

YIDA Indonesia in country MTR Report

1. Introduction (1 page)

After the inception workshop, the Yes I Do Programme in Indonesia was initiated mid-2016, it is led by Rutgers WPF Indonesia, Plan International Indonesia, and Aliansi Remaja Independen (ARI) to comprehensively implement activities relating to child marriage (CM), teenage pregnancy (TP), and female genital mutilation/cutting (FGM/C) practices in Indonesia. The three leading NGOs united their commitment as YID Alliance (YIDA) of Indonesia to integrate each expertise in tackling those issues. The overall goal of the program is empowering young people to negotiate and decide if, when and whom to marry and if, when and with whom to have children. The alliance is also committed to ensuring that parents will not practice FGM/C to their children.

In the inception phase, assessment of areas with high prevalence of CM, TP, and FGM/C was conducted and resulted in three selected areas. These are District of Sukabumi, (Java) Rembang (Java), and West Lombok. Availability of the implementing partners in these areas was also a consideration. The assessment data showed that high prevalence of rates of CM, TP, and FGM/C are present in villages in rural areas. According to this situation, a rural-approach program was designed during the inception phase. There are 12 villages selected as intervention areas in the three districts. Moreover, each district has unique characteristic in terms of the tradition and cultural belief to enrich the programme's approach which can be scaled up throughout the rest of Indonesia.

For program implementation, five pathways have been defined in a Theory of Change (ToC) that will lead to the overall goal of the programme: 1) Social mobilization, 2) Meaning Youth Participation (MYP), 3) Sexual and Reproductive Health and Rights (SRHR), Education and Youth Friendly Service (YFS) provision, 4) Youth Economic Empowerment (YEE), and 5) Advocacy and campaigns.

In implementing the program, YIDA Indonesia agreed to collaborate with local partners, each having expertise needed for the program in the three districts.

YIDA Indonesia member & implementing partner	Sukabumi	Rembang	West Lombok
Rutgers WPF Indonesia	PKBI Sukabumi	PKBI Rembang	PKBI NTB
Plan International Indonesia	<ul style="list-style-type: none">● LPAR (Lembaga Perlindungan Anak Rembang● PUPUK (Perhimpunan Untuk Pengembangan Usaha Kecil)		
Aliansi Remaja Independen	ARI Sukabumi	ARI Rembang	ARI NTB

YIDA has been working together for the past two years. During these two years of implementation, YIDA Indonesia has worked on activities to prevent practices of CM, TP, and FGM/C through a multi-

component approach, involving multiple layers of society ranging from individual, family, community, to organizational level. In the mid-term review of Yes I Do programme findings showed that three YIDA themes are not implemented at same level of intensity due to the fact that TP and FGM are considered sensitive issues in Indonesia. Related to Teenage Pregnancy issue, discussion about the contraceptive provision still limited due to Health Law prohibit the contraceptive provision for unmarried (young) people. Yes I Do programme has more focus on the child marriage issue, and less on activities addressing Teenage Pregnancy (TP). Furthermore, Female Genital Mutilation (FGM) has not been well addressed in the intervention areas due to strong cultural belief of parents who see the practice of FGM/C as a symbol of purity for girls.

Even though YIDA Indonesia faced many challenges as mentioned above in implementing activities on TP and FGM/C during the first two years of implementation, the results of the MTR and midline study showed positive progress and the project achievements were on track. In each pathway, positive progress was documented but also some gaps were identified. These gaps allowed us to better understand the project and gave us the opportunity to improve in the next two years. The gaps and the challenges will be prioritized to strengthen efforts at preventing TP and FGM. The lessons learned will lead to further improvement of the intervention design, strengthening the already established effective strategies, ensuring the sustainability of good practices that have been initiated by YIDA Indonesia.

In sum, this report presents the reflection of flow and linkages among the pathways, progress and results of the program implementation, theory of change (TOC), and monitoring and evaluation (M&E) framework. The description of the current network and partnership of the Yes I Do programme will also enrich and improve the strategy for the next years implementation.

2. Context (1 page)¹

Indonesia is the world's largest island country that is populated by over 261 million people with various ethnicities, cultures and religious believes. Known as the largest Muslim world, Indonesian holds very strong religious values, as well as the cultural and traditional values and customs. This socio-cultural dynamic of Indonesia has been identified at the beginning of Yes I Do programme in the three intervention areas by YIDA.

Several important findings regarding the context that still need to be addressed in the programme, include the following: (1) the societal norms in the three intervention areas (Rembang, Sukabumi, and West Lombok) that encourage girls to marry as soon as they hit puberty because the older they get married, they will be labelled as spinster ('perawan tua'), (2) the cultural practice that encourages CM, such as '*merariq*' tradition (run away / kidnap girls more than 24 hours to get married) in West Lombok, (3) the understanding in three districts that CM is the solution to reduce economic burden of families, (4) the religious norms in the three districts to conduct CM as the solution in preventing their children practising premarital sex, adultery, or '*zina*', (5) the stigma by the society put on girls that are pregnant before marriage as sinners/ bad behaved person, (6) sexuality is still taboo to be discussed in the three districts. (7) The provision of contraceptives is limited to married couples, (8)

¹ Source: Context reflection exercyouth-friendly MTR workshop

the understanding that child marriage is the only solution for girls that got pregnant before marriage to save family's dignity). Abortion is not an option because it is prohibited by law and social norms, (9) the cultural norms that perpetuates FGM practices through the rite of passage ceremony to purify girls and control their sexual pleasure and desire when they grow up.

Further discussion about the context in the midterm review workshop has identified some critical findings related to social and religious norms. The rising movement of an intolerance and fundamentalist Islamic group has perpetuated the values and norms that encourages and supports child marriage and harmful practices against girls. This group interpreted the *Quran* (the Islamic holy book) from perspectives that are patriarchal and not in favour to women. They specifically promote early marriage as the solution to prevent 'zina' and as the form of devotion to *Allah* (God) by using the story of Muhammad (Islamic Prophet) who married Aisha at 6 years old of age.

The messages of this fundamentalist group is spread out massively by popular and youth-friendly communication channels within the social media, such as *Gerakan Nikah Muda* (movement that encourage getting married at young ages - *instagram ID: @gerakangikahmuda*), and *Indonesia Tanpa Pacaran* (movement that encourage eradication of dating relationship, instead, getting married directly - *instagram ID: @indonesiatanpacaran*). These movements depict marriage as a the key to happier life and being free from the sin of adultery. They framed the issues with religious narratives and "sold" heaven as the reward. This easily captured the attention of the Indonesian society, especially, the young. This misleading picture regarding marriage has stimulated the trend where adolescents are no longer waiting to be forced into marriage, instead they take the initiative to get married at an early age. Parents which have been exposed to these movements are likely to support their children's decision to get married.

When an unmarried girl gets pregnant, her parents will usually, immediately, marry her with the alleged father of the baby, or in some cases where the father is unknown, the pregnant girl will be forced to marry anyone who proposes. Similar to what was reported in the baseline, 'forcing' pregnant teenage girls into marriage was done to prevent families from shame or losing dignity. The KPAD(s) or Komite Perlindungan Anak Desa (The Community-based Child Protection Groups) keep facilitating families to review alternatives options, such as bringing the girls to the crisis center or shelters that are provided by the government service. Abortion is not an option as it is prohibited by law and also condemned by the community. After the girls give birth, KPAD will further encourage the girls to continue study, as staying in school while pregnant is hard because of the stigma and shame that burden the girls. Thus, even where some YID intervention schools allowed pregnant girls to continue their education at least until the final exam, the girls would refuse the idea.

Recently, awareness of child marriage in Indonesia is increasing amongst NGOs, CSOs, and the government. Following some internet videos and articles about teenagers that got married in Indonesia, there has been more discussion and studies on child marriage from other organization such as Unicef and Center of Gender and Sexuality Studies, University of Indonesia. Even though the issue has been discussed widely, there has been no significant change. Up until now, the rate of child marriage cases in Indonesia remains high. Since the beginning of 2018, the government has started to pay attention to the child marriage issue, as is demonstrated through the Stop Child Marriage movement from the Ministry of Women's Empowerment and Child Protection, which piloted the movement in several areas. However, this is not sufficient to prevent child marriage practices,

especially in areas with strong religious and cultural values. This situation is also aggravated by the existing ambiguous law (Child Protection Law – that forbids children under 18 years old to get married - vs Marriage Law – that states 16 years old girls are able to get married-). This matter has opened potential opportunities of child marriage practices through marriage dispensation form the Board of Religious Affairs.

In the three implementing districts, more actors have been identified within the sphere of control that work on the project compared to the baseline. This is a result of networking done by the local partners and KPAD(s) and is considered a great achievement of the programme. New actors include; Child Fora as actors in the sphere of control with the function to mobilize youth in the community to get involved in the program with activities to raise awareness on Yes I Do key issues (CM, TP, FGM/C). While Peer Educators are the actors in schools. Peer educators help spreading awareness on Yes I Do key issues in schools and become the source of information when the students need the consultation related to SRHR.

Midwives have now become the actors in the sphere of control as the programme showed that they are actually a source of information for youth and community in general about the (sexual and reproductive) health matters. From the midline research, it is also found that youth in the community seeks information and consultation regarding their SRHR to midwives through Posyandu Remaja and whatsapp. Midwives also play role in the provision of PKPR (Youth Friendly Health Service) and Posyandu Remaja (Youth Integrated Services) in the intervention villages. In West Lombok, villages' leader also contributes as actors in the sphere of control. As well as Rembang and Sukabumi, where some government actors move from the sphere of influence to the sphere of control. This is the result of an intensive advocacy works. The decision to identify them as sphere of control was made considering the significant, also consistent support the YIDA and KPAD(s) gained in working towards the prevention of CM, TP, and FGM.

Moreover, there is shifted related to the risks identified during two years implementation. The conservatism and fundamentalism movement promoting child marriage spread massively through social media affect an adjustment of the strategy for the coming years implementation through engaging religious and leaders intensively in the 'ulema" forum and social media campaign on prevention of child marriage.

2. Progress and Results (10 pages)², see annex 1

- a. Description per pathway, including cross-cutting strategies³. For this chapter, please fill in the format presented in Annex 1.
(in annex 1)
- b. Description of unexpected outcomes (negative and positive), challenges and opportunities. Please fill in the format presented in Annex 1.
(in annex 1)

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

² Source: Bi-annual reports implementing partners, IATI Dashboard, presentation progress and results MTR workshop, Reflection Progress/ToC tool MTR workshop

³ Source: GTA survey, MYP survey and MOT and exercises MTR workshop

⁴ Source: M&E reflection MTR workshop

- a. Reflection on whether the M&E framework enables the program to show all results/achievements in terms of outputs and outcomes (Does the framework measure what we want to know (our role to change)? Why (not)?)

The PME framework contains a large number of indicators which is challenging since collecting and analysing data for all indicators is time consuming.

In addition, the PME framework has sufficient indicators for outputs and higher-level outcomes but in some cases short term outcomes that would measure the effect and quality of the activities are missing. For example, there is no indicator for the effectiveness of peer education.

Lastly it was also identified that for some indicators a clear operational definition was missing making data collection and analysis difficult. The lack of a clear definition of what consists of a child friendly school or what should be part of child friendly health service is illustrative for this issue.

