4.164	5.500	78.852	90.638
	Data is based on the HMIS data from facilities that provide Youth Friendly SRHR services in the catchment areas. In Kenya this B15:W22 was not measured over 2018 because YFHS are far away from the target districts and a different strategy is being prepared to establish youth health corners in schools. In Pakistan, youth did not make use of the health facilities regarding SRHR issues but went to private sector providers and pharmacies. Measurements on the extent to which girls and boys use contraceptives are performed by KIT during base- and endline.																	
	OUTPUT	3.9. # of young people between 10 – 24 years who participated in SRHR education sessions and awareness raising activities	5.279	5.500	1.717	2.200	5.126	8.500	7.371	2.500	58.020	50.000	4.782	7.000	1.180	4000	84.192	82.000
	In Mozambique, the number is significantly higher than the other countries because YIDA conducts community mobilization campaigns on SRHR while the other countries counted specific (peer) SRHR education sessions.																	
	OUTPUT	3.7. # of (government/private) health facilities that adopt and implement youth friendly SRHR services	9	9	7	4	0	4	5	0	8	14	-	-	11	16	40	47
	In Ethiopia, the team measured the # of health facilities that provide youth friendly SRH services according to national standards. For Pakistan, this data was not available.																	
	OUTPUT	3.11 # of teachers, health and social workers and peer educators trained in detection and prevention of CM, TP and FGM.	97	110	289	200	141	90	140	150	97	100	60	60	244	384	1.100	1.204
The content of the trainings is monitored by pre- and post tests and guided by value clarification workshops and rehearsal of SRHR key principles. The indicator will be split to monitor effectiveness of trainings for teachers, health and social workers and peer educators separately.																		
PATHWAY 4 GIRLS HAVE ALTERNATIVES BEYOND CM, FGM/C AND TEENAGE PREGNANCY THROUGH EDUCATION AND ECONOMIC EMPOWERMENT	OUTCOME	4.1A % girls aged below 18 years who dropped out of school 4.1B % girls aged 15-18 currently attending secondary school	THIS INDICATOR IS MEASURED BY KIT AT BASE- AND ENDLINE.															
	OUTCOME	4.9 % of girls 18-24 who are economically active outside of household 4.10 % of girls 18-24 who have received any income in the past 6 months	THIS INDICATOR IS MEASURED BY KIT AT BASE- AND ENDLINE.															
	OUTCOME	4.6. # of schools where Child Protection Policy is in place	-	-	15	4	12	30	13	13	0	-	11	0	32	48	83	95
	In Mozambique Child Protection Policies in school were not yet adopted. This is a priority for 2019. Due to regulatory restrictions in Ethiopia, YIDA did not engage on policy issues with the schools.																	
	OUTPUT	# of girls who completed vocational training	50	58	307	60	25	105	55	-	100	100	0	0	24	24	588	529
Based on the MTR findings more focus was brought to providing young girls with vocational trainings. Therefore, this is a new indicator and hence not (yet) measured in Malawi and Pakistan.																		
PATHWAY 5 POLICY MAKERS AND DUTY BEARERS DEVELOP AND IMPLEMENT LAWS AND POLICIES ON CM AND FGM/C	OUTCOME	PW 5.3A # of child marriage and FGM/C cases reported and taken acted upon by duty bearers (LTO)	90	50	-	-	4	20	74	150	15	-	-	-	12	50	288	445
	OUTCOME	5.1B # of (new) national and local law (incl. by-laws) and policies prohibiting CM and FGM/C	NO DATA*	NO DATA*	29	17	8	8	3	3	0	2	-	-	0	2	40	32
	* In Ethiopia, the law prohibits NGOs to engage in policy advocacy at any level. In 2018, 4 policy dialogue sessions, 2 street campaigns and 2 awareness raising events were organized. In Kenya, no CM cases were reported and no FGM cases. This will be followed up in 2019. In Indonesia, the effectiveness of lobby and advocacy activities is measured based on the # of new or adjusted national and local laws. Data for Pakistan could not be retrieved.																	
	OUTPUT	5.6. # of media hits (from radio shows, press conferences and releases, articles, opinion articles) with references to research	12	12	-	-	34	50	6	10	3	5	65.000	50.000	4	30	60.059	50.107
In the country PMEL frameworks, advocacy activities are tracked differently: Most countries tracked the # of publications in the media while Pakistan counted media hits (facebook). In Indonesia, an estimated 5 million people were reached through media campaigns but the media hits with reference to YIDA research were not counted.																		
THE YES I DO ALLIANCE AND ITS PARTNERS HAVE THE KNOWLEDGE AND SKILLS TO IMPLEMENT GENDER TRANSFORMATIVE PROGRAMMES	CROSS CUTTING	# of staff of implementing partners receiving GTA training in 2018	3	-	1	-	1	-	1	-	2	-	1	-	6	-	15	-
	The focus in 2018 on strengthening GTA was on Training of Trainers; the results of these trainings will be measured in 2019. Additionally 20 YIDA staff were trained in the Netherlands during the GTA learning day. In Pakistan and Indonesia, many staff had been trained in GTA already in the Prevention+ and Mencare+ programmes. No targets were set as training took place based on identified needs.																	
MEN AND BOYS ARE SUCCESSFULLY AND ACTIVELY ENGAGED TO REDUCE CM, TP AND FGM/C	CROSS CUTTING	CC2. (qualitative) Changes observed relative to baseline in active engagement of men and boys in strategies reducing FGM/C, CM and TP	2 (BASELINE 1)	2	2 (BASELINE 1)	2	1 (BASELINE 1)	3	2 (BASELINE 1)	3	1 (BASELINE 1)	2	2 (BASELINE 1)	2	2 (BASELINE 1)	3	N/A	N/A
	0=no/ 1=few/ 2=some/ 3=most/ baseline/midline study participants (qualitative component) reported that there is active engagement of men and boys in strategies reducing FGM/C, CM and TP. Results score 1 indicates that more efforts are needed to actively engage men and results score 2 means that active engagement of fathers and boys (15-24) in strategies reducing CM and TP is increasing																	



YES I DO.



Girls first



For a strong and healthy Africa

CHOICE FOR YOUTH & SEXUALITY



KIT Royal Tropical Institute



For sexual and reproductive health and rights