



Mid Term Review Report

2016 – September 2018



The Yes I Do Alliance in Ethiopia

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List of Acronyms

Acronym	Explanation
AYP	Adolescent Youth Program
BCC	Behavioural Change and Communication
CC	Community conversation
CM	Child Marriage
CSE	Comprehensive Sexuality Education
DEC	Development Expertise Center
ECHO	Ethiopian Youth Council for Higher Opportunities
EKN	Embassy of the Kingdom of the Netherlands
FGM/C	Female Genital Mutilation/Cutting
HDA	Health Development Army
HEW	Health Extension Workers
IGA	Income Generation Activity
MYP	Meaningful Youth Participation
MTR	Mid Term Review
PTSA	Parents Teachers Students Association
PTT	Program Technical Team
SRH	Sexual Reproductive Health
TaYA	Talent Youth Association
TP	Teenage Pregnancy
TOC	Theory of Change
YIDA	Yes I Do Alliance

Description of Terms/Functions

- 3C (Community Care Coalition)-a child protection structure composed of concerned government sector offices and community representatives
- Ethiopian Youth Council for Higher Opportunities (ECHO)- youth council of members comprise youth between the ages of 15-24 years who are organized to realize MYP.
- Health Development Army (HDAs) -Women groups establish by government. Each group organizes 30 households (taking the mother as a representative) under the leadership of one model family (1 to 30 networks) and five leaders of the 1 to 30 network also form smaller higher level group (1 to 5 networks) which report to Health Extension workers
- Health Extension Workers (HEWs)-the lowest level of the health force with basic training that work at health post in kebeles.
- Women development committee – a committee of seven members from different sectors including HEWs (health extension worker), women representative, teachers, kebele administrator etc
- Parents' dialogue session-monthly dialogue sessions between parents of in school boys and girls. It is facilitated by trained facilitators focusing on how to communicate with young peoples and how to address young people's challenges in regard to SRH
- YIDA Advisory Committee-consists focal persons from Woreda Education Office, Youth and Sport Office, Women and Children Affairs Office

Executive Summary

This report presents the findings of a mid- term review depicting the progress made for the Yes I Do Alliance (YIDA) in Ethiopia, five years program (2016-2020) that envision ensuring adolescent girls and boys enjoy their SRH and achieve their full potential, free from all forms of CM, TP and FGM/C. The alliance consists of Amref Health Africa in Ethiopia-lead, Plan International in Ethiopia, Development Expertise Centre (DEC) - local implementing partner for Rutgers, Talent Youth Association (TaYA)-local implementing partner for CHOICE and Addis Ababa University-a research partner that works with KIT. The partners bring their complementing expertise to result synergetic effects through complementary efforts. The program is under implementation in two woredas of Amhara Regional State: Kewet woreda in north Shewa zone and Bahirdar Zuria woreda in west Gojjam zone where FGM/C& CM are prevalent.

The Midterm Review is conducted in the second half of 2018 with the overall objective- to have up to date information on progress and challenges of the program towards the outcomes, and formulate recommendations to strengthen the implementation and improve its ability to realize its goals. Accordingly, it tried to analyses changes on the context, progress results, monitoring and evaluation, TOC and partnership and draw lessons and recommendations.

Context analysis: the analysis showed that actors such as parents, elders, community leaders, community and religious groups have a strong say in any decision. Besides, although the level of risk associated with most of the risk factors shows a decreasing trend, the probability of risk related to program management such as high turnover of trained stakeholders as well as the political risk linked to elections or political unrest remained high.

Progresses and Results: The findings depict that YIDA is on track in realizing most of outcome indicators. The following paragraphs summarize the results per pathways:

- Path way 1: The MTR evidenced that by implementing different awareness rising and BCC strategies that has enhanced dialogues among men & boys/ girls & women on harmful impact of CM, TP and FGM, YIDA has achieved encouraging results on the desired outcomes. There is improved community leaders' and gatekeepers' understanding on the benefit of changing norms and alternatives for girls as well as changed knowledge, attitude and practices of traditional healers. However, more effort need to be put on establishing social movement which requires creating network of different groups who can stand up against harmful behaviors and norms.
- Pathway 2: YIDA supported a group of young people to organize them forming a youth structure named Ethiopian Youth Council for Higher Opportunities (ECHO). These youth groups were provided with various trainings that contributed for empowerment of adolescent girls & boys to raise their voice and engage to claim their SRH entitlements. As a result, boys and girls negotiated and convinced parents to cancel attempted CM & FGM/C. Girls are also claiming the right to education by pressuring their parents. Important stakeholders such as local government bodies were also capacitated to engage YP in a meaningful way. In line with, the midline findings indicated that recognition of girls' right is increasing. Nevertheless, although signs of improved young people participation in CSOs & government interventions are seen, engaging young people in a meaningful way like by putting structure in place is not yet fully realized.

- Pathway 3: The program has created increased access to SRH information through CSE and other trainings that attributed to improved adolescent girls' and boys' knowledge on their SRH entitlements and skills for influencing quality service provision. Trainings provided to service providers and the equipment support enabled health centers in implementation areas to start providing youth friendly services. As a result number of young SRH service users has increased from time to time. Although quality hasn't been ensured as per nationally set maximum standards for youth friendly service, the effort made so far indicates they met minimum standard criteria. It is noted that referral system that can link in school and out of school adolescents with YFS needs to be established and strengthened.
- Pathway 4: The school dropout rate is decreasing in both primary and secondary intervention schools. Number of girls who would have dropped out for economic reasons are kept in school by economically empowering their parents and/ or providing financial support and scholastic materials. Interventions towards creating convenient school environment such as menstrual hygiene management have also contributed for the observed decreasing trend. YIDA also supported out of school girls and young women to become self-employed and generate income by providing them with vocational and entrepreneurship skills trainings and startup capital. This has also contributed to decrease migration and increased access to credits and jobs by more girls than those direct beneficiaries as it is linked with the government's revolving fund scheme. Looking forward, establishing collaboration with private sector will be prioritized in the remaining period of the program.
- Pathway 5: Because direct intervention is restricted by law, the program tried to achieve the outcomes by supporting government actors to facilitate dialogue session. As a result, policy dialogue and discussions on SRH, CM, TP, & FGM/C are conducted at different levels. The midline also showed that there is increased political awareness and will. However, there are no established negotiation platforms between government and CSOs/change agents to influence laws and policies.

Along with interventions targeted the outcome areas, crosscutting strategies such as Gender transformative approach, Girls empowerment, Men & boys' engagement and Meaningful Youth Participation were intertwined throughout the implementation. For instance, YIDA raises awareness about costs of unhealthy gender norms & benefits of redefining to healthy ones. It also tried to address multiple forces of young people environment (e.g., schools, families, health centers, media, government, etc.) that are acting on the development of adolescents and youths sense of gender. Although, boys were proportionally addressed in most interventions, it is noted that their participation in economic empowerment supports and men engagement still needs improvement.

Monitoring & Evaluation and TOC reflection: The M&E framework consists qualitative and quantitative indicators that help to show most of the results and achievements. The alliance conducts periodic joint supportive monitoring visits and has conducted review meetings to discuss the progress and use the learning for improvement of the implementation. Altogether, the M&E frame work as well as the acquired data has significantly contributed to progressive implementation of program interventions and also to identify the limitations. The MTR identified few indicators to be modified in order to capture more specific and accurate information. In line with, similar alterations on line outcomes of the TOC are suggested.

Additionally, the assumption “When adolescent girls finish post primary education, they have more chances to be economically empowered” found not convincing since the effect completing post primary school by itself has on economic empowerment in the context is limited given the kind of available opportunities are more of labor work. It was also reflected that given the ambition of the goal and the intended impact, the duration of the program and the allocated investment are not sufficient to realize higher level indicators.

Partnership Reflections: The YIDA in country now has well-functioning structures (MoU, ToC, templates, guidelines) explaining and guiding the partnership among the alliance members. These have resulted in mutual understanding, good coordination, collaboration, consistency and visibility and team spirit among alliance members. The alliance also has visible partnership with government stakeholders, Embassy of the Netherlands and also other like-minded actors. It is noted that the partnership has minimized administrative and program costs that would have incurred if individual organizations were working separately. For instance, because modules and guidelines prepared by any of the member organizations can be used by others, cost as well as time that would have been spent by new developments is saved. Besides, office spaces and other logistics in the field offices were being shared. It also added values by optimizing effectiveness through complementary expertise and by improving efficiency through minimized duplication of effort. However, the distance(far) between the two target districts has challenged the collaboration.

