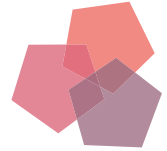


Yes I Do Alliance

Consolidated Annual Report 2017



YES I DO.



Girls first



Rutgers | For sexual and reproductive health and rights

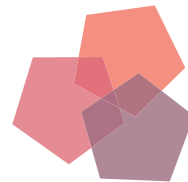


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CHOICE FOR YOUTH & SEXUALITY

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Inhoud

Yes I Do Alliance	1
Summary	4
Introduction	6
Progress by pathway	8
Pathway 1	8
Pathway 2	9
Pathway 3	10
Pathway 4	13
Pathway 5	14
YIDA cross-cutting issues	17
Gender transformative approach	17
Girls' empowerment	17
Men's and boys' engagement	17
Alliance-building in the countries	19
2017 annual review meetings	19
Lessons learned from the annual review meetings	19
YIDA in the Netherlands	21
YIDA governance	21
YIDA working groups	21
Cooperation with the Netherlands Ministry of Foreign Affairs	21
Cooperation between the three Dutch CM alliances	21
Girls Not Brides the Netherlands	22
GNBN CM working group in the Netherlands	22
GNBN Global South working group	22
GNBN Advocacy/Communications working group	22
M&E coordination group	23
M&E activities	23
Reporting and IATI	23
Operational research	24
Challenges for the YIDA	27
Programmatic challenges	27
Alliance challenges	27
Political challenges	27
Protecting Life in Global Health Assistance	28
Opportunities	28
Looking forward	30
To conclude	31

Summary

In 2017, the second year of the Yes I Do programme, the programme was in full swing, and a lot of achievements were made. After running the inception workshops and setting up the country alliances, local alliance government structures and monitoring and evaluation (M&E) frameworks, the country alliances in all countries were ready to implement their Theory of Change by the beginning of 2017.

In all Yes I Do Alliance (YIDA) countries considerable achievements were made. **Under pathway 1**, a growing number of social movements have been established and/or strengthened in intervention areas to transform deeply rooted discriminatory gender and social norms. Within communities young people have been made aware of their sexual and reproductive health and rights (SRHR) and have been trained to become champions of change. **Under pathway 2**, alliance members and civil society organizations (CSOs) received training in meaningful youth participation (MYP) to raise their awareness of involving young people. This enabled alliance members to include youth at different levels within their organizations, including decision-making processes. **Under pathway 3**, CSOs were made more aware of the SRH needs of young people, to help them create an enabling environment for young people, such as safe environments in schools, especially for girls. Schools have been linked to youth-friendly centres/clinics for youth to access adolescent SRH services. **Pathway 4** focused on the economic empowerment of girls by safeguarding education for girls by preventing school dropout and implementing village savings and loans activities, microfinance and vocational training for youth. Links were established with the private sector to create more economic opportunities for young people. **Under pathway 5**, awareness-raising in communities and advocacy towards local governments took place to increase awareness of SRHR issues among community members and government officials so that they will support efforts to prevent child marriage, teenage pregnancy and female genital mutilation/cutting.

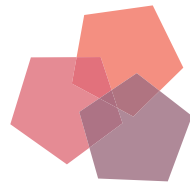
In addition to the five pathways of change, the YIDA also worked on the following **cross-cutting strategies**: gender transformative approach, girls' empowerment, male engagement and MYP. Cross-cutting activities are integrated into all YIDA intervention strategies in all countries.

The Netherlands and **country alliances** were fully operational in 2017. All country alliances had proper structures, a well-defined Theory of Change and an M&E framework to provide partners with a clear and common understanding of how to achieve programme goals.

In the 4th quarter of 2017, the first **annual review meetings** took place for all countries, allowing the country alliances to reflect on the previous period, discuss alliance-building at country level and refine planning for 2018.

In the **Netherlands** regular meetings took place with the other two child marriage alliances — for example, to discuss the research agenda. The three Dutch child marriage alliances are represented in Girls Not Brides the Netherlands and also had regular meetings with the Ministry of Foreign Affairs.

The YIDA **M&E Coordination** Group aligned and ensured coordination of the different M&E processes (including IATI) of the YIDA in the seven countries. Additionally, the group developed formats for reporting and tools for the Annual Review Meetings and provided advice and support regarding the quality and effectiveness



of the M&E. M&E results were discussed during regular M&E meetings and M&E Coordinators provided support to Ethiopia, Zambia and Kenya, M&E advisors and programme staff also provided M&E support for their countries. Further support for M&E capacity strengthening in the countries will continue to be made available.

During 2017 **operational research** took place in 6 countries. In Mozambique an additional baseline study was carried out in two other districts as activities are also implemented there. The (operational) qualitative studies in 2017 addressed knowledge gaps identified in the baseline, or focused on issues which country alliances agreed upon needed further exploration to inform the activities and interventions. The studies took place in cooperation with local researchers and the findings have been compiled in research reports, which will deepen the insights of factors related to CM, TP and FGM/C for the YIDA programme. First (operational) research reports will become available in quarter 2 and 3 of 2018.

During the year, the YIDA faced a number of programmatic and political **challenges**, including unrest in Ethiopia, Kenya and Mozambique. The Pakistani government did not approve the registration for a large number of international non-governmental organizations (INGOs), among them Plan International Pakistan and Rutgers Pakistan. This caused delay in the programme. An appeal process against this decision is ongoing, meanwhile the YIDA partners are allowed to continue with their activities.

To prepare for 2019 and 2020, the Terms of Reference and planning for the YIDA mid-term review (MTR) were formulated. The MTR will be carried out in 2018. The review will enable us to ascertain the programme's progress towards the outcomes by collecting and analysing the available data in line with the M&E framework and combining this information with the achievements and analysis of the expenditures in the countries so far. This will allow us to see whether all countries and pathways are on the right track or if programme and budget adjustments are necessary. The outcomes of the YIDA midline study and operational researches will also be used for the MTR to deepen our knowledge on the interlinkages between and the causes and consequences of CM, TP and FGM/C.

Introduction

Despite near-universal commitments to end child marriage, 12 million girls are married in childhood each year, according to the latest prevalence and population figures. Total number of child brides is estimated at 650 million.¹ In developing countries 9 out of 10 births to adolescent girls occur within a marriage or union. In these countries complications from pregnancy and childbirth are the leading cause of death of adolescent girls.

New data confirm that practice of child marriage has continued to decline around the world, with accelerated progress in the last 10 years². 25 million child marriages were prevented in the last decade. Around 2000, one in three women aged between 20 and 24 years old, reported to have been married as a child, in 2018, this number is around one in five. However, progress is insufficient to meet the ambitious targets of elimination of child marriage as set forth in the Sustainable Development Goals.

