YES I DO.

MTR Report Mozambique

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Draft of Executive Summary

Challenging harmful social norms is itself a long process that can take an eternity but still needs to be done in order to achieve Gender Justice and Equality for all.

The Yes I do Project has been implementing, through its Gender Transformative approach, a combined methodology in order to achieve the goal related to Ending Child Marriage and Early Pregnancy.

During its Mid Term Review, it can be seen that despite challenging social norms is a process; the project has been achieving very important outcomes in its different pathways.

At individual level, Boys and girls clubs were stablished, providing safe space for youth having access to information related to their lives

Through the education sessions the CoC acquired.art of spreading messages on SRHR through campaigns. They also have been monitoring the cases and/or intentions of forced CM by their parents and/or caregiver. . Overall, 12 Champion of Change School Clubs and 51 Men's Educational Groups aiming to ending CM were also formed which are disseminating messages on negative impact of CM.

At community level, the creation of 2 multisectorial Committees and 19 Community Committees is an added value to striving for ending CM and TP. These two entities along with 75 trained artists are conducted different initiatives with parents, matrons, traditional and religious leaders addressing issues regarding CM, Over this period 275 families were reached with messages about ending child marriage and preventing early pregnancy. The messages consisted of demonstrating the negative impacts of CM on girls' life, health and how they affect the community. As a result nine out of ten planned cases of CM were avoided due to the intervention of the multisectorial committee members.

Most of dialogues with men & boys/girls & women on harmful impact of CM & TP are held at SAAJ level, instead of in the communities or in girls and boys clubs

At Political/legislative level, the draft law on prevention and combating early and forced marriage was to be submitted to National Parliament by December 2018. The designing process was conducted by the 3rd Commission of the National Parliament, Government, Civil Society Organizations (including the YID alliance and CECAP) and apart from establishing the age 18 as minimum for marriage, it penalizes whoever contributes, allow or creates conditions for early marriage to happen. The draft law uses the SADC template and contextualizes to Mozambique. ROSC and CECAP are taken the lead and Plan International has supported the hearing processes both at provincial and national level.

The achievements reinforce the thesis that trough an effective coordination, Gender Justice can be achieved in a sustainable way, by having different actors involved and working together through social movement.

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Acronyms

ASRHR-Adolescent Sexual, Reproductive Health Rights
CM-Child Marriage
COALIZÃO- Associação Coalizão Da Juventude Moçambicana
CBO's- Community-Based Organizations
CoC-Champions of Change
CSOs-Civil Society Organizations
DHS-Demographic Health Survey
FGM/C-Female Genital Mutilation/Cutting
GTA-Gender Transformative Approach
HOPEM-Homens Pela Mudança/Men for Change Network
IEC- Information, Education and Communication
L&A-Lobby and Advocacy
MoH-Ministry of Health
MOT-Meaningful Youth Participation-Organizational Tool
MTR- Mid-Term Review Meeting
MYP- Meaningful Youth Participation
PIMz- Plan International Mozambique

ROSC- Forum da Sociedade Civil Para Os Direitos Da Criança/Forum of Civil Society
    for Childrens Rights
SAAJ- Serviços Amigos de Adolescentes e Jovens
SRH- Sexual, Reproductive Health
SRHR- Sexual, Reproductive Health Rights
ToC- Theory of Change
TP- Teenage Pregnancy
TVET- Technical and Vocational Education & Training
UNICEF- United Nations Children Fund
VSL- Village Savings and Loans
YID- Yes I Do
YIDA- Yes I Do Alliance

1. Introduction

YES I DO is a strategic alliance of five Dutch organizations which main aim is to enhance the decision making space of young women about if, when and whom to marry as well as if, when and with whom to have children. Funded by the sexual and reproductive health and rights policy framework of the Ministry of Foreign Affairs of the Netherlands, the alliance is a partnership between Plan International Netherlands, Rutgers, Amref Flying Doctors, Choice for Youth and Sexuality and the Royal Tropical Institute (KIT). Led by Plan International Netherlands, the alliance members have committed to a five year programme to be implemented between 2016 and 2020 in seven countries: Ethiopia, Indonesia, Kenya, Malawi, Mozambique, Pakistan and Zambia.