Lessons learned: From achievements gained and challenges faced, lessons are drawn that:

- When empowered, community groups and existing structures are very influential actors to bring behavioral change on deeply rooted norms.
- When organized, young people can influence their adult counterparts including their parents and government officials.
- The likelihood of service utilization can be increased if YFS are made available where adolescents and young people are.
- To address the barriers to girls’ education and empowerment, participation by all those that affect the lives of girls within the community and within the school is important.

Recommendations: Some of the recommendations to improve the performance of the Yes I Do in Ethiopia include:

- To emphasis more on in depth BCC approaches in order to assist communities to translate the knowledge they got to change in attitude and practice at larger group.
- Along with ECHO branching in Bahirdar, capacitated ECHO groups should be directed to influence more adolescents and young people in their community.
- In addition to availing YFS corners in existing facilities, measures should be taken to take the services where adolescents and young people are, like to youth centers.
- To safeguard sustainability of the program and partnership through strengthening ownership to the program by the community and local government as well as looking into diversified funding sources both in-country and globally.

1. Introduction

This report presents the progress made for the Yes I Do Alliance (YIDA) in Ethiopia, five years program (2016-2020) that envisioned ensuring adolescent girls and boys enjoy their SRH and achieve their full potential, free from all forms of CM, TP and FGM/C. The alliance consists of Amref Health Africa in Ethiopia-lead, Plan International in Ethiopia, Development Expertise Centre (DEC) - local implementing partner for Rutgers and Talent Youth Association (TaYA)- local implementing partner for CHOICE. Addis Ababa University is also working with KIT.

The partners bring their complementing expertise that result a synergetic effects: Amref Health Africa Ethiopia brings in experience of working with communities including linking communities with the formal health system and strengthening the capacity of health care force at different levels and the health facilities. Talent Youth Association (TaYA) is a youth-led organization and is experienced in meaningful youth participation and youth-led campaigns and advocacy. Development Expertise Center (DEC) is working on boys and men engagement to create a social movement and SRH knowledge creation through Comprehensive Sexuality Education (CSE). Plan International Ethiopia (PIE) brings its experience on social movement, quality education and economic empowerment. Moreover, Addis Ababa University is the research partner in the alliance. As can be seen on the map (marked purple), the program is under implementation in



two woredas of Amhara Regional State: Kewet woreda in north Shewa zone and Bahirdar Zuria woreda in west Gojjam zone where FGM/C, CM and TP are prevalent.

The program was started in 2016 with an inception workshop that enabled the partners to establish mechanisms for collaboration, mutually understand the vision and

mission of the YIDA and contextualize the generic Theory of Change(TOC) followed by various start up activities. A baseline survey that on the factors related to CM, TP and FGM/C was also conducted. However, due to the political unrest and declaration of state of emergency in the country, it is only from the beginning of 2017 onwards the program has started implementing activities on the ground. The Midterm review of the program is conducted in the second half of 2018 with the overall objective- to have up to date information on progress and challenges of the programme towards the outcomes, and formulate recommendations to strengthen the programme implementation and improve its ability to realise its goals.

Starting with context analysis,this report provides insights on the key results for each pathways as well as reflections on the TOC,development and functionong of the partnership, monitoring process and quality of data & evaluation and lessons learned and the implication for remaining period in order to improve the program.

2. Context

a. Brief description of the context

In this part, the enabling and hindering factors in the country context are presented.

Enabling factors

The 2016 – 2020 National Adolescent Youth Health Strategy aligns with YIDA initiative. It shows more commitment from the government to engage young people in the process of implementation, which may create a fertile ground for meaningful youth participation. Moreover, responsible government offices in Amhara expressed the relevance of the Yes I Do program in various meetings, appreciate the concept and have been supportive in facilitating smooth implementation from agreement signing to following up the implementation progresses.

Furthermore the area of SRH, especially FGM/C, CM and TP, is becoming a focus thematic area for many like-minded organizations and initiatives, which will create abundant opportunities to collaborate and form partnerships to scale up learning gained from YIDA to other areas in Amhara as well as other parts of the country. In addition, the government is showing willingness to open more room for direct engagement on advocacy related interventions which was not allowed so far. All the above together with alliance member organizations' strong track of record in the implementation area will contribute to better further the program agenda.

Hindering Factors

A political reform is underway, how these recent socio-political developments in the country would affect the program implementation is yet uncertain. In addition, the preparatory works for upcoming election in 2020 will be started early on 2019. This might divert the attention from many of the program actors particularly government stakeholders.

b. Assessment of context changes

The level of risks associated with social, political and program management that were identified at the inception and their mitigation measures were revisited. The probability of social risk such as resistance to change among communities, Programme activities increasing the vulnerability of girls, fraud corruption by partners, alliance members have different priorities and limited understanding among local partners on project which were rated as high or medium has changed to low. On the other hand, probability of risk related to program management such as high turnover of (trained) stakeholders, Challenges of meaningful engagement of young people due to cultural norms and resource constraints as well as the political risk linked to elections or political unrest remained high and medium respectively (Annex 1).

In the same token, the level of influence different actors and factors has on the program has been also reviewed and updated (Annex 2). There are many actors who have a strong say in any community decisions including elders, parents, community leaders, community and religious groups that are considered as gate keepers of their communities. Therefore, in order to be successful in achieving the objectives of the YIDA project, all the actors have been participating in selected intervention of the different strategic outcomes starting from the inception.

Similarly, some additional factors such as economic status, accesses to education and political commitment to enforce law were included to factors that were identified during the inception while some factors with limited influence are removed (Annex 2).

3. Progress and Results

Pathway 1: Community members & gate keepers have change attitudes and take action to prevent CM, TP and FMG/C	
1. Which outcomes are on track? Please explain	<p>As explained below, most of the outcomes under this pathway are on track. These outcomes are:</p> <p><i>1. Enhanced dialogues among men & boys/ girls & women on harmful impact of CM, TP and FGM.</i></p> <p>Out of the targeted 186, 149 community groups are actively engaged in dialogue. These networks (79 in Kewet & 70 in Bahirdar Zuria) are regularly conducting dialogue with different segment of the community in the intervention area. Among those, YDIA has newly established and capacitated 33 networks such as community conversation and Change agents led groups that conduct dialogue sessions with group of community members from all walks of life; Youth activists that facilitate dialogue among youth, Peer to peer and CSE/Meharebe clubs. In addition, after strengthened by the YIDA, existing networks such as 1 to 5 and 1 to 30 women development army network, in & out of school clubs, HTPs/Child marriage cancellation committees and youth and women associations incorporated discussing harmful impacts of CM, TP and FGM/C as a standing agenda of their monthly dialogue sessions.</p> <p><i>2.Changed knowledge, attitude and practices regards TBAs/ traditional healers</i></p> <p>After continuous dialogue, more than 100 traditional healers who were circumcising girls have stopped the practice. Even more, they are notifying parents who brought their daughters for circumcision to the HTPs prevention committees. With their support, the committee was able to stop 24 FGM/C attempts in the woreda.</p> <p>The mid line also evidenced that the practice of FGM/C is declining faster than child marriage. Yet, it is not abandoned. It is now becoming difficult to find circumcisers. Those who used to perform have abandoned the practice since they were trained about the consequences of FGM/C. As compared to the past, FGM/C is no more associated with marriageability.</p> <p><i>3. Community leaders and gatekeepers understand the benefit of changing norms and are aware of alternatives for girls</i></p> <p>Compared to the baseline, the midline showed that decision making power of girls over their own issue such as education and marriage is growing. Parents are gradually accepting the freedom of choice of their children regarding marriage. Some</p>