In this annual report (covering January–December 2017) we present the progress made by the Yes I Do Alliance (YIDA), consisting of Plan Nederland (lead organization), Amref Flying Doctors, CHOICE for Youth and Sexuality, KIT Royal Tropical Institute and Rutgers. The overall vision of the YIDA is that 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 child marriage (CM), teenage pregnancy (TP) and female genital mutilation/cutting (FGM/C). The YIDA is operational in seven countries: Ethiopia, Kenya, Mozambique, Malawi, Zambia, Indonesia and Pakistan.

The first chapter of this report starts by describing the progress made under each pathway of the YIDA's Theory of Change (ToC) for 2017. Under each of the pathways we provide a number of examples of achievements in the different countries, as in this consolidated report it is not possible to provide a full, comprehensive overview. Full country reports are, however, available on request. The next chapter gives information on the cross-cutting strategies integrated into the programme — gender transformative approach (GTA), girls' empowerment, men's and boys' engagement and meaningful youth participation (MYP) — followed by chapters providing information on alliance-building, including information on the reflections and main findings of the annual review meetings (ARMs). The report also offers an insight into the YIDA 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 the Netherlands (GNBN). The next chapter gives information on monitoring and evaluation (M&E) of the YIDA, operational research and the main challenges and opportunities and the final chapter looks forward to 2018.

1 UNFPA report *Worlds Apart*; 2017

2 UNICEF latest data on CM, 2018



Progress by pathway

The main achievements of the YIDA pathways of change are presented below. The YIDA ToC is designed in such a way that the activities under the different pathways are interlinked to ensure they strengthen each other and a maximum of synergy is reached. For example, evidence from the projects and baseline reports inform the advocacy (pathway 5) being done in the countries. Creating awareness among community-based organizations and leaders (pathway 2) within the communities on MYP and adolescent SRHR ensures that communities, parents and leaders can understand the role they can play in supporting their children with accurate SRHR information, social support and prevention of CM, TP and FGM/C (pathway 1).

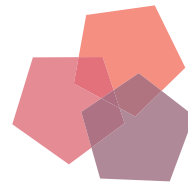
Pathway 1

To change deeply rooted cultural beliefs and practices regarding CM, TP and FGM/C, it is necessary to engage with different types of influential persons such as community, traditional or religious leaders, teachers, FGM/C practitioners, ‘matrons’ etc. Therefore, in all countries important strategies and activities under pathway 1 are directed towards **building social movements and changing attitudes of community members and gatekeepers so that they take action to prevent CM, TP and FGM/C.**

In all countries young people and other community members and gatekeepers of different generations were made aware of SRHR in relation to young people and the consequences of CM, TP and, where applicable, FGM/C. Young people have been trained as champions of change, enabling them to engage with their parents, community leaders and teachers to express themselves and discuss issues related to SRHR. Men and boys are included and trained so that they can become male role models to support the elimination of gender discrimination. To build these social movements, various community-based platforms and/or groups of champions of change have been established and/or strengthened in all countries. Young people engaged with their parents, community leaders and teachers in matters concerning SRHR, so the movements also include community members of different generations and gatekeepers who are aware of the benefits of changing norms and finding alternatives to CM, TP and FGM/C. Also, continued dialogues between parents and youth and among youth were facilitated to improve (intergenerational) communication so that parents and youth communicate with each other and among each other on adolescent SRH challenges. Country-specific examples of the progress made in 2017 under this pathway include the following.

In **Malawi** community members and gatekeepers have been included and have participated actively in the programme, a total of 4805 people were reached with messages during sensitization campaigns on the negative impact of CM and TP. Two special sessions were conducted with religious leaders (36) and traditional initiators (38) to sensitize them and increase their knowledge of the dangers of harmful cultural practices in relation to TP and CM. The programme validated the quality of the change that youth advocates have made since the project started training them. Interviews with a small sample of youth verified that there has been tangible change in the teachings given during initiation rites.

In **Zambia**, alongside boys, girls and parents, gatekeepers such as traditional, district and religious leaders have been trained as champions of change. 144 champions of change groups have been established. Many of the champions have been publicly condemning cultural practices which perpetuate CM, at public meetings,



on radio programmes and at organized training sessions. Effects can be seen at different levels, including girls stopping their own marriages, and a chief who prevented six girls from undergoing CM and sent them back to school.

In **Pakistan** the YIDA works with so-called Kiran and Kiran Plus clubs, a network of adolescent agents of change who advocate against CM and TP within their communities and at policymaking level (at provincial and national policy forums). Through the Kiran approach 23000 community members were reached. These adolescents have been trained on community mobilization and leadership and advocacy, and have developed toolkits disseminated to them for community outreach and peer education. The Kiran Plus clubs have propelled the level of awareness beyond the local scale and towards the provincial level, where their advocacy efforts are being acknowledged by policymakers and a wide spectrum of stakeholders whose support they have successfully garnered. Community members, policymakers, other duty bearers and civil society organizations (CSOs) are being informed about the detrimental consequences of CM and TP.

In **Indonesia** 12 Village Child Protection Groups (KPADs) consisting of community members and leaders have been established and capacitated in the three operational areas. These groups function as the core of the social-movement-building activities at community level. Community members in these groups have started dialogues and established a system to detect girls who have finished primary school, to ensure that they attend secondary school. The members of the child protection groups have been trained in GTA, enabling them to introduce this concept to community members in their dialogues on SRHR in general and on CM in particular.

In general, in 2017 it was observed that social networks were established and strengthened in all YIDA countries to address the issues of CM, TP and FGM/C, and a solid start was made to initiate social movements. In each country, community members and leaders and other gatekeepers have shown that they understand the benefits of changing norms and are taking action in line with the YIDA messaging. It was also observed that their attitude towards under-age marriages is slowly changing through the work under this pathway — for example, in Bahir Dar Zuria in Ethiopia, gatekeepers have become advocates, they speak out against CM and FGM/C and have stopped 71 cases of FGM/C in Kewet and 17 cases of CM in Bahir Dar Zuria. However, in more conservative countries such as Pakistan and Indonesia the concept of SRHR and, in particular, TP and FGM/C are very sensitive to discuss.

Pathway 2

Under pathway 2, **adolescent girls and boys are meaningfully engaged to claim their SRHR**. The strategy used under this pathway is to build the capacity of both young people and CSOs on MYP. This makes young people aware of their SRHR and the right to meaningfully participate, and provides them with the skills to advocate for these rights and to be included in design, implementation and evaluation processes of SRHR. At the same time, CSOs understand the benefits of including young people in their organizations and activities, and have the capacity to integrate MYP. This pathway is strongly linked with pathway 3: when boys and girls have the right knowledge on SRHR they are able to take informed action.