The Yes I Do Alliance (YIDA) partners and the Ministry of Foreign Affairs of the Netherlands acknowledge that child marriage, teenage pregnancy and female genital mutilation/cutting are interrelated issues that involve high health risks and human rights violations of young women and impede socioeconomic development.

In Mozambique, the in-country overall objective is that in 2020 girls can decide if, when and whom to marry and if where and with whom to have children, and are protected from child marriage. The focus is on ending child marriage and teenage pregnancy as female genital mutilation/cutting is not practised in the country. The programme aims to reach through sexual and reproductive health messages 35,494 girls and 25,723 boys directly and 307,494 as indirect beneficiaries, in Mogovolas, Nampula and Rapale districts of Nampula Province.

This is a 5-year programme (1 January 2016 – 31 December 2020) executed by the Plan International Mozambique (PIMz) in partnership with HOPEM, ROSC and COALIZAO and in collaboration with government partners including the Provincial Health Directorate, Education and Human Development Directorate, as well as by local non-governmental organizations (NGOs) and community-based organizations (CBO's).

HOPEM and Plan International Mozambique work under pathway 1 to create a social movement through training influential stakeholders and peers as Agents of Change and changing the negative social norms in the communities with a strong gender transformative approach. Next to this COALIZAO ensures the mainstreaming of meaningful youth participation in the whole programme and all involved organizations. It implements activities together with PIMz under pathway 3 as well to increase the knowledge for adolescents on SRHR and the access to SRH services for young people.

Plan International Mozambique is responsible for the activities under pathway 4 by providing better economic- and education opportunities for girls at risk of CM (including those already married as teenager) as an alternative to CM and TP. Over the reporting period the education component focused on strengthening the girls and boys clubs being created in Rapale, Nampula

and Mogovolas.The girl and boys' clubs of Nampula and Rapale fall under the responsibility of COALIZAO and in Mogovolas it is a PIMz responsibility.

The work consisted of sensitization meetings so as to facilitate more youth, especially girls, to be members of the village savings and loans (VLS) as an opportunity to generate income and avoid getting married early. Under pathway 5, ROSC addresses actions in the field of advocacy to fight against CM and increase SRH rights for young people, implementing activities at provincial and national level.

The programme is designed to strive against early marriage and teenage pregnancies in 3 districts of Nampula Province (Mogovolas, Nampula and Rapale).

This mid-term review report programme presents the progress and results towards outcomes based on various sources of information such as: monitoring data, baseline data, midline data, operational research and the discussions the mid-term review workshop (MTR) in Nampula province with all partners in September 2018.

The overall objective of the MTR is to assess the progress of the programme towards the outcomes, and formulate recommendations to strengthen the programme implementation for the remaining period and improve its ability to realise its goals. In addition, the MTR has the following specific objectives:

1. To assess the progress of Yes I Do Programme in relation to its objectives and to give insights into the progress (what has been achieved, how has it been achieved for whom and why) and challenges;
2. To reflect on the monitoring process and the quality of the data;
3. To reflect on the development of the partnership and its functioning; collaboration with alliance and implementing partners, the Ministry and other stakeholders (including national governments), including challenges and opportunities.
4. To review the context (context, actor, gender, risk analysis) and to analyse the theory of change, including the validity of assumptions;
5. To formulate concrete recommendations on how to strengthen the programme and the country programmes, and to improve its ability to realise its goals.

The above objectives have been translated into this mid-term review which is presented in this document.