	<p>girls are reported to engage early through love marriage instead of arranged marriage. Attitudes and role of elders in child marriage is changing positively. In addition to this, students were oriented to use suggestion boxes in schools to inform existence of proposed child marriage in order for the school to trace the cases and take necessary action in collaboration with kebele administration and police.</p> <p><i>4. Social movement is established to transform social and gender norms that perpetuate CM, TP & FGM/C</i></p> <p>It is expected that the composite effect of the track of records on lower level outcomes highlighted from 1-3 above will gradually lead the program towards achieving this outcome.</p>
2. Which outcomes are <u>not</u> on track? Please explain	<p>More effort need to be put on establishing social movement which requires establishing larger groups who can stand up against the harmful behaviors . Though the YIDA has achieved encouraging changes in various groups as explained above, the MTR revealed that men engagement and out of school youth participations need improvement.</p>
3. Are there any unexpected outcomes observed? If yes, please elaborate	<p>Because most attempts were cancelled, resistant parents are taking their daughters to non- project intervention kebeles for FGM/C.</p> <p>Though parents push to CM is reducing, trend to increased marriage in the pretext of love by adolescent girls less than 18 years of old has been observed.</p>
4. What is/has been the contribution of the YIDA to these outcomes?	<p>The YIDA has contributed significantly by creating community groups/networks; enhance their capacity through consecutive trainings on harmful impacts of CM, TP, and FGM/C as well as facilitation skills needed to lead a dialogue session with the community. The various awareness raising efforts made by the program as highlighted in the output section below have also laid a foundation to keep the resistance to issues raised from the community during the dialogue at a minimum.</p>
5. Which key outputs are realized: please provide a <u>summary</u> of key outputs and explain?	<p><i>Gate keepers and community members participated in different awareness raising interventions:</i></p> <p>More than 7,970 people (3104 F) participated in 10 health education events and youth club led edutainment programs organized in Kewet district on general SRH information and harmful effects of FGM/C, CM & TP.</p> <p>In Bahirdar Zuria district, as a result of the awareness creation efforts made by change agents and youth activist groups. 11,379 community members participated in awareness raising events on the causes and negative consequences of CM, TP and FGM/C conducted at different religious and social gatherings. In addition, 948 participants (545 female) took part in awareness raising taken place at the events organized to celebrate international days such as March 8 and Girls' day in collaboration with woreda Women and Children Affairs Office.</p>

	<p>1368 peoples from the community participated in a school sensitization program organized by trained in-school youth. It has created awareness about YIDA to the school community such as teachers, parents, PTSA members, and school supervisors. Parents were informed about the extra hours students will spend in school to participate on SRH discussions and CSE</p> <p>Workshops were organized at region, zone and woreda levels on which representatives from signatory government offices and other stakeholders discussed the burden of CM & FGM/C and addressed some of the implementation challenges. Similarly, opening of the year workshops that discussed SRH situation of schools and young peoples were conducted in the beginning of each school year in the presence of school community. Moreover, trained students are creating awareness to the community about the negative impacts of early marriage, gender based violence and preventive mechanisms of HIV/AIDS and STIs in market places and religious gatherings.</p> <p><i>YIDA also conducted different trainings/meetings on causes and consequences of CM, FGM and TP for community leaders and stakeholders</i></p> <p>A sensitization meeting was attended by 39 people (10 female) including religious leaders, CC facilitators, kebele administrators and members of. In addition, 28 change agents (7 female) are recruited and trained (twice) on the types and consequences of HTPs in the district, including CM, FGM/C and TP.</p> <p>122 people from women development committee organised to address different social issues affecting the community in general and women and children in particular were trained.</p> <p>All (31) HEWs in Kewet received three days basic training in 2017 and refresher training in 2018. The trainings entertained topics such as, youth SRH, gender based violence, substance abuse, HIV/STI, contraceptive options, unsafe sex, communication with adolescent, harmful traditional practice (particularly FGM and CM), and counselling. Moreover, about 469 HDAs and traditional healers received training on the consequence of FGM, CM and TP. 88 of them also received refresher training afterwards based on the need assessment done during monitoring.</p> <p>202 (95F) CC facilitators from 18 kebeles of kewet trained on CC facilitation skills and basic concepts of SRH in general and FGM/C, CM & TP in particular for two days. Refresher training was also given to 188 of the facilitators on the consequences of CM, FGM and Teenage pregnancies</p>
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	<p>Moreover, 25 (15F) supervisors of CC facilitators who supervise the CC sessions through field visits together with YIDA project staffs were trained.</p> <p>YIDA advisory committee is meeting regularly on quarterly base to support and monitor progress of implementation. The committee is playing an important role to sustain the program and address challenges like lack of class rooms for CSE facilitation.</p> <p><i>Community conversation (CC) sessions, peer to peer discussions and parents' dialogue sessions were organised by trained facilitators to enhance dialogue with men, women, girls and boys.</i></p> <p>In Bahirdar Zuria woreda:</p> <p>29(11 female) youths are recruited to facilitate discussions in out of school peer to peer groups. After they gained knowledge and skills on SRH, life skills and facilitation skills, they have conducted 70 discussion sessions on ASRH and CM, TP and FGM/C for 288 (149 female) out of school youths. In addition, regular dialogue and CC sessions were conducted in 15 youth activist groups that consist 456 members (160 female) and 28 CC groups which have engaged 560 members in 140 discussion sessions. Similarly, 1780 CC sessions were conducted and more than 16,800 people (8,449 F) from all walks of life have participated in the sessions.</p> <p>75 parents (25 females) were actively participated in parents' dialogue sessions.</p>
6. How do these outputs contribute to the outcome(s)?	The various trainings provided to gate keepers, community leaders and government actors have contributed to improve their understanding and made them equipped with the skills they need to facilitate dialogue sessions. Likewise, the dialogue and community conversation sessions supported with the awareness raising events contributed to results on change of knowledge, behavior and practice among traditional healers and community members.
7. Which outputs were <u>not</u> realized? Please provide a summary and explain	The outputs intended for the time were realized by implementing activities as planned. However, the efforts need to continue by providing refreshing trainings, monitoring how the changes could lead to sustained social mobilization.
8. What are the challenges and opportunities to improve outcomes of pathway 1?	<p>Challenges: Resistant groups come with new ways to continue the practices of CM & FGM/C. for instance going to non-implementation areas for FGM/C.</p> <p>Secondly, the fact that CM and FGM/C has been practiced for long time and their harmful consequences are not often immediately visible has made the change slower.</p> <p>Opportunities: Presence of community based structures established by government like Health Development Army network and HTPs/CM prevention committees as well as</p>

	willingness of community and religious leaders can contribute towards realizing the intended social movement.
Pathway 2: Adolescent girls and boys are meaningfully engaged to claim their SRH	
1. Which outcomes are on track? Please explain	<p>The paragraphs below refer to what has been achieved in Kewet woreda. MYP interventions in Bahirdar were started only recently and the outputs realized will be highlighted in the output section when appropriate.</p> <p><i>1. Important stakeholders capacitated to engage YP in a meaningful way</i></p> <p>After they have received Meaningful Youth Participation (MYP) training and participated on dialogue sessions, panel discussions and consultative meeting, key government stakeholders like woreda youth and sports office has assigned a focal person who follow up MYP. Though youth participation in decisions making processes is yet not demonstrated, program monitoring data indicate that stakeholders are engaging young people in their program activities and count them as their supporters.</p> <p>Alliance members are capacitated to engage YP in a meaningful way</p> <p>Similar to the government stakeholders, alliance members have started engaging young people in the implementation as well as monitoring and evaluation of YIDA activities. However influencing the organization to engage more young people as expected needs to be worked on in the remaining project period.</p> <p><i>2. Adolescent boys and girls are meaningfully engaged to claim their SRH entitlements</i></p> <p>Interviews conducted during monitoring visits indicate that changes in the abilities of adolescents to position themselves have been observed especially in those engaged in in- school and out of school clubs and ECHO. For instance member of ECHO in Kewet are advocating for SRH as well economic entitlements of adolescent girls and boys in their community. However, the midline depicted that speaking out about sensitive issues such as sexuality is still not a norm for majority of the youth. Young people are not confident to speak about sexuality with their elders and parents.</p> <p><i>3. Adolescent girls & boys are empowered to raise their voice:</i></p> <p>Testimonies of teachers and local figures point out that boys and girls who were shy and unconfident turn out to be outspoken and confident to voice for themselves as well as their peers. They negotiated and convinced parents to cancel attempted CM & FGM/C. In line with, the midline findings indicated that recognition of girls' right is increasing. Some</p>