To achieve this goal, alliance members and their implementing partners in all YIDA countries except Pakistan³ were trained in the core elements of MYP, different forms of meaningful and non-meaningful youth participation and the preconditions for MYP. This enabled YIDA partners to train other staff within their organizations, to integrate it into their activities and introduce the concept to their beneficiaries. Country-specific examples of the progress made in 2017 under this pathway include the following.

In **Malawi**, for instance, the strong outreach to young people and the focus on MYP stimulated young people to raise their voices: the introduction of MYP in in- and out-of-school youth clubs has been a catalyst for truthful and successful dialogues between young people and decision-makers, including their parents. 72 trained students (36 male and 36 female) aged between 10 and 18 received training in leadership, advocacy skills and human rights. In addition, the alliance partners (5) have been equipped with the necessary skills to promote MYP in their organizations. 31 community dialogue sessions were organized by trained young people, and youth-led advocacy activities were supported.

As a result of MYP training, several CSOs have created youth committees to inform the design and implementation of their community activities. The support forums where youth exhibit their skills have continued to provide an opportunity for public sensitization on adolescent SRHR and the impact of CM and TP.

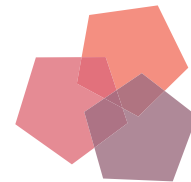
In **Mozambique** different stakeholders from several organizations received training on MYP to create awareness about the importance of the meaningful involvement of young people in their programming, so that stakeholders will work with young people as equal partners. The MYP training was organized for both the YIDA implementing organizations and for CSOs and other stakeholders across the targeted communities. Young people organized intergenerational dialogues in their communities, at which it was noted that community leaders had changed their position by allowing young people to participate in community-level decision-making spaces. Community leaders now appear to be more open to collaborate with young people. This greater level of awareness of MYP shows community members that youth can contribute to the dialogues taking place.

In **Pakistan** a pool of master trainers was established to train Kiran Club members on community mobilization, leadership and advocacy. Different methods were utilised to engage adolescents and to create more awareness on SRHR. Interactive theatres were arranged in communities that were designed to entertain, involve and create awareness about the importance of girls' education and the negative effects of CM. These theatre activities in Sanghar and Umerkot were attended by nearly 3.146 community members.

Pathway 3

Progress under this pathway (**adolescent girls and boys take informed action on their sexual health**) includes strategies to create an enabling environment in which it is safe for young people to receive correct SRH information, express themselves and take action to improve their SRH.

3 As CHOICE is a youth organization, its staff is not allowed to travel to Pakistan due to security.



In all YIDA countries different professional groups (teachers, health care workers) were trained to provide better adolescent SRH information and/or services, thereby creating an enabling environment in which teachers and parents are better informed on young people's SRH. Youth and teachers received comprehensive sexuality education (CSE) to increase their knowledge on SRH, including sexually transmitted infections and HIV/AIDS, sexual rights, pleasure, violence, sexual diversity and gender.

In **Kenya** partners conducted parents' sensitization meetings (200 parents) in schools to inform them about SRHR and the importance of youth advocates for the adolescent SRHR programme. Follow-up is needed to make parents more comfortable and able enough to support their children and discuss their SRH needs. This will be done by holding more sensitization meetings. As part of creating a safe environment 20 schools conducted code of conduct workshops to promote healthy and safe schools free from harassment and violence. These 20 schools were also linked to youth-friendly centres and clinics to facilitate access to youth-friendly health services and adolescent SRHR information, and schools now have referral systems in place so that students can find their way to contact persons within youth-friendly clinics. In addition to professionals and CSOs, the alliance members themselves received information on CSE. Training manuals and tools such as check lists were shared, which enabled alliance members to train others.

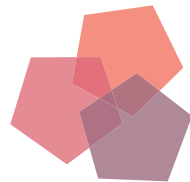
In **Ethiopia** health staff (46 participants 32 from Bahirdar Zuria and 14 from Kewet) were trained on the national guideline for youth-friendly SRH service provision, in which specific youth SRH problems were identified and methods for increasing adolescent SRH provision were demonstrated. The health staff, including teachers and school principals, were also trained to provide adolescent SRH information and services in a safe and youth-friendly manner. In addition, the needs of health centres (3 in Kewet and 6 in Bahirdar Zuria) to provide youth-friendly health services were identified, and they received essential equipment and supplies. In other health centres, rooms in which youth-friendly services are offered were renovated to provide a model with standardized services. This improved access for 30,000 young people to youth-friendly health services in the two districts.

In **Pakistan** adolescents, master trainers and health care providers in the targeted areas received training on appropriate adolescent SRH and youth-friendly health services. It was noted that additional effort is required to establish a sustainable referral mechanism between adolescents and health care providers.

In **Mozambique**, approximately 14,219 school youth were reached with messages on SRHR (5545 boys and 8674 girls). 60 peer educators were trained on SRH, they conducted four community mobilization sessions through dramas and role play, targeting 14,518 young people of which 8,732 were girls. These peer educators also created four secondary school clubs, where messages on SRHR and CM were voiced to their peers. At community level, 78 community and traditional leaders as well as 'matronas' were engaged in speaking out against SRHR and prevention of CM and TP. Through community radio programmes, influential people shared their knowledge on the harmful effects of CM. In total 13 radio programmes were realised resulting in targeted communities commencing to be more open to speak about sexuality and their rights.

Public Services International (PSI) Mozambique and Society For Family Health (SFH) (local partner of PSI) in Zambia were originally identified as potential technical partners to support **Mozambique and Zambia** to improve adolescent SRHR. During 2017 PSI Mozambique and SFH in Zambia withdrew from the programme, as it proved difficult for PSI to implement specific activities to realize the YIDA ToC and create synergy with its own activities.





The withdrawal of PSI Mozambique meant that not all activities under pathway 3 could be implemented. It was thus decided that strong collaboration and better links between Yes I Do project activities and other health projects in Nampula province could result in complementary activities under pathway 3. For example, Pathfinder is planning to strengthen the SAAJ centres (youth-friendly health centres), and another SRHR project implemented by Plan International Mozambique in Nampula province started activities including training health staff on adolescent SRHR.

To mitigate the impact of SFH's absence, Plan Zambia temporarily took over the implementation role of pathway 3 to achieve the outcomes under this pathway wherever possible. However, a partner that previously worked with Plan Zambia was identified as a replacement partner for SFH. It is expected to start implementation in the second quarter of 2018.

Pathway 4

Under this pathway (girls have alternatives beyond CM, TP and FGM/C through education and economic empowerment) important strategies include providing youth-friendly microfinance and vocational training, establishing links with the private sector and also increasing access to post-primary education for adolescent girls.