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

Tracking the output indicators have allowed the project to measure if the planned activities are on track or not. The output tracking sheet that has been developed has proved to be a useful tool in the project planning, reporting and communicating plans and results between the various partners in the 3 districts on pro

The quantitative and qualitative data that has been collected on higher level outcome indicators have allowed the project to see the big picture of the current status of achievement for Yes I Do programme. The qualitative data was very important since it described more on the quality of the programme. This enable YIDA to reflect the whole cycle of the program such as strategy, implementation, achievement and furthermore the gap of the program. The data showed that strategy developed mostly have answered the gap of the program during two past years. On the other hand, the result also suggested to emphasize the intervention and approach through engagement and empowerment of the TP and FGM issues to the certain level of actors, such as midwives, religious leader and traditional leaders, including traditional birth attendant. Those actors were identified play crucial role to influence people in community, school, and higher level such as government authority. This reflection also resulted YIDA should more be more addressed the TP and FGM issues in the community level for coming years implementation.

- c. Description of challenges faced with the M&E framework (possibly related to measurements of indicators, tools, formats or any other M&E related issue)

One of the challenges experienced by the project is that PME has been largely the responsibility of PME staff and that ownership of PME data collection and analysis by program staff who are in strategic decision-making positions has been limited.

The other challenge that is identified is that short term outcome indicators that measure the effectiveness and quality of activities are sometimes missing. The example of the quality of peer educators has been listed in this regard.

- d. Description of suggested and required actions for improvement of the M&E system if any (indicators, framework, data collection, reporting, formats etc.)?

Based on the PME reflection in the MTR workshop, YIDA Indonesia proposes the following:

- Create clear operational definitions for all indicators so that it becomes clear to all involved how indicators should be measured and what the results mean.
- Add new short-term outcome indicators for specific project activities to measure the results and quality of the work such as the peer educators and the functioning of KPADs
- Conduct additional data collection on FGM and TP so that these aspects of the project can be further developed.
- Capacity building report writing and monitoring tools, is highly needed to be able to perfectly capture the program implementation and identify what is required by the alliance to improve it. The KPAD(s) still lacks capacity in writing reports of cases, and the alliance at the local level also struggles with the same issue. Some of the target indicators are also unclear, which caused multi-interpretations of the data recorded. The existing tools and template are also considered to be complicated.

4. Theory of Change (ToC) (5 pages)⁵

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

In general, all of the outcomes of each pathway are moving forward towards the goal. Within in pathway one: progress towards social movement can be observed: the change agent networks Community Based Child Protection Groups (KPAD) in the 12 intervention villages have been established and empowered on the CM, and TP issues. In addition, KPAD members have been capacitated and now act as community discussion facilitators and change agents in their communities. During the implementation of the program, they were able to run the monthly community discussions to address CM, TP, and FGM/C issues.

The establishment of those groups has brought social movement building to the community level by addressing the social norms that disadvantage women and girls. We realize that the religious norms are posing a big challenge for change agents and it is important for them to engage more with religious leaders to make them aware of CM, TP, and FGM/C issues. In applying this strategy, it is assumed that social movements will emerge in the villages. In the remaining time of the programme, it is further assumed that further engagement of the all relevant actors will influence the policy changes in community level that stand up for girl's rights.

Yes I Do programme saw with respect to pathway 2 that young people are a central actor in the program implementation. This means that the engagement and empowerment of the young people on the SRHR and Meaningful Youth Participation (MYP) to raise their awareness and make them speak out on their rights is key in the programme. Moreover, empowering young people with the mobilization skill will enable them to mobilize their peers through existing forum such as Village Child Forum (FAD) and Peer Educator Groups (PE) that lead to collective action to influence the social norms and policy changes.

⁵ Source: Reflection Progress/ToC tool MTR workshop

Furthermore, capacity building of young people with the knowledge related CM, TP, FGM/C will also change their attitude towards their sexuality. They will experience no longer the taboo to talk and share about this issue to their peers. As one of the findings of the MTR is that peer to peer education has been a strategic way to share on such sensitive issue in the community.

In addition to the increased awareness in the communities, young people in schools also have to be reached through SRHR education in 7th and 8th grade of Junior High School to raise their awareness of the CM, TP, and FGM/C issues in pathway 3. However, the peer to peer education can not also be stand-alone activity. Another strategy through building knowledge and value towards positive sexuality, as well as the skill of the teacher to deliver the CSE in the Setara school is absolutely necessary. However, the good quality of the SRHR education will be delivered only if teachers have a positive attitude towards SRHR and an ability to deliver of the SRHR topic, especially regarding the sensitive issue such as teenage pregnancy. Realizing this fact, SRHR and facilitating training were conducted to ensure that teachers play their role according to the standard. All the strategies, in SRHR education will build up the knowledge and open perspective on the SRHR of the young people that will lead them to take an informed decision regarding their health mentally and physically through access the existing health services. In order for this to happen, the youth friendly health service provision should be available and in place where they can access easily which is also addressed by the Yes I Do programme.

The KPAD and FAD play crucial role in approaching the health services to make them aware of the urgent needs of their services for young people. However, data showed that the in-building health service provision was difficult to access by young people due to similar operational hours as the schools. To resolve this challenge, KPAD has successfully encouraged health workers to provide an integrated youth friendly service in the village called Posyandu Remaja that is operated during the weekend or after official hours. This service was collaboratively conducted by the health workers and KPAD members in 8 villages.

In addition to improving young people's sexual and reproductive health, under pathway four, the next strategy for YIDA is to ensure that adolescents access post-primary education (9 primary education, 3 post-primary education) by encouraging schools' commitment and advocate towards the government for a policy and to implement child-friendly schools. Besides formal education, access to non-formal education is provided through Community Learning Center (CLC) or PKBM. Through the establishment, capacity building and promotion of PKBM (community learning centers) young people (under 18 years old) participated and continued their education and stopped them to get married.

With regard to youth economic empowerment, there is cooperation with small, medium and large corporations (including cooperatives and village-owned enterprises) that have allowed boys and girls to get introduced to training and work that will equip them with knowledge and skills to get jobs after graduation from school. The boys and girls also received trained in soft skills and entrepreneurship that gave motivation and optimism for a brighter future and opportunities other than getting married.

Under pathway five, changing the policies on prevention of CM, TP, and FGM/C is the one of the key components to create an enabling environment that will influence program implementation positively. The engagement and empowerment of the relevant stakeholder on the YIDA topics is important to build their knowledge and awareness. This was done by holding regular multi stakeholder meetings at the local and national level. It is supposed that the increased awareness and sense of urgency regarding the YIDA issues will lead to political commitment of the key stakeholders that will influence the policy development to improve laws and policies regarding CM.

- b. Description of insights gained from the (Operational, and Baseline/Midline) Research: how do the findings of the research relate to the ToC?

Based on the midline study, there are changes in the attitudes and actions of the gatekeepers to prevent child marriage. For instance, In Kediri, West Lombok, the KPAD plays a significant role in changing the attitudes of the gatekeepers. However, the '*belas*' (cancelling marriage) mechanism encouraged by the KPAD(s) to prevent child marriage should be more child-sensitive. The *belas* mechanism can affect shame and traumatize the child groom and the child bride. During the cancellation marriage, there is long discussion and debate among the family and KPAD affected attention from the surround community specifically to those young groom and child. Midline findings also show that religious and traditional leaders contribute to the changing attitudes to prevent child marriage. In Kediri, several religious leaders indicated to be preaching and discussing about preventing child marriage through some activities called *Dai Kesehatan* and *Kak Mamat*.

The relation of the Yes I Do programme and the stakeholders in West Lombok called District Working Group (DWG) was well established. The forum consists of Department of Education, Department of Health, Department of Women Empowerment & Child Protection, Department of Religious Affairs, etc. The collaboration activity has been conducted such as campaign in the preventing child marriage campaign in West Lombok District.

Changes in the attitudes and actions of the gatekeepers to prevent child marriage are also observed in Sukaraja, Sukabumi. The Yes I Do programme collaborates with the district government programs such as the Marriage Age Maturation program and the Child Friendly City/District program. However, in Sukaraja, the KPAD is less active as it is dominated by older people and mostly only reaches young people who are the family of village officials or traditional leaders. The engagement of the religious leaders is not clear and sufficient to create changes in attitudes of the gatekeepers in the village. In Menoro, Rembang, the changes in the attitudes and actions of the gatekeepers to prevent child marriage occur due to KPAD as well as engagement with the district government programs. The KPAD in Menoro actively campaigns against child marriage and enforces the implementation of the district regulation on child protection. It is mentioned in the regulation that the age of marriage is above 18 years.

The midline study finds that there are little to no changes in the attitudes and actions of the gatekeepers to prevent female genital mutilation. In all villages, the practice of female circumcision is still regarded as part of the obligatory Islamic rituals (*ibadah wajib* or at least *sunnah Muakad*). In Menoro village (Rembang District), the practice of female genital cutting done by traditional birth attendants is found.

Regarding the meaningful engagement, there are changes observed in the level of meaningful engagement with young people. In Kediri, young people actively campaign for the prevention of child marriage and are represented in some village organizations such as the KPAD and BPD (village consultative body) that are strategic for child protection. In Sukaraja, young people are involved in the village meetings and are also represented in the KPAD, but their meaningful roles in the KPAD could be further improved through involvement in the strategic position to ensure the representative of young people voices.

The research also found that there are changes in the provision of SRHR information and services. The Yes I Do program engages with the existing community health center programs on youth-friendly services named Posyandu Remaja. In Kediri, Yes I Do program successfully collaborate with the health worker from community health center and has reached more young people particularly girls and boys under 15 years. This was caused by the CSE intervention was focusing in this age range or equal with Junior High School. However, the girls access these services more in comparison to the boys. Thus, the program needs to reach more older young people and young men as well. The Posyandu Remaja in Sukaraja was newly established. This affected the number of young people who access of this service was considered low. There is needs strategy to reach more young people in the village. In Menoro, the Posyandu Remaja was not established yet and will be established by 2018.

The Yes I Do program also provides Comprehensive Sexuality Education (CSE) in schools using Setara module for 7th and 8th graders in 13 schools. The CSE consist of the topics that will build the life skills of young people and enable them to take informed decision towards their sexuality and their future. The existing CSE implementation has built the capacity of the student in 7th and 8th, including the peer educator that carry on the role to share the CSE to their peers. However, the study also found that lack of the teacher with good quality to deliver CSE was raised in three districts. The lack of the time allocation was identified as a challenge due to CSE was not part of the curricula. In addition, the role of peer educator is crucial. In the future, the engagement and empowerment of relevant actors at the school level and relevant government bodies will be continuously carried on.

In terms of economic empowerment, the research recommends that the *Yes I Do* program needs to reach more older young people in the village. Currently, the intervention was focus to address the young people under 18 years old. The activities in the program are not enough to support young people to start their business.

According to MTR finding, there are policies at the village level issued with the support from the Yes I Do program. In Kediri, there is *awig-awig desa* (village ordinance) to prevent child marriage. In Sukaraja, there is *peraturan desa* (village regulation). In Rembang there is a KPAD regulation of the prevention of child marriage.

- 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.