	<p>girls are able to decline marriage and report the case of child marriage to police, teachers and Women and Children affair office. Girls are also claiming the right to education by pressuring their parents.</p> <p><i>4. Young people feel important and their SRH entitlements acknowledged</i></p> <p>Monitoring data shows that the feeling of importance by young people engaged in the program such as club members & ECHO members for instance has started changing. Nevertheless, most of them do not feel that their SRH entitlements are sufficiently acknowledged. In addition, as ECHO members are very limited in number, measures need to be taken to reach more youth in the area.</p>
4. Which outcomes are <u>not</u> on track? Please explain	<p><i>CSOs are involving young people in their programming in a meaningful way</i></p> <p>CSOs are expected to involve young people in all courses of their program management including decision making by putting MYP structure in place. Although signs of improved young people participation are seen, engaging young people in a meaningful way like by putting structure in place is not there.</p>
5. Are there any unexpected outcomes observed? If yes, please elaborate	<p>Beyond SRH entitlements, ECHO groups claimed land for adolescents and youth with economic problems. In response, 51 boys and girls have received farming land recently. According to the report from woreda education office, ECHO groups have contributed to the decrease in school dropout which has decreased by 88%.</p>
6. What is/has been the contribution of the YIDA to these outcomes?	<p>YIDA supported young people to organize. The program also supported and capacitated ECHO members as well as government stakeholders through various trainings.</p>
7. Which key outputs are realized: please provide a <u>summary</u> of key outputs and explain?	<p><i>Young people from 18 kebeles in the woreda are organized in to youth council called Ethiopian Youth Council for Higher Opportunities (ECHO).</i> Since the establishment, members have received various capacity building trainings, mentoring and experience sharing and learning opportunities on the fields of MYP, SRHE, Advocacy, communications, program management and planning.</p> <p>The council members conduct monthly meetings to discuss various SRH and other issues with local government representatives. Besides raising awareness, the meetings help to improve the adult youth partnership and to update with up to date information.</p> <p>MYP manual is customized considering the context as young people in the area. Staffs and ECHO members from Addis Ababa Branch with MYP TOT provided MYP training for 9(5 female) ECHO members.</p> <p>To raise awareness, build the capacity, trust and confidence and enhance positive youth-adult partnerships practices of</p>

	<p>ECHO group, initial and refresher trainings were given on awareness raising, partnership building, advocacy and leadership. Following the trainings, two youth adult partnership dialogue learning and partnership development meetings were held by ECHO with representatives from religious and community leaders, teachers and school administrators, parents, target adolescents and young people. In addition, ECHO members in collaboration with Youth and Sports Bureau (BYS) organized events that was attended by youths, religious and community leaders, representatives of public sector offices and other stakeholders.</p> <p>Members of ECHO kewet have also visited the Addis Ababa branch in order to share experiences, enhance network and collaboration between the two councils. The opportunity of the visit was used to provide brief social media training to ECHO Kewet. The training enabled them to create Telegram and Viber groups and email accounts that are used to overcome the challenge faced in having frequent meetings and timely submission of reports due to the distance.</p> <p>To aware young people about existing laws, policies, strategies and programs related to their sexual rights and obligations, fact sheets were distributed.</p> <p>Two staff of YIDA member organizations working in the area-1 from Amref and 1 from PIE and two representatives from Youth and Sport bureau participated on the MYP in order to cascade and mainstream MYP along the program by alliance partners. Moreover, a dialogue forum which was attended by ECHO members, public stakeholders, community and religious leaders, parents and school administrator was organized to evaluate progresses on MYP and YAP.</p> <p>Six radio programs were broadcasted. It was aired from a station accessible by all the Kebeles and reached more than 20,000 youth in the woreda.</p> <p>Additionally, ECHO groups conducted street and market place campaigns through dram shows, music, poems, coffee ceremonies and other edutainment programs to engage large crowds. Also documentary video that captured testimonies on how the YID Program and being member of ECHO are changing young people's lives was produced and shared with stakeholders.</p>
8. How do these outputs contribute to the outcome(s)?	It is evident that the activities undertaken have helped young people to organize themselves, get exposure to the wider world and interact and influence their adult counterparts including their parents and government officials who become more open due to the awareness raising activities.
9. Which outputs were <u>not</u> realized?	The outputs set for the reporting period were attained. The number of adolescents reached by the programs should be increased through different actions.

<p>10. What are the challenges and opportunities to improve outcomes of pathway 2?</p>	<p>Challenges: TaYA's absence from Bahir Dar Zuria created a loophole in realizing MYP in the woreda. Many of trained ECHO members migrate to Arab countries crossing borders. Opportunity: Willingness of alliance members to contribute budget to the establishment of ECHO Bahirdar.</p>
<p>Pathway 3: Adolescent girls and boys take informed action on their sexual health</p>	
<p>1. Which outcomes are on track? Please explain</p>	<p><i>1. Stakeholders have been capacitated in SRH entitlements</i></p> <p>Improved capacity of the alliance organization and sector offices in delivering the project activities/services is observed. The midline also evidenced that age estimation is introduced at woreda level and thus the habit of investigating girls' age before marriage is becoming common. And activities under taken focusing on capacity building for health professionals such as training and community conversation have contributed the decline of FGM/C.</p> <p><i>2. Teachers, Health and social workers are better equipped to provide ASRH information and services and provide safe and youth friendly spaces.</i></p> <p>The mid line and M& E data showed access to SRH information and services is improved with the intervention of YIDA member organizations. It is also noted that delivery of comprehensive sexuality education by teachers and youth and trainings provided to health workers, health extension workers and health development armies on youth friendly services and age estimation has contributed.</p> <p><i>3. Adolescent girls and boys have improved knowledge on their SRH entitlements</i></p> <p>The midline showed that improved knowledge of adolescent girls and boys on their SRH entitlements is observed. It also indicated that organized youth clubs which are directly working on sexual and reproductive health education through community conversation and drama and School mini media supported by YIDA are a growing source of SRH information. Monitoring data also depicted that adolescents are gaining knowledge from members of inschool and out of school clubs capacitated by YIDA are providing continuous information to adolescents girls and boys using mix of approaches such as dramas, peerp to peer conversations and presentation of messages through minimedias.</p> <p><i>4. Adolescent girls and boys have improved skills for influencing quality service provision</i></p>

	<p>It is noticed that adolescents' participation in providing feedback with regard to the quality of SRH services they are provided with is progressively increasing. Health workers have also reported that adolescent girls and boys who completed the CSE lessons shown an improved communication and negotiation skills.</p> <p><i>5. Increased quality of ASHRH and child protection information and services/Improved accessibility and quality of young people SRH information.</i></p> <p>Due to the support by YIDA that includes training of service providers and equipment provision, 11 health centers in program implementation areas have started providing youth friendly services and number of users has increased from time to time. Although quality hasn't been ensured as per nationally set maximum standards for youth friendly service, the effort made so far indicates they met minimum standard criteria.</p>
6. Which outcomes are <u>not</u> on track? Please explain	Strong referral system that can link adolescents in school and out of school with YFS needs to be strengthened.
7. Are there any unexpected outcomes observed? If yes, please elaborate	ECHO groups established in Kewet in relation to MYP are contributing to increased ASRH service utilization by establishing a referral mechanism that links for adolescents in need of contraceptives and condoms to the health facilities.
8. What is/has been the contribution of the YIDA to these outcomes?	The information sources identified by the adolescents and the health centers that are providing youth friendly service are capacitated by YIDA. It also conducted continuous technical support that led to improved quality.
9. Which key outputs are realized: please provide a <u>summary</u> of key outputs and explain?	A total of 46 participants (32 from Bahirdar Zuria and 14 from Kewet) including district health office staff and health center heads attended training on general concepts of YFS. The orientation was helpful to aware all district health office staff on the national guideline of YF SRH service provision and about youth SRH problem and inspired health facilities and healthcare providers to deliver youth friendly service in their respective health centers. Following the general orientation, skill based youth friendly service training was given to 12 health workers and nine health centers (3 Kewet and 6 Bahirdar Zuria) are equipped with essential equipment and supplies needed for YFS services. The project has also renovated YFS rooms in two health centers-one per woreda. In doing so, the project created access to youth friendly health services-16,469 in Bahirdar zuria and 18,759 in Kewet, girls and boys age 15 to 24 in have had access to youth friendly services. In Bahirdar Zuria for instance, the number of users for period of first six months increased from 7050 in 2017 to 9419 in 2018. Through feedbacks gathered from 224 young people, it is noted that

