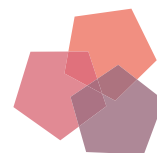


Yes I Do Alliance

Annual Report 2019



YES I DO.



Girls first



For a strong and healthy Africa

CHOICE FOR YOUTH & SEXUALITY



Royal Tropical Institute

Rutgers

For sexual and reproductive health and rights

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Acronyms and abbreviations

ASRHR	Adolescent sexual and reproductive health and rights
CM	Child marriage
CSE	Comprehensive sexuality education
CoC	Champions of Change
CSO	Civil society organization
GNB	Girls Not Brides
FGM/C	Female genital mutilation/cutting
GTA	Gender transformative approach
HTP	Harmful Traditional Practices
KIT	Royal Tropical Institute
KPAD	Village Child Protection Group (Indonesia)
M&E	Monitoring and evaluation
MYP	Meaningful youth participation
NGO	Non-governmental organization
SRH	Sexual and reproductive health
SRHR	Sexual and reproductive health and rights
ToC	Theory of Change
ToT	Training of Trainers
TP	Teenage pregnancy
VSLA	Village savings and loans associations
YIDA	Yes I Do Alliance

Pathways



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



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



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

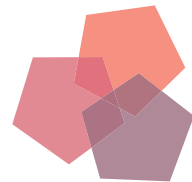


Pathway 4: Adolescent girls have alternatives beyond CM, FGM/C and TP through education and economic empowerment



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





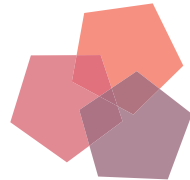
1. Introduction

The Yes I Do Alliance (YIDA), comprising Plan International Netherlands (lead), Amref Flying Doctors, CHOICE for Youth and Sexuality, KIT Royal Tropical Institute and Rutgers, is implementing a five-year programme (2016–2020) addressing child marriage (CM), female genital mutilation/cutting (FGM/C) and teenage pregnancy (TP). In 2019, the programme is carried out in six countries: Ethiopia, Indonesia, Kenya, Malawi, Mozambique, and Zambia. The ultimate goal is 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, FGM/C and TP.

Girls in all YIDA countries have limited prospects for the future because of CM and TP and, in 3 YIDA countries, also FGM/C. These issues have common root causes such as deeply rooted gender inequality and social norms, poverty and limited economic prospects, inadequate access to education (including comprehensive sexuality education - CSE) and to adolescent sexual and reproductive health and rights (ASRHR) services, and a voiceless youth. To tackle these root causes, the YIDA developed a Theory of Change (ToC) including five pathways of change - the foundation of the Yes I Do programme.

2019 marked the fourth year of implementation for the Yes I Do programme. This annual report provides a summary overview of the context analysis and results per pathway as achieved by the alliance in 2019. It also includes challenges, good practises, lessons learned, monitoring, evaluation and research conducted in 2019.





2. Context Analysis 2019 – by Country

Ethiopia

The YIDA program in Ethiopia is implemented in *Kewet* and *Bahar Dar Zuria* woredas of Amhara regional state. These implementation areas experience high rates of child marriage, teenage pregnancy and FGM/C. Migration of adolescents and young women and men to the Gulf area is an additional concern, especially in Kewet. In 2019 the security situation in Amhara was tense due to political unrest and ethnic tension, including a failed Amhara Region Coup. This has affected the mobility of the YIDA Ethiopia team and subsequently the intervention.

The new 2019 Civil Societies Proclamation introduced however, a number of positive changes, including clear recognition of the right to operational freedom and the lifting of restrictions on finances, particularly for those working on human rights. This plays a crucial role to create a more fertile ground to actively engage in lobby and advocacy and a rights based approach on sexual and reproductive health (SRH). Moreover, ‘the National Road Map to end CM and FGM 2019-2024’, launched by the Ministry of Women, Children and Youth also significantly contributed to boosting the commitment of government stakeholders and other actors and enhanced the support to YIDA at different levels. Finally, the 2019 ‘National School Health Strategy’ by the Ministry of Health helped create a more supportive environment in the schools where YIDA is active.

Indonesia

In the first quarter of 2019, the YIDA programme in Lombok Barat was still significantly affected by the 2018 earthquake and prioritised humanitarian response.

At national level, conservative groups became increasingly influential in movements on anti-feminism and criminalization of out-of-wedlock sexual relationships, including for LGBTQ communities. These groups have persistently used SRHR-focus organizations and programmes including YIDA as an example to argue that the 2019 democratic movement led by youth has an agenda to promote legalization of LGBT ‘behaviour’. Many (mostly young) protesters gathered end September 2019 urging the president to halt a proposed revision of the criminal code which would prohibit sex outside marriage and outlaw abortion except in cases of rape and incest. Moreover, YIDA and the wider SRHR movement are concerned about the Family Resilience bill that is alarming for its potential to enforce CM. Heavily leaning towards abstinence only, the bill will further shrink access to SRHR information and SRH service for adolescents and young people, including comprehensive CSE. Since the bill strictly defines family as gender-biased heterosexual union, if approved, it will further alienate non-normative sexualities.