In all YIDA countries, activities were undertaken to improve the future prospects for young people — especially for girls. Activities ranged from providing means to allow girls to finish their post-primary education to training on entrepreneurship and providing access to Village Savings and Loans (VSL).

In Malawi a mapping was done on dropout rates at different schools in the intervention areas. In Njewa; Lilongwe district the current dropout rate is 553 (209 male and 344 female), in Machinga district the current dropout rate is 3500 (1595 male and 1899 female) This information was used to reach out to students and sensitize them on the importance of staying in school. Efforts were made to encourage girls who had dropped out to consider returning to school. Sensitization activities on the importance of girls' education also targeted the wider community, involving men and young boys to claim girls' rights to education. Dropouts who returned to school through Yes I Do interventions include 243 in Machinga (152 girls and 83 boys) and 197 in Lilongwe (153 girls and 50 boys).

In Ethiopia, as part of girl-friendly schools, school materials were made available, and menstrual hygiene management was improved (by providing hygiene materials and reusable sanitary pads) to minimize the likelihood of girls missing classes or failing to return to school due to a lack of hygiene materials. 70 girls and 23 female teachers were trained in re-usable sanitary pads. 1500 schoolgirls benefited from the available materials. Girls were supported with bursaries to attend secondary schools or with transportation to reach the schools. 34 Teachers (31 female and 3 male) were exposed to gender-responsive methodologies, and girl-led networks and girls' advisory committees were set up in schools so that girls could meet their peers, support each other and share experiences.

In Kenya, Malawi and Zambia training on VSL took place, providing simple savings and loan facilities to youth. In Kenya 55 families (48 men and 58 women) from four wards were trained in VSL methodology and group dynamics, leadership and entrepreneurship skills. In Malawi 301 out of school adolescents (195 girls and

106 boys) were reached. In Zambia 109 savings groups were formed of which 1601 youth were reached (1028 females and 573 males). Action plans were made to continue activities and meet as groups. Various youth members of VSLs started small enterprises to boost their incomes. In addition, financial literacy and management skills were offered to adolescents to further their financial and/or business development skills and to support them to venture into viable businesses. These activities gradually provide young people with better future economic prospects. A challenge is to link young entrepreneurs to existing thriving business people and form larger groups or cooperatives to be economically successful. There is also a need to support more youth with technical and vocational education and training to increase their chances of finding employment.

In **Pakistan** microfinance institutions are being sensitized to produce youth-friendly loans and to offer information on their services and products to adolescents in the target areas. A mapping of possible employers in the private sector is an ongoing activity, and steps were taken to link young women to job or apprentice opportunities to increase their employment prospects. In the more rural communities girls are trained in vocational and business skills to help increase their household income and economic opportunities.

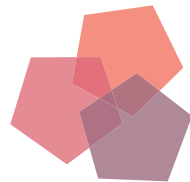
Pathway 5

Policymakers and duty bearers develop and implement laws and policies on CM and FGM/C. Important strategies under this pathway include conducting research and acquiring data for advocacy purposes, designing an advocacy strategy and collecting information from the programme to inform advocacy activities. In 2017, activities were undertaken under this pathway, but more joint work needs to take place to have advocacy impact as an alliance; therefore, partners in the YIDA countries have agreed to develop advocacy plans.

In **Malawi** the YIDA produced a booklet highlighting all lessons learned, best practices, case studies and success stories during the implementation period, to be shared and disseminated through social media and other local media houses. This dissemination campaign will help raise awareness on TP and CM and increase programme visibility. Plan's regional 18+ programme on early child marriage (ECM),⁴ which supported the development of the Southern African Development Community (SADC) Model Law on ECM, was linked to the YIDA countries. Support was given to develop the YIDA lobbying and advocacy strategies and plans and implementation and roll-out of the Model Law, and linkages were made with regional lobbying activities in Zambia, Mozambique and Malawi.

The Ministry of Gender, Children, Disability and Social Welfare conducted M&E visits to the project sites in Machinga. The visits showed that there was a need to scale up the formulation of by-laws. In November 2017, the District Technical Working Group (comprising the Magistrate and district offices for health, youth, gender, education and social welfare) approved the draft by-laws and recommended presenting them before the Full Council for final approval.

⁴ The 18+ programme is being implemented in Zambia, Zimbabwe, Tanzania, Malawi and Mozambique and held the first SADC Council of Traditional Leaders conference in 2015, at which traditional leaders committed to eradicating child, early and forced marriage through a signed declaration.



Drama, music and street shows reflected social issues such as CM, TP and FGM/C. Drama events were attended by youth, parents, community and religious leaders and public stakeholders; they provided excellent opportunities to raise awareness on CM, TP and FGM/C. Youth-led (refresher) training took place to provide young people (25) with (more) practical skills and knowledge to organize advocacy and community mobilization activities. Staff from the youth partner TAYA participated in dialogue forums, and efforts were made to create platforms where different bodies could sit together to discuss CM, TP and FGM/C. Taya also organized 3 days training focused on restrictive social norms for 22 religious leaders and leaders of community based organizations.

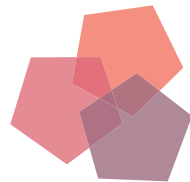
In **Kenya** at the stakeholder engagement forum the YIDA baseline report was used to provide evidence on the fact that young girls (aged 8–10 years) had undergone FGM/C and that this leads to young early sexual debut, as in Kenya people see these circumcised girls as ready for sex and thus marriage. The YIDA was able to make a statement that a focus on CSE is, therefore, necessary in primary-level education. Kenyan member organizations of Girls Not Brides organized a workshop attended by 64 representatives of like-minded community-based organizations in an effort to establish a functional National End Child Marriage Network in Kenya.

In **Zambia** consultative meetings with 43 stakeholders (36 females and 7 males) were organized, and a resolution was made to review the existing legal framework around CM to ensure consistency with by-laws in chiefdoms. Chiefs also developed an action plan and pledged to review traditional customary law in both YIDA intervention areas on cultural practices which perpetuate CM. Traditional leaders also attended the SADC traditional leaders' learning visit to Malawi to exchange ideas on the SADC Model Law and the engagement of communities in the fight against CM and TP, providing the opportunity to further engage traditional leaders to put in place by-laws under their jurisdiction to curb CM. The traditional leaders made a pledge to put in practice the SADC Model Law to end CM.

Youth in Zambia were trained in participatory advocacy (39 females and 21 males). The young people are expected to participate in community advocacy on issues affecting them. Some of them will cascade training within their organizations or among their peers. They will also link up to other ASRHR advocacy for a within the district. Further training took place whereby 33 adolescents and 7 policy makers participated in youth policy maker dialogues. This aims at providing a platform for young people to interface with policy makers to discuss issues affecting youth.

