













Yes I Do Alliance

Activities and Priorities for 2017

General information

Name of the organization	Stichting Plan Nederland		
Postal address	P.O. Box 75454		
	1070 AL Amsterdam		
Telephone number	+31 20 5495555		
Email address	info@plannederland.nl		
Name and email address	Ms. Monique Demenint		
of contact person	Monique.Demenint@plannederland.nl		
	+31 20 5495579		
	+31 6 15541059		

Introduction

The Yes I Do Alliance (YIDA) consists of Plan Nederland (lead), Amref Flying Doctors, CHOICE for Youth and Sexuality, the Royal Tropical Institute (KIT) and Rutgers. The YIDA addresses child marriage (CM), teenage pregnancies (TP) and female genital mutilation/cutting (FGM/C) in seven countries, Mozambique, Zambia, Malawi, Kenya, Ethiopia, Pakistan and Indonesia, for the period 2016–2020, with the ultimate goal that adolescent girls and boys enjoy their sexual and reproductive health and rights (SRHR) and achieve their full potential, free from all forms of CM, TP and FGM/C.

On 31 July 2016, the YIDA sent its Inception Report to the Dutch Ministry of Foreign Affairs, outlining the start-up phase of the YIDA both in the Netherlands and in the seven countries.

During the second half of 2016 the focus has been on strengthening the alliance in the Netherlands and in the YIDA countries. By the end of 2016 the YIDA will have contextualized theories of change (ToCs) for all countries, as well as final monitoring and evaluation (M&E) plans and indicator frameworks. Previously, we had planned these documents to be ready by end of August, but the alliances in the countries need some more time and support to work on it. Identifying and refining the intervention areas in some countries has taken longer than planned.

The YIDA baseline reports will be available by early December, providing insight into the drivers of CM, TP and FGM/C in the YIDA intervention areas in the seven countries.

Below we present a summary of the most significant shifts in the context of the countries that we foresee for 2017, including possible adjustments to the implementation of the ToCs and the selection of partners. Additionally, we provide information on the challenges and opportunities we foresee in the implementation of the programme, and an explanation to the 2017 YIDA budget is presented. The individual country updates are attached to the report as annexes.

Synthesis

There have been no changes in the composition of the alliances in the seven YIDA countries. In Pakistan Rutgers has sub-contracted Safco as their local partner organization. In Zambia Rutgers will still identify a new local partner. The research partners in the countries have stayed the same.

Contextual analysis

In almost all the programme countries we see political and/or social unrest which can potentially impact the programme interventions. In the Amhara region of Ethiopia intense manifestations of recent political unrest have led to a delay in the collection of baseline data. It is difficult to predict how much the situation will also impact the programme in 2017, as the incidents occur intermittently. The YIDA in Ethiopia has not yet been able to get the programme Memorandum of Understanding signed by the Ethiopian government, leading to a postponement of the launch.

In Kenya the 2017 elections may bring about tension among and in communities and delay the implementation of activities. Political leaders and even cultural leaders may be afraid to publicly support ending FGM and CM because they fear a loss of influence and political votes for politicians and their key supporters. Community members might change their tactics — for example, circumcising girls at a younger age before they obtain information on SRHR, or taking them across the border for circumcision. In both Ethiopia and Kenya the situation will be sharply monitored and mitigating strategies will be developed if and when deemed necessary.

In Indonesia, an increased conservative trend is observed, and it will be a challenge to counter the more traditionalist attitude to SRHR. This conservatism comes both from religious groups and alliances

such as the 'Love Family Alliance' (Aliansi Cinta Keluarga). Conservative groups speak out against lesbian, gay, bisexual and transgender (LGBT) people and oppose premarital relations and access to SRHR education and services for young people. In Indonesia, as well as in Ethiopia and Kenya the YIDA will work on CM, TP and FGM/C taking into account that in all countries but especially in Indonesia these topics are highly sensitive. Measures in programme implementation have thus been incorporated, e.g. not all alliance members in Indonesia will work on FGM/C.

In Pakistan general elections will be held in 2018, but pre-election hype is to be expected in 2017. This might affect the implementation of the activities on the ground negatively, but it will also give non-governmental organizations (NGOs) at the local level opportunities to push SRHR up the political agenda. The pre-election period might also negatively affect the overall operations of international NGOs working in Pakistan.

Of the three Southern Africa countries in the YIDA programme, Mozambique is experiencing political and economic instability due to increased political-military tension between the two major political parties resulting in a 'low-intensity war', particularly in the centre and the north of the country. This situation could create a potential risk for the implementation and outcome of the programme. The situation will be monitored and when necessary, mitigation strategies will be put in place.

In Zambia we do not foresee major contextual shifts; a referendum on the bill of rights failed due to low turnout. Themes such as CM are included in this bill, so when it comes under discussion again, it might affect the programme.