In contrast to these worrying developments, in 2019 Indonesia’s parliament revised the national marriage laws to lift the minimum age at which women can marry from 16 years to 19. The move was welcomed by campaigners, including the YIDA, as a step towards ending CM. The Supreme Court is now in consultation with the Ministry of Religious Affairs and the Ministry of Women Empowerment and Child Protection to develop a government regulation on Marriage Dispensation - to prevent that child marriage can happen upon approval from caregivers.

Kenya

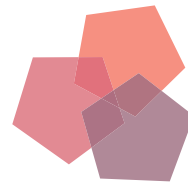
During the reporting period, several factors positively influenced the YIDA programme in Kenya. Firstly, there were nation-wide consultative discussions among Kenyans regarding constitutional amendments to foster inclusivity in government structures called the 'Building Bridges Initiative'. In these discussions, women and girls were given more focus and prominence. The discussions proposed that women should be given access to political and economic opportunities because they are equally able. This made it easier for the elders in the community to speak in favour of women and girls. Furthermore, there has been improved support from the Kenyan President and improved political goodwill to end FGM, as evident in the presidential commitment made during the Women Deliver Conference in Vancouver (2019) to end FGM. In November 2019, the Anti FGM Board launched the National Policy on Eradication of FGM. In addition, the gender department of Kajiado County government (where YIDA is implemented) spearheaded the campaign leading to the ratification and launch of the County's Policy on Eradication of FGM - indicative of the county commitment towards ending FGM. It creates an enabling environment for the YID programme allowing local politicians, elders, women and *Morans* (young unmarried Massai men) to exhibit confidence to talk about ending FGM with legal and policy support. Finally, a reviewed National School Health Policy was launched in June 2019. The policy includes important aspects such as: inclusion of stakeholder support for the implementation of the school health programmes, easy access to information, child participation, gender responsiveness and transformative approaches as well as safety in schools. This was a major step to ensure implementation of comprehensive sexuality education in schools and an opportunity for continued advocacy for CSE.

YIDA partners have expressed concerns about the introduction of the new competency based curriculum (CBC), which is more intensive and leaves little time for additional activities in school, does not offer life skills sessions as in the previous curriculum which the programme utilized, and teachers may be less engaged with the programme as they need to familiarize themselves with the new CBC.

Malawi

General elections were held in Malawi on 21 May 2019 to elect the President, National Assembly and local government councillors. Incumbent President Peter Mutharika of the Democratic Progressive Party was re-elected, with his party remaining the largest in the National Assembly. The results of the 2019 elections were highly controversial and opposition leaders disputed the results in court. Nationwide anti-government protests were held by supporters of the opposition, some of these have resulted in looting and the destruction of property, including government offices. The YIDA in 2019 was able to continue implementation in spite of the political environment. Beginning of February 2020, the Constitutional Court annulled the presidential election results due to evidence of irregularities, and ordered new elections be held.

Cyclone Idai hit landfall in Beira, Mozambique, on the night of 14-15 March, with winds of 170km/h and heavy rains. Described by the UN as 'one of the worst weather-related disasters in Africa', it has caused extensive damage and devastated the lives of more than 2.6 million people in Malawi, Mozambique, and Zimbabwe. The YIDA in Malawi had to suspend all activities during the cyclone. Road networks in the impact area, especially Machinga, were affected and on one occasion, the project vehicle was stuck in mud for a long period delaying some community outreach activities.



Mozambique

Mozambique was hit by two cyclones in 2019 (Idai and Kenneth) which destroyed infrastructure, crops and land. Some of the YIDA partners' staff were deployed to the emergency response in other areas of the country.

General elections were held in Mozambique on 15 October 2019. The elections compromised the implementation of some activities by agents of change (multi-sectoral and community committee members) as many were involved in electoral campaigns. During a period of three months, civil society was inhibited of carrying out actions of mass media and advocacy.

In August 2019 Mozambique passed a new bill banning child marriage and setting the minimum age for marriage at 18. Furthermore, the Mozambican Ministry of Education revoked a misogynist decree of 2003 which ordered all pregnant schoolgirls to attend night classes, and ban them from day classes. From the start of the 2019 schoolyear, pregnant girls can stay at school and the government is obliged to give them extra lessons to compensate for classes missed during pregnancy leave.

Zambia

In 2019, many parts of Zambia faced drought due to climate change. This situation contributed to poor harvests resulting in severe hunger crises in many parts of the country, including YIDA implementation areas. Although government embarked on distribution of relief food, many households still had no access to food supplements during the period under review. Girls and young women were heavily affected, for example, girls' time being in school was reduced as they were engaged in household income generating activities. Young women had to spend more time looking for piece work to earn an income. The 2019 drought also affected water levels for power generation. This, in combination with machinery breakdowns, caused a severe deficit in power supply in 2019 which resulted in citizens being deprived from electricity for up to 15 hours a day.





3. Monitoring, Evaluation, Learning and Research in 2019

In 2019, the YIDA PMEL working group followed up on the Mid Term Review (MTR) recommendations to strengthen the learning function of the M&E system. A selection of core indicators was agreed upon to reflect progress at programme level, while the country M&E systems track additional information relevant for their context. The YIDA M&E system is fully harmonized with IATI and a **Dashboard** is used to get insight into country and overall data. This dashboard was updated in 2019 to reflect the core indicators¹.