Based on the MTR findings, YIDA Indonesia concluded that the ToC is still valid but need revision of the some of the strategies under the pathways as follow:

- The more engagement of the religious and traditional leaders in the social movement on preventing CM, TP, FGM/C will more effective due to have big influence to the community.
 - In training of the intermediary actors such as KPAD member, teacher, and health worker, would more effective to directly trained by the expert from the national level to ensure the quality of the training.
 - Expansion of sphere of control: economic empowerment of families and communities instead focusing only on girls, because economic empowerment of adolescent boys and girls is difficult to realize without economically-empowered families and communities.
 - It is also important to add the intermediate outcome of creating village, sub-district and district competitiveness through establishment of business incubators, collaborative agencies, and business and management training to business actors/entrepreneurs.
 - PKBI has proposed standard minimum of Child Friendly School standard and the youth-friendly service indicator that have to fulfil. The long list of the indicators, affected so much resources should be invested. And the collaboration with the relevant government will give more strength to fulfil the indicators.
- Description whether the assumptions can be validated or need to be adapted based on the available evidence or field experience

There are assumptions from the inception phase that have shifted and have been validated in the MTR workshop as follow:

- The community still resist the idea of eliminating FGM/C because they consider the practice as a good practice based on the religious belief is still valid. Furthermore, most of the community members are denying the practice of cutting and confirming the practice of symbolic (rubbing clitoris with turmeric). However, there is no valid data to address the issue. However, the assumption on engaging the religious leaders to counter this issue is still valid and will be the focus for the next period.
- In order to enable the young people speak out, there is should be young people meaningfully engagement. The progress found that the risk has shifted to the tokenism of the young people involvement. To mitigate that the monitoring and technical assistance for the YIDA and intermediaries (KPAD) should be conducted to ensure young people are involved in the strategic role such as decision making
- The assumption; the effort to increase minimum age to get married is currently hampered by law that is endorsed by traditional norms and values on gender is still valid but rather than focusing on the law in national law, the district or village level law is more effective to address the CM.

5. Partnerships (4 pages)⁶

- Assessment of the coherence (communication, connection, collaboration) of the alliance
 - Short description of the evolvement of the alliance and the influence on the way of working.**
 - Successes and challenges of the collaboration and communication**

⁶ Source: partnership survey and alliance thermometer exercise MTR workshop

During the 2 years of implementation, the collaboration between alliances significantly improved. Annual consolidation meeting in each district contributed to positive changes in the alliance building process.

The characteristics of alliance relationship at national and local levels are quite different. At the national level, alliance members started communication and coordination since the first year. National YIDA members discussed cross-cutting issues, such as GTA, KPAD, SRHR, and Child Rights, as well as MYP during learning and sharing sessions to build their understanding. YIDA also conducted internal meetings, but members still meet to respond to issues that came up in the alliance. At the end of 2017 or early 2018, the person in charge of the alliance members changed. The new staffing brought up the need to have more intensive coordination and consolidation meeting to build common understanding of program design, cross-cutting issues and to accelerate the delayed activities due to the transition. The monthly meeting kept all members updated on the implementation, achievement and future workplan including joint activities; members can also discuss particular internal issues that came up at the national and local levels. This mechanism helps accelerated program implementation. Local partners activities such as Training of Community Facilitators in 3 districts. However, we need to monitor continuity and connection of joint interventions such as establishing and building peer educators' capacity at schools where PKBI, ARI and PUPUK work. Even though the national alliance has an established communication, but they need to ensure their internal communication flow and communication between national and local alliances.

At the local level, in each intervention district, the local partners started having an annual consolidation meeting in 2017 to build common understanding on the 4 topics. Topics of discussion included synchronizing program implementation, sharing and updating current alliance relationship status, challenges, financial issues such as detail of unit cost, and cross-cutting issues such as GTA. This consolidation meeting agreed on detail implementation plan for each YIDA (YIDA Sukabumi of West Java, YIDA Rembang of Central Java, and YIDA of West Lombok), inventory of challenges and strategies and the agreed standard unit cost at the district.

The reflection at the MTR workshop found that the consolidation meeting brings positive implication to YIDAs in Rembang, Sukabumi, and West Lombok in terms of understanding the alliance's values, communication and coordination. A local coordinator chaired and coordinated the regular monthly meeting. Partners use this forum to share and update program implementation, SRHR knowledge and issues and address management issues. They held evaluation meeting at the beginning of every month to improve the quality of collaboration such as updating work plan for joint intervention and budget sharing. National and local alliance members use social media such as WhatsApp group to intensify communication and coordination.

Relevant partners shared funding for joint activities. Branding of the Yes I Do alliance in the implementation area from village until district level improved. All Yes I Do alliance members wear the same hat to communicate and advocate the program to beneficiaries, target groups, and village up to district government authorities. This is an improvement compared to the previous year when each partner introduced their own organization to communicate and advocate program activities; it was confusing for YID actors. Just recently, the relationship between the Yes I Do partners and intermediary actors such as KPAD, teachers, health providers, peer educators, and community

leaders was well in place. Coordination meeting and communication take place regularly. The community organizer visited schools and health facilities once a week to update them on program implementation.

The reflection also revealed that alliance members in Sukabumi, Rembang, and West Lombok have internalized meaningful youth participation; they involved young people in program implementation decision making.

As for relationship with stakeholders, YIDA established good collaboration with stakeholders such as Board of Education, Board of Women and Child Protection, Board of Health, Board of Religious Affairs, and village chiefs in 3 districts from the village up to the district levels. Program support is demonstrated through verbal and written commitment such as Decree of the KPAD in 12 villages and village fund in Kediri village of West Lombok, and Child Protection regulation in Sukabumi. All stakeholders are involved in all relevant program activities to build awareness about Child Marriage issue, update and involve themselves in Yes I Do programme implementation. Furthermore, stakeholders' awareness of child marriage issue will bring up the urgency to address this issue and garner support for Yes I Do programme. In West Lombok, the district government established GAMAK (Movement to Prevent Child Marriage) through District Working Group (DWG) that incorporates members of Board of Education, Board of Women and Child Protection, Board of Health, Board of Religious Affairs, village chiefs, traditional and religious leaders. This movement allowed YIDA to closely collaborate with the DWG because both work on similar issues and have similar goal which is to prevent child marriage in West Lombok. This resulted in collaborative campaign and advocacy between DWG and Yes I Do programmes. At the village level, Kediri stated their support to KPAD this year; the village allocated funding for campaign material development and KPAD operational costs.

In Sukabumi, the support from the head of the district is also clearly stated, especially from his wife. YIDA Sukabumi contributed a statement on child marriage prevention during the development of the local Child Protection Law. This law is a strategic entry point and serves as an umbrella to foster district-wide commitment to support Yes I Do programme through collaboration program and/or budget allocation.

While in Rembang, the Religious Court supports the YIDA program. The Court asks that young couple get a written recommendation from KPAD before they get married to avoid child marriage. The letter from KPAD serves as a requirement for young people to get married. This support is in line with the national government program to end child marriage called the 'Child Friendly District' of the Ministry of Women Empowerment and Child Protection.

However, working in an alliance poses different characteristics and challenges in each district. The reflection in the MTR workshop showed that not all local alliance members have the information and update about every members' activities. Even though alliance members agreed on the implementation detail, but execution could not be timely because of particular conditions such as unavailability of beneficiaries and villagers that will be involved in the activity. This affects the activity schedule. Unfortunately, this change was not well communicated between local alliance members that led to cancelled activities or members conducted activities separately. Other reason is also about the activity schedule, target and timeline. Each partner needs to ensure that their activities took place in a timely manner. If one activity is delayed, the next activity will also be delayed. Based on these facts, the need for better work coordination and communication at the local level and local-

national communication flow was identified as a solution to reduce the challenges. This situation inspired YIDA Rembang, Sukabumi, and West Lombok to have each partner update their monthly work plan and specify which joint activities have taken place.

Another challenge is knowledge sharing, especially in West Lombok. Knowledge transfer did not happen because each partner is focused on implementing their own pathway. Thus, partners do not have the same understanding of the issues; there is no common understanding on Child Rights and SRHR issues among partners. For Rembang and Sukabumi, this is not an issue because they meet monthly to share knowledge with partners.

The communication flow especially on the activity update between national and local levels is a challenge because there is no mechanism to update and monitor each pathway activity. This is very important because there are collaborative interventions in some areas such as in community and schools. The work flow especially for joint activities and reporting process is also needed to ensure that all national and local alliance members receive information and update about current program implementation and achievements. The current reporting flow does not inform and update all alliance members because it was only shared with contractual partners. For example, PKBI shared their report with Rutgers Indonesia only, LPAR and PUPUK shared their report with Plan Indonesia, and local ARI reports their activities to National ARI. Therefore, alliance members do not know what each partner did and what the results are. Furthermore, we need to improve collaboration and joint activities. Reflection revealed that local partners did not fully implement the agreed implementation plan due to lack of partners' coordination and involvement in collaborative and joint activities are still problematic. Partners still implement their activities according to their pathway. The implication was that there were too many activities involving village residents and beneficiaries.

Despite the workflow, communication mechanism is needed to ensure direction and that communication was on the right track, including communication between local alliance members, communication between national alliance members, as well as communication between local and national alliance members. From the consolidation meeting in 2017, each local alliance agreed to have an internal forum/session regularly to discuss all Yes I Do-related issues. Each local alliance has the authority to make a technical decision based on the agreed pathway that need joint intervention; an example would be pathway 5 that defines specific role and responsibility in advocacy work. If the local alliance cannot resolve an issue, then they should refer it to the national alliance for discussion and decision. However, all alliance members should co-write, review and agree to this communication flow and use these as the guidelines.

Another challenge is related to budget allocation for ARI in the 3 districts. ARI has a lot of activities and responsibilities. However, the budget allocation does not cover all the work especially those that have similar activity unit costs. Therefore, partners merge their activities with ARI's without planning.

- iii. Costs/benefit analysis: description of the relation between the costs (in terms of resources e.g. time/ staff capacity) and the extra results (in terms of result achievement, new partnerships, exchanging knowledge and skills, reputation, etc.).**
- iv. Description of the added value of the Yes I Do Alliance (in comparison of not working in the partnership)**

According to the reflection, alliance partnership has improved and the intervention stronger. All partners identified the added value of the alliance as follows:

- Different expertise and knowledge have enriched program strategy.
- The alliance allows comprehensive program intervention and approach.
- Joint activities and co-funding are an advantage that will reduce the burden of each partner through collaborative action.
- Sharing session among the alliance member allows the partners to more knowledgeable and skilful in diverse issues.

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

Yes I Do has started to build the partnership with the Embassy of the Kingdom of the Netherlands. The Embassy receives information and is involved in the Yes I Do program. However, the involvement was still activity-based. This relationship improved in 2017. Communication was established through emails and meetings to update the Embassy of the Yes I Do program since 2016. The Education advisor of the Embassy of Netherlands, Sarah Spronk visited schools and communities in Sukabumi to see program implementation herself. In 2018, Yes I Do program visited West Lombok based on the request of 'Girls, Not Brides'. Princess Mabel, Girls Not Bride team together with the national Yes I Do team visited the community, schools, and met the Sasak traditional leaders to know more about the Merariq tradition. The ambassador was involved and also part of this visit.

c. Description of the collaboration with other stakeholders, CM alliances, the national health system and governments

The collaboration of the Yes I Do program and national and local stakeholders started since the program began. At the national level, the Ministry of Women Empowerment and Child Protection (MOWECP) was the main relevant stakeholder because they work on similar priority issue: to prevent child marriage. The MOWECP is developing a child marriage program and Yes I Do representative was involved in a series of meetings. MOWECP was interested in adopting Yes I do intervention method. MOWECP and UNFPA representatives visited program activities especially community discussion with the 4 groups (mothers, fathers, young women and men groups) and youth Posyandu in West Lombok in 2017.