In Malawi the YIDA will have to take into account the fact that the country has adopted a new law in which the minimum age for marriage of 18 is not absolute, since the Constitution of the Republic of Malawi (1994) allows those between 15 and 18 years to get married with parental consent, and only discourages marriages for those aged below 15 years. It is, therefore, important to advocate for immediate constitutional amendments, as the law allows parents to practise CM.

Theories of change and priorities for 2017

The alliances in the countries have contextualized their ToCs and have each slightly adjusted the generic ToC to better fit the local context. Most alliances have also been able to indicate their main priority areas for 2017.

For Ethiopia the major focus in 2017 will be on awareness and knowledge creation among community members including adolescent boys and girls and gate keepers, creating alternatives beyond CM, FGM/C & TP for girls through education and economic empowerment, and improving access to youth friendly SRH services through capacity development of various types of stakeholders involved in the domain of SRH including, health workers, representatives of CSOs and government, and teachers.

In Kenya the first priority will be to strengthen the project entry for community ownership: capacity-building for community teachers, youth leaders and civil society organizations for imparting key skills and raising awareness among community members. In 2017, the YIDA in Kenya will also strengthen community-level child protection mechanisms such as local children advisory committees at the ward and sub-county levels, as the initial survey revealed that there is a high number of cases of sexual abuse. Attention will be paid to engaging and sensitizing chiefs and other influential actors such as community health workers, religious leaders, teachers and youth peers on the harmful effects of FGM/C, as they are seen as role models.

In Indonesia the focus will be on replicating the community child protection model in other areas and formulating a CM module/facilitation guide for youth including gender-transformative approaches. Meaningful youth participation and youth—adult partnership modules will be developed, and needs

assessments will be done to build the capacity of local partners in this area. Youth economic empowerment for girls under 18 will be a focus area, working on a vocational training standard to be implemented through community learning centres. A national youth campaign is planned for 2017, as are awareness-raising on CM in the communities and advocacy targeting the Ministry of Education to include comprehensive sexuality education.

In Pakistan the YIDA will work on all five Strategic Change Goals as described in the ToC, and no major shifts are foreseen. The programme will provide life skills education and vocational training to enhance the economic empowerment of adolescent girls, improve their knowledge on SRH and encourage them to take informed action. The programme will build on previous experience in working with agents of change in the communities involving schools, teachers, parents and in- and out-of-school girls. Advocacy in Sindh is needed to ensure that the law which sets the age for marriage at 18 is implemented, and in Punjab advocacy is needed to ensure that the law is amended to set the age at 18. After the first field-level intervention period, the YIDA will discuss whether there are reasons to refine the planned strategies.

In Mozambique priorities have not yet been clearly defined, as during the start-up phase of the programme the baseline research in Mogovolas district will be compared to the ToC, and a situational analysis will be conducted in the other intervention areas, including an inventory of services essential for the implementation of the ToC and strengthening collaboration with other stakeholders and programmes. Once this is clear, priority setting will be done.

All three YIDAs in Southern Africa (Mozambique, Malawi and Zambia) will work with the Plan Because I Am A Girl (BIAAG) campaign, this campaign has evolved into a movement and in Mozambique and Malawi the YIDA will link up with this movement. Social movement guidelines have been developed as a tool to guide the work further at international, regional and country level. In 2017, activities will mainly focus on the training of trainers and raising awareness on the existence of the programme among government officials and other key stakeholders. In 2017 the programme will focus on the empowerment of Champions of Change as initiators of a social movement.

For Zambia specifically, the focus for 2017 will be on awareness-raising and the sensitization and training of trainers, youth groups, traditional leaders and health workers. A network of change agents for social mobilization will be developed, and awareness-raising activities will target the wider community. The YIDA will also focus on the training of community-based organizations and youth groups on themes such as adolescent SRHR and meaningful youth participation. A programme to enhance the economic empowerment of girls will be implemented through post-primary education and the mobilization of young people into youth savings groups. In 2017 a market scan will be carried out; based on this scan, the economic empowerment strategy will be furtherly developed and adjusted where necessary.

In Malawi the priority will be to address existing gaps related to the new law and the age of consent to marriage, since the conflicting laws and policies inhibit a holistic approach to combat CM.

The three YIDA programmes in Mozambique, Malawi and Zambia will also create linkages with the End Child Marriage (ECM) programme to translate the model law on CM to the country level. In 2014 the Southern Africa Development Community (SADC) Parliamentary Forum (PF) unanimously approved a review on the status of CM in SADC countries. This decision was followed in 2015 by a SADC Regional Parliamentary Dialogue on Child Marriage Law organized by the SADC PF with the Association of European Parliamentarians with Africa (AWEPA) and Plan Netherlands.