The PMEL working group in 2019 supported M&E staff in country to collect quality data and use these data for strategic decision-making. The PMEL guide that directs the M&E process was updated in 2019 and introduced in country and during the Annual Review and Planning meetings. It required continuous discussion and reflection to balance between measuring indicators in a way that does justice to the local information needs, while also aiming for a coherent and consistent way of measuring throughout the alliance that allows for aggregation and comparison. In the Annual Report, we indicate where a different way of measuring the indicators was followed and provide a brief explanation in Annex 1 where an overview of the progress on the core indicators is presented.

A YIDA learning-exchange visit in Malawi (19-22 August) focused on traditional initiations and enactment of community by-laws to end CM, including their positive and negative effects. Key lessons identified included: that training of the initiators in CSE only is not sufficient and complementary strengthening of the referral system and linkages to health facilities is recommended and that alternative initiation rites include a Gender Transformative Approach (GTA), to let youth take a leading role in the sensitization of parents, chiefs, initiators and in the content development of positive messages as shared during alternative rites of passage (ARP), and lastly, if underlying causes are not addressed (eg distance to hospital, school, absence of contraceptives), punishments through by-laws is unrealistic and will result in non-commitment and non-adherence. Representatives of each country alliance took these learnings back to the country programmes and extra attention to messaging was paid since².

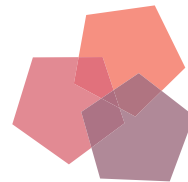
In 2019, KIT conducted **8 (operational research) studies** on topics that were selected and defined together with the local country alliances³. Topics vary from factors related to the effects of child marriage cancellation on girls and their families in Ethiopia, Child protection and youth agency in Indonesia, the role of alternative rites of passages and rescue centers in Kenya, as well as contraceptive use in Mozambique to studies on the functioning of the Champions of Change networks of peer educators and the intervention outcomes with regard to gender attitudes, in Malawi and Zambia. 2019 was also the year in which preparations took place for the mixed method end-line studies that will capture the change that boys, girls and their communities experienced compared to baseline, test the assumptions of the Yes I Do theory of change and measure the effectiveness of the interventions. Additionally, first steps were made to prepare for the external end evaluation, which will provide an external assessment of the relevance, effectiveness, and sustainability of the YIDA programme.

1 The YIDA Dashboard can be accessed here: <https://app.powerbi.com/view?r=eyJrljoiY2RjYmNiMTMtMzE2OC00M-DU3LTg1MDktODk4MDJlMDA4ZDRliiwidC16ijlwMjllNGM2LTlhNjltNGQ3OC1zGU1LTcyZmU1ZGI4MDViYSIsimMiQjh9>

2 A comprehensive workshop report is available on request

3 Please refer to Annex 1 for an overview of the studies or check the [website of KIT](https://www.kit.nl/project/yes-i-do/) for detailed reports: <https://www.kit.nl/project/yes-i-do/>





4. Key Results by Pathway

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

In 2019 the programme invested in the sustainability of the YIDA interventions. For example through organising joint reviews with local government actors to assess the status of programme implementation and discuss the way forward. As a result, local government and communities' ownership of the programme and its results is increased.

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



Key activities under this pathway in 2019 included: sensitization workshops, awareness raising campaigns on existing laws that prohibit CM and FGM/C, capacity building trainings on various topics to Champions of Change, and facilitation of community dialogue sessions with key stakeholders including elders, religious or local leaders, local government, teachers, parents, health care workers and youth. Overall results show an overachievement of planned targets under this pathway.

In Malawi there was interest by community groups to conduct more initiatives to address CM and TP than anticipated (448 initiatives versus 140 target), due to strong community ownership of the initiatives. Child protection interventions such as withdrawing girls from child marriages and also champions of change sessions were organized by youth religious or traditional leaders reaching more than 4300 people. In Indonesia, the YIDA supported community-based child protection groups (KPADs). Networks of change agents (child-friendly school teams, and community learning centres) have invested in more effective coordination with government and non-governmental stakeholders on the issues of CM, TP and FGM/C. This resulted in 33 new community-led initiatives during 2019, including the establishment of village regulations and securing local government budget to sustain KPADs and Village Child Forum (FAD) activities. These activities included the operation of integrated community-based adolescents health posts ("Posyandu Remaja") and school-based initiatives such as the establishment of Child Friendly Schools and the implementation of CSE.

Intergenerational dialogues led by community matrons and patrons in Zambia brought caregivers and youth together to talk about social and cultural norms that contributed to gender inequalities and which hinder young people to seek Adolescent Sexual and Reproductive Healthcare. These dialogues have enabled caregivers to gain enthusiasm and confidence to openly discuss CSE and gender transformation in family settings, which was previously believed as a taboo.

The YIDA Kenya team observed that structured dialogues with community members contributed to a reduction of reported FGM/C cases within the project sites. Teenage pregnancies however increased in the first half of the year, partly due to increased access to mobile phones connecting to *bodaboda* (motor taxi) riders, sand harvesters and young *Morans* enticing girls with money. Alliance partners addressed this challenge by focusing more on sensitization of these new groups and invested in establishing *bodaboda* associations. In 2020, YIDA will support the *bodaboda* associations to form a network with whom information can be shared and a dialogue can be upheld.