In **Indonesia** the first steps in advocacy activities were taken in implementing areas to create awareness among young people, the communities and the local government to ensure a better understanding of SRH issues. Although the issues surrounding CM are now better understood, and national and local stakeholders are providing support on preventing CM, the issue of TP, especially in relation to the availability and accessibility of youth-friendly services, and the practice of FGM/C face more challenges. Further, the YIDA is involved in the preparation and dissemination of government regulations to counter the Marriage Law that allows girls to marry from the age of 16.





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

Alliance partners were equipped with knowledge on GTA so that they could have the basic knowledge and skills to apply gender-transformative programming. Training participants made action plans to ensure that activities are gender transformative, thus taking into account gender issues from both men's and women's perspectives, rather than simply ensuring that activities have a gender-balanced representation. GTA is about changing negative social norms which are violating the rights of girls and young women and transforming them into positive social norms. This also entails engaging boys and men in alliance activities. Training on GTA took place in Malawi, Zambia, Indonesia and Pakistan in 2017. Gender-transformative programming was furthered by including male and female participants in activities. Facilitators ensured that both girls and boys participated equally and that both sexes (particularly girls) were encouraged to express themselves comfortably. This approach of encouraging female participation — and not just representation — was applied in all the project activities. During the ARMs in Ethiopia, Malawi and Mozambique an introductory presentation was given about 'Social Norm Theory' and an analysis of how to change negative social norms into positive ones.

Girls' empowerment

Three different aspects of girls' empowerment ('power within', 'power over' and 'power with') are interwoven into the different pathways. Empowerment of girls took place in all pathways by means of different activities in all countries. Through the CSE sessions and the champions of change training, the programme empowered girls by developing their life skills and improving their self-esteem. As an example of 'power within', girls are consciously encouraged to step forward — for instance, by voicing their opinions during meetings and events, but also in discussing SRH problems freely with parents, peers and school community members — which contributes to their increased self-confidence. Community members and others supporting girls is an example of 'power with'. Empowered girls are thus able to break away from being voiceless and can speak out on their SRHR and are able to access services they need to protect themselves.

'Power over' is reflected in the lobbying and advocacy activities that challenge legislation perpetuating CM and FGM/C and in the sensitization of influential people who have the power to decide about the future and lives of girls concerning their marriage and reproductive health.

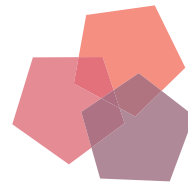
Men's and boys' engagement

In all countries, alliance members directly engaged boys and men throughout the implementation of activities, whether these were meetings, awareness-raising activities or training on SRHR and CSE. This approach reinforced the attitude among boys and men to be male champions to eliminate gender discrimination, thus offering them the opportunity to be part of the solution rather than being the problem. Being engaged in

dialogues — for example, the men-to-men dialogue in Mozambique — also provided them with a platform to articulate their needs and share their own experiences. Within different YIDA implementation areas boys have become champions of change and advocate against CM and TP in their respective schools and communities.

Meaningful youth participation

In the Yes I Do programme young people are not only seen as a target group, beneficiaries and users, but are also important autonomous and sexual rights-holders and actors of change within the alliance and programmes. Therefore, in all countries partners and stakeholders were capacitated on MYP, and partners made action plans to integrate MYP within their organizations and their activities. Six youth-led partners from the YIDA countries were trained by CHOICE with the new training-of-trainers manual on MYP, which includes the new Flower of Participation Model to understand and analyse MYP, and several tools to measure and integrate MYP such as the Graph of Participation and checklists for MYP integration. After this training, the youth-led partners trained their country alliances on MYP. As a result, the implementing organizations received information on the theory behind MYP, how to assess the state of MYP in their programmes and organizations, and how to develop a plan of action to improve MYP in their organizations and their programme interventions. Action plans made by partners on MYP allowed them to embrace MYP in their programming at both community and organizational level. With technical assistance from the youth-led partners, alliance partners are starting to ensure that young people are represented in all levels of programme design, implementation and evaluation.



Alliance-building in the countries

In 2017 the country alliances had identified partners, clear structures, a well-defined ToC and an M&E framework to help them have a clear and common understanding of how to achieve the programme goals. However, continued efforts to ensure that all alliance partners are on the same page are needed throughout the programme. All alliances mention that the varied expertise and experience of each partner is a valued asset for the alliance, as this creates opportunities for mutual learning and strengthening of collaboration. Alliances perform quarterly review meetings which provide a platform to reflect and, if necessary, adjust partnership practice. Having standard formats for reporting, including complementary guides, helps consistency and mutual understanding. In-country partners participated in the validation workshops, which also contributed to building alliance expertise and respect for each other.

2017 annual review meetings

In the fourth quarter of 2017, ARMs were held in all seven YIDA countries. Due to the difficult conditions for international NGOs in Pakistan, the ARM was held in Dubai, and the ARM for Kenya was held in Tanzania due to expected unrest caused by Kenyan elections. The ARMs provided a good opportunity for all YIDA partners to jointly reflect on both the challenges and successes of the programme and the alliance and plan for 2018. Cooperation within the alliances is generally considered to be going well. The sessions on the ToC were useful for new staff to embrace the ToC and the way of working in an alliance. By reflecting on the ToC, the countries were able to identify possible gaps in programme implementation and discuss minor detailed changes to their ToCs, whereby sometimes activities were added or adjustments made to outcome levels.

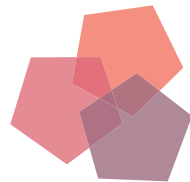
Lessons learned from the annual review meetings

Important **lessons learned** from the ARMs include the need to fine-tune the MYP approach in **Pakistan** by bringing together youth groups from Plan International Pakistan and Rutgers Pakistan. With regard to CM, the programme focuses primarily on the age of marriage. The right to decide whether to marry and with whom (consent in marriage) is very difficult to discuss. With regard to laws preventing CM coming into effect, more work is needed by the YIDA to ensure that laws are actually implemented at local level. This can be done, for example, by creating education and information materials, conducting training with relevant actors, undertaking studies and sharing relevant reports. In both Pakistan and Indonesia, TP is a very delicate and sensitive subject and can, therefore, only be discussed indirectly. In **Indonesia**, it was interesting to discover that CM is a subject that allows programme staff to enter schools and/or health centres; using CSE as an entry point is much more difficult. Also, MYP needs strengthening and integration into all pathways.