2. Context

Child marriage is defined as any legal or customary union involving a boy or girl below the age of 18. This definition draws from various conventions, treaties, and international agreements. The large majority of child marriage affects girls, although in Mozambique a small percentage of boys also marry before the age of 18. Child marriage is illegal in Mozambique, but the law allows exceptions from the age of 16 years if the child's parents consent (UNICEF 2015).

However, as a result of, amongst others, advocacy campaigns by an alliance of organisations, the Council of Ministers approved a National Strategy to Prevent and Combat Early Marriage (2015-2019) in December 2015.

Child marriage is a common practice in Mozambique. The country ranks 10th on the list of countries having the highest child marriage rates (UNICEF 2015). The latest Demographic and Health Survey (DHS) 2011 data show that close to one in two (48%) women between 20-24 years of age had married before the age of 18; and 14% before they reached the age of 15. However, there is wide regional diversity. The highest rates of child marriage are found in Northern provinces. Niassa is the province with the highest percentage (24%) of girls married under 15, while Nampula is the province with the highest percentage (62%) of girls married under 18 (UNICEF 2015).

In Nampula province, the proportion of females aged between 20 and 24 years that were married before 15 years reduced from 53% in 1997 to 17% in 2011, while the proportion of girls married before 18 years age went from 82% to 62%. However, in most provinces, due to the fast population growth, the absolute number of girls exposed to the problem of child marriage continues to grow (UNICEF 2015).

Teenage or adolescent pregnancy, defined as pregnancy before the age of 20, is a reality for 7.3 million girls in developing countries every year (Williamson 2013).

Teenage pregnancy is closely associated to child marriage. In urban areas and particularly in the south of the country, there has been a rise in teenage pregnancies out of wedlock. The largest numbers of teenage pregnancies are found in Nampula (107,553 girls) and Zambezia (81,126 girls) provinces. In total, more than 439,453 women aged 20-24 had their first child before their 18th birthday, 85,257 of which were aged less than 15 at their first childbirth. The proportion of girls married and pregnant in adolescence decreased slightly between 1997 and 2011 (UNICEF 2015).

To address child and early marriage the YIDA took into account expertise of all its alliance partners and developed a country specific Theory of Change (ToC) for Mozambique under which have been reached successful outcomes such: (1) creation of the multisectorial committees and the draft law against child marriage. However to better understand the implementation of the programme it is important to analyse the internal and external factors that influence the implementation.The internal influencing factors for a smooth implementation of the program is

the lack of full time staff allocated to implementing partners, except Plan. In addition, the lack of transport to speed up with field activities and the absence of a communication officer so as to enhance the visibility of the Yes I Do Alliance. In this midterm review regarding the progress of the Yes I Do programme it was seen that the YID alliance was much stronger implemented in Rapale centre due to the fact Plan, COALIZAO, HOPEM and ROSC have joint interventions compared to other geographic areas. It became clear that COALIZAO and HOPEM are paying incentives for the community volunteers, while Plan International Mozambique and ROSC are not doing this, raising differentiation in the motivation of these collaborators. This scenario must be corrected in the following half-time programme implementation harmonizing the procedures so as to build a harmonized YID alliance. Furthermore the alliance needs to develop its own advocacy strategy, aligning to marketing visibility and Information, Education and communication (IEC) Material.

The external risks that the programme is exposed to, rank from political to social , environmental and cultural aspects.

Given that the country is approaching the Municipal (2018) and general (2019) elections events, the raised risks will be linked to unavailability of political decision-makers, technicians, teachers and community leaders to advocate for ending child marriage and teenage pregnancies due to their involvement in the electoral process.

Likewise the change of political leadership after the elections may also compromise the commitment for ending child marriage and increase adolescent friendly SRH services in case their agenda and priorities are different.

The other external risk that might oppose the intended achievements on social environment is with regard to political instability in the province of Cabo Delgado that has been resulting in death of local people and also the displacement in some of the affected areas.