Intervention areas/partners

Most intervention areas and local partner organizations for the YIDA country programmes remain the same as described in the Inception Report. The YIDAs in Ethiopia and Malawi have refined their intervention areas. In Mozambique the role of Population Services International (PSI) has not yet become clear in 2016, and the activities under Strategic Change Goal 3 (adolescent girls and boys take informed action on their SRH) are being taken over by local partner COALIZÃO. The role of PSI will be discussed at the next review meeting. Safco has been identified as the local partner organization in Pakistan, and in Zambia a local partner will be identified in 2017.

Synergy with other programmes/cooperation with the Dutch Embassy

All YIDAs are currently in contact with the relevant Dutch Embassies to discuss collaboration and identify synergy and alignment of the YIDA with other programmes and/or alliances, such as the More than Brides and Her Choice alliances, funded by the Dutch Ministry.

Challenges for the YIDA programme

The YIDA in most countries is new; therefore, a strong focus on alliance-building was needed in 2016 and will also be needed in 2017. The inception workshops and follow-up activities have taken place, and in all countries the governance structures have been installed, including steering committees, incountry coordinators and country teams to monitor the programme efficiently and with a good team spirit. The countries have now also all agreed on the areas of intervention and have been able to select the precise communities to work with. The vast majority of the implementing partners have also been identified.

Some more time is needed to validate the outcomes of the baseline reports, ensure that the findings are in line with the ToC, finalize the indicators framework and fine-tune the activity plans with the insights emerging from the baseline reports. All this work has laid the foundation for robust planning and monitoring systems, which will be finalized in the coming period.

In addition to building the alliances and setting up new governance systems and monitoring tools in the countries, security issues in some countries (Ethiopia and Mozambique) have also led to delays in the actual implementation of the programmes.

Ambitions for 2017

Programme priorities for the countries are described in more detail in Annex 1, the updates from the YIDA countries.

During the first quarter of 2017, dissemination of the baseline findings is planned to take place by means of sharing and discussing the findings at joint alliance meetings both in the countries and in the Netherlands. In 2017 a start will also be made to prioritize and select topics for operational research (during the inception workshops and the baseline studies in 2016, several topics for operational research were listed — examples are: in-depth analysis of causes and consequences of TP and CM, the role of legislation, when age for marriage and age for contraceptive access is not in line, sustainability and effectiveness of alternative rites of passage for replacing FGM/C, the role of traditional and district and national level authorities - see for more examples the YIDA Inception Report, page 22). Some of the selected topics will be used for operational research in 2017, to obtain more in-depth knowledge on certain issues related to the Yes I Do programme.

The YIDA desk in the Netherlands has sent out a survey to map the M&E needs of the partners in the countries, so that tailor-made capacity-building can take place for 2017.

In 2017 we will implement the YIDA Learning Agenda (for the content of the agenda, please see page 24 of the Inception Report). Learning on effective strategies to prevent CM also takes place at regular meetings with UNICEF, UNFPA and the other alliances working on CM.

The YIDA has also drafted a communication plan, which will be finalized in the coming period, ensuring that strategies are in place to reach out to the press and other target audiences and appropriate material is made available. Given the large scope of communication activities possible and the limited staff capacity and financial resources, specific activities need to be further prioritized in 2016 / early 2017.

In early December 2016 we will have the first YIDA Day in the Netherlands, with a focus on teambuilding and to enhance our knowledge on the themes of CM, TP and FGM/C by discussing the outcomes of the baseline reports in connection to the programmes and setting an agenda for continued alliance-building in 2017.

Coordination within the YIDA and between the three alliances on CM (More than Brides, Her Choice and Yes I Do) will continue by means of joint meetings, learning events (e.g. baseline presentations) and meetings with the Ministry. A plan for (joint) meetings has been shared with the Ministry in which it is proposed to have bi-annual meetings between the three CM alliances and the Ministry and bi-annual meetings between the three CM alliances without the Ministry. The three CM alliances are the founding members of Girls Not Brides the Netherlands (GNBN), the launch of which is planned for 7 November 2016 in Amsterdam.

Budget

The YIDA budget for 2017 comes to EUR6,094,935. This amount is based on a forecast. After analysing the 2016 annual expenditures early 2017, we will be able to produce a more detailed budget for the remaining period.

The alliances in most countries have been working on setting up the programme and building the alliance, which has led to a delay in programme implementation and, therefore, expenditures lower than forecast.

The amount of under-expenditure is estimated at EUR181,968 for 2016 and EUR75,553 for 2017. The country programme in Mozambique forecast an under-expenditure of EUR72,345 for 2016 and 2017. Reasons for this under-expenditure are that setting up the programme took longer than anticipated, since the alliance needed more time to consult and agree on intervention areas and mapping the exact regions and the selection of the communities. Security problems in the intervention areas also delayed implementation in Mozambique. Part of the 2016 budget has been shifted to 2017, and the remainder can be spent in 2018/2019.