	<p>young people perceived the provision of YF services has been improved from time to time.</p> <p>As detailed below teachers, peer educators and the health work force at different levels were capacitated through various trainings in order to provide ASRH information, service and safe and youth friendly space. Achievements in this regard include:</p> <p>Induction trainings on CSE were provided for 40 teachers (19 females) from all ten targeted schools in Bahirdar Zuria woreda along with experience sharing. To ensure the quality of CSE delivery, a checklist that enable to assess the teacher's knowledge, attitude and facilitation skill of CSE and the process of the training was developed and used during on-job observations. In response to the feedback obtained, refresher training was provided for 49 teachers (21 females) and more copies, 200 copies of teachers' manual and 366 copies of student manuals were published and distributed.</p> <p>Similarly, 40 (15 female) teachers from kewet and 26 (17 from Bahirdar and 9 from Kewet) health workers who are providing YFS service in nine health centers attended CSE training. Age estimation training was also provided to nineteen (12 from Bahirdar Zuria and 7 from Kewet) health workers. Moreover, 38 peer-educators (20 in school and 18 out of school) from Bahirdar Zuria were trained in collaboration with respective woreda education office.</p> <p>The other training organized was on SRH entitlements. A total of 40 teachers -20 Kewet (8Female) and 20 Bahirdar Zuria (14 Female) and nine HEWs and 38 peer educators -18 (4F) out of school and 20 (10F) in school from Bahirdar Zuria received the training. The training aims at updating the key actors on youth SRH problems and how to address them.</p> <p>SRHE and referral linkage trainings were organized in 3 rounds and 26 HEWs and 28 (6 female) gate keepers including harmful traditional practitioners and religious leaders from Bahirdar and 49HEWs and HDAs leaders in Kewet received the training. Through trained HEWs, the trainings were further cascaded to 442 (220 in Bahirdar zuria & 222 in Kewet) health development army leaders. As each trained HDAs is assumed to reach and share the information to 30 women, approximately 13,260 women are expected to gain information on FGM, CM & TP. Comprehensive family planning training was also given to 10 healthcare providers (6M & 4F) from 6 health centers in Bahirdar zuria district.</p> <p>Meharebe" -Amharic version of CSE package which has 15 lessons- is cascaded to adolescent girls and boys through CSE/Meharebe clubs established in targeted schools -10 in Bahirdar zuria and 6 in Kewet. As a result, 2388 adolescents</p>
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	<p>(1229 girls) completed CSE lessons. In addition, 5413 (2710 females) individuals from the schools community were participated on Exhibition Programs and shared the experience of CSE graduates.</p> <p>Furthermore, 1214 SRH related supplementary books including biology reference books are distributed to 10 schools to enhance/maximize the capacity of young peoples on their sexual and reproductive health. Five billboards with contents chosen by students were also erected in the implementation schools to visualize the YID program to the community at large and to inspire in school young people.</p>
10. How do these outputs contribute to the outcome(s)?	<p>In alignment with the achievements' descriptions in this report, It was observed that after CSE and SRH entitlement trainings and equipping health facilities:</p> <ul style="list-style-type: none"> •Adolescent girls and boys have improved knowledge on their SRH entitlements and become change agents by transferring the message to their parents and also to the community. •The trainings for different groups (health workers, teachers, adolescent girls and boys, health extension workers etc.) have improved the accessibility and quality of SRH information and services. •Different service outlets including health facilities, schools and youth centers were enabled to delivering SRH information/services to young people that resulted in increased SRH services utilization by young people.
11. Which outputs were <u>not</u> realized? Please provide a summary and explain	<p>Activities were implemented as planned and most of the expected outputs are achieved. As more adolescents and young people need to be reached, the activities need to continue in remaining duration of the program with particular emphasis to out of school ones.</p>
12. What are the challenges and opportunities to improve outcomes of pathway 3?	<p>Challenges: delivery of CSE found to be time taking for facilitating teachers as well as participating students. In addition class room shortages have delayed completion time of CSE sessions. In addition, frequent turnover of trained teachers increased necessitated a need for gap filled training.</p> <p>Opportunities: Government launched school health initiative that commends incorporating CES to school curriculum.</p>
Pathway 4: Girls have alternatives beyond CM, TP and FGM/C through education and economic empowerment	
1. Which outcomes are on track? Please explain	<p><i>1. Adolescent girls finish 10th grade education</i></p> <p>As per the education statistics of the two districts, 97% and 100% of the girls enrolled in 2017/18 school year have completed 10th grade education in the targeted schools of Kewet and Bahirdar Zuria districts respectively. Those girls who couldn't afford to stay in school were provided with material and financial support which otherwise would force them to</p>

	<p>dropout before finishing 10th grade. These girls have been protected from early marriage and have got an alternative of being economically self-sufficient. In addition to that, primary school dropout has improved from 1.98 to 0.8 in Kewet and from 0.52 to 0.32 in Bahirdar Zuria.</p> <p><i>2. Adolescent girls are more economically empowered:</i> In addition to those girls who completed grade 10, another 312 girls are kept in school and protected from dropping out by economically empowering their parents.</p> <p><i>3. Access to mid-level quality education improved</i> 155 girls who would have dropped out from school because of distance and inability to afford house rent away from home have continued their education as their costs are covered by the YIDA program.</p> <p><i>4. Increased access to credits and jobs and control over economic activities for adolescent girls/Increased provision of youth friendly microfinance and vocational training</i> YIDA supported 93 out of school girls and young women to become self-employed and generate income as a result of vocational training, entrepreneurship skills training. As the startup capital provided as revolving fund managed by government agency, it is also creating income generating opportunities for more girls.</p>
2. Which outcomes are <u>not</u> on track? Please explain	<p>Increased access to safe post-primary education for adolescent girls and child protection school systems in place: While renting houses away from home is one way of protecting girls from harassment on the way to and from school, girls staying by themselves away from parental protection is something that can expose them for sexual harassment in and out of school. The program has not worked towards this so far; and a strategy should be designed to address this issue.</p> <p>Established collaboration with private sector: Although wasn't attained so far, the program has started mapping potential private companies to be approached and this will be further taken forward in the upcoming project period.</p>
3. Are there any unexpected outcomes observed? If yes, please elaborate	Income Generation support is contributing for reduced migration. Girls have expressed that they have dropped the idea of migrating as they have got employment/self-employment opportunity within the country.
4. What is/has been the contribution of the YIDA to these outcomes?	The program capacitated schools and girls through trainings and experience sharing and by creating and strengthening girls' network and girls' advisory committees. It also provided material support such as scholastic materials and sanitary

	<p>facilities to girls and school clubs. Economic empowerment of in-school girls through financial support and provision of breeding sheep/goat/poultry to their parents as well as economic support to out of school and vulnerable girls through income generating activities were also contributions..</p>
<p>5. Which key outputs are realized: please provide a <u>summary</u> of key outputs and explain?</p>	<p>Scholastic materials (exercise books and pens) have been distributed to 2,381 poor school girls in 18 primary and 3 secondary schools.</p> <p>70 girl students and 23 female teachers trained on preparation of reusable sanitary pad and underwear locally and have produced their pads and underwear. In addition, materials for sanitary pad production are distributed to 1500 school girls.</p> <p>Training on gender responsive pedagogy was provided to 34 (31 female) teachers. Besides, 38 teachers (15 females), school principals and woreda experts visited Fagita Lakuma woreda- best performer in eliminating HTPs by the district education office- to share their experience.</p> <p>A girls'-led network that comprises two girls' representatives from 10 primary schools is established through which girls are meeting regularly and sharing information, experiences and best practices on HTP related issues. Moreover, Girl's Advisory Committees were established in 17 primary schools. The committees with 3 members each (composed of 2 teachers and one student) consult and support girls whenever they face problems such as child marriage and violence. 22 (20 female) members represented from each school were trained on prevention of GBV.</p> <p>22 school clubs (girls club, gender club and mini-media club) have been supported with different mini-media and hygienic materials so that they promote and support creation of girls' friendly school environment.</p> <p>312 girls are economically supported through their parents who are provided with sheep and goats so that they cover their costs and be able to keep them in school. Also, as one of the reasons for dropping out school after primary education is the challenge they are facing in relation to distance of secondary schools from the kebeles where they have attended primary education, 155 poor school girls attending their secondary education away from home have got financial support for house rent and other expenses in 3 secondary schools.</p> <p>93 out of school and unemployed girls and young women who are 18-29 years old have been trained on entrepreneurship skills and 77 of them were trained on vocational skills such as hair dressing, food preparation, fattening and garment. After the training, start-up capital and working materials for hair dressing and sewing have been provided for those who successfully completed.</p>

6. How do these outputs contribute to the outcome(s)?	In addition to actions taken to create safe school environment for girl students (such as availing sanitary facilities and scholastic materials and raising awareness of the school community) which play significant role in reducing school dropout, both in school and out of school economically disadvantaged girls and young women were supported through economic empowerment activities. Therefore, the project is moving forward to creating alternatives beyond CM and TP for girls and young women.
7. Which outputs were <u>not</u> realized? Please provide a summary and explain	Conducting consultative meeting with private sector: This was not attained due to preparatory activities such as identifying potential private companies/businesses and this will be taken forward in the upcoming project period.
8. What are the challenges and opportunities to improve outcomes of pathway 4?	Due to budget limitations many girls in need were not included in the economic empowerment opportunities. Investing more to support economically disadvantaged in school and out of school girls would have considerable contribution to achieve the desired impact.
Pathway 5: Policy makers and duty bearers develop and implement laws and policies on CM and FGM	
1. Which outcomes are on track? Please explain	<p>1. Policy dialogue and discussions at higher level on SRH, CM, TP, & FGM/C</p> <p>Higher level government officials had dialogue sessions with lower level policy implementers to enforce enactment of existing laws that prohibits CM/FGM/C. In line with, the midline found officers (police, women and children affair office) who know about child rights convention, land law and family law.</p> <p>2. Political awareness increased and political will created</p> <p>As the country signed a commitment to end CM/FGM/C by 2025, government actors are making effort towards it. It is also noticed by the midline though there is difference in level of commitment in implementation across sites. For instance, women and children affair office has kebele level representatives who trace and report child marriage. And police officers at kebele level collaborate with teachers and other kebele officials to prevent child marriage.</p>
2. Which outcomes are <u>not</u> on track? Please explain	CSOs and change agents work together with government, Because direct intervention is restricted by law, the program tried only to support government actors. There are no established work relationships between government and CSOs/change agents to influence laws and policies.
3. Are there any unexpected outcomes observed? If yes, please elaborate	The existing CSO law in country prohibits engagement of implementing partners on advocacy activities. Recently, the government opens a door for discussion to improve this law.