Yes I Do program and Jaringan Aksi Network established collaboration. Similar with the Yes I Do, Jaringan Aksi also works on child marriage issue through public campaign to raise public awareness of the risks and impacts of child marriage. In 2018, Yes I Do program and Jaringan Aksi worked together to host a national seminar on child marriage prevention to counter the right-wing seminar.

d. Opportunities for improving the different relationships within the alliance and strengthen complementarity between the partners and with the MoFA and other alliances and stakeholders

The collaboration of Yes I Do program with Girls Not Bride is a strategic entry point since Girls Not Bride has global network. This is a good opportunity to spread awareness of child marriage issue in large scale. However, we need to consider the pattern for mutual cooperation.

6. Lessons learned and implications for the programme 2019/2020 (3 pages)⁷

- a. Description of top 3 main lessons learned and with explanation – these can relate to ToC, programme implementation and/or the partnership:
 - What worked and why? How can other counties implement this lesson learned?

YIDA has now more understanding that the achievement of each pathway is related. Indicators in pathway 2 requires youth to have the capacity on the SRHR beside the MYP-Youth Adult Partnership (YAP) and in the pathway 3, the provision of the peer educator requires the peer educators to have the capacity on MYP-YAP so they can raise awareness on SRHR in schools. Therefore, to fill the gap on each organization's capacity and budget limit, PKBI and ARI shared budget and expertise in the activities such as sharing session and peer educators training.

Given that, the work on advocacy and campaigns have also been conducted through the joint activities. In Rembang, a big event called "Gebyar Ramadhan" included a series of sessions featuring the campaign against child marriage, raising awareness on SRHR and youth participation through interactive discussions and fun activities. In this event, all of the organization partners chipped in and developed the concept together. Similar collaboration also happened in Sukabumi on "Youth Camp" and Lombok on "Bale Bejorak".

YIDA has also learned that the communication between the alliance members is essential. To improve the communication, regular meetings are organised at national and local levels. At the national level, the meetings occurred at least once a month, in which each implementation partners discussed updates and progress, future activities, and evaluated past activities. At the local level, for example in Rembang and Sukabumi, regular meetings occurred at least twice a month to evaluate the accomplished activities. Aside from in-person meetings, each alliance had an online WhatsApp messenger group to discuss real-time issues and respond to urgent matters.

In terms of program implementation, the research found that the KPAD(s) in three areas had taken the role of community-based child protection mechanism which responded well to child marriage cases. In Sukabumi, Rembang and Lombok, the KPAD(s) have cancelled 15 marriage arrangements under various contexts and factors. These contexts included the culture practice *Merariq* in Lombok which enabled child marriage, while in Rembang and Sukabumi, parents were often the enablers of child marriage. However, although the marriage cancellation contributed to the declining rate of child marriages in each intervention areas, the KPAD(s) needed to have cooperation in the recover the trauma and stigma effect, so they could continue their education and not return to arranged marriage

- What did not work and why not?

⁷ Source: Discussions MTR workshop

The implementers still faced difficulties in addressing the FGM issue. In Lombok, implementers have tried to raise awareness on FGM, but the community was reluctant to engage and seemed to think that FGM was not an issue in Lombok. Similar situation occurred in Sukabumi and Rembang, where the community and the stakeholders did not think that FGM occurred in their areas and therefore did not view FGM as an urgent issue.

The community believed that the *sunat perempuan* (a practice equivalent to FGM as it involved a method of cutting or wounding the female genitalia) practice which occurred in their areas were only for ceremonial purposes in support of their beliefs. However, the midline review showed that the *Paraji* (traditional birth attendant) in Menoro village, Rembang still practiced cutting female genitalia. In order to address this issue properly, the implementers believed that there is need evidence on the FGM/S cases to support KPAD and implementing partners in engagement with progressive religious leaders in each area, and in the process making these religious leaders champions of combating the FGM practice. The capacity of the key actors (KPAD members, midwives, peer educators, etc) on the knowledge of FGM issue also required improvement.

The functioning of KPAD need to be improved. The voluntarily based of the KPAD members affecting the lack of time allocation to run the activity since they have to do their job.

The requirement indicator of schools and youth-friendly services was very comprehensive. This is causing difficulties in the fulfilment of the whole indicator, such as room facilities for young people counselling. Therefore, there is need to set up the minimum standard for these services need to be developed based on the context, resource availability, and reality in the intervention areas.

The implementation of the SETARA module was not comprehensive yet. In the three intervention areas, the trained teachers chose the topics they delivered based on what they thought appropriate to the perceived norms and values. As a result, some of the materials related to sexuality such as masturbation and contraception were not delivered to the students. The midline review also found that the turnover rate at the schools, including the trained teachers and the school principals, have affected the implementation of SETARA module. The teenage pregnancy issue was not well-addressed during past two years. The opportunity of role of midwives will be taken in to educating young people on contraception issue and provision in the community.

Description of recommendations:

- What are your recommendations to improve the performance of the Yes I Do programme in your country?

In order to improve the performance of the program in coming year, capacity building on FGM issues is required especially for partners and key actors in order for them to address this issue better in the coming year. The capacity building should comprehensive, not only of the limited to the knowledge about FGM such as background, definition, types, risk and effect), but also the correlation with the cross-cutting issues of Yes I Do. The availability of the best practices and stories of FGM from the field and use them as tools for evidence-based advocacy.

In addition, YIDA will more engage religious and traditional leaders in the implementation to build the social movement on preventing CM, TP, FGM/C in the community. Mapping of the progressive leaders that align with Yes I Do values in the community should be conducted by this year. The fact that those leaders have power to influence the community should be potential opportunity. The establishment of the '*ulema*' forum will useful as a space to discuss Yes I Do issues. Collaboration of the ulema forum with existing network such as KUPI (Congress of Progressive Women Ulema of Indonesia) will strengthen the movement and affect bigger impact.

The availability of the FGM/C cases data considered as important modality to advocate the issue. However, lack of the attention from government related this issue causing the unavailability of FGM/C cases data. Collection data of the FGM/C in the Yes I Do intervention areas will help to capture the existing FGM/C practice. This will also support YIDA to develop the right strategy and right actors that be involved and addressed.

Looking at the characteristic of the young people that they will more open with their peer was inspire YIDA to generate the agent of change, called Duta Cita (Champion of Change) to share information and promote the CM prevention issue. The functioning of existing Village Child Forum was also will be improve to ensure they able to reach their peer and promoting on SRHR issue and CM prevention.

Regarding to CSE implementation in the intervention school, continuously high-level advocacy meeting to District Head and Local Department of Education was started to begun. These meetings aim to ensure the local government support the CSE to be covered in the curricula, so it will be delivered comprehensively. Currently, the teachers continue the CSE implementation using existing method i.e insertion to the existing relevant lesson such as science, biology, social science, etc.

To respond the finding that young people willing to share and seek information through village midwives inspired YIDA to have new strategy through empowerment of the village midwives in the educating young people on SRHR especially contraceptive issue. Moreover, the possibility to encourage them in contraceptive provision was considered as potentially high.

The YIDA also requires refresher training of the cross-cutting issues due to the turnover of its members. This could be in form of in-house-training, in which each organization will capacitate the other organization based on the expertise that they have.

The need to improve visibility of the Yes I Do program is on the rise. The branding of Yes I Do program allows to promote the CM, TP, and FGM/C issues especially in the community level where the practice was still exist. The reach out of the Yes I Do branding to wider area will also raise more awareness of the people regarding those issues. Furthermore, to build the collective support among the CSOs and network working on the similar issues to make the impact stronger. The campaign of the CM, TP, FGM/C prevention will be more addressed to encounter the conservatism movement spread out in the social media that promote early marriage such as Indonesia without dating movement. The strategy of the campaign such as key message and communication channel should be developed systematically.

Finally, sharing and learning with the other countries is needed to enhance our intervention practices. Particularly in addressing TP and FGM issues, we need more reference on how other countries open the public discussion. For the child marriage issue, we need more reference on how to influence policy and/or law at local and national levels in order to mature the age of marriage and also to address the FGM/C issues.

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

- Religious and traditional leaders need more to be involved in specific activities in which they can talk about the prevention of child marriage, teenage pregnancy, and FGM/C. In regards to the prevention of FGM/C program needs to bolster its alliance with the religious leaders who view that the practice of FGM/C is not an obligatory Islamic ritual.
- The level of youth participation should be well-measured and evaluated to improve the meaningfulness of the youth participation.
- The Yes I Do program should continue and strengthen its engagement with the national, provincial, and district programs to prevent child marriage.
- The KPAD should actively improve the meaningful engagement of young people in the villages. Young people should be encouraged to plan their own activities and advocacy in the villages.
- Continuously technical assistance for the Setara teachers regarding the value towards SRHR, method, facilitation skill.
- Engaging the school authority to build the commitment on the CSE implementation should be continued. Furthermore, issue of institutionalization of the CSE implementation in the school curricula should be addressed.
- The provision of SRHR services and information should more involve young men and older youth in the villages. The role of the midwives should be maintained and strengthened in the provision of the SRHR services and information to the youth in the villages.
- The economic empowerment should more reach out older youth in the villages.
- The policies at the district level should be supported and the implementation of the existing policies at the village levels needs to be enforced.

7. Implications for the Yes I Do programme for 2019/2020⁷

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

According to the reflection results of the MTR and mid-line review, an improved and prioritized strategy will be developed. During the 2 years of implementation, Yes I Do Programme focused more on child marriage, while the other 2 issues were not raised up as much. Thus, as of 2019 the teenage pregnancy and FGM issues will be more addressed. For the FGM issue, data from the actors and factor mapping showed that religious and cultural issue is a strategic entry point as FGM is still on-going due to religious interpretation and cultural/tradition. Reflecting on this fact, the engagement of the religious and traditional leaders is prioritized for next strategy on 2019. The form of the FGM that was found could be varying such as symbolic rubbing the clitoris using turmeric until bleeding. The government especially Ministry of Health banned the FGM practice, but the demand from the parents is still existing.

For the teenage pregnancy, the service of contraception provision for unmarried young people is prohibited by the Ministry of Health. The contraception was given to whom that married, including married young people. This has affected all health workers for whom it was taboo to share information about contraception and also reject to provide this kind of service to unmarried young people. However, the findings from the MTR showed that young people were more open about this issue and had more closely relations with village midwives. This can be a good opportunity to approach the midwives to become more open about sharing correct information about contraception. Furthermore, encourage provision of contraception to young people who needed.

Regarding traditional values and strict social and gender norm setting. The engagement of the religious and traditional leaders are important to address this issues since they are as the role model and have powerful influence to promote the gender equality and social norms that encourage to the girls rights in the community level. Establishment of the community leaders forum (religious and traditional leader) seems as strategic way to address this issue.

As recent trend indicated that child marriage practices were mostly initiated by the girls and boys, approach and strategies to influence and educate these boys and girls of consequences and impacts of child marriage will need to be developed and implemented. Adopting Peer Educators, Champions of Change and roles model among the youth is considered to be an effective strategy and approach in addressing this youth-initiated marriage.

b. Main conclusions for the budget 2019/2020.