In Mozambique the empowerment of community committees and cultural and sports groups resulted in the establishment of links between the different groups and CBOs strengthening social mobilization to prevent CM and TP, promoting girls' rights and strengthening Child Protection Reference Groups at district level, in coordination with the District Attorney General Office. As a result of initiatives taken in Mozambique, 66 adolescent girls were rescued from early marriage, 15 mother girls went back to school and 2 teachers were arrested for suspicions of sexual harassment of adolescent girls.

In Ethiopia, more than 100 traditional 'healers' who used to perform FGM/C in YIDA implementation areas have stopped cutting girls and instead became change agents in their communities sharing their testimonies and encouraging others to follow their footsteps.

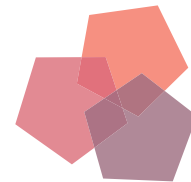
Pathway 2: Adolescent girls and boys are meaningfully engaged to claim their SRH rights



Meaningful Youth Participation (MYP) is both a pathway of change and a cross-cutting issue in the Yes I Do programme. Young people are seen as important actors in the programme. The YIDA has six youth-led implementing partners that have received a training of trainers on MYP. This has enabled them to use the MYP manual and tools to assist other partners to engage young people more effectively.

In Zambia, 455 youth were trained in Meaningful Youth Participation. 329 (158 male and 171 female) of training participants belong to a network of youth advisory panels which have representation at community, district and provincial level. Special emphasis was on the participation of girls, since girls are often left out of decision making processes due to social and cultural norms which hinders their meaningful participation.

In Mozambique, the participation of 716 young people in policy and decision-making bodies was enhanced by the inclusion of not only staff members but also peer educators and child parliament members. Members of community committees in Mozambique have been trained on TP, CM, and girls rights. Committee members are encouraging other members of the community to let their girls attend school and not marry them off. The programme in Malawi witnessed a change in the community with parents, and especially fathers, now speaking and encouraging their daughters to go to school.



YIDA Malawi contributed to increased inclusion of young people into community development structures: 38 young people were selected to be part of the 42 Village Development Committees and Village Civil Protection Committees in the YIDA implementation area.

In addition to MYP trainings, YIDA Kenya organised commemorations of the Zero Tolerance Day against FGM/C and the International Day of the African Child. During these commemorations and trainings, young people demonstrated that they were empowered to claim their sexual and reproductive rights. *Morans* showed changed attitudes and stated that they are ready to support girls' education and uphold their rights. Collaboration with Champions of Change in advancing SRHR was identified a key strategy for ensuring community buy-in and support.

In Indonesia, 12 YIDA partner organizations established written policies that help ensure implementation of Meaningful Youth Participation. KPADs in all intervention areas implemented the 30% threshold of young people in membership and structure and one of the supported youth in Lombok is leading the KPAD.

Finally, in Ethiopia, 1,540 participants attended Youth Adult Partnerships dialogues organised by youth council members at district and Kebele levels. Representatives from the district government offices, religious and community leaders, and parents and community representatives took part in the meetings focusing on CM, TP, changing attitudes and norms and how to strengthen community referral systems for SRH services for youth.

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



YIDA activities under this pathway include: training of trainers on youth friendly services (YFS), peer educators and community committees conduct ASRHR education sessions and awareness raising activities to create demand for YFS, and training of health care workers and social workers in providing youth friendly services and the detection and prevention of CM and TP.

In total 88,898 young people between 10-24 years participated in YIDA SRHR education and awareness raising activities compared to the original target of 48,552. This overachievement was mainly due to higher results in Ethiopia, Indonesia and Mozambique. In Ethiopia and Indonesia a higher number of youth were reached because additional funding became available after having to close down the YIDA programme in Pakistan. Adolescents themselves as well as their parents, teachers, school managements and government experts demonstrated a change in their knowledge of ASRHR after participating in the CSE sessions.

Use of SRHR services also increased. In Bahirdar Zuria (Ethiopia) for example, condom distribution increased from 8,916 in 2018 to 19,924 in 2019 and family planning from 1,175 to 2,498 in the same year. In Indonesia, programme implementation areas were extended upon request of local government and teachers were

trained in the provision of CSE in collaboration with the Get Up Speak Out (GUSO) programme. The YIDA in Malawi collaborated with PSI and the Ministry of Health which resulted in a higher demand and supply of contraceptives and related counselling.

Mozambique overachieved against targets by combining different methodologies, such as organising health fairs, meetings in health clinic waiting rooms and mobilisation of community Champions of Change. Trained youth counsellors in Zambia were integrated at health facilities by facility management and work in the previously established youth friendly spaces.

In Kenya, the plan was to renovate 4 youth resource centres to provide ASRHR services to young people in the catchment areas. Towards the end of 2019, one centre was operational and only 27 young people made use of the services in the last month of 2019. Early 2020 the other three became operational and youth are finding their way towards the centres.

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



Under Pathway 4, the main strategy is to empower girls and their families to become more resilient and less vulnerable to child marriage through prevention of girls dropping out from school and development of economic prospects.