4. What is/has been the contribution of the YIDA to these outcomes?	YIDA has supported responsible government offices to conduct dialogues at different levels. In addition steering committee used different platforms to influence the government to reconsider the restrictive norm on CSOs.
5. Which key outputs are realized: please provide a <u>summary</u> of key outputs and explain?	<p>International days such as Girl Child Day, March 8 and World HIV/AIDS day were celebrated and used as opportunity to propagate messages. Street and market place campaigns and sensitizations were also conducted.</p> <p>ECHO members have conducted street and market place campaigns and sensitization through drama, music and other street shows that reflected issues such as CM, TP, FGM/C, migration etc.</p> <p>Three days youth led advocacy training was also organized for a total of 25 participants (14 female) who were recruited from Kewet Woreda. The training helped the participants to acquire practical skills and knowledge to organize successful advocacy and community mobilization activities in the Woreda. Following up, refresher training was provided to ECHO members, public stakeholders and community leaders with a purpose to further build and enrich the capacities of young people, community leaders and stakeholders in SRHE advocacy and community awareness raising.</p> <p>Training focused on restrictive social norms was also provided for 22 religious leaders and leaders of community based organizations. In addition alliance staffs have participated in Zonal level quarterly dialogue forums and regional level annual meetings organized by government counterparts.</p> <p>Factsheets and policy briefs were distributed and are found very supportive in providing information, facts and data on burden of the problems and national regional laws in relation to CM, TP and FGM/C and other broader SRH Issues.</p> <p>In collaboration with Amhara Regional Health Bureau and other organizations in the region (including Pathfinder, World Vision, PSI and others) the program organized discussion forum on the new National Adolescent and Youth Health (AYH) strategy (2016-2020) document.</p> <p>YIDA also organized dialogue forums between young people and higher level policy implementers as well as among different level of government offices on restrictive social norms and necessary measures to be taken.</p>
6. How do these outputs contribute to the outcome(s)?	Effort has been made to create a platform where concerned bodies sat together and discussed and being oriented about the policy and strategy frames of FGM/C, CM and TP. Though the restrictive country law towards engagement on advocacy related activities was a challenge, through the above

	mentioned activities that were undertaken coordinating with government bodies, the project made aware the duty bearers at various levels about existing laws and policy frameworks.
7. Which outputs were <u>not</u> realized? Please provide a summary and explain	The program couldn't create a platform for change agents to sit with decision makers.
8. What are the challenges and opportunities to improve outcomes of pathway 5?	Challenge: The restrictive law mentioned above and attitude of some policy implementers like police who still believes CM is beneficial Opportunity: The willingness exhibited by the government to revise the law
Cross-cutting issues Which the results have been achieved concerning the following cross-cutting issues: <ul style="list-style-type: none"> a. Gender transformative approach b. Girls empowerment c. Men & boys engagement d. Meaningful Youth Participation 	
Gender transformative approach: <i>describe status of GTA at the start of the program and the current status of the program</i>	YIDA raises awareness about costs of unhealthy gender norms & benefits of redefining to healthy ones. The program tried to address multiple forces of young people environment (e.g., schools, families, health centers, media, government, etc.) that are acting on the development of their sense of gender. When implementing community based activities (community conversation, health campaign, Peer to peer discussions, CSE and women development army led discussions) and various trainings gender was included as a topic and participant selection criterion. However there is capacity gap on what to and how to address GTA
Girls Empowerment <i>describe status of Girl Empowerment at the start of the program and the current status of the program</i>	YIDA supported girls to complete secondary education, trained considerable number of female health development armies and adolescent girls. Adolescent girls and women have also been actively engaging in community conversation session with elders and men. CSE program has empowered girls to develop different life skills and have better self-esteem and image about themselves.
Men and boys Engagement <i>describe status of Men and Boys Engagement at the start of the program and the current status of the program</i>	Young men and boys were included and considered as key partners in different structures of the program and proportionally targeted as beneficiaries in most of program interventions. Men and boys are also organized, together with women and girls, in community conversation and peer to peer groups and participated in dialogues on HTPs. Young boys have shown full commitment and engagement in making joint efforts to lessen the negative effect of restrictive cultural barriers and social norms on lives of girls.

	However, further effort should be made in the remaining program period to engage men in more strategic way and also to include boys in economic empowerment initiatives.
Meaningful Youth participation (MYP) <i>describe status of MYP at the start of the program and the current status of the program</i>	<p>ECHO is established at Kewet district and members are provided with capacity building trainings, experience sharing and learning programs.</p> <p>In program activities implemented so far, efforts are made to engage young people throughout the process and decision-making. Youth representatives have been engaged and enabled to flag their issues during various meetings, workshops, events and dialogue session on youth policy and strategy frameworks.</p> <p>However, limited emphasis given by the alliance partners other than TaYA and influencing government office to make the necessary changes need to be considered.</p>

4. M&E reflection (Monitoring and learning process)¹

- a. Reflection on whether the M&E framework enables the program to show all results/achievements in terms of outputs and outcomes

The Yes I do alliance in Ethiopia has a monitoring, evaluation and learning framework which originates from its Theory of Change. The frame work consist qualitative and quantitative indicators that help to show most of the results and achievements. There is also a guideline on how the indicators can be measured and what kind of data should be collected and when together with clearly outlined periodic reporting formats. However, although the M&E framework was revised many times by the country team with the help of the M& E group in NLs, there still are some challenges (see section c below) faced that need to be addressed.

- b. Assessment of how the results of the M&E framework have been used to reflect, learn and/or improve our Yes I Do program

The alliance conduct joint supportive monitoring visits to intervention areas during which Program technical team and M& E team members observe implementation of activities and receive feedback from beneficiaries on the progress made followed by reflection meetings to use the learning for improvement of the implementation. In addition review meetings are conducted both internally between the alliance members and also with government stakeholders. Furthermore, annual review meeting was conducted at end of 2017 with team of representatives from the alliance in NLs. Altogether, the M&E frame work as well as the acquired data has significantly contributed to the progressive implementation of program interventions and also to identify the limitations. For instance, attributed to the presence of activities related to pathway 2 only in Kewet woreda (the partner organization implementing the activities present only in Kewet and its budget share was to implement in the area), a significant difference in the engagement of out of school youth in the project activities were seen between the two woredas. The alliance recognized this difference and took measure like contributing budget and providing administrative assistance to take

¹ Source: M&E reflection MTR workshop

some of the activities to Bahirdar woreda. In addition in order to minimize double counting with monitoring data indicators that required joint effort, responsibility is given to organization per indicators.

c. Description of challenges faced with the M&E framework

Some indicators need to be modified into more specific and realistic. And some are suggested to be removed as they are not so relevant and /or difficult to capture based on the reality on the ground. Difficulty encountered in indicators (outcome) that need to be improved and suggested alterations are highlighted per their pathways below.