In **Mozambique** it was found that coordination and monitoring at district level need improvement, as does communication between Maputo and Nampula. Coalizao, the local youth partner, can provide capacity-building for the programme on MYP. In Mozambique the YIDA works with HOPEM, which is able to build the capacity of partners regarding male engagement. HOPEM focuses on the positive involvement of men in questioning the discriminatory ways and customs that are associated with thinking, acting and being related to masculinity, and also on building alternative identities.

In **Zambia** the alliance agreed that a new implementing partner would be identified by mid-2018. In **Malawi** it was noted that it is important to use the same language, since using different terminology (‘champions of change’ versus ‘agents of change’) and tools from outside is confusing. In **Kenya** the need was identified to build the capacity of the implementing team to increase uniformity in strategies and to share key information among the partners. In **Ethiopia** it was noted that sharing case stories — also unsuccessful ones — can be a valuable exercise for learning.

All countries indicated that the ARMs were also a great team-building opportunity to strengthen the in-country alliances. It is, therefore, important that staff from all partners and stakeholders attend. Joint country advocacy strategies and communication plans are still needed to support targeted advocacy. Countries also concluded that it is difficult for partners to set targets and establish pre-measurements and outcome-level measurements; therefore, continued M&E support is required.



YIDA in the Netherlands

YIDA governance

During 2017 the YIDA's governance structures in the Netherlands (the Board of Directors — consisting of senior management staff from the Dutch alliance members — and the Programme Committee — consisting of technical experts from the Dutch alliance members) were fully operational and met regularly to harmonize, monitor and steer the programme. In December 2017 the YIDA Programme Committee decided to hold a team-building session in early 2018 to discuss its functioning and make suggestions to improve identified bottlenecks such as communication.

YIDA working groups

Three working groups (communications, M&E and finance) with participants from all Dutch alliance members prepared and aligned work related to their specific expertise and advised the Programme Committee and the Board of Directors. The communications group created a YIDA branding document, enabling the alliance to have a consistent, recognizable brand. A YIDA two-pager was developed for external communications purposes, and a start was made to make an animated YIDA video to improve the visibility of the alliance. The countries have made a number of personal case stories available which can be used by the communications group to showcase the personal impact of the work in the countries. The M&E working group prepared guidelines for the International Aid Transparency Initiative (IATI) and the pre-measurements and developed formats for reporting.

Cooperation with the Netherlands Ministry of Foreign Affairs

In 2017, regular meetings between the three Dutch CM alliances and the Ministry of Foreign Affairs (MoFA) took place. The three alliances and the MoFA also undertook a successful joint trip to Malawi to see field work of two of the three CM alliances in the country. The main finding was that despite the short time the alliances had been operational in the area, both the YIDA and More than Brides alliance partners were undertaking different types of activities in the intervention areas. The trip was also a good opportunity to strengthen ties between the two alliances working on CM in Malawi.

Further cooperation between the Yes I Do country alliances and Dutch Embassies also took place in 2017. For instance, the Dutch Embassy in Ethiopia organized a learning and sharing event for the Embassy, CM alliances and the GUSO Alliance to discuss areas of cooperation. Key events such as the International Day of Zero Tolerance of FGM, the Day of the African Child and Alternative Rites of Passage celebrations are examples of opportunities to invite the Dutch Embassy to showcase activities and discuss the programme.

Cooperation between the three Dutch CM alliances

Regular meetings between the three Dutch CM alliances include quarterly meetings with the research institutions (Population Council, University of Amsterdam and KIT) to share research methodologies and findings.

Girls Not Brides the Netherlands

In 2016 the three Dutch CM alliances worked intensely together and were supported by Girls Not Brides Global in setting up **Girls Not Brides the Netherlands (GNBN)**. In early 2017, three Dutch working groups were set up: one with a focus on CM in the Netherlands, one on sharing information from the global South, and one on advocacy and communications. All three working groups have been up and running with dedicated chairpersons and members throughout 2017. The groups identified key issues to be addressed and developed activities in 2017. At the end of 2017, GNBN had around 25 members, the majority of which are represented in the working groups. A full GNBN annual report for 2017 was shared with Girls Not Brides Global.

GNBN CM working group in the Netherlands

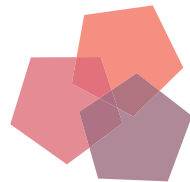
The Netherlands working group on CM lobbied Dutch Members of Parliament and offered a petition about CM taking place in the Netherlands, even though the law on marriage was amended in 2015. This resulted in parliamentarians posing questions to the Minister responsible. A roundtable was organized on 12 December to discuss CM with different Dutch stakeholders and develop a future roadmap. The working group was also successful in reaching out to Dutch quality newspapers, resulting in articles on CM in the Netherlands.

GNBN Global South working group

The Global South working group jointly organized a successful expert meeting on 12 December (80 participants) with Share-Net International. Researchers presented information from baseline studies carried out by three CM alliances with a focus on choice and agency of girls in relation to CM. Seven world cafés were also organized where participants discussed different aspects of CM.

GNBN Advocacy/Communications working group

The Advocacy/Communications working group developed a joint GNBN advocacy strategy, which was approved in early 2018. The working group also contributed to a letter to parliamentarians on the Official Development Assistance budget and the Minister's ongoing commitment to preventing CM.



Monitoring and evaluation

M&E coordination group

The M&E coordination group aligned and ensured coordination of the YIDA's different M&E processes (including IATI) in the seven countries to stimulate coherence between the different countries. It also provided advice and support regarding the quality and effectiveness of the M&E, discussed results and lessons learned from M&E in the countries and identified their needs and possible support for capacity-strengthening. The group, chaired by the alliance's M&E coordinators, met seven times in 2017 (minutes are documented). During the year, it reflected on its Terms of Reference, and identified successes and issues for improvement, which were followed up according to the recommendations. These reflections have been documented in a reflection document.

M&E activities

While the generic M&E framework was approved in 2016, the country-specific M&E frameworks were finalized in 2017. These frameworks were developed to facilitate the flow of data in each country; they present indicators and the suggested methods, frequency and responsibilities for data collection, analysis and reporting in IATI. In addition to the M&E frameworks, a 'before measurement' guideline was developed to present how the results of the Yes I Do programme can be measured to facilitate learning and steering of the programme. This document is a supporting document as part of the M&E plan and provides suggestions for the operationalization of the indicators that need a before measurement.

Furthermore, Terms of Reference were developed to guide the implementation of the mid-term review that will take place in 2018. The Terms of Reference define objectives, building blocks, methodology and approach, budget and planning and describe the different roles and responsibilities at all levels of the alliance. Capacity-building activities with respect to M&E took place in each country, and the M&E coordinators and country teams conducted support visits to Ethiopia, Kenya, Mozambique, Malawi, Indonesia and Zambia.