With regards to the Kenya programme: Plan is implementing in an area where there is no country office and mapping and establishing relations with the local communities takes longer than anticipated. Plan will also conduct market analysis which may lead to adjustments for the youth economic empowerment (YEE) activities.

In Indonesia budget neutral shifts took place between Plan and Rutgers. Plan will focus more youth economic empowerment and Rutgers on SRHR.

Further explanations to the budget, can be found in the YIDA budget 2017 document.

When we have the definite figures based on actual expenditures for 2016 (1 February 2017), we will be able to discuss and decide on possible shifts in the YIDA budget.

Conclusion

The YIDA in the Netherlands and in the programme countries is well under way and has laid a solid foundation for the implementation phase of the programme. We have established a level of cooperation between the different alliance members and set up systems and tools in such a way to allow us to manage, implement and monitor the programme at all levels. We strive to develop mitigating strategies for those situations whereby we are not able to implement the ToC due to circumstances beyond are control. We also expect that the delays experienced in the start-up phase will — in most instances — be caught up in the years to come.

Annex 1. Updates from the YIDA countries

Ethiopia

Introduction

The YIDA in Ethiopia consists of Amref Health Africa Ethiopia (lead), Plan Ethiopia, Development Expertise Centre (DEC) — the local implementing partner for Rutgers — and Talent Youth Association (TaYA) — the local implementing partner for CHOICE. Addis Ababa University is working with KIT as a local research partner. The alliance set-up has remained the same.

Context analysis

The Amhara region, where the programme is to be implemented, is one of the regions where intense manifestations of the recent political unrest have been observed. On 8 October 2016 the Ethiopian government declared a state of emergency. The situation has affected the programme, delaying baseline data collection. Because of the on and off pattern of the unrest, it is hard to predict how much it will affect the project in 2017. In light of the current events, the alliance in Ethiopia has not yet been able to get the programme's Memorandum of Understanding signed by the Ethiopian government. As a result, the launch of the programme has had to be postponed. In addition, a population census will be conducted in the area, and some of the key change agents and teachers that the programme is to work with will be engaged in it as data collectors. This may affect the programme's planned community mobilization and school-focused activities.

Theory of change

A mid-term outcome component of Strategic Objective 4 — "increased access to mid-level education" — was changed to "increased enrolment and retention in mid-level education". A short-term outcome under Strategic Objective 3 ("teachers, health workers and volunteers are better equipped to provide adolescent SRH information and services") is also connected to this mid-term outcome. The major focus in 2017 will be awareness and knowledge creation among community members, including adolescent boys and girls and gate-keepers, creating alternatives beyond CM, FGM/C and TP for girls through education and economic empowerment, and improving access to youth-friendly SRH services by renovating and building facilities.

Intervention areas

The intervention areas are 10 *kebeles* in Bahirdar Zuria and 18 *kebeles* in Kewet *woreda* in the Amhara region. Amref and TaYA will implement their activities fully in Kewet *woreda*. Similarly, Plan and DEC will implement their activities fully in all 10 *kebeles* in Bahirdar Zuria. In addition, Amref will take its activities under Strategic Objectives 3 and 5 to 10 *kebeles* in Bahirdar Zuria, and Plan will take its education and economic empowerment interventions to five *kebeles* in Kewet *woreda*. All partners will also provide technical support to each other to further enhance geographic complementarity in *kebeles* where they do not work themselves.

Partner selection

In addition to the primary implementing partners mentioned above, there will be close collaboration with government signatories such as Women's and Children's Affairs, Health Bureaux, Education Bureaux and Youth & Sport Bureaux at regional, zonal and district levels.

Synergy with other programmes/cooperation with the Dutch Embassy

Initial discussions have taken place between the YIDA and other SRH alliances in Ethiopia, such as the Get Up, Speak Out for youth programme and Her CHOICE Alliance, to share experiences and best practices. The YIDA in Ethiopia also plans to get involved in Dutch Embassy initiatives to strengthen the capacity of the national alliance on early marriage. Lobbying and advocacy will be strengthened together with the Girls Advocacy Alliance.

Kenya

Introduction

There has been no change in the composition of the YIDA in Kenya. The alliance consists of Amref Health Africa (lead organization in Kenya), Plan International, Ujamaa and CSA (Rutgers partners) and NAYA (CHOICE partner). KIT works with local researchers.

Context analysis

The elections of August 2017 may bring about tension among and in communities and delay the implementation of activities. Political leaders and even cultural leaders may be afraid to publicly support the YIDA's aim of ending FGM and CM because of the fear of losing influence and political votes for politicians and their key supporters.

Because of the anti-FGM legislation in Kenya, communities sometimes react by going underground with the practice, circumcising at a younger age or taking girls across the border into Tanzanian Masai communities. So the project will monitor closely whether community members have changed or might change their tactics regarding FGM.