Related to the programme, that is implemented in Nampula province it is important to mention that this region is presumed to be source of recruitment of people of the rebel group that are promoting the instability in Cabo Delgado. Therefore, being Yes I Do implemented in three districts of Nampula Province (Mogovolas, Nampula City and Rapale), the conflict can also escalate to Nampula Province itself, affecting negatively the programme and people involved.

Other hindering factors are the cultural and social norms such as myths and cultural beliefs conducting to the refusal of using contraceptive methods and as well the initiation rites. These may pose another risk for the programme in the forthcoming period of its implementation.

Last but not least the Yes I Do programme is influenced by the limited access to the field due to heavy rains, the still weak coordination between the alliance partners and other involved organizations and poor community commitment.

To mitigate all the external risks, the alliance must re-plan its key activities in order implemented them before and after all possible events (election and rains).

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3. Progress and Results

Pathway 1: Community members and gatekeepers have changed attitudes and take action to prevent CM and TP.

The midline research in Nametil, Mogovolas, found that gatekeepers[1] have the knowledge about the harmful consequences of child marriage and teenage pregnancy and do not see advantages or benefits in any.

Moreover, various gatekeepers in Nametil are undertaking actions to prevent child marriage and teenage pregnancy. These actions are mainly led by health providers and teachers focusing on providing information on sexual health and rights through lectures, and providing access to contraceptives. In addition, some teachers/schools encourage girls to continue to go to school to prevent child marriage and teenage pregnancy encouraging abstinence, negotiation skills in sexual relations and promoting safe sex.

Condom use not only prevents girls from early pregnancy but also from sexually transmitted infections. A few stakeholders (traditional and religious leaders) have conducted home visits to track cases of CM and in case there are in place they hinder them. This was confirmed by the baseline findings (2017) in Nampula and Rapale.

Pathway 1: Community members & gate keepers have change attitudes and take action to prevent CM, TP and FMG/C Outcome 1.1: Social movement is established to transform social and gender norms that perpetuate CM and TP. Outcome 1.2: Established network of change agents for social mobilization (girls, boys, men and women) Outcome 1.3: Enhanced dialogues with men & boys/ girls & women on harmful impact of CM & TP and socio-cultural practices	
1. Which outcomes are on track? Please explain	**Outcome 1.1: Social movement is established to transform social and gender norms that perpetuate CM and TP.** The first half of the programme, was dedicated to capacity strengthening of change agents. However, despite the fact many change agents (artists and traditional and religious leaders and matrons) were trained a social movement still is to be established. Therefore the next phase of the programme will be focused on strengthening their work to become a social movement which will promote campaigns and advocate for ending child

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[1] According to baseline the gate-keepers are the headmasters, local leaders, administrators and health staff, community bodies, such as the community tribunals.

marriage in their respective locations.

<u>Outcome 1.2</u>: Established network of change agents for social mobilization (girls, boys, men and women)

According to the baseline findings several communities had set systems to address child marriage and prevent teenage pregnancy, in which community leaders play a role. The study shows there are not many occasions in which youth communicate with adults.

Based on this, the YIDA set a system consisting of twelve school clubs of Champions of Change (CoC), formed by 320 young people, among 160 girls and 160 boys.

The CoC journey started in April 2018. Despite the approach has been recently introduced, these girls and boys are currently leading sensitization campaigns on sexual and reproductive health emphasizing the elimination of early marriage and preventing teenage pregnancies. Three sensitization campaigns have been carried out targeting 131 individuals amongst who teachers, caregivers, and the school council of the Iulute and Nametil High Schools.

Apart from spreading messages on SRHR through campaigns, the CoC clubs also have been monitoring the cases and/or intentions of forced CM by their parents and/or caregiver.