Based on context specific analysis, YIDA Indonesia provides business classes for adolescent girls and boys. The business classes focused on soft skills and entrepreneurship training, including mapping of local resources, product development, marketing, and other business strategies. Additionally, these business classes increase their self-awareness and they introduce girls with alternatives to child marriage by showing them other ways of taking care of themselves than marrying young. As an unplanned result of these business classes several groups of boys and girls started small enterprises in their communities where they integrate and further extend their learnings and development.

As a result of YIDA Malawi supported efforts, 878 children (434 girls and 444 boys) have been able to return to school after previously dropping out, out of which 53 teenage mothers and 5 girls with albinism. 794 out-of-school youth have become members of YIDA supported Village Savings and Loans Associations (VSLAs) which contributes to their economic empowerment and the value of being part of a (social) network.

In Mozambique, vocational training was only provided to 15 young people due to the fact that vocational institutions demanded some requirements which could not met by the programme, like for example long-term Memoranda of Understanding (MoUs). Therefore, key activities under pathway 4 focused on keeping girls in school, strengthening existing VSLAs with youth members and providing youth friendly microfinance.



In Zambia an increase in the re-admission in school was witnessed amongst girls that had previously dropped out due to pregnancy and were at risk of CM. This result was contributed to orientation of religious leaders, teachers and parents on existing laws against CM, the promotion of gender equality and the strengthening of child protection mechanisms.

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



Activities under this pathway increase awareness and understanding of ASRHR issues through: campaigns, dialogue and advocacy workshops, celebrating International days, trainings responsible government stakeholders and community actors, and preparing and distributing fact sheets and policy briefs, with the aim to motivate policy makers and duty bearers to put CM, FGM/C and TP, and ASRHR in general, high on the political agenda.

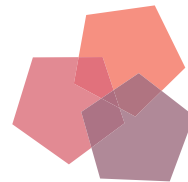
In August 2019, Mozambique passed a new bill banning child marriage following a two and a half-year campaign by gender equality and SRHR organisations including the YIDA. The bill, which set the minimum age for marriage at 18, eliminates a loophole in Mozambican family law which made it possible for children to marry at 16 with the consent of their parents. The YIDA played an integral role in drafting the bill, working alongside Mozambique's national and local governments, other civil society organisations, community leaders, boys and girls, parents and religious leaders. Furthermore, the Mozambican Ministry of Education has revoked a misogynist decree of 2003 which ordered all pregnant schoolgirls to attend night classes, and banned them from day classes. From the start of the 2019 school year however, pregnant girls can stay at school and the government is even obliged to give them extra lessons, which were missed during pregnancy leave. It is a victory for the civil society movement which YIDA is part of supporting the right of girls to education.

In Ethiopia, as a result of training and community dialogues, community leaders (religious and Iddir leaders) together with gatekeepers (parents, health workers, and teachers) have acted as a source of information, facilitators of dialogues as well community watchdogs in the programme's effort to change community norms regarding CM, FGM/C and TP and stop the practices. Due to their actions, 60 proposed CM cases and 65 FGM/C cases were cancelled.

YIDA in Zambia supported the development and implementation of community by-laws. Prior to the development and implementation of chieftdom by-laws to end CM and TP, traditional leaders were passive agents of change in addressing violation against the girl child's rights, which was attributed to harmful cultural and social norms. One year after the launch and implementation of chieftdom by-laws in the YIDA districts, 6 out of 8 traditional leaders took action to prevent CM and TP through the use of these by-laws. For example, during the mid-term review traditional leaders reported to have prevented 23 girls from CM by dissolution of the intended marriage.

In Malawi, the YIDA programme registered and documented 173 child marriage cases dissolved through the initiatives of the trained gatekeepers, including child protection committees and champions of change.





5. Challenges

The YIDA global programme was faced by several challenges in 2019. The YIDA programme in Ethiopia, Malawi and Mozambique was affected by **security related challenges** causing delays and cancelations of field activities. The YIDA country teams followed security policy and guidelines with regard to if, how and when to travel. Where necessary and possible the location of planned activities was changed. In Mozambique several YIDA field staff members received threats for reporting sexual abuse cases. To address this a risk assessment tool was developed and linkages between the Champions of Change school club members, District Attorneys and Police were established.

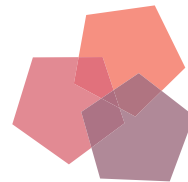
Environmental related challenges were experienced in Malawi and Mozambique after cyclone Idai hit. The YIDA teams had to suspend all activities during the cyclone to minimize risks. The cyclone destroyed road networks and crops and created devastating erosion of much of the farm land, which lead to famine. Zambia experienced drought and consequently food insecurity among target groups, limiting the time available for the target group to attend YIDA trainings. The 2019 drought also affected water levels for power generation. This problem slowed the pace of processing of financial transactions for activities which contributed to slower YIDA implementation. It also impacted the effectiveness of some of the interventions as, for instance, the business plans of some of the adolescent entrepreneurs did not factor in this challenge. Kenya was faced with harsh weather conditions which interfered with project implementation.

The **unintended effect of having legislation in place** is that these harmful practises are sometimes done in a hidden fashion in some YIDA implementation areas. In parts of Kajiado West in Kenya, for example, FGM/C is being done to girls in the middle of the night when least expected and others perform the cutting across borders. Some chiefs prefer to have cases against perpetrators settled traditionally instead of reporting to higher authorities. In Ethiopia a worrying trend can be observed where child marriages are arranged before adolescent girls migrate to Arab countries; this is perceived as a way to reduce the harms caused by rape, which is a likely occurrence on the way through illegal routes.