Reporting and IATI

All YIDA partners started reporting quarterly into IATI in 2016. In 2017 the Yes I Do IATI structure was finalized, and IATI's publications of the results of the Yes I Do partners were aligned in 2017. This process was facilitated by the IATI guidelines which were finalized and approved in 2016. These guidelines describe how the YIDA is organizing its own programme steering, monitoring and donor reporting on activities and results in IATI such that actual progress in the field is adequately reflected and transparency assured. The baseline values for impact and outcome indicators measured by the YIDA research partner were shared in csv files with the partners and uploaded to IATI.

For joint programme monitoring, steering and learning purposes, a YIDA dashboard is being developed. In 2017 the prototype of the dashboard was developed based on the priorities and needs identified by the alliance. The dashboard is based on the IATI publications and facilitates the reporting and visualization of progress in country programmes. The dashboard is currently being set up, accessible to the alliance partners, and reviewed. It will be finalized in 2018.

Operational research

In addition to the 2016 baseline studies, (operational) studies were conducted in 2017 in five countries (Kenya, Ethiopia, Indonesia, Malawi and Zambia). In Mozambique an additional baseline study was carried out in the two other districts where the programme is being implemented. In Pakistan circumstances are such that it was not considered opportune to conduct any research.⁵

Baseline reports and reflection on the ToC with the local YIDA partners in the countries provided the basis for discussing options and prioritizing possible research themes. An overview of the research conducted in each country in 2017 is given below.

In **Kenya** the YIDA partners identified the role of leadership and the inclusion of role models and cultural change agents as important topics to gain more insight into the decision-making mechanisms surrounding FGM/C. The role of parents and the lack of community ownership of interventions were also considered crucial. In addition, the role of leaders, including Maasai leaders, and gaining more knowledge about who is deciding on FGM/C emerged as the most urgent (operational) study themes for 2017. The study was implemented in 2017, and a report is expected in the first quarter of 2018.

In **Indonesia** it was decided to conduct operational research into child divorce among girls and boys (15–29 years old), looking into the main causes, consequences, influence of others, agency of girls, and the influence of child protection offices. The study in the three implementation areas shows the many, almost all negative, causes and consequences of divorce after CM and what can be done in line with the pathways of the ToC. Economic empowerment is definitely an area that may help to prevent CM and the subsequent divorce. The report will be finalized in the first quarter of 2018.

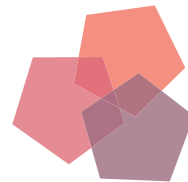
In **Ethiopia** the following themes were selected:

- social norms: re-writing/re-examining the idea of ‘wife-in-training’;
- the interplay between social norms on (early) marriage and investment in girls’ education vary considerably from employment and (secondary) educational opportunities; and
- the dialectical effects of drivers of change (e.g. backlash/resistance to policies/laws from the community or from men/boys towards women’s/girls’ empowerment/rights leads to continuing underground practice of FGM/C and ghost weddings).

The study took place in December 2017. The report will be finalized in the second quarter 2018.

In **Malawi** two studies were prioritized: an operational mixed-methods study on the Champions of Change (CoC) project (focusing on gender equality) and a small-scale qualitative study on initiation ceremonies and their possible effects on young people’s choices regarding sex and relationships. The CoC study covers two years and includes a base-, mid- and end-line (the baseline was conducted in 2017), as the training on these modules will take at least one and half years. The CoC project will be rolled out in Malawi, Zambia and Mozambique. The study on initiation ceremonies included 10 in-depth interviews with male and female participants who underwent the ceremonies recently and in the past, and included interviews with initiators. The studies were carried out simultaneously with Zambia. The reports will be finalized in the second quarter of 2018.

⁵ KIT researchers are not able to travel to Pakistan, due to visa restrictions.

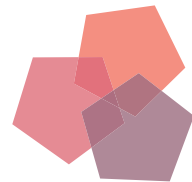


In **Zambia** the same studies as planned for Malawi took place in 2017. This offered a great opportunity for inter-country analysis, as the baseline studies revealed that the context of the Yes I Do implementation areas in Malawi, Zambia and Mozambique have a number of similarities. As mentioned above, the reports are expected in the second quarter of 2018.

In **Mozambique** baseline studies were conducted in two other implementing districts different from where the first baseline study had been done. The quantitative part of this study is limited, while the qualitative part is larger, allowing for young people's agency and sexuality to be studied in more depth. The report is expected to be finalized in the first quarter of 2018.

In **Pakistan** operational studies turned out not to be feasible. Finalization of the baseline study report has been a difficult process, and the report has not yet been finalized. The KIT researchers and Dutch programme staff cannot enter the country, making it very difficult to implement research.





Challenges for the YIDA

The Yes I Do programme faces different challenges at various levels. The ARMs in the countries provided the opportunity for the alliances to reflect on the major challenges and risks and to update mitigation measures as part of the annual report writing process.

Programmatic challenges

When discussing the country ToCs during the ARMs it was noted that it takes time to ensure that all activities conducted in relation to the ToC are aligned by partners. In Mozambique and Zambia partners still work rather in isolation within their 'own' pathways. As the ideal is to create complementarity and synergy, continued attention, efforts and joint meetings are needed to create this. Pakistan and Indonesia are very conservative when it comes to adolescent SRHR. In Pakistan the concept of TP is very sensitive and can only be discussed indirectly. Girls' agency is strongly restricted by their parents, community members and peer pressure. It is, therefore, very difficult for girls to negotiate whether or with whom to marry. An option that can be discussed is to delay marriage. In Indonesia the issue of FGM/C is considered taboo and is, therefore, difficult to bring up. Community members in the implementing areas largely do not consider FGM/C a harmful practice. Introducing discussions on the effects of FGM/C within the programme as an SRHR issue could slowly change this perception. After awareness-raising on the importance of MYP and initial steps taken to represent young people at all levels of the implementing organizations, YIDA youth-led partners will concentrate further on integrating youth meaningfully within alliance organizations in 2018, as this is still difficult for some implementing organizations. For example, young people still face challenges when it comes to participating in decision-making processes.

Alliance challenges

Not all partners are physically present in all implementation areas, because the alliance was established in the Netherlands. For example, in Bahirdar in Ethiopia it is a challenge to implement MYP, as the partner responsible is located in another area. The distance between two implementation areas can affect collaboration and the frequency of joint meetings but also the alignment or duplication of partners' activities. The solution has been for partners to make use of each other's offices; this happens in Ethiopia, Kenya, Mozambique and Malawi.

Planning and budgeting for joint activities has also been challenging, as not all partners had included a budget for joint activities. Reallocation in the 2018 budgets solved this issue.