Kajiado West sub-county is really vast and has very tough terrain, this may cause a review of active planning and the budget. Therefore, the alliance is investigating whether a start can be made with part of the communities/villages in selected wards to be followed by another group of communities/villages. Also, the office location will most likely be changed to a more central location, making transport cheaper.

Theory of Change

The YIDA in Kenya does not foresee adaptations to the ToC for 2017. The primary focus in 2017 will be on strengthening the project entry for community ownership; capacity-building for communities, teachers, youth leaders and civil society organizations for imparting key skills; awareness creation; partner selection; and partnership-building.

Intervention areas

The initial survey revealed that there is a high number of cases of sexual abuse. The alliance needs to place particular emphasis on strengthening community-level child protection mechanisms such as local children advisory committees at the ward and sub-county levels.

It is important to engage and sensitize chiefs and other influential actors such as community health workers, religious leaders, teachers and youth peers on the harmful effects of FGM/C, as they are seen as role models.

Partner selection/intervention areas

There are no changes anticipated in partner selection for 2017.

Synergy with other programmes/cooperation with the Dutch Embassy

The Dutch Embassy will be invited to the project's key events in 2017 well in advance by the Project Coordinator so that they are able to attend.

The Dutch partners will work with the Kenyan partners to implement the project as planned in the country work plans of each organization in Kenya.

County and sub-county departmental heads of relevant ministries such as the Ministry of Education, Ministry of Health, Ministry of Culture and Ministry of Youth have already been contacted and plans organized on how the project will work with these key departments. The department heads have already been briefed about the project at a county start-up meeting. The sub-county officials have warmly welcomed the YIDA, saying that their arrival in Kajiado West is an important step that would even have been welcomed earlier, as the communities in Kajiado have serious SRHR challenges.

The team will work with existing community groups, such as community-based organizations, youth groups and women's groups, in their day-to-day implementation to integrate CM, TP and FGM interventions in their work, to increase the likelihood of the project's ownership and sustainability.

Indonesia

Introduction

The YIDA in Indonesia consists of Rutgers WPF Indonesia, Plan International Indonesia and ARI (Independent Youth Alliance). KIT works with local researchers. There will be no changes in the YIDA for 2017. The programme will address the three themes: CM, TP and FGM/C.

Context analysis

Since 2016 a conservative trend towards SRHR has become more prominent in Indonesia, not only from religious groups which openly promote marriages of very young girls but also from alliances consisting of highly educated professionals such as the 'Love Family Alliance' (Aliansi Cinta Keluarga) that use strong communication strategies to spread messages with the intention of criminalizing LGBT people, condemning premarital relations and opposing access to SRHR education and services for young people. It will be a challenge to counter these opinions.

Theory of change

There are no changes to the ToC. The focus of the programme in 2017 is described as follows:

With regards to outcome 1 ("Community members and gatekeepers have changed attitudes and take action to prevent CM, FGM/C and TP"): Plan International Indonesia will replicate the KPAD (community child protection forum) model in Sukabumi (West Java) and West Lombok with technical assistance from the local organization LPAR. Plan International Indonesia will facilitate local partners (including selected stakeholders) to visit Rembang (Central Java) to learn about KPAD. The KPADs will also be trained on linking the child protection system with the youth-friendly community health system (this is different from their present approach, which is more focused on the legal system/child protection and less on adolescent SRHR).

Rutgers will revise the existing CM module/facilitation guide for youth and parent facilitators (developed jointly by Plan International Indonesia and Rutgers Indonesia) by including new elements such as gender transformative approaches and FGM and provide training to KPAD facilitators. This module/facilitation guide will be used by the KPAD facilitators to facilitate community discussion with youth groups (boys and girls) and adult groups (women and men).

With regards to outcome 2 ("Adolescent boys and girls are meaningfully engaged to claim their SRHR"): ARI will strengthen the capacity of local partners and ARI field offices about meaningful youth participation (MYP), youth—adult partnership (YAP) and advocacy in Rembang, West Lombok and Sukabumi. ARI, jointly with CHOICE, will develop a module on MYP-YAP including a (self-)assessment tool to use in organizations and communities. ARI will conduct assessments of local partners on MYP-YAP to find out needs for capacity-building. ARI will improve the technical capacity of the local partners to conduct participatory assessments on MYP-YAP using the tool. ARI's partners will facilitate a series of discussions among youth groups and also discuss SRHR and youth engagement with adults.

With regards to outcome 3 ("Adolescent girls and boys take informed action on their sexual health"): Rutgers Indonesia will formulate assessment tools for the whole-school approach and youth-friendly services that will be used by local partners to assess schools and community health centres. Rutgers Indonesia will build the capacity of local partners to implement comprehensive sexuality education in selected junior high schools as part of the government's 'child-friendly schools' model (to ensure the integration of a child protection mechanism and referral system). Rutgers Indonesia partners will build the capacity of selected community health centres to provide high-quality and friendly services to meet the SRH needs and rights of adolescents and young people.