The evidence of such a work is Sónia, 16 years old, who was forced by her mother to get married. Sónia is a member of CoC club of Nametil Secondary School and learnt about the consequences of getting married early and she resisted to her mother's intentions. As a result of her resistance, her mother expelled her from home and Sonia was welcomed by the community leader. The community leader then decided to talk with Sonia's mother in order to dissuade her from her intentions but in vain, as the mother was determined to have her daughter married. Sónia reported this case to other members of CoC clubs and these in a joint trip went to sensitize her mother to give up the plan.

Due to sensitization from both the community leader and CoC clubs Sonia's mother finally was convinced, she gave up the intention and she accepted her daughter back home.

As for men's and women's actions after being trained as change agents, it's observed from day-to-day monitoring process that some female and male groups have been raising awareness in the communities. As well, community

leaders previously trained on gender equality issues are now openly speaking out on the importance of education in their communities. They conduct meetings with influential families (chief of clans, matronas, traditional and religious leaders) to talk about the importance of education for the children, especially girls.

There is a trend visible of parents talking more about education in Mogovolas where HOPEM, the Men Engage organization is having community facilitators present.

The Programme created two multisectorial committees which are community entities consisting of people from different representative sector at district level. These are members of government (district permanent secretary), community leaders, matrons of initiation rites, teacher and health's facilitators set up by themselves.

They are advocating and lobbying for the eradication of early marriage. The advocacy is done during the government sessions and public events. On weekly basis, community members from 19 community committees, collaborating with the multisectorial committees from Mogovolas and Rapale are mobilizing and intervening against child marriage and early pregnancy through small door-to-door campaigns, reinforcing messages against the problem.

There already 2 communities which have created cultural groups (theater, dance and poetry) striving against child marriage that reflect harmful social norms. To illustrate these efforts in Mogovolas (M'puto) and Rapale for example, community committees aborted six attempts to hold early marriage in the last half year.

The community leaders, together with neighborhood leaders, learned that certain parents were forcing their daughters to get marriage. They went to their houses and talked to the parents about the actions being developed in the district to combating such practice. The leaders also showed the consequences of getting their daughters married before the age of eighteen and because of that some girls escaped from early marriage. The community leaders also emphasized that they have mandate for not allowing such practices and are obliged to report these cases to law enforcement authorities.

Where the early marriage already took place, the community leaders sensitized the respective parents and husbands to allow the girls (wives) to return to school for further studies.

Some matronas (women who run the initiation rites) became member of the multisectorial committees and are now following the "three steps" approach within the execution of the initiation rites Now they refuse the requests of the families to do the 3 step at the same time, being harmful for young girls as they are by then considered as ready for marriage, unless they are still too young for that The three steps approach now consists of dividing children to the initiation rites into three age related groups: (1) from 10-14 years (2) from 15-18 years and (3) from 18-24 years). This will allow the matrons to address different messages for different age groups regarding age specific messages about sexuality and child rights In Rapale district a member of the Multi-Sectoral Committee also declined several requests for early marriage to his sister who is under age.

A father in Mogovolas (M'puto locality) said: "There was a time wanted to get rid of my daughter because of hunger and wanted to deliver a man to marry her. Now I am willing to see my daughter trained as a teacher ". There is already recognition by many men about the importance of gender equality.

The multi-sectoral committees collaborate effectively with the community committees in exchanging information on the situation of CM and TP and interventions for the elimination them. Now it can be observed that some mothers and fathers already talk openly about sexuality with their daughters. The programme will have to focus as well in addressing more SRHR issues from fathers to sons.

So far the multisectorial committees reached 275 families with messages about ending child marriage and preventing early pregnancy. The messages consisted of demonstrating the negative impacts of CM on girls' life, health and how they affect the community.

<u>Outcome 1.3</u>: Enhanced dialogues with men & boys/ girls & women on harmful impact of CM & TP and socio-cultural practices

During the first two years and half there were held three Inter-generational meeting (one meeting per district of the implementation of the programme) between young people and adults.