Within YIDA Indonesia two implementing partners had to be dropped due to **fraud and safeguarding** issues. The YIDA team followed the relevant protocols (including notification of NL MoFA) and worked together to ensure programme implementation could continue as much as possible. This did however cause delays and cancelation of activities. YIDA Indonesia also experienced high levels of staff turnover and had to deal with longer term vacant posts in YIDA coordination. This was mitigated by hiring consultants to bridge the gaps and ensuring speedy and effective induction training for newcomers. Within all YIDA countries challenges exist in terms of **turnover of government staff** at the local level, which means that previously trained officials and champions of change leave the programme implementation areas and newcomers need to be oriented and trained.

Finally, due to **delays in budget approval** for the Pakistan reallocation funds, YIDA Indonesia and YIDA Ethiopia were forced to delay the implementation of activities that were planned under these funds. Since the NL MoFA approval both YIDA teams and partners work hard to achieve the planned results with the extra funds within a shorter time period.





6. Good Practices and Lessons Learned in 2019

Firstly, **multi-stakeholder engagement** of traditional leaders, parents, religious leaders, teachers, school principals, religious institutions, health service providers, central and local government officials and in and out of school youth is essential in changing the social and gender norms underlying harmful practises including CM, FGM/C and TP. Secondly, a **multi-sectoral approach** is needed when addressing CM, FGM/C and TP. Experience shows that when key government departments (including health, gender, children and education), country governments, religious institutions, community leadership structures, like-minded civil society organisations, media and parents work together on the issues of FGM, CM, TP, lobby towards policy makers to enact the related laws and policies becomes much more effective. Furthermore, there is a strong need for continued **joint lobby and advocacy at local level** to create and implement **by-laws** that are in line with national laws against harmful practises, including CM, FGM/C and TP. Having national laws alone is not sufficient.

The **community based structures** - for example Community Advisory Teams, the Beacon teachers' movement, Champions of Change, Child Protection Volunteers, Youth Resource Centres, CSO groups and school clubs, formed through Yes I Do project interventions, are linked to government departments and are well connected to community leadership structures. This will contribute greatly to continuous provision of services and thus **sustainability** beyond the programme phase out.

Meaningful Youth Participation of in and out of school adolescents and youth through, for example, child parliament activities (in schools) and youth clubs (providing advice on for example youth friendly health services) has played a critical role in the development of youth inspired solutions. In 2019, the Zambia YIDA team learned that the use of sport helped in youth mobilization and improved attendance for CoC sessions. YIDA Indonesia learned that **further capacity strengthening efforts** were needed to address gaps and challenges in the functionality of the community child protection committees (KPADs). Tailor-made approached and continuous mentoring and coaching during formal and informal meetings and field monitoring visits have contributed to improved functionality of the KPADs. This was demonstrated by the increased number of initiatives to respond to reports of violence cases against children, documented reports and response, initiatives to advocate for village funds, and integrating socialization to village events.

The importance of **men (and boys) engagement** continued to be emphasized by the YID country alliances. In Kenya, for example, *Morans* (young unmarried men) are involved in the programme to change attitudes in relation to social and gender norms in order to increase the acceptance among men to marry uncut girls. Furthermore, the importance of **economic empowerment** is confirmed by the fact that most cases of child marriage that have been reported within YIDA include girls from poor and vulnerable households. Qualitative research with 22 CSE-teachers in Zambia provides evidence that a process of **gender transformative trainings**, offered during a period of 6 months and using a critical gender lens, has positively changed teachers' gender attitudes. It has also increased empathy and support for pupils that deal with CEFM and/or teenage pregnancy.

In the final year of implementation YIDA country teams will build on the described good practises and lessons learned and focus on implementing exit and suitability strategies as described in the YIDA annual plan 2020 and further documentation of good practises and lessons learned.

AWINAN ANAK
AMILAN REMAJA &
K BERBAHAYA BAGI ORGAN
DUKSI PEREMPUAN



YES I DO.



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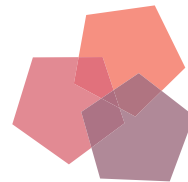
PKBI



LPAR

Handwritten signatures and names on the banner, including:

- YUNI
- Winda (Marsa)
- Chasrah
- SONIA
- Yuni
- Winda
- Chasrah
- SONIA
- Yuni
- Winda
- Chasrah
- SONIA



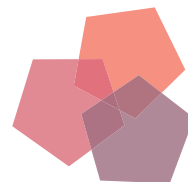
7. Financial and Audit Reports 2019

The YIDA consolidated 2019 financial and audit reports are submitted as separate documents.

Annex 1: Overview of progress on the YIDA core indicators

The table on the next pages presents an overview of the core indicators from the YIDA generic M&E framework and the progress made in 2019 compared to the annual target. It includes a brief interpretation of the measurements in case numbers deviate from the target or in case there are significant differences between countries.