With regards to outcome 4 ("Girls have alternatives beyond CM, FFM/C and TP through education and economic empowerment"): YIDA Indonesia has decided for now to focus the youth economic empowerment intervention on girls under 18 years old. Plan International Indonesia will improve the vocational training standard and implement it through community learning centres as well as provide training and coaching for the instructors who work on youth economic empowerment. This model will be created and improved together with national and local education offices. Plan International Indonesia will also support the girls to continue their secondary education by creating support for costs for transportation, dormitories and school kits. This scheme will also be created together with national and local education offices. Plan International Indonesia will advocate for and empower the schools and community learning centres to provide pre-vocational training for girls under 18 years old by ensuring internship programmes in small and medium-sized enterprises.

With regards to outcome 5 ("Policymakers and duty bearers develop and implement laws and policies on CM and FGM/C"): ARI will use social media to campaign on CM, TP, and FGM/C issues nationally, conduct a national youth campaign and also be involved in SRHR advocacy at local and national level. Plan Indonesia will conduct awareness-raising on CM and TP in project sites by using several different information, education and communication materials and creating space for open discussions on CM and TP for religious and community leaders as role models (only piloting in Rembang in 2017 and then to be expanded to other project areas after 2017). Plan Indonesia will conduct advocacy to the Ministry of Education and local education offices about the school retrieval programme. Rutgers Indonesia will formulate advocacy materials (such as fact sheets) and conduct advocacy on comprehensive sexuality education and youth-friendly services towards the local government. Rutgers Indonesia will also raise awareness through local performance arts.

Intervention areas

Three intervention areas have been selected where all partners are involved. One partner is responsible for the coordination within that region. The selected areas are: West Java (Sukabumi), coordinated by Rutgers WPF; Central Java (Rembang), coordinated by Plan Indonesia; and West Nusa

Tenggara (West Lombok), coordinated by ARI. There are no changes to the project areas as stated in the Inception Report.

Partner selection

The table below presents the list of implementing or technical partners and their expertise that will be involved at each location:

Organization	Rembang	Sukabumi	Lombok Barat
Rutgers WPF and partners (gender transformative approaches, comprehensive sexuality education and youth-friendly services)	PKBI Rembang	PKBI Sukabumi (coordinating partner)	PKBI Lombok Barat
Plan and partners (community-based child protection mechanism and youth economic empowerment)	 LPAR (coordinating partner) Pupuk (youth economic empowerment) 	 LPAR (providing technical assistance on CBCPM) Pupuk (youth economic empowerment) 	 LPAR (providing technical assistance on CBCPM Pupuk (youth economic empowerment)
ARI and partners (meaningful youth participation and youth-adult partnership)	Forum Anak Rembang	Forum PIK Remaja Sukabumi	ARI NTB (coordinating partner)

Synergy with other programmes/cooperation with the Dutch Embassy

There is close cooperation between the YIDA and the Dutch Embassy regarding the coordination of programmes funded through the Ministry of Foreign Affairs. Other programmes have been identified, but no concrete plans have been developed yet.

Malawi

Introduction

The YIDA in Malawi is a partnership comprising Plan Malawi (lead), Rutgers implementing partners the Centre for Human Rights and Rehabilitation (CHRR) and the the Family Planning Association Malawi (FPAM), Amref Health Africa in Malawi, CHOICE partner Youth Empowerment and Civil Education (YECE).

Plan Malawi and CHRR have planned to work together in Lilongwe. Plan Malawi will implement girls' economic empowerment and thematic education activities in Njewa Traditional Authority, while CHRR will focus on advocacy and lobbying. The youth economic empowerment and advocacy and lobbying components will add value to an existing adolescent SRHR project in Lilongwe. All partners will implement the ToC in Machinga together, although the extent of implementation under Strategic Goal 4 — based on the expertise and responsibility of Plan — will be minimal. KIT works with local research organizations.

Context analysis

Malawi has ratified all key international and regional human rights frameworks that uphold the minimum age of marriage of 18 years and has one national law that governs all forms of marriage and which fixes the minimum age for marriage at 18 for both boys and girls. However, the minimum age of marriage under the new marriage law is not absolute, since the Constitution of the Republic of Malawi (1994) allows those between 15 and 18 years to get married with parental consent, and only discourages marriages for those aged below 15 years. Unless these constitutional amendments are immediately amended, the new marriage law will lack authority, since parents or guardians who want to practise child marriage will use the Constitution to do so.