Overall, 84 individuals (all men) namely: members of community committees against CM, members of Community Health committee, young students and peer educators, and some community and religious leaders and members of CBO participated in the dialogue (see picture 1).

Picture 1: Inter-generation dialogue among men and boys of Rapale

The sessions were conducted by peer educators trained on MYP last year, and the main strategy used were questions of value clarification to start the debate among the participants and each session takes approximately 2 hours.

The dialogues show that there is still a long way to go to change some community perspectives about young people. There is a need to intensify the Intergenerational dialogues, including under the CoC sessions.

2. Which outcomes are <u>not</u> on track? Please explain	Enhanced dialogues between girls & women as well mixed groups dialogues on harmful impact of CM & TP and socio-cultural practices are still a challenge, due to lack of women able to deliver the sessions. There is a need to train and strengthen local women so that they can deliver those dialogues not only within the community, as well in alignment with CoC clubs.
	Having enhanced dialogues and other activities is supposed to be the first step of the creation of social movements.
	One more reason for the the Intergenerational dialogues not being on track is that parents prefer to send children (boys) to school and girls are sent to run business causing a gap for interaction between girls and boys. The belief is that small family businesses are more successful when girls are the sellers.
	While working with men, the gender transformative approach is used that allows the men to reflect on their practices and attitudes in the domain of masculinities And to make them realize that some masculinities have influenced CM and early pregnancies through a set

	of social pressures exerted on men.
	In this context, men from the three target districts were subjected through educational groups (men's conversations) to a reflective process that helps them realize that masculinities can be transformed in ways that avoid systematic violations of women's human rights and promote their well-being and of the whole community.
	From the midline report it was noticed that men have been motivated to participate in these groups and to actively seek out solutions to the problems of child marriage and early pregnancy. After participating in the "Conversations of Men" dialogue groups, men join in the voices condemning CM and male practices that foster early pregnancies.
3. Are there any unexpected outcomes observed? If yes, please elaborate	An unexpected outcome was the decision made by the chief of locality of M'puto in Mogovolas which is "every parent from M'puto that forces her daughter to marry before 18 years old should be penalized". Although the Mozambican law does not yet support these measurements, this is the informal way the local leader found to discourage the practice.
	This has desired effects because at the level of these communities, the leaders have a lot of decision making power and what they transmit appears as mandatory to be fulfilled. Even though there may be transgressions, people are aware and no longer feel totally free to marry young people. Research needs to be done to figured out how this measurement is contributing to decreasing child marriage incidences.
4. What is/has been the contribution of the YIDA to these outcomes?	According to the baseline findings and dialogue sessions, it has been pointed out that initiation rites are very influential for child marriage and teenage pregnancy. Therefor the YIDA has influenced matrons and members of the multisectorial committees to split the age for imitation rites into three and while in the process try to address messages according to age.
	The influence was made possible during dialogue and debates with influent families.
	The contribution will be the most in Mogovolas as there are no other SRHR programs in this district, while in Nampula COALIZAO is implementing SRHR project for youth and has trained youth already.

5. Which key outputs are realized: please provide a <u>summary</u> of key outputs and explain?	Although not yet consolidated several outputs were realized over the halfway of the programme implementation. There were created 2 multisectorial Committees and 19 Community Committees who are striving for ending CM and TP. Eighteen VSL groups, 75 Artist and 12 Champion of Change School Clubs and 51 Men's Educational Groups aiming to ending CM were also formed.
6. How do these outputs contribute to the outcome(s)?	The two multisectorial Committees along with 19 Community Committees are community-based entities that dialogue with fathers and mothers and traditional and religious leaders about the negative impact of CM.

Because they are community-based organizations, their voices are heard by the community members and influencing process of changing attitude regarding child marriage becomes easier.

Through the twelve CoC school clubs adolescent girls in school are easily targeted. School girls are the most targeted group of the Yes I Do while referring to child marriage and teenage pregnancy.