To answer the MTR findings, the program activities is continuing of the refreshment of the capacity of intermediary actors such as KPAD, teachers, health worker, peer educator, and religious and community leader to continuously transfer knowledge and skill related to the child marriage, teenage pregnancy, and female genital mutilation issues. However, start on 2019, the focus need to be shifted more on advocacy works to handover the ownership of the program and furthermore institutionalized in the governmentally system such as in village, schools, and health provider governance system.

In pathway 2, the proportion of the budget allocation of ARI national and local should be considered. The available budget could not covered the activity of the program. Since the mandate of the this pathway is to empower young people, thus need more concrete activity to build the capacity of the young people in the village level. Another finding showed that capacity building of the coordinator of west Lombok is still needed to build to ensure the role of the coordinator. Thus, identification of the capacity needs to be defined since this will implicate the budget allocation on 2019.

9. Any other reflection

N/A

Annex 1. Format Results Section

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>Social movement is established to transform social and gender norms that perpetuate CM, TP & FGM:</p> <p>2. # and description of new initiatives in the local community and local clubs/associations/schools to address FGM, TP and CM and gender inequality</p> <p>28 new initiatives in the local community and local clubs/associations/schools to address FGM, TP and CM and gender inequality.</p> <p>In 2017, YIDA facilitated KPAD (Community Based Child Protection Group) to advocate for village funds' access in conducting intervention to prevent child marriage and teenage pregnancy. The result of this advocacy was the allocation of village funds for KPAD to conduct sessions: intensive dialogues between men/women and girls/boys group regarding the impact of child marriage and teenage pregnancy to reproductive health. The highlights were some of KPAD(s) in the intervention areas gained access to village funds for activities regarding the prevention of CM and TP.</p> <p>The other highlights were the establishment of the new standard of procedure in getting the court approval of CM dispensation, by The Religious Court Chair of Rembang District. This new initiative was encouraged by KPAD's advocacy works, facilitated by YIDA. The new SOP requires:</p> <ul style="list-style-type: none"> • the couple and parents have to consult with KPAD in the village related to information on child marriage issue (risk and impact of child marriage). • Counselling session with Rembang District's Social Service and Family Planning and Parenthood Departments. <p>KPAD(s) is also actively advocating village and local government to access village funds to support KPAD to be function effectively, providing Comprehensive Sexuality Education in the modelling schools, increasing access of youth friendly health access through Posyandu Remaja (integrated youth friendly health service) and Puskesmas (community health center), youth economic empowerment activities, and education to post-primary school. The involvement of KPAD in advocating to village and local government increase the stakeholders' awareness regarding the impact of CM, TP, and FGM, also better options for children other than marriage. Thus, the raising awareness of stakeholders will stimulate new initiatives and social movement in preventing CM, TP, and FGM. Moreover, KPAD initiated collaborated collaboration with other CSOs and local government to establish business groups for both adult and</p>

	<p>children that create more economic growth and development that will prevent child marriage.</p> <p>Community and gate keepers understand benefits of changing norms and are aware of alternatives in relation to CM, TP, FGM:</p> <p>According to the framework, this outcome indicator should be measured by KIT.</p>
2. Which outcomes are <u>not</u> on track? Please explain	N/A
3. Are there any unexpected outcomes observed? If yes, please elaborate	N/A
4. What is/has been the contribution of the YIDA to these outcomes?	YIDA has been strengthening the role of intermediary actors (KPAD, teachers of schools and CLC, health workers) in relation to advocacy works, e.g: communication, negotiation, and lobbying the local government and other organization, (as example facilitator training in May 2018). The intermediary actors showed great progress in practicing the capacity to encourage new initiatives in the community and local associations to address CM and TP. However, further strengthening in FGM issue will be done in 2019.
5. Which key outputs are realized: please provide a <u>summary</u> of key outputs and explain?	<p>Established network of change agents for social mobilization (girls, boys, men and women)</p> <p>4a. # of KPAD networks established consisting of change agents</p> <p>In total, 12 KPAD networks are established which KPAD in Ngasinan village is replace KPAD in Sendang Mulyo. There were changes in the intervention area from Sendang Mulyo village to Ngasinan Village. The change in intervention area was caused by the lack of commitment and support from the village head that affected the in-continuity of the program implementation in Sendang Mulyo village. Aside from that, the lack of participation and involvement from KPAD members of Sendang Mulyo were also major challenges.</p> <p>4b. # of KPAD networks functional consisting of change agents</p> <p>There were 7 KPAD networks functional consisting of change agents. In 2018, KPAD(s) were assessed by utilizing KPAD functionality checklist developed by Plan International Indonesia. The checklist assessed KPAD from various aspects: organizational, administrative, functions (preventive, early detection, reporting and handling cases). The KPAD is considered fully functional if it meets 9 standards/requirements out of</p>

	<p>12 total standards/requirements. 7 KPADs were assessed as fully functional and 5 KPAD were functional. The 5 KPAD(s) will need improvement in administrative aspects. This result will be further verified and mapped to gain insight on what the KPAD(s) need for capacity enhancement that will lead to increase functionality and effectivity.</p> <p>Enhanced dialogues with men & boys/ girls & women on harmful impact of CM, TP and FGM:</p> <p>5a. # of men, women and young people (girls and boys) participate in serial discussion on CM, TP and FGM/C 2762 men, women and young people (girls and boys) participate in serial discussion on CM, TP and FGM/C. 608 boys, 790 girls, 657 men, and 707 women have participated in community serial discussion in 2017-2018. The community serial discussions were facilitated by the CO(s) and the trained KPAD. The topics of the community serial discussion covered from the general concepts of gender, human rights, and SRHR, to the specific ones like CM, TP, and FGM. Although, the topic to talk about FGM issue will need further strengthening. Intensive dialogues regarding the issues have raised awareness and positive changes of knowledge and attitudes regarding the impact of CM, TP, and FGM in various layers of village society. YIDA has strengthened KPAD to observe the changes and seize the opportunity to lead new social movement in preventing CM, TP, and FGM. (For example: in Lombok, KPAD initiated collaboration with Puskesmas to hold Posyandu Remaja. The KPAD involved the members of community discussion to take lead the activities in Posyandu Remaja).</p> <p>5b. # of KPAD (Local Commission for Child Protection) member and community members/change agents (Local Commission for Child Protection) trained to facilitate community discussions in minimum 6 core topics :</p> <ol style="list-style-type: none"> 1. ASRH: TP Prevention 2. CM Prevention 3. FGM Prevention 4. Child Protection 5. Referral mechanism <p>In total, 202 KPAD members (Local Commission for Child Protection) trained. The training covered several topics such as GTA and SRHR issues, referral system on cases handling, facilitation skill, community empowerment, and documentation skill.</p>
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<p>6. How do these outputs contribute to the outcome(s)?</p>	<p>By the KPAD functionality assessment result, we could see that networks of change agents are well established in intervention villages. Thus, the change agents have enhanced the dialogues with communities (girls & boys, women & men) regarding the harmful impact on CM and TP. Dialogues regarding the issue of FGM is also conducted although the intensity is less than the other issues. This is caused by the lack of knowledge and confidence to talk about this issue openly, as the pressure about the issue from the religious view is heavier than the others.</p> <p>However, the increasing awareness regarding CM and TP led the communities to realize the needs of new initiatives and real solution to address the prevalence of CM and TP in their own villages. For example, in the end of 2017, young girls member of community discussion in Kediri went around their village and campaign openly about the harm of CM from door to door. This campaign increased awareness amongst the adults society in the village. Several days after the campaign, there was a girl child about to get married by her parents, the increased awareness of the village society caused by the girls' campaign led the village society to bring this matter openly to the surface, and courageously report this matter to KPAD and village government. Before the campaign, the village society used to be silent and let the matter slip away. Thus more women and men in Kediri supported KPAD program and support the head of the village gave to keep giving KPAD access to village funds. In Rembang, KPAD successfully secure funds from village government to provide school materials (uniforms, bags, shoes, etc) to 10 boys and girls so that they can continue to go to school. In Sukabumi, the Collaboration Unit of Cikelat Village, with support from KPAD, has made initiative to establish <i>Kelompok Remaja Kreatif-KOPER</i> (Youth Creativity Group) BAROKAH that facilitate and mediate youth to turn youth creativity on handicraft and art works from timber waste into business and generate profit. This will occupy youth time with productive activities and divert their desire of getting married into economic activities.</p>
<p>7. Which outputs were <u>not</u> realized? Please provide a summary and explain</p>	<p>None.</p>
<p>8. What are the challenges and opportunities to improve outcomes of pathway 1?</p>	<p>Challenges:</p> <ul style="list-style-type: none"> • There's a rapid growth of Islamic fundamentalist teaching and movement that might encourage youths to get married young. The teaching and movement aim to avoid youths from the sin of premarital sex (considered as adultery) by getting married instead of having a dating relationship. The teaching and movement spread

	<p>beliefs that a dating relationship will bring youths to premarital sex. This teaching and movement are massive and using a very youth engaging approach (e.g: millennials Instagram posts, young Islamic influencer). The Instagram posts and influencers project unrealistic marriage relationship (all good and romantic vibes). This dishonest picture of marriage that the movement project with additional religious reward from the teaching has begun to shift the child marriage trend in Indonesia. Although there still were cases of forced CM by families or the groom side, there's an increasing trend of CM that is initiated by the young people themselves. This movement and teaching has also reached the remote areas and expose the young people to misleading information on sexuality and reproductive health topics. Therefore, the communication strategy that has been developed by YIDA will be further reviewed and realized to tackle the movement (together with emerging networks of organizations that work in CM issue).</p> <ul style="list-style-type: none"> ● Another challenge came from the KPAD side. As the gatekeeper of community-based child protection mechanism, the work of KPAD relies heavily on the volunteerism of the members. The members of KPAD come from various backgrounds and profession, therefore each of them have their own personal responsibility and priority. We need to carefully review YID activities that involve KPAD members so that the members will not get overload or experience any personal loss (e.g: training on weekdays and during work hours that might risk their professional integrity, income, etc). At the end of the project, KPAD(s) need to develop an efficient work mechanism that will support them to function effectively, both personally and collectively. Therefore, YIDA will focus to facilitate KPAD in finding the suitable work mechanism for the community. <p>Opportunities:</p> <p>Despite the challenges, there are a lot of potential opportunities regarding the work to change attitudes of the community.</p> <ul style="list-style-type: none"> ● The village fund utilization has expanded from infrastructure to human resources development, therefore has provided bigger opportunity for KPAD to access it. The support from some of the intervention villages' government to YID initiatives have been realized through legalization and funding support for KPAD(s). Some villages also give opportunity for KPAD to raise the village awareness through local events (e.g: Jagaraga Indah village collaborate with KPAD to conduct event in raising awareness regarding CM). ● Collaboration with related Departments of District Government, MoWECP, and other NGO(s) have opened potential support and resources to increase awareness regarding CM, TP, and FGM, also to ensure the sustainability of community based child protection mechanism that YID initiated.
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	<ul style="list-style-type: none"> Integration and synergy with the KPPA's Stop Child Marriage Movement, and other INGO(s) projects on CM (Oxfam, DFAT's MAMPU, etc.).
Pathway 2: Adolescent girls and boys are meaningfully engaged to claim their SRHR	
1. Which outcomes are on track? Please explain	<p>CSOs* are involving young people in their programming in a meaningful way</p> <p>7. Mechanisms are in place to ensure meaningful youth participation (MYP) in implementing organisations</p> <p>From the reflection of MOT, some organizations feel like they have implemented MYP in their organizations regardless there is policy or not and some feel like their MYP implementation is in low extent. Rutgers for example, they still feel like they're still weak on the capacity building aspect and policy (written), thus impact their implementation of MYP core element. Meanwhile, have tried to meaningfully involve young people comprehensively by always involving young people in decision making and programming. LPAR also felt they have implemented meaningful young people participation by giving space for young people to voice out their opinion in the organization. Regarding the question of what still needs technical assistance on capacity building on effective communication techniques with young people.</p> <p>8. # of young people who are in strategic position in CSO (board, program, MEL, etc)</p> <p>The total number of youth in strategic positions in the organization exceeds the targets to 208% (50 out of 21) of the targets. In Sukabumi 13 youth, in central Java 27 youth and in Lombok 10 youth.</p> <p>Adolescent girls and boys are aware of their rights and empowered to raise their voice.</p> <p>9. Perceived change relative to baseline expressed in scores (scale TBD) among young people who experience that their contribution was meaningful and valued</p> <p>From three three intervention regions of Yes I Do program, there are 83 persons participate in the survey, but only 53 persons that completed the survey. The data shows that young people are more oftenly involved in planning rather than implementation. The lack of young people participation is in Monitoring and Evaluation aspect, where most respondents answer that they only being engaged sometimes, even though monitoring and evaluation is an important aspect in organization.</p>