Pathway 2

Outcome: Young people feel important and their SRH entitlements acknowledged

- Current Indicator: % of young people who feel their SRH entitlements are acknowledged
- Difficulty encountered: Measuring feeling requires survey and the responsible organization (TaYA) is not capable of doing it
- Suggested solution: Either KIT/AAU could take it or should be modified
- Outcome: CSOs are involving young people in their programming in a meaningful way
 - Current Indicator: # of CSOs within the alliance & partner sector offices with MYP structures in place
 - Difficulty encountered: not realistic considering the influence the program exhibited so far to put the structure in place
 - Suggested solution: to modify to "proportion of CSOs within the alliance & partner sector offices those involve young people

Pathway 4:

Outcome: Adolescent girls are more economically empowered

- Current Indicator: # of girls 18-24 years (married and unmarried) who participated in income generating activities -Cancel married/unmarried not age specific
- Difficulty encountered: economic empowerment targets out of school girls and most out of school young women are beyond age 24, while some are between 15-18 years
- Suggested solution: in line with the age group categorization by the Ethiopian government for adolescents and youth extend the range to 15-29 years

Outcome: Access to mid-level quality education improved

- Current Indicators: # & % of teachers who have knowledge of gender responsive pedagogy # of teachers, peer educators who have knowledge on SRH issues
- Difficulty encountered: no direct link between the outcome and the indicator
- Suggested solution: Remove the term quality from the outcome and measure the change on access to midlevel education as "% of adolescents girls enrolled in midlevel education

d. Description of suggested and required actions for improvement of the M&E system

See section c above for suggested and required action related to the outcomes/ indicators found challenging. With regard to data collection, although there was expectation for all impact and outcome indicators to be collected by research partner that caused challenges at the beginning, roles and responsibilities were clarified subsequently and the country team collected data for benchmarking and Midterm for the remaining outcome indicators

and planned also to capture the data to evaluate at the end line. Otherwise, the reporting formats for periodic reports usually present with a very clear understandable outline.

5. Theory of Change (ToC)

- a. Reflection whether the sum of the outcomes of the pathways will lead to the overall goal and impact as described in the ToC

The country team agreed during the MTR that the TOC in general depicted logically interrelated outcomes that will lead to attainment of the overall goal. However, it was reflected that given the ambition of the goal and the intended impact, the duration of the program and the allocated involvement are not sufficient.

- b. Description of insights gained from the (operational and Baseline/Midline) Research Findings of the baseline study conducted in the intervention areas confirmed importance of the intervention in the area showing that child marriage, TP and FGM/C are still major issues affecting young girls with 79.5% (272/342) of underage marriage before the legal age. It also depicted that FGM/C is still widely practiced in the study communities (53% of the respondent girls knew they were circumcised) which makes it one of the remaining vestiges of harmful cultural practices that is supported and maintained by myths about the supposedly beneficial function of circumcision in terms of preparing girls for clean and smoother sexual debut. On the other hand, the study revealed indications towards inevitability of change and gradual erosion of the normative and cultural basis of FGM/C and CM. Moreover the recommendations drawn from the baseline were very much in line with the TOC. Findings of the midline showed that YIDA is on track towards achieving most of the outcomes. It also evidenced that outcomes like collaboration with private sector and creating safe environment for girls within and out of school needs to be addressed robustly in the remaining period to improve linked results.

- c. Validation and/or revision of the Theory of Change (ToC) and its underlying assumptions:

- Description of the suggested alterations to be made in the ToC.

It is suggested to make changes on three outcomes (2 under pathway 2 & 1 under pathway 4) in the TOC. The outcomes from pathway 2 are Young people feel important and their SRH entitlements acknowledged and CSO's are involving Young People in a meaningful way and from pathway 4 -Access to mid-level quality education improved.

See the M & E reflection section above for the rationale.

- Description whether the assumptions can be validated or need to be adapted based on the available evidence or field experience

Most of the assumptions can be validated. However from the field observation we have learned that the assumption "When adolescent girls finish post primary education, they have more chances to be economically empowered" is not convincing since the effect completing post primary school by itself has on economic empowerment in the context of the implementation context is limited given the kind of available opportunities are more of labour work.

6. Partnerships

- a. Assessment of the coherence (communication, connection, collaboration) of the alliance

- i. Short description of the evolvement of the alliance and the influence on the way of working.

The alliance went through difficulties to agree on common ground on shared responsibilities and had a competitive spirit that affected complementarity during the earlier stage of the alliance development. The process of growing to more matured and supportive alliance was facilitated through discussions and frequent meetings that have created more trust between involved organization and the alliance. It is exhibited by the partnership survey conducted for the MTR and the reflection conducted on the meeting that currently the partnership is matured and directed to common goal.

- ii. Successes and challenges of the collaboration and communication

Success: Having strong Program technical team (PTT), National Programme coordination (NPC), Steering committee (SC) and district level advisory committee helps the alliance in many aspects. Especially the Steering committee and PTT's continuous guidance and support make the alliance stronger.

The YID alliance now has well-functioning structures (MoU, ToC, templates, etc) explaining and guiding the partnership among the alliance members that result in mutual understanding, good coordination, collaboration, consistency and visibility and team spirit among alliance members. The alliance has also built strong partnership with regional, zone and district government stakeholders-regularly monitors the project progress among the alliance and with the government.

Challenges: The challenges faced include: 1- The distance between the two target districts affected the collaboration and frequency meeting between the two districts. In addition, organizations that have presence in both geographic regions are operating with focal persons rather than full capacities. 2-Though three of the implementing organizations has allocated budget (prorate) for joint activities, re planning of activities and the related financial management is still challenging to the respective organizations.

- iii. Costs/benefit analysis:

A good example that can demonstrate how the partnership is useful to minimize cost is the administrative collaboration created. Alliance member organizations with offices in the implementation areas are hosting YIDA staffs of those which don't have field offices sharing spaces and other logistics. Shared transportations during monitoring visits have also contributed to minimize expenditure while the experience sharing and learning was maximized. Besides the trainings provided for all alliance staffs due to the program has built capacities of staffs to produce on their roles related to YIDA as well as other responsibilities. In addition because modules and guidelines prepared by member organizations is shared (for example Meharebe-CSE manual), cost as well as time that would be spent by new development is saved. related ble .

- iv. Added values of the YIDA partnership include:

- Optimized effectiveness- It has brought together organizations with different areas of expertise that complement to achieve the common goal of the program.
- Improved Efficiency –It has minimized duplication of effort through geographic division per strategic objectives, target categorization and Continuous update exchanges and information sharing.
- Bolden Presence -Joint representations and discussions with stakeholders and participation in different regional workshops representing the YIDA program made the

partnership as well as the member organization more visible in the country's SRH programming.

b. Description of the collaboration with the Ministry of Foreign Affairs/Dutch Embassies

The YIDA in Ethiopia have participated in sharing and learning forums organized by EKN in Addis. The forum was an opportunity to get insight from other SRH alliances and also to showcase best practices and learning from YIDA to others. Representatives of EKN have participated in meetings and field visits organized by the YIDA. Moreover, there is a continued bilateral exchange of information.

C. Description of the collaboration with other stakeholders, CM alliances, the national health system and governments-The alliance is actively collaborating with other SRH alliances such as Girls Advocacy Alliance (GAA); Get up Speak out (GUSO) and Her CHOICE by participating in inter-alliance meetings, and sharing experiences and best practices. Also, there is close collaboration with government signatories such as Women and Children Affairs, Health, Education and Youth and Sport bureaus at regional, zonal and district levels.

d. Opportunities for improving the different relationships:

The learning and sharing forum by EKN is good opportunity to strengthen the collaboration with other stakeholders in the country. There are also technical working groups led by government ministries which can create a good opportunity to position YIDA's agenda.

7. Lessons learned and implications for the program

a. Description of top 3 main lessons learned and with explanation

1. Lessons related to alliance coordination-

We have learned that working on building trust at initial stages together with putting in place governance structure and coordination mechanisms that values cooperation and collaboration plus regular communication has significant contribution for alliance building. It is also marked that having a guideline to guide collaboration at ground level including establishing a framework, strengthen linkage between the activities and put in place a concerted reporting mechanism is crucial to exploit the opportunity the alliance has opened for synergy.

2. Lessons learned relating to program implementation includes:

From achievements gained and challenges faced, lessons are drawn that:

- When empowered, community groups and existing structures are very influential actors to bring behavioral change on deeply rooted norms.
- When organized, young people can influence their adult counterparts including their parents and government officials.
- The likelihood of service utilization can be increased if YFS are made available where adolescents and young people are.
- To address the barriers to girls' education and empowerment, participation by all those that affect the lives of girls within the community and within the school is important.

b. Description of recommendations:

Some of the recommendations to improve the performance of the Yes I Do programme in Ethiopia include:

- To emphasis more on in depth BCC communication approaches in order to assist communities to translate the knowledge they got to change in attitude and practice at larger group.
- Along with ECHO branching in Bahirdar, capacitated ECHO groups should be directed to influence more adolescents and young people in their community.
- In addition to availing YFS corners in existing facilities, measures should be taken to take the services where adolescents and young people are, like to youth centers.
- To safeguard sustainability of the program and partnership through strengthening ownership to the program by the community and local government as well as looking into diversified funding sources both in-country and globally.