Although the intergeneration dialogues are still weak they also contributed to change the mind of adults regarding child marriage. The dialogues helped the adults to understand that child marriage is a harmful practice. |
| 7. Which outputs were <u>not</u> realized? Please provide a summary and explain | See above |
| 8. What are the challenges and opportunities to improve outcomes of pathway 1? | <u>Challenges:</u>

By the end of the upcoming half-time of the YID implementation it has been observed that all the implementing partners have now a better understanding of their roles at different spheres. There is a visible increase of knowledge of the theory of change amongst the alliance members. Although each Yes I Do partner is an expert in some matters along the five pathways, altogether should be concentrated more on messages including SRHR when preventing child marriage and teenage pregnancy. For example all should advocate and implement the champions of change approach because this is conducted by young people who on one side can change their attitudes but on another can influence their colleagues at risk of child |

marriage to positively change attitudes in this regard.

However there are still challenges on Child marriage and early pregnancy which are matter of reflection. So there is a need of strengthening the coordination between different communities networks already created within the framework of the YID: Community committees, VSL, influential families it's still a challenge, etc. There are so other challenges such as:

Weak production and distribution of IEC materials. To overcome this weakness, during the MTR has been proposed by HOPEM to recruit a communication officer so as boost the visibility within the alliance

- Human, financial and material resources including incipient mobility;

- Incentive disparities for community animators;

- Changing political structures weakens the pace of activities such as Multisectorial Committees for combating child marriage.

During the MTR discussions the participants also raised the need of training teachers on gender sensitive pedagogy because they noticed that teachers are one of the most important influencers and perpetuators of traditional norms of gender. They are evidences that teachers are the most responsible for impregnating girls in school by promising to pass from the class. There are also reports of teachers who impregnate and marry girls. The engagement of a great deal of teachers to this training and their commitment to gender equality it still a challenge

<u>Opportunities</u>

The opportunities linked to achievement of the goal 1 are the political will of the local governments to collaborate with the programme implementers as well as the existence of a networks that constitute the Social Movement against the CM and TP are there to fight CM and TP

Pathway 2: Adolescent girls and boys are meaningfully engaged to claim their SRHR Outcome 2.1: CSOs* are involving young people in their programming in a meaningful way Outcome 2.2: CSOs have been capacitated in SRHR and working with young people Outcome 2.3: Adolescent girls and boys are aware of their rights and empowered to raise their voice	
1. Which outcomes are on track? Please explain	**Outcome 2.1: CSOs* are involving young people in their programming in a meaningful way** Within the YIDA there is a tendency of engaging of young people in different levels, in all alliance meetings. Based on MYP survey findings, young people

	have voice to share their opinions and influence the decisions. More than 60% of the YID staff of all the 4 organizations members are young people according to the Mozambican Law (under 35 years old).
	In addition, the meeting also served as a platform for the introduction of the new module (module 5) "Transformative Gender Advocacy" and to discuss the CoC MEL package. In the Lusaka the YID was represented by two girls and one boy implementing the CoC.
	Outcome 2.2: CSOs have been capacitated in SRHR and working with young people
	All the staff members (youths) from the implementing partners were trained on Meaningful Youth Participation (MYP) and Sexual Reproductive Health and Rights (SRHR). Every YIDA members drafted action Plan after the MYP training as a first step for the development of mechanism to ensure MYP.
	During the training the participants suggested the inclusion of their programme manager and other senior staff so as to make them aware the youth's need. In most cases the senior staff and programme managers are beyond youth age.
	Outcome 2.3: Adolescent girls and boys are aware of their rights and empowered to raise their voice
	The young people trained on MYP, are taking lead of the intergenerational dialogues with adults (including community leaders, matronas of initiations rites) in the communities, promoting youth participation. In the meetings they discuss issues related to their sexual and reproductive health and rights including the ending of child marriage.
2. Which outcomes are <u>not</u> on track? Please explain	