RESULT AREA	CORE INDICATOR	Ethiopia	
		TARGET	RES
PATHWAY 1	PW1.2 # and description of initiatives in the local community and local clubs/associations/schools to address FGM, TP and CM and gender inequality	306	
COMMUNITY MEMBERS AND GATE-KEEPERS HAVE CHANGED ATTITUDES AND TAKE ACTION TO PREVENT CM, FGM/C AND TP	This outcome indicator describes the number of initiatives by the community to address CM, TP and where a from YIDA. In Malawi, religious and traditional leaders, Child Protection Committees and Youth Groups conduct Teams, 2 Area Advisory Councils (on child protection) and 2 boda-boda associations. In Ethiopia also the group numerous initiatives, such as community conversations, parents' and youth dialogues, peer to peer dialogue (a type of CBO in the community) and Anti-HTP committees that have been created and/ or strengthened.		
	PW1.4 # of networks established consisting of change agents	30	
	Besides the establishment of new networks that is reported in indicator PW1.4, YIDA invested in nurturing and likely to happen in 2020. The high number in Zambia is fromed by 16 CoC networks, 64 Health Clubs and 48 n		
PATHWAY 2	PW2.6 # of young people who participate in policy and decision-making bodies and perceive their participation as meaningful	33	
ADOLESCENT GIRLS AND BOYS ARE MEANINGFULLY ENGAGED TO CLAIM THEIR SRH RIGHTS	This outcome indicator measures the number of young people who participate in policy and decision-making and assessed their participation as meaningful. In Zambia, YIDA supports youth advisory panels who are repr Committees.		
	PW2.4 # of staff of partner organisations that have been capacitated in MYP	15	
	The MYP trainings are an integral element of the YIDA programme in which the principles and value of mean to KPAD (child protection committees) while in Ethiopia, staff of the responsible district government participa		
	PW2.5 # of young people trained in MYP outside partner organisations	45	
	In Indonesia, 270 young people from the FAD, Village Child Forum, received an MYP training. In Kenya, 36 you key comunity structure, were trained on MYP.		



	Indonesia		Kenya		Malawi		Mozambique		Zambia		Total	
SULT	TARGET	RESULT	TARGET	RESULT	TARGET	RESULT	TARGET	RESULT	TARGET	RESULT	TARGET	RESULT
330	13	33	7	7	140	448	153	90	10	9	629	917

applicable, FGM. Nevertheless, measuring this remains challenging, and therefore many countries count the number of groups that are formed, independent of meetings and initiatives around the prevention of CM and importance of youth SRHR. The reported number in Kenya comprises 5 Community Advisory Groups that were formed with support of YIDA (mainly training) but that undertake initiatives independently from YIDA. As a result, they carry out sessions and art sessions. The groups include Community Conversation groups, out of school youth clubs, COC groups, Meharebe & girls clubs, Iddirs

30	12	12	1	-	7	10	9	11	125	128	184	191
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and maintaining existing networks. This was particularly the case in Kenya, where the YIDA envisioned to form a network of boda-boda associations, but this is radio listening groups.

33	50	48	20	25	20	42	20	12	15	17	158	177
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g bodies and whether they can influence decisions that affect them. In Ethiopia, 33 young people participated in the GO-NGO forum on primary education presented in decision making structures at community, district and provincial level. In Malawi, 42 young people took part in the Village Development

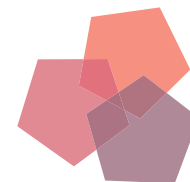
16	120	154	15	15	0	-	20	20	21	19	191	224
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ingful youth participation in all stages of decision making is operationalised for people and their organisations. In Indonesia, the MYP training was provided ated.

45	300	270	-	68	20	20	25	25	480	445	870	873
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ung people from the Community Advisory Teams to end FGM received MYP training and an additional 32 young people from local End FGM Committees, a