What are your recommendations to strengthen the sustainability of the programme in your country?

Working towards strengthening the ownership to the program by the community and local government including working to incorporate YIDA's activities as part of government plan will support to maximize sustainability. In addition, looking into diversified funding sources both in-country and globally will sustain the alliance.

8. Implications for the Yes I Do programme for 2019/2020

a. Description of the implications for the programme implementation and partnership

The MTR helped to identified outcome areas with little track of records such as private sectors collaboration which requires to maximize efforts in the remaining periods. It has also informed that YFS should be expanded to youth centers to reach larger number of youth. ECHO branching in Kewet is also another intervention that is identified as area of priority. Moreover it is agreed to focus on interventions that will ensure sustainability in the remaining period. Accordingly, the plan for 2019-2020 will be revised and shared.

b. Main conclusions for the budget 2019/2020

Learning from the experience, budget allocation to the organizations should take into consideration joint activities and the budget share for those activities needs to be clear.

Budget for ECHO branching in Bahirdar Zuria should also be taken into account during allocation.

9. Any other reflection:

Reflection on Linking and learning: Linking and learning was discussed during the MTR. The discussion focused on linking and learning possibilities/where to get them, what to offer and what is wanted. The reflections from the discussion are summarized as below.

What can we offer?

- Successful implementation approaches such as local production of reusable pads; youth-friendly services and success of CSE in empowering adolescent girls & boys (testimonies)
- Partnership building: Guidelines and supporting documents on partnership coordination, ToRs, communication and complementary guidelines
- Adaptable modalities for community participation and ownership as well as strong partnership with regional and local government

What do we want?

- Cross-country visit (with countries who have experience in modalities of male and boys engagement)
- Online platform for linking and learning, sharing docs/reports for partnership
- In-country experience visit with GUSO, Her Choice, GA and others
- Organising national workshop to learn from other NGOs achievements
- Capacity strengthening trainings for YIDA staff on topics proposed at the ARM
- Keeping track of the impact level results and sharing among all YIDA and others
- Continue strengthening alliance /partnership

L&L possibilities

In-country:

- Strengthening the current capacity building trainings for YIDA staff
- in country and cross country experience sharing visits with GUSO, Her Choice, GAA and others as well as with other YIDA countries
- Online platform for learning and linking and for sharing documents/reports for partnership and implementation such as Facebook page
- Actively participate in government platforms and CSO forums on related topics
- Share the experience of others on the YIDA cross cutting issues such as Gender Transformative approach and Men and boys engagement.

Regional:

- Experience sharing with other YIDA countries
- Continued technical support from NL-team
- Capacity building (based on need)
- Online platforms
- Sharing & learning cross-country workshops, regularly

Annex 1-Actors & Factors Analysis

Strategic Goals	Actors	Factors
SG1: Community members and gate keepers* have changed attitudes and take action to prevent and mitigate the impact of CM, TP and FGM	Parents and teachers associations (+ High influence) Youth clubs (+ High influence) Religious and community leaders (+High influence) Local government + Medium influence - Community based organizations (Edir/Mahiber)+ High influence Local and international CSOs + low or- Media: all types 1: radio 2: television mobile phone penetration high, 50% +: medium	- Cultural - Religious background - Educational status - Access to mass media - Supportive rules and regulations - Economic status -
SG2: Adolescent girls and boys are meaningfully engaged to claim their SRH entitlement	Parents and teachers associations (+ High influence) Youth clubs (+ High influence) Religious and community leaders (+High influence) NGOs + High influence Local government + - High influence Media: all types 1: radio 2: television mobile phone penetration high, 50% +: Medium influence Policy makers: High influence	- Existing policies - Knowledge and Attitude of the existing leaders - Supportive rules and regulations - Assertive action in schools - Organizational policies on youth participation - Inspiration from existing youth leaders
SG3: Adolescent girls and boy take informed action on their sexual health	- Girls and boys themselves + / - : High influence for both - Peers+ / _ high influence for both sides(positive: negative) - Peer educators positive or negative? New research insights: medium influence - Parents, father has more voice. _ / +, positive low, negative high influence - Grandparents have also strong power - High influence(due to early marriage) - Older brothers - , low influence - Religious leaders - , High influence - Community leaders - High influence - Health care providers + / -High influence - Government official in health, women and child, education + / - negative High influence	- Existing policies - Cultural issues - Access to CSE in curriculum - Mainstreaming life skill based sexuality in curriculum - Supportive rules and regulations - Facility readiness on YFS (Youth friendly service)

	<ul style="list-style-type: none"> - Media: all types 1: radio 2: television mobile phone penetration high, 50% +: Medium influence 	
	<ul style="list-style-type: none"> - School clubs that discuss information and services (ot really curriculum) if already present :High influence - CBO/community based organizations low influence 	-
SG4: Girls have alternatives beyond CM, FGM/C & TP through education and economic empowerment	<ul style="list-style-type: none"> - Parents and teachers associations (+ High influence) - Youth clubs (+ High influence) - Religious and community leaders + low influence or – - Ministry of education (mainstreaming CSE) high influence - NGOs + high influence - Strengthening and collaboration with entrepreneurs +high influence - Local government + -High influence - Financial institutions/Microfinance: High influence 	Environmental problems Supportive rules and regulations The existence of microfinance Access to education
SG5: Policy makers and duty bearers commit to implement laws and/or policies on CM, FGM/C and teenage pregnancy	<ul style="list-style-type: none"> - Policy makers, amend existing policies. When there are possibilities for change they should be included. + / -, high influence - Law enforcement bodies. (incl. legal support (should be more available) , judge, Police, + / - sometimes + if trained higher change, - can happen as well High influence - Research institutions for suggesting evidence based policy amendments: High influence 	Policy, it is Existing, available. + Capacity of policy implementers Global attention for SRH Cultural perspective also with policy makers, influences policy. Individual value of policy makers and implementers (bi-law less relevant) Budget allocation Political commitment for enforcing policies/laws Corruptions

Annex 2 Risk Analysis

Type of risk	Risk	Probability of the risk/Inception	MTR	Mitigation-Inception	Updated at ARM	Updated at MTR
Social	Resistance to change to Among communities	Medium	low	Key change agents are involved to play leading role	YIDA's tailored SBCC interventions are empowering the communities	Involve more groups as change agents (Iddirs, peer groups, youth groups, traditional healers, religious leaders)
	Programme activities Increase vulnerability of girls	Medium	low	Open dialogue with parents and stakeholders and during activities with girls	Sponsor a media campaign focused on parent/adolescent communication; -Promote intergenerational events to foster and strengthen communication	ECHO involvement
	Fraud corruption by partners	low	low	Put mechanisms in place to prevent fraud and have anti-fraud policies	All YIDA member organizations have Anti-Fraud policies	
	Alliance members have different priorities	Medium/low	low	Formulate of common vision and share expectations and have realistic goals. Have regular partner meetings	Use alternatives like electronic medias to share ideas. Continue implementing joint activities and alliance and capacity building	Team building exercises strengthened
	Limited understanding among local partners on project	Medium	low	Programme development and implementation with local partners	Foster partnership by actively involving local partners and continued project profiling to make them feel ownership	Aware new staffs of local partners on the project

Programme management	High turnover of (trained) stakeholders	high	high	Working with multiple groups and various stakeholders	Facilitate replacement assignment and provide orientation	Train new staffs of stakeholders, train more than one staff
	Challenges of meaningfully engagement of young people due to cultural norms and resource constraints	Medium	medium	Allocate staff and budget and time to strengthen local staff, partners and young people on MYP and engage young people at earlier stage of programme	Obtain the confidence and trust of parents and other family members	Contextualize, start small on less sensitive issues and increase gradually
Political	Elections or political unrest affect programme implementation	Medium	Medium	Have security policies in place, maximum flexibility is built in so activities can be modified	Proactive risk management/contingency plan in place Work closely with gov't stakeholders Timely communication with the Northern partners to consider delays in implementation to be able to shift activities timeline	
	Increased governmental restrictions on lobby and advocacy	Medium	Low	Build on existing relationships with government, support and collaborate instead of oppose	Approach as supporters than direct implementer as the signatories(at lower levels) have the mandate to working on and influence policy issues Ethiopia Charity and Civil Society Forum is lobbying a better room for partners' engagement is anticipated	CSO law under revision with high possibility of the restrictions removed

	Lack of political will to combat CM/FGM/C and TP	low	Low	Keep close ties with relevant government departments and continue to lobby for budget allocations for YES I DO themes		Ethiopia committed to eradicate CM by 2025
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