Theory of change

The issue of CM cannot be addressed without immediately addressing existing gaps related to the age of consent to marriage. There are still a number of conflicting laws and policies that inhibit a holistic approach to combat CM. These are the Constitution and laws and/or policies related to children, marriage, sexual conduct and sexual offences, child labour, education, sexual and reproductive health, people trafficking, gender equality, access to justice, birth registration, adoption etc. Like the YIDA in Mozambique and Zambia, the YIDA in Malawi will align itself with Plan International's BIAAG campaign, which has evolved from a campaign into a movement. Social movement guidelines have been developed as an effective tool to guide the movement's work at international, regional and country level. The guidelines will be very useful for the YIDA programme.

There are currently no new updates regarding the ToC that have not already been addressed in the Inception Report.

Intervention areas

In June 2014, at its 35th Plenary Assembly, SADC PF unanimously approved a review of the status of CM in SADC countries. This decision was followed in February 2015 by an SADC Regional Parliamentary Dialogue on Child Marriage Law organized by the SADC PF with the Association of European Parliamentarians with Africa (AWEPA) and Plan Netherlands. Therefore, in Malawi, but also in Mozambique and Zambia, linkages will be created between the YIDA programmes and the regional End Child Marriage (ECM) programme to 'translate' the model law to the country level and empower regional social movements to conduct a social media campaign on ending CM, document outcomes of their activities and tell their own stories in the media. As the first year is mainly about training trainers, the second year will focus on the empowerment of Champions of Change as initiators of a social movement.

Partner selection

Until now no changes or new partners are foreseen to be involved in the programme.

Synergy with other programmes/cooperation with the Dutch Embassy

Since Plan Malawi is implementing an SRHR programme in Lilongwe district, the YIDA ToC will only implement Strategic Objective 4 (economic empowerment and education as alternatives to CM) in this area. All the other Strategic Objectives will be covered by the SRHR programme (funded by Plan Sweden). Amref Malawi will link the Yes I Do activities with other projects focusing in Maternal Neonatal Child Health (MNCH). The Malawian YIDA is currently in contact with the More than Brides alliance to identify where synergy can be created. The alliance is currently discussing with the Dutch Embassy how cooperation can take place. In Machinga, the programme will build on the experiences of the Unite Against Child Marriage Alliance in neighbouring Mangochi.

Mozambique

Introduction

The YIDA in Mozambique consists of Plan Mozambique, CHOICE and KIT. Plan Mozambique and CHOICE's local partner, COALIZÃO, form the core and decision-making body of the alliance, and the other partners ROSC/CECAP and HOPEM are implementing partners, while KIT is in charge of the related research to inform the programme. KIT works with local researchers. Technical partner PSI is not yet involved in the implementation of the programme, as the Nampula area is new for PSI, and more exploration is needed to find out what contribution PSI can make and how to involve corporate partners.

Context analysis

The political and economic situation in Mozambique is unstable. This is due to increased political-military tension between the two major political parties resulting in a 'low-intensity war', particularly in the centre and the north of the country. Mozambique's import-based economy and high levels of corruption increase the debt balance and have led to international donors such as the International Monetary Fund and the Dutch government freezing their contributions. The local currency (metical) is unstable and is expected to remain unstable for the coming year. This situation could create a potential risk for the implementation and outcome of the programme.

Theory of change

Although the civil code in Mozambique regulates marriages in general, it has weak standards on customary marriage, leading to the large majority of traditional marriages in the intervention area remaining unregistered. The baseline research in the implementation district of Mogovolas strongly supports this notion, as well as the strong need to prevent CM and related TP. In the start-up phase of the programme, priority will be given to comparing the findings of the baseline research in Mogovolas district to the ToC, as well as to conducting a situational analysis in the other intervention areas, including an inventory of services essential for the implementation of the ToC, and strengthening collaboration with other stakeholders and programmes.

As in Malawi and Zambia, the YIDA in Mozambique will align itself with the BIAAG movement and also line up with the regional ECM programme to translate the SADC model law to the country level.

Partner selection

As the role of PSI was not yet clear in 2016, COALIZÃO took over activities in Strategic Objective 3 ("Adolescent girls and boys take informed action on their sexual health"). The contribution of PSI will be discussed at the next review meeting.

Synergy with other programmes/cooperation with the Dutch Embassy

The role of the Dutch Embassy is seen as linking various programmes on CM. UNFPA, UNICEF and Save the Children, working in Nampula, are invited to the launch of the Yes I Do programme, and regular meetings at the Embassy are planned to discuss collaboration and alignment. Furthermore, the Mozambique YIDA will join other civil society organization and UN agencies with interventions in the areas of CM and TP to improve their results.

Zambia

Introduction

In Zambia the YIDA is currently still operating with the same composition as before: namely, Plan Zambia, Generation Alive and Society for Family Health (SFH). KIT works with local researchers. Rutgers is currently in the process of identifying a local partner to join the alliance in 2017.