RESULT AREA	CORE INDICATOR	Ethiopia	
		TARGET	RES
PATHWAY 3 ADOLESCENT GIRLS AND BOYS TAKE INFORMED ACTION ON THEIR SEXUAL HEALTH	PW3.1 # of adolescents girls and boys between 15 and 24 that utilize SRHR services	20.000	
	Data is based on the HMIS data from facilities that provide Youth Friendly SRHR services in the catchment area to the facility. The other 3 opened early 2020. In Zambia, extra efforts were made to increase the demand for SRHR services expected.		
	PW3.7 # of (government/ private-for profit) health facilities that adopt YFS	9	
	YIDA in all countries are engaging with (government) health facilities to support them in delivering youth friendly SRHR services. For Zambia, the 5 year target is to reach 64 government health facilities that offer youth friendly SRHR services.		
	PW3.9 # of young people between 10-24 years who participated in SRHR education sessions and awareness raising activities	5.500	
	In Mozambique, this number is higher because it includes the # of young people participating in community awareness sessions. In Zambia, the number of young people are reached through School awareness sessions conducted by SRH school clubs and this includes the number of young people reached through community awareness sessions.		
	PW3.11 # of teachers, health and social workers and peer educators trained in detection and prevention of CM, TP and FGM	292	
	The content of the trainings is monitored in pre- and post tests and guided by value clarification workshops and the number, while in the other countries this number comprises the total of teachers, health and social workers trained.		
PATHWAY 4 GIRLS HAVE ALTERNATIVES BEYOND CM, FGM/C AND TEENAGE PREGNANCY THROUGH EDUCATION AND ECONOMIC EMPOWERMENT	PW4.1A % of girls below 18 years who dropped out of primary school and secondary schools	These indicators	
	PW4.1B % of girls aged 15-18 years currently attending secondary school		
	PW4.6 # of schools where Child Protection Policy is in place	17	
	This outcome indicator entails the number of schools where a Child Protection policy is in place, in order to ensure YIDA engages in a long term relationship that includes amongst others the Child Friendly Schools concept, in- and out-of-school activities.		
	PW4.9 % of girls 18-24 who are economically active outside of household	These indicators	
	PW4.10 % of girls 18-24 who have received any income in the past 6 months		
	PW4.17A # of girls who completed vocational training	100	
	This output indicator measures the absolute number of girls that have completed vocational training. In India, 24 girls concluded a half-year vocational programme in 2019, and already 21 of them started their own business.		
PATHWAY 5 POLICY MAKERS AND DUTY BEARERS DEVELOP AND IMPLEMENT LAWS AND POLICIES ON CM AND FGM/C	PW5.1B # of (new) national and local law	This indicator is	
	PW5.3A # of FGM/C cases reported and acted upon by duty bearers		
	PW5.3B # of child marriage cases reported and acted upon by duty bearers		
	Because the indicators PW5.3A and 3B were planned to be measured at base- mid- and endline, no targets were set in the number of reported cases, which might be an indication of wider awareness among community members (steps, etc) are likely to be more well-known by community members.		
	PW5.6 # of media hits	4	
	This indicator tracks the # of publications in which YIDA was involved in the media. Next to media exposure, YIDA also engages in media advocacy.		
THE YES I DO ALLIANCE AND ITS PARTNERS HAVE THE KNOWLEDGE AND SKILLS TO IMPLEMENT GENDER TRANSFORMATIVE PROGRAMMES	CC.4 # of staff of implementing partners receiving GTA training in 2019	66	
	GTA training helps people to examine, question and change rigid gender norms and imbalances of power as a result of gender inequality. In Mozambique, the GTA training was postponed to 2020 due to a trainer position vacancy in 2019.		



	Indonesia		Kenya		Malawi		Mozambique		Zambia		Total	
RESULT	TARGET	RESULT	TARGET	RESULT	TARGET	RESULT	TARGET	RESULT	TARGET	RESULT	TARGET	RESULT
22.126	9.500	20.103	-	27	5.000	13.129	10.000	3.327	6.400	8.514	50.900	67.226

areas. In Kenya, YIDA worked in 2019 on renovating 4 Youth Resource Centres. By the end of 2019, one was operational and 27 young people found their way to SRHR services, after the alarming MTR finding that TP was going up in the catchment area. As a result, more youth made use of the SRHR services than

9	3	5	4	7	8	8	8	8	64	45	96	82
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and SRHR. The engagement is sustained throughout the programme period and YIDA provides training and support to make the services truly youth friendly SRHR services. Over the past 4 years, the YIDA team accomplished 45.

8.955	2.552	4.259	1.500	1.548	5.000	13.342	25.000	51.770	9.000	13.136	48.552	93.010
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mobilization campaigns, whereas the other countries counted the # of young people who participated in specific (peer) education sessions. In Zambia, the sessions include drama sessions, debates, music and sports activities in which SRHR and agency are central.

353	250	262	30	26	65	67	80	80	384	379	1.101	1.167
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and rehearsal of SRHR key principles. The approach is to use the ToT model to roll out the trainings and in Kenya, only the master trainers are included in the trainings and peer educators trained to detect and prevent CM, FGM and TP.

These outcomes are measured by KIT at base- and endline

17	23	23	30	16	38	38	15	15	64	64	187	173
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to create a safe space for children in and around the school. In Mozambique, this also includes allowing pregnant girls to attend day classes. With all schools, YIDA supports school youth clubs and parents groups.

These outcomes are measured by KIT at base- and endline

100	400	614	40	37	50	55	65	15	24	24	679	845
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In Indonesia the trainings include business, financial and marketing skills that are provided in weekend classes and economic empowerment trainings. In Zambia, the trainings focus on business in amongst others in poultry and hairdressing.

These outcomes are measured by the alliance at base-mid and endline and is also included in the KIT base- and endline studies

65		-		-								65
60		27		7		97		77		58		326

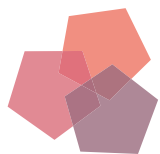
Targets were set for 2019. Many country programmes however reported CM cases that were reported and acted upon. The numbers in Indonesia show an increase in reports about child protection concerns. Moreover, it might be an indication that the current reporting channels and procedures (hotline, person in charge,

5	15	36	8	9	8	8		5	6	9	41	72
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YIDA also conducts on and offline campaigns on prevention of CM, FGM and TP, which for example in Indonesia have reached 3,240,604 people.

65	0	2	15	15	15	15	-	-	30	14	126	111
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YIDA means to achieving SRHR objectives. In Ethiopia, both YIDA and government partners received GTA training. In Zambia, the YIDA programme officers were part of the team.



YES I DO.



Girls first



For a strong and healthy Africa

CHOICE FOR YOUTH & SEXUALITY



Royal Tropical Institute



For sexual and reproductive health and rights