Political challenges

One of the ongoing risks is unrest in **Ethiopia, Kenya and Mozambique**. Ethiopia had some safety and security restrictions, but the ARM could finally take place in Bahir Dar. In Mozambique the staff was not always allowed to travel into the field in Mogovolas, which caused some delay in activities in one district. In Kenya the national elections were a source of unrest in the latter months of 2017, negatively affecting some of the activities being implemented.

One of the major challenges in 2017 for the YIDA is related to **Pakistan**. The Pakistani Ministry of Internal Affairs announced that it was not going to approve the registration of a large number of international NGOs, including Plan International Pakistan (PIP) and Rutgers in Pakistan. Both PIP and Rutgers in Pakistan have appealed against this decision. The Dutch MoFA and the Dutch Embassy have been informed about the situation, and both have been very helpful in supporting the appeal process by lobbying the Pakistani government.

In January 2018, PIP and Rutgers in Pakistan were informed that they could continue implementing their activities while awaiting the outcome of the appeal process, this expected by the end of the first quarter of 2018. However, if the appeal is successful, the registration process can still take a long time. This means that the organizations will be able to continue their operations but will not know if or when they will receive a registration.

Given these circumstances, both PIP and Rutgers in Pakistan have (re)issued contracts with both staff and partners containing a clause indicating that contracts can be terminated if the appeal is unsuccessful and the office needs to close.

This situation led to some delays to the Yes I Do programme in 2017. Both PIP and Rutgers in Pakistan continue to discuss different scenarios in anticipation of the appeal process. Plan Nederland and Rutgers will keep both the MoFA and the Embassy up to date on the decisions taken and the consequences for the YIDA.

Protecting Life in Global Health Assistance

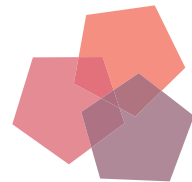
The Protecting Life in Global Health Assistance (PLGHA) policy — formerly known as the Mexico City policy — bans US government family planning funds and other funds from going to foreign NGOs that provide abortion services as a family planning tool, counselling or referrals, or advocate for liberalization of their country's abortion laws — even if the NGOs use non-US funding for these activities. The PLGHA policy only affects organizations that are registered under non-US legislation.

The policy was discussed several times during 2017 at YIDA Board of Directors level to assess the effect it might have on YIDA partners and programme implementation in the countries. The YIDA Board decided that each alliance member should follow its own organization's stance on the PLGHA policy. The Board of Directors will continue to monitor PLGHA closely.

Opportunities

Opportunities include potential partnerships with organizations pioneering research and interventions on TP (e.g. the Population Council is documenting data on CM and TP in Zambia) which could inform implementation strategies and approaches. Another opportunity for partnership is with Girls Not Brides Zambia. Plan International Zambia and Generation Alive are both working with Girls Not Brides Zambia through the CSO Network Ending Child Marriage in Zambia.

In **Kenya** in 2017 the election of new political leaders, including members of the Kaijado County Assembly, who are key to improving the policy and legal environment, created new opportunities for the YIDA to engage with them to ensure that CM is prioritized in the county.



Other CM alliances (either Her Choice or the More than Brides Alliance) also supported by the Dutch MoFA are also operating in a number of YIDA countries such as Pakistan, Malawi, Ethiopia. This provides opportunities for learning on strategies and specific approaches but also to work together on common advocacy issues, as was already discussed between the alliances in [Ethiopia](#). YIDA partner DEC is a member of the working group led by UNESCO, which is promoting the idea of including CSE in the formal school curriculum.

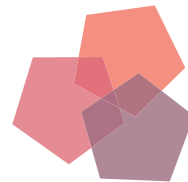
The YIDA in [Malawi](#) is pushing the National Strategy on Ending Child Marriage to ensure that the government and other policymakers, law enforcers and other stakeholders fulfil what is written in the strategy. The CM strategy is in line with the African Union Campaign on Ending Child Marriage.

YIDA representatives from the [Netherlands](#) will be actively participating in the Global Convening of Girls Not Brides in Kuala Lumpur, Malaysia. This will be an opportunity to share insights into CM programmes from a large number of countries. The AIDS 2018 Conference in Amsterdam will also be an opportunity to learn from other SRHR programmes and practitioners. A KIT abstract that links CM with vulnerability to HIV has been accepted as a poster presentation for this conference, CHOICE and Rutgers will also be present during the conference.

Looking forward

In late 2017 a start was made to formulate the Terms of Reference and plan for the YIDA mid-term review and report, to be carried out in 2018. The review will enable us to ascertain the programme's progress towards the outcomes by collecting and analysing the available data in line with the M&E framework and combining this information with the achievements and analysis of the expenditures in the countries so far. This will allow us to see whether we are on the right track and to adjust the programme and budget if necessary. The YIDA qualitative midline research will be part of the mid-term review process. Findings from the operational research that took place in 2017 will be used during the review and will deepen our knowledge on the interlinkages between and the causes and consequences of CM, TP and FGM/C. Research reports will be shared with key stakeholders.

Continued capacity-building on two key YIDA capacity-building indicators — MYP and GTA — will continue in 2018. Technical expertise from Dutch alliance members on MYP and GTA will be made available to the country alliances to further support partners. With regard to GTA, further baseline information to ascertain where partners stand regarding GTA and how they can be supported to strengthen and deepen their knowledge and skills will be conducted in YIDA countries in 2018.



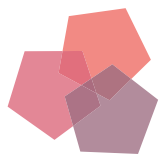
To conclude

Since the set-up of the Yes I Do programme in 2016, the country alliances have become fully operational. All countries were ready for implementation by the beginning of 2017. Most of the activities planned for 2017 were implemented. In general the YIDA is well on track to reach its goals. However, not all activities that were carried forward from 2016 to 2017 were implemented because activities build on each other. It is expected that most activities carried forward can be implemented in 2018.

With regard to capacity-building on the cross-cutting strategies, a tool for partners was introduced in 2017 to assess where they are regarding MYP: the Meaningful youth participation Organizational Tool (MOT). A survey and follow-up activities for partners to assess where they are regarding GTA will be done in 2018.

In late 2017 a start was made to prepare for the 2018 mid-term review by formulating Terms of Reference and planning for the review. We are not yet able to fully report on the outcomes in this report, but we expect to be able to do so in the mid-term report. In the second quarter of 2018 the operational research conducted in 2017 will be made available and shared with key stakeholders.

The 2017 YIDA audit statement, the financial report and accounted expenses overview will be sent separately.



YES I DO.



Girls first



For sexual and
reproductive health
and rights



KIT
Royal
Tropical
Institute

CHOICE FOR
YOUTH &
SEXUALITY