Context analysis

Earlier this year a referendum on the bill of rights held in Zambia failed due to a turnout lower than the threshold of 50% required to validate the result. The bill of rights might be under discussion again in the upcoming year, which could affect the project, since themes such as CM are also included in the bill. However, it is currently not expected that this process will be of great risk to the project.

The Ministry of Gender has a new Minister (after elections in August 2016). The previous Minister was very passionate about addressing CM and TP. The alliance is currently waiting to see how the new Minister positions himself on the issues.

Theory of change

The primary focus of the programme in 2017 will be on awareness raising and the sensitization and training of key stakeholders within the programme, such as training of trainers, youth groups, traditional leaders and health workers. A network of change agents for social mobilization will be developed, and awareness-raising activities will target the wider community. Also, in 2017 the YIDA in Zambia will focus on training community-based organizations and youth groups on themes such as adolescent SRHR and meaningful youth participation.

In addition to training to contribute to the formation of change agents, attention will be paid to the economic empowerment of girls. In 2017 the focus will be on post-primary education and the mobilization of youth into youth savings groups. Based on the outcomes of the market scan, the economic empowerment strategy will be further developed and adjusted where necessary.

There are currently no new updates regarding the ToC that have not already been addressed in the Inception Report.

Intervention areas

As in Malawi and Mozambique, the YIDA in Zambia will link up with the regional ECM programme to translate the SADC model law to the country level.

Partner selection

In Zambia the YIDA is currently still operating with the same composition. Rutgers is currently in the process of identifying a local partner to join the alliance in 2017.

Synergy with other programmes/cooperation with the Dutch Embassy

The Inception Report has been shared with the Dutch Embassy in Harare, which is currently mapping the local implementation by SRHR partnerships. Once the Embassy has completed the mapping, it will try to take on a facilitative role to link organizations that are working in complementary fields or, for instance, to organize joint workshops.

No other Dutch alliances operating under the same fund are operating in Zambia. However, some organizations in the Civil Society Network for Ending Child Marriage in Zambia, where Plan

International Zambia hosts the secretariat, have been made aware of the programme. It is still being explored how synergy with Women and Law in Southern Africa (WLSA), which is working in the same geographical area, can be created.

Pakistan

Introduction

The YIDA in Pakistan comprises of Rutgers Pakistan and Plan International Pakistan. Rutgers Pakistan is the lead partner in the YIDA in Pakistan and will be working closely with Plan International in the country. KIT will be working with local researchers. In addition, CHOICE will be the technical partner on meaningful youth participation. Safco is the local implementing partner and sub-contracted by Rutgers. Safco has its base in Sangar and in earlier programmes Safco has set up the Kiran system (working with change agents). They have good local contacts have already worked with communities in the Sangar district. In the other district they will also implement (Rutgers') activities.

Context analysis

A general election will be held in Pakistan in 2018, which will bring about a lot of political activity even by the end of 2017. This might lead to the some uncertainty and security issues. This would affect not only the implementation of the activities on the ground but might also negatively affect the overall operations of international NGOs working in Pakistan. This is also linked to the relationship between the government and international NGOs, as in order to gain political mileage, the government tends to further restrict the activities of such organizations. This will also offer an opportunity for NGOs at the local level to push the SRHR agenda into the manifestos of political parties and initiate informed debate on development issues. Currently the re-registration process of international NGOs is still ongoing. It is expected that registrations will continue, but there is no certainty.

Theory of change

The YIDA in Pakistan will be focusing on all five major pillars of the ToC during 2017. However, it is expected that based on field-level interventions the strategies may be refined due to the field-level dynamics. This is expected because both districts targeted under the Yes I Do programme have similarities yet some differences in demographics.

Intervention areas

The Yes I Do programme is being implemented in two districts of Sindh: Sanghar and Umerkot. The interventions will take place in selected communities and schools in 2017. Advocacy efforts will primarily focus on the implementation of the law on CM in Sindh province. Efforts will be made to make Sindh a case study, on the basis of which the focus can be shifted to Punjab in later years. The local partner organization is Safwco.

Synergy with other programmes/cooperation with the Dutch Embassy

The Yes I Do programme includes gender transformative approaches and men's and boys' engagement as cross-cutting themes. Building the capacity of boys groups will require certain information, education and communication materials and training content in addition to project themes/issues. In this regard, the content from Prevention Plus made by Rutgers Pakistan can be used as needed in the

Yes I Do programme. The similar training module in Prevention Plus for field team staff training on gender transformative approaches can be replicated in the YIDA field teams' training. Close coordination is being undertaken with the Dutch Embassy with regard to this programme, but also with other (international) NGOs implementing two other CM programmes funded by the Dutch Ministry of Foreign Affairs: the More than Brides and Her Choice alliances. A joint introductory trip took place in 2016, and methods for coordinating advocacy strategies with the other CM programmes will be developed in 2017.