	<p>When it comes to core element of MYP, most of the answers present that it is still in somewhat extent. The result on how free and comfortable young people can voice out their opinion in alliance and in their organization is perceived in somewhat extent. Meanwhile interaction between young people is in positive state, according to the data. It might indicate that young people love to acquire new skills and knowledge from adults, which is a good thing, but it might also indicate high extent of dependency of young people. Most of the respondents perceived that their involvement in their organization and Yes I Do Program is beneficial for themselves and also for other people.</p> <p>10. # of youth networks established in 3 intervention areas and national level</p> <p>This outcomes also exceeds the target to 169% (22 from the target 13). This happened because at the beginning we want to only focus on building FAD(s) (Village Child Forums) as the youth network that will implement activities related to SRHR issues. However, during the projects, there are youth that have been capacitated in schools by PKBI and the village's youth community in some intervention villages that emerge because of the implementation of the program. Therefore, to maintain those emerging youth networks, we need to improve the collaboration in alliance to capacitate and technically assists that youth network.</p> <p>Youth Network are able to develop activities related to SRHR</p> <p>11. Action plan for implementation of SRHR activities are in place</p> <p>This outcome is still on track because we have achieved 120 % (15 out of 18) of the target. However, this only happened in Sukabumi and Rembang. The implementation in Lombok is still left behind due to the capacity and the resource of the youth network that needs to be improved.</p> <p>12. # of activities implemented by the youth networks that include the YID SRHR approach</p> <p>This outcome is also still on the track because we have achieved 150% (18 out of 27) of the target, but this also only happened in Sukabumi and Rembang. Due to the same reason, West Lombok is also left behind on this.</p>
<p>2. Which outcomes are <u>not</u> on track? Please explain</p>	<p>None.</p>

3. Are there any unexpected outcomes observed? If yes, please elaborate	No.
4. What is/has been the contribution of the YIDA to these outcomes?	Some of the organization in the alliance have a mechanism on youth engagement, including PKBI and Plan. Therefore they have aware of the importance of youth participation and engage youth in their organization. In empowering the establishment of the youth network, the alliance also helped in the capacity building regarding their expertise.
5. Which key outputs are realized: please provide a <u>summary</u> of key outputs and explain?	<p>13.# of partner organisations that have been capacitated in MYP</p> <p>The total of 12 partners (PKBI, LPAR, ARI Local Chapters and PUPUK) have been trained as trainers of MYP-YAP. This will allow them to capacitate the other organization members and try to implement MYP-YAP approach in their organization.</p> <p>14. # of KPAD have been capacitated in SRHR and MYP</p> <p>KPAD(s) representatives of two persons of each village have been trained on Meaningful Youth Participation and Youth Adult Partnership (MYP-YAP). This achievement fulfilled 100% of the target (12 out of 12). The representatives who have been trained are expected to share their acquired knowledge to their colleague in KPAD(s) and support the provision of enabling environment so that youth in KPAD(s) can be meaningfully involved and encourage to take strategic position.</p> <p>15. # Youth Network that have been capacitated in SRHR issues and young people rights (CM, TP and FGM/C)</p> <p>There are 18 youth network out of 12 total target in all intervention areas have received technical assistance from ARI on youth participation and about organizational capacity and SRHR from PKBI to encourage their establishment of youth network as the platform that will mobilize youth to raise their voice and generate youth champions of change. Peer educators in Rembang and Sukabumi have also been capacitated on MYP through the collaboration with PKBI Sukabumi.</p> <p>16. # of girls (and boys) between 10-24 yo trained in leadership and advocacy</p> <p>The total of 180 girls and boys in Sukabumi and West Lombok have been trained on leadership through fun activities including youth camp and</p>

	<p>school of inspiration. Each of activities content the material of leadership characteristic such as communication, public speaking and influencing people. They were also shared inspirational stories about youth advocacy. from the champion of social movement.</p> <p>Also since 2017, 697 girls and boys have been capacitated on meaningful youth participation and SRHR. Through this capacity building youth are aware of their rights and the potencies and informed about SRHR related issues such as child marriage and teenage pregnancy. Through this sharing session youth are also empowered to be more active in raising their voice by joining youth networks.</p>
6. How do these outputs contribute to the outcome(s)?	<ul style="list-style-type: none"> • By capacitating girls and boys to be more aware of their rights to participate and their SRHR will allow them to take the opportunity to be in the strategic position or decision making in their organizations and they are also more empowered to actively engage in the network to raise their voice and make their own activities that advocate their concern • By capacitating adults (Partners and KPAD(s)), they're expected to share their capacity in their organization and try to implement MYP-YAP approach in their organization so there will be enabling the environment for youth to meaningfully participate and fill the strategic position in the organizations.
7. Which outputs were <u>not</u> realized? Please provide a summary and explain	None.
8. What are the challenges and opportunities to improve outcomes of pathway 2?	<p>Challenges</p> <ul style="list-style-type: none"> • In Lombok, the youth needs more capacity building including about movement and organizational matters to strengthen their role in the youth Network. The Youth Network(s) are also yet to be legalized as FAD(s) and to do that we need to first contribute to FAK (Regency Level Child Forum) to get their support for FAD(s) establishment. • In Lombok, the recent disaster that happened has become the new challenge to implement activities • The KPAD(s) and some partners members have only implement MYP-YAP in the knowledge level. However, from the monitoring report and the last survey, it has found that in the practice they still hold the traditional values about youth. Therefore, it can hamper the establishment of enabling environment for youth to be meaningfully engaged. <p>Opportunity</p> <ul style="list-style-type: none"> • The collaboration to empower the establishment of the youth network(s) with partners are more clear

	<ul style="list-style-type: none"> • New tools to improve the generation of youth Champion of Change from Plan that can be utilize to maximize the achievement of Pathway 2 • Regency and village's level events that can also be integrated with youth's network action plan.
Pathway 3: Adolescent girls and boys take informed action on their sexual health	
1. Which outcomes are on track? Please explain	<p>In sum, overall target outcomes were not defined yet. This issue will be addressed in MTR workshop.</p> <p>Adolescent girls and boys take informed action on their sexual health</p> <p>17. # of adolescents girls and boys between 10 and 24 that utilize SRHR services, including modern contraceptives (including condoms), post-abortion care and menstrual regulation services provided</p> <p>During 2017-2018, there are 3.364 of young people (10-24 years old) recorded access the ASRH services through Posyandu remaja and Puskesmas in West Lombok and Rembang. They access various kind of services such as menstrual problem, anaemia, and vaginal discharge, sexuality counselling, contraception, counselling and HIV test, antenatal care and baby delivery. However, based on the regulation of the Ministry of Health stated te contraception services were given to the young people who already married.</p> <p>18. # of adolescents girls and boys between 10 and 24 that are referred by KPAD to SRHR services including modern contraceptives (including condoms), post-abortion care and menstrual regulation services</p> <p>There are 3 cases of adolescent girls who access SRHR services in West Lombok and Rembang on 2018. While there is no cases referred by KPAD on 2017. The cases referred are teenage pregnancy, rape, and antenatal care to Puskesmas and midwives.</p> <p>Adolescent girls and boys have increased access to ASRHR information and services, and child protection services</p> <p>22. # of child protection cases (abuse, abduction, early marriage, child labour) reported regarding:</p> <p>a) CM b) FGM/C c) TP d) GBV</p> <p>There are 23 cases cases reported and recorded by KPAD (2017: 16 cases & 2018: 7) in Rembang, Sukabumi, and West Lombok. The cases consist of harassment, child marriage, violence, trafficking, drug abuse, and teenage pregnancy.</p>

	<p>23. # of child protection cases (abuse, abduction, early marriage, child labour) followed up/referred regarding:</p> <p>a) CM b) FGM/C c) TP d) GBV</p> <p>There are 15 cases (2017: 8 & 2018: 7) were referred to the relevant services needed such as Puskesmas, midwives, integrated service of women and child protection, social department and shelter.</p> <p>Increased quality of ASRHR and social welfare information and services</p> <p>24. # of (government/private) health facilities that adopt and implement youth friendly SRHR services</p> <p>There are 10 Puskesmas were strengthened as the modelling of youth friendly service in three districts (2017: 6 & 2018:4). Until mid of 2018, those 9 Puskesmas are on progress to comply with the minimum YFS standard of Ministry of Health through involve in the various strengthening capacity.</p> <p>The intervention was focuses on the strengthening of the value of health workers (midwives, doctors) with the core issue of the YID such as gender equality, child marriage issue, sexuality, reproductive health, etc as one of the indicators to provide the youth friendly service. Since the YFS standard is so comprehensive, collaboration between the YID program and also government.</p>
2. Which outcomes are <u>not</u> on track? Please explain	N/A
3. Are there any unexpected outcomes observed? If yes, please elaborate	<ul style="list-style-type: none"> • The role of the peer educator is crucial, especially in the CM case finding. The experience showed that the young people willing to share about their story to their peer. In Sukabumi, the monitoring data showed that peer educator able to identify the child marriage cases among their peer in the school. • MTR data found that the Posyandu remaja was successfully accessed by girls, but lack of boys that access this service. This showed the lack of the awareness of boys on the SRHR perspective to keep their health. Another factor contribute to this behaviour is about the masculinity perspective that boys saw as weak person when they access health service. • The FGM issue faced a resistance response from the community especially parents in Rembang, Central Java. Parents seen this practice as an Islamic teaching and cultural/tradition to ensure the

	<p>purity of the women. This response seen as positive unexpected outcome since the community started to discuss it openly.</p>
<p>4. What is/has been the contribution of the YIDA to these outcomes?</p>	<p>The YIDA has started to strengthen the capacity of the intermediary actors especially teachers, KPAD cadres, Health workers (midwives, doctors) on the basic core principal of the YID program such as GTA, SRHR, Child protection issues, and also facilitating skill, as well as cases handling. Those knowledge and skill were basic principle and modality of the intermediary to executing of the program implementation in the school and service provision. GTA and Child rights will used as lens to analyse each cases found in the field. The core principles were also used for ensuring the role delivered by the intermediary correctly.</p>
<p>5. Which key outputs are realized: please provide a <u>summary</u> of key outputs and explain?</p>	<p>Adolescent girls and boys have improved knowledge on their SRH rights and skills for influencing quality service provision</p> <p>26. # of young people between 10 – 24 years who participated in SRHR education sessions and awareness raising activities</p> <p>During 2 years implementation, there 2603 students reached in 9 modelling schools using SETARA module in Rembang and Sukabumi. However, in 2018 there is no achievement yet since of the Setara is on start up phase and will be implemented by mid of September due to follow academic year that started on July 2018.</p> <p>27. # of boys/girls between 10 – 24 years who perform as peer educators on SRHR</p> <p>In total, there are 345 students that perform as peer educators in the 9 schools in Rembang and Sukabumi (2017: 185 & 2018: 160). There are different approaches on the intervention of the peer educator. In Rembang and Sukabumi, the PE was established through parallel intervention by the Setara implementation and PE capacity strengthening. While in West Lombok, the peer educators will be established after Setara implementation on 2018.</p> <p>Teachers, Health and social workers are better equipped to provide ASRHR information and services and provide safe and youth friendly spaces</p> <p>28. # of teachers, tutor, health and social workers and peer educators trained in detection and prevention of CM, TP and FGM.</p> <p>There are 1040 persons trained in detection and prevention of CM, TP and FGM cases consist of teachers, health and social workers and peer educators (2017: 778 and 2018: 262). This achievement was exceed compare the target 732 persons during whole program years.</p>

<p>6. How do these outputs contribute to the outcome(s)?</p>	<p>The series of strengthening activities invested to the intermediary actors (teachers, health and social workers and peer educators) was increase their knowledge and skill in detection and prevention of CM, TP, FGM significantly. Those capacities could be used for influence and encourage the young people to access SRHR services through Posyandu Remaja and Puskesmas, as well as improve the quality the health worker in delivering the SRHR services provision.</p>
<p>7. Which outputs were <u>not</u> realized? Please provide a summary and explain</p>	<p>In general, all of the outputs of 2018 were realized. Even Though, for Setara implementation of 2018 is not yet implemented due to follow academic year that will be started on July 2018.</p>
<p>8. What are the challenges and opportunities to improve outcomes of pathway 3?</p>	<p>In sum, all of the implementation was on the track. However, we are still face the challenges as follow:</p> <ul style="list-style-type: none"> • The process Setara module revision to contextualizing and updating the content and methodology with the characteristic of the program took very long time due to lack of the resources. • Setara implementation face some challenges in some of the modelling school, such as lack of the time allocation for Setara implementation, commitment of the teachers and school authority to integrate it into existing local curricula. • Lack of the political will of the local government especially Department of Education to prioritize SRHR education in the school. • There is no indicator was defined to measure the functionality of the peer educator affected their achievement was hard to be measured. • In terms of the YFS standards, we are able to achieved some of the YFS indicators related to YID intervention through build capacity of the health workers to provide YFS services for young people. However, we need to have to coordination and collaboration with the relevant local government such as Department of Health and Puskesmas itself to ensure all of the YFS indicators fully achieved. <p>Opportunities</p> <p>1. Youth Friendly Service Provision</p> <ul style="list-style-type: none"> • Collaboration with the Ministry of Health and WHO to conduct join activity (Posyandu remaja workshop) to encourage and scale up the implementation of the YFS provision through Posyandu remaja in the intervention villages. • The availability of village fund that could be accessed by KPAD and health workers to cover the operational cost for Posyandu Remaja service.

	<ul style="list-style-type: none"> • Collaboration between Puskesmas and the Setara school through school health unit program (UKS) in the health service provision. <p>2. Implementation of Comprehensive Sexuality Education</p> <ul style="list-style-type: none"> • Support from the local government (Bappeda) especially in Rembang to encourage implementation of the CSE in the junior high school in 2019 • The CSE is one of the programs to meet indicators of the national program called Child Friendly School that require innovative program in the school.
Pathway 4: Girls have alternatives beyond CM, TP and FGM/C through education and economic empowerment	
<p>1. Which outcomes are on track? Please explain</p>	<p>Adolescent girls finish post primary education:</p> <p>31. a. # and % of girls age completing Junior high schools (12-15 years old) in selected school 2456 or 98, 91% girls age 12-15 yo completing Junior high schools - in selected schools - SETARA</p> <p>32. # and % of boys age completing Junior high schools - In selected school 2420 or 98,49 % of boys age 12-15 yo completing Junior high schools - in selected schools - SETARA</p> <p>Increased access to safe post-primary education for adolescent girls and child protection school systems in place:</p> <p>34. gender parity index (= quotient of the number of females by the number of males) targeted secondary school. Gender parity index in targeted secondary schools = 48:52. The intervention schools admitted that they have no policy that will discriminate girls or boys. Although when the gender parity index is calculated by school, there were some concerning figures (e.g SMPN 1 Lembar = 0,76). We will need to further verify and review the related schools' policy and practices.</p> <p>35. # of schools where Child Protection Policy is in place 5 intervention schools have Child Protection Policy in place There are 40% of intervention schools that have signed integrity pact and established committee to implement child friendly school. The rest of the intervention schools also showed positive response during monitoring visit from the COs and will soon be encouraged to join the gatekeepers of child friendly school model in the district. YIDA will keep monitoring on the planning and implementation of child friendly school system to make sure that the child protection policy is in place.</p>

2. Which outcomes are <u>not on track</u> ? Please explain	None.
3. Are there any unexpected outcomes observed? If yes, please elaborate	Through economic empowerment activities, such as: business class, soft skills training, and introduction to workforce, youths gained resources to develop business groups (e.g: in Rembang, an adolescent girls business group is established with banana ice cream as the product; in Sukabumi, adolescent girls from PKBM/CLC who learned makeup skills from the class have actively implemented the skills by giving makeup service to local events). These youth business groups provided side income, professional experience (teamwork, communication), and increased youths productivity. Thus diverting the youths from the idea of getting married in child age. The YIDA support the business groups to explore and refine the business plan by giving capacity building that suits the needs of the groups (for example, if weakness in packaging is identified by the group, the business class content for the next session will focus on packaging matter). Moreover, the YIDA ensure the members of youth business groups to stay in school or PKBMs, by giving them insight that their education will help them to develop better business plan.
4. What is/has been the contribution of the YIDA to these outcomes?	YIDA has been actively involved with KPAD and trained teachers in the intervention schools to make sure girls and boys will finish the junior high level. If there is a girl or boy that has financial issue in accessing education, YIDA, together with KPAD, will collaborate with CLC or help the girl/boy in accessing education funding aid from the local government. Other than that, working closely with the community (KPAD, trained teachers, local government), YIDA shared the benefit of child friendly school system for everyone (girls and boys, schools, and the community) through workshops or community meetings. These activities increased the school's stakeholder's awareness to implement CFS system.
5. Which key outputs are realized: please provide a <u>summary</u> of key outputs and explain?	<p>Increased access to economic opportunities in preparation for work for adolescent girls</p> <p>41. # of adolescent girls and boys that participate in PKBM/CLC activities</p> <p>266 adolescent girls and 295 adolescent boys (in total 561 adolescents, 187% of target) participated in PKBM/CLC activities. The target was set before assessing each district's situation (e.g: the highest number of participants was located in Sukabumi. A lot of adolescents in Sukabumi went to Islamic boarding school where they were not supported with general education and formal certificate. Therefore, a lot of adolescents went to PKBM in Sukabumi. Other than that, the education regulation in</p>

	<p>PKBM cost less than schools. PKBM didn't acquire the student to pay for uniform, books, and other necessities.)</p> <p>Established collaboration with private sector</p> <p>43. Number of introduction and training of the workforce/ business for adolescents girls between 15-18 years old provided by private sector"</p> <p>5 (22% of target) introduction and training of the workforce/ business for adolescents girls between 15-18 years old provided by private sector</p> <p>There was one internship at Fave Hotel in 2017 that provided professional experience for the girls and boys in Rembang. In 2018, there were four small to medium enterprise. The companies gave the girls and boys exposure to professional experience although the duration might not be long enough to be called internship. In local context, usually internship lasts from minimum 3 weeks to 3 months, but the school holiday only lasts for maximum 3 weeks.</p> <p>44. # of participants in economic empowerment programmes</p> <p>44. 1,402 participants in economic empowerment programmes</p> <p>In economic empowerment programmes, there were in total 715 participants in 2018: 149 boys, 353 girls, 84 men, 129 women in 2018. In 2017, there were 687 participants: 132 boys, 356 girls, 59 men, and 140 women. There were 60 adolescents that joined the business class training with reference to Entrepreneurship Module. 23% of them initiated their own business such as online shop, selling slime, processed food, or small scale catering.</p>
6. How do these outputs contribute to the outcome(s)?	By encouraging schools to implement child friendly school system, safeguarding children policy is developed by each school. Thus it will create safer space for girls to finish primary school and access post-primary school. Other than that, collaboration with private and public sector, as well as increased access to youth friendly business and vocational training, give more options for young people to be empowered.
7. Which outputs were <u>not</u> realized? Please provide a summary and explain	None.
8. What are the challenges and opportunities to improve outcomes of pathway 4?	<p>Challenges:</p> <p>The main challenge comes from the education system in each local context. Align with the challenge mentioned in the pathway 1, the trend of CM practice shifted and more young people now have the desire to get married young, even before 18. This is caused by the dishonest picture of marriage (all good and romantic vibes) that the movement and teaching are projecting to the community. Education actually is the opportunity to empower young people so they'll become more critical in</p>

	<p>responding to the movement, learn the reality of marriage relationship, as well as alternatives of activity that will give them positive feelings to plan their future. Unfortunately, the education system is not answering the needs of the youth (critical thinking, visioning future, etc). This lead the youths to internalize the dishonest picture of marriage that the movement and teaching project. YIDA will need to empower teachers and school stakeholders to create teaching methods that are more engaging and corresponding the needs of the youth. The PKBM (CLC) and youth village group also will be encouraged to create more engaging and empowering activities.</p> <p>Opportunities:</p> <p>The youth village group have a great opportunity in working with PKBM for weekend business class. The weekend business class is potential to create safer space for youth to be creative and develop community business. For example, in Rembang, the weekend business class have led the youth village group to produce banana ice cream. The youths have productive activity in developing and realizing the business plan together. Other opportunity lies in collaboration with related departments of the district government. For example, in Rembang the tourism departments will increase the funding to empower human resources in tourism aspect. This will give an opportunity to encourage them in providing capacity development for youths as the future of the tourism sector in Rembang. In Lombok, the youth village group also create an English learning session every week to increase young people opportunity to be empowered in the tourism sector.</p>
Pathway 5: Policy makers and duty bearers develop and implement laws and policies on CM and FGM	
<p>1. Which outcomes are on track? Please explain</p>	<p>Goal 5: Policy makers and duty bearers develop and implement laws and policies on CM and FGM</p> <p>45. # of (new) national and local law (incl. community/by-laws) and policies prohibiting CM and FGM/C (disaggregated by CM, FGM/C, and by policies, laws, village level to national level)</p> <p>In total, 20 (105% of target) (new) national and local law (incl. community/by-laws) and policies prohibiting CM and FGM/C (disaggregated by CM, FGM/C, and by policies, laws, village level to national level)</p> <p>These laws and policies include 10 MoUs / Cooperation agreements, 1 District Law on Child Protection, 3 sub-district regulation, 5 village head's decrees, 1 village regulation.</p> <p>CSOs & KPAD hold government and policymakers to account</p>

	<p>49. # of CSOs & KPAD that formulated an action plan for advocacy and policy influencing against FGM,TP and CM with MYP occur</p> <p>In total, 9 of CSOs & KPAD that formulated an action plan for advocacy and policy influencing against FGM,TP and CM with MYP occur</p> <ul style="list-style-type: none"> ● 9 action plans (3975% of target 12 action plans) of CSOs & KPADs that formulate action plans for advocacy and policies that prohibit FGM, TP. and CM with MYP have developed. <p>50. # of sharing and learning activities organized with duty bearers (policy makers, teachers, community leaders, parents) related to FGM,TP and CM</p> <p>In total, 7 sharing and learning activities organized with duty bearers (policy makers, teachers, community leaders, parents) related to FGM,TP and CM</p> <ul style="list-style-type: none"> ● 27 session (168%) of sharing and learning activities is held with duty bearers (policymakers, teachers, community leaders, parents) related to FGM, TP and CM.
2. Which outcomes are <u>not</u> on track? Please explain	All of the outcomes are on the track.
3. Are there any unexpected outcomes observed? If yes, please elaborate	There is one unexpected outcome happened in West Lombok. The community discussion module was adopted and reprinted that will be used as material training for staff of the Department of Women Empowerment and Child Protection and Family Planning of West Lombok.
4. What is/has been the contribution of the YIDA to these outcomes?	<p>YIDA has contribution by following activity:</p> <ul style="list-style-type: none"> ● strengthening of the capacity of intermediary such as KPAD members, teachers, health workers, and representation of village government on SRHR and GTA issues, facilitation skill, and community mobilization. ● YIDA advocacy strategies have been developed since early of 2018. The national and local YIDA have mapped the advocacy resources and further empowered and accompanied intermediary groups to advocate CM, TP, and FGM/C prevention in village and district level. ● During implementation 2018, series of advocacy meeting were conducted to encourage the policy changes to support CM, TP, FGM prevention in local and national level. Furthermore, intermediary actors also conducted series meeting to access village fund.
5. Which key outputs are realized: please provide a	<p>Enhanced evidence-based advocacy</p> <p>51. # of advocacy meetings with policy makers, duty bearers at national and local level to disseminate the evidence on FGM,TP and CM</p>

<p>summary of key outputs and explain?</p>	<p>In total, 33 (143%) advocacy meetings with policy makers, duty bearers at national and local level to disseminate the evidence on FGM,TP and CM</p> <p>52. # of communication materials/ best practices/evidence developed and documented</p> <p>In total, 16 (20% of target) communication materials/ best practices/evidence developed and documented</p> <ul style="list-style-type: none"> o Rutgers provided 7 types of communication materials, those are <ol style="list-style-type: none"> 1) YID profile, 2) calendar consist of various message such as violence, safety internet, risk of child marriage, 3) block note with the child marriage information inside, 4) guideline on safety internet, 5) infographic on the child marriage cases and teenage pregnancy case in YID intervention areas, 6) carousel card covered fact-myth in regards of sexuality issue, 7) flipchart and apron with the reproductive organ and menstrual cycle picture. <p>The materials will be used as tools for advocacy purpose, implementation of the community discussion, and also campaign in national and village level. The message of the communication materials was adopted from the child marriage prevention module used by facilitator in the community discussion.</p> <ul style="list-style-type: none"> o Other communication materials: <ul style="list-style-type: none"> -Art performance (Rembang, Sukabumi, Lombok) -Radio Talkshow -TV Talkshow -Ramadhan festival (Rembang) -YID Booth in the District Exhibition (Lombok) -Baliho (Rembang, Sukabumi, Lombok) -Infografik o Story of change: <ol style="list-style-type: none"> 1) Empowered girls and boys in Sukabumi took real action in preventing their friend (16 yo girl) from dropping out of school and get married (published in Rutgers' website on) 2) Empowered boy in Sukabumi took real action to encourage young people in his village, especially girls, to actively involved in education, weekend business class, and youths event (published in Plan's social media) <p>53. # of campaigns on CM, TP and FGM/C (Disagregated by who : youth led /Adult led)</p>
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	<p>In total, 70 (159%) campaigns on CM, TP and FGM/C (Disagregated by who : youth led /Adult led) in 2018. The campaigns include offline and online campaign. Online campaign were conducted through social media such as instagram and twitter and live radio. Offline campaigns include newspaper publication and activities such as petition signing and march.</p> <p>54. # of people reached by campaigns</p> <p>In total, 1,229,351 (35% out of target) people in 2018 and 2017 were reached by campaigns. Most people were reached by online campaign through radio, social media and publication, meanwhile offline campaign reached lesser people but acquired more active participation.</p>
6. How do these outputs contribute to the outcome(s)?	<p>Evidence based advocacy has been enhanced by involving field actors in meetings and lobbying with government. The field actors directly brought the voices of community to the government. YIDA also created campaign and communication materials to facilitate field actors in doing campaign at community events (radio broadcast, religious group meetings, etc). These advocacy action from the field actors encourage the government and policymakers, due to increased political awareness and will, to address the issue of CM, TP, and FGM/C.</p>
7. Which outputs were <u>not</u> realized? Please provide a summary and explain	N/A
8. What are the challenges and opportunities to improve outcomes of pathway 5?	<p>Challenges:</p> <ul style="list-style-type: none"> • The presidential and legislative election in 2019 will potentially affect the political agenda and situation. There are some challenges that need to be addressed at national and local level such as actors composition of the government, policy reform (i.e the increasing budget allocation for village fund), community polarization due to political sides, limited resources for advocacy due to all the resources will focus on the political event, and other potential conflict that might arise due to the political interest. • In September 2019, there will be election for village head in some of intervention villages. Therefore we need to capacitate field actors to map the political situation, risk mitigation regarding potential political conflict, and seize the opportunity to raise CM, TP, and FGM issues as village programme priority in the future. <p>Opportunities:</p> <ul style="list-style-type: none"> • In 2017, Ministry of Women Empowerment and Child Protection (MOWECP) initiated a national movement to ratify child marriage practices (Gerakan Nasional Stop Perkawinan Anak . Resources

	<p>regarding this national movement might be a potential opportunity to be integrated with YID project.</p> <ul style="list-style-type: none"> • The non-governmental and community-based organization networks with the commitment to ending child marriage practices (nationally and internationally) have emerged and raised awareness about the risk of child marriage practices. Networks like Jaringan AKSI, Koalisi 18, and Girls not Brides are great resources and big actors to bring progress towards advocacy works. Thus, the resources that the YID Alliance will allocate for advocacy works can be shared with those networks. YID Alliance will have more resources to focus on implementation with field works. • Yes I Do Project has been known by and has good access to the key actors in each district that support child marriage prevention. In 3 districts, district regulation are existing and ratified by district head. However, there is need to develop the technical guidance (SOP) to implement the district regulation on child marriage prevention in lower level in 3 districts. This modality is an important opportunity to enhance the execution of the technical guidance on child protection prevention regulation. • According to the plan of the national government to increase of the village fund on 2019, we need to ensure that the KPAD advocate the allocation budget from village fund for YID activities. According to the data, 3 out of 12 villages successfully access the village fund for supporting YID activities such as youth creativity session. This shows awareness and support from the village in order to address YID's issues. • Working together with strong networks (Jaringan AKSI, 33 CSOs involved with various expertise) give YIDA great opportunity to learn more about tackling fundamentalist perspective that support CM and FGM. Jaringan AKSI also identified the challenges of fundamentalist views of religion that support CM. Together with Jaringan AKSI, YIDA will further develop massive campaign strategy to counter the pro-CM fundamentalist religious campaign.
<p>Cross-cutting issues</p> <p>Which the results have been achieved concerning the following cross-cutting issues:</p> <ol style="list-style-type: none"> a. Gender transformative approach b. Girls empowerment c. Men & boys engagement d. Meaningful Youth Participation 	
Gender transformative approach: describe status of GTA at the start of the programme and the	<p>Since the start of the implementation, GTA has integrated in the program implementation with the following activity:</p> <ul style="list-style-type: none"> • serial community discussion followed by inter-generational groups with equal representation from girls and boys, women and men in the village. During the community discussion several topics were delivered to address and explore the harmful social norms towards

current status of the programme	<p>child marriage and teenage pregnancy, FGM using community discussion module.</p> <ul style="list-style-type: none"> involvement of the stakeholders such as village government, religious leaders, traditional leaders and young people in the advocacy meeting, campaign, and cancelling marriage village until provincial level. <p>From all of the intervention during 2018, recorded increasing awareness (knowledge and skill) of the actors involved. This lead them took an action in several prevention and cancellation marriage in intervention areas, such as:</p> <ul style="list-style-type: none"> 6 cases consist of child marriage, teenage pregnancy, sexual harassment, and violence recorded and referred to relevant organizations.
Girls Empowerment describe status of Girl Empowerment at the start of the programme and the current status of the programme	<p>In the beginning of the programme, girls empowerment has been the priority of YID. This priority is manifested through girls involvement in KPAD(s), community discussion facilitator group, advocacy meetings with stakeholders, also business class and training. In 2018, girls involved in YID have become the lead of emerging initiatives. One of the highlight is campaign led by girls from community discussion in Kediri Village. (https://www.girlsnotbrides.org/in-indonesia-youth-activists-are-demanding-an-end-to-child-marriage/)</p>
Men and boys Engagement describe status of Men and Boys Engagement at the start of the programme and the current status of the programme	<p>in the program implementation, men and boys were involved and play role as agent of change in the village level through above activities. It shown from several achievements (as mentioned in the pathway 3) in the CM and TP prevention in the villages.</p> <p>The men and boys recorded increasing awareness shown from their access the STD's service check up in the Puskesmas.</p>
Meaningful Youth participation (MYP) describe status of MYP at the start of the programme and the current status of the programme	<p>There are a few points that can be reflected from MOT. In general, organizations in Yes I Do Alliance have the willingness to improve young people's participation. In core elements of MYP, organizations that participate in Yes I Do Programme perceived that they already have strong core elements in MYP. ARI Jateng and PKBI perceived that they have fully implemented all indicators in MYP cores elements. Some organizations in Yes I Do program perceived that they mostly have policy that quantifies minimal youth representation, organizational strategy/long-term strategy consider young people not only as beneficiaries, but as key actors, specific Meaningful Youth Participation policy/strategy in place which includes a clear organizational vision on young people working within the organization, and policy of child protection. For example Plan and PKBI for example, already have a policy that encourages young people's participation. Plan has a Youth Advisory</p>

	<p>Panel that allows young people to participate in decision making and PKBI has a youth centre that is allowing young people to participate in program and activities.</p> <p>From the reflection of MOT, some organizations feel like they have implemented MYP in their organizations regardless there is policy or not and some feel like their MYP implementation is in low extent. Rutgers for example, they still feel like they're still weak on the capacity building aspect and policy (written), thus impact their implementation of MYP core element. Meanwhile, have tried to meaningfully involve young people comprehensively by always involving young people in decision making and programming. LPAR also felt they have implemented meaningful young people participation by giving space for young people to voice out their opinion in the organization. Regarding the question of what still needs technical assistance on capacity building on effective communication techniques with young people.</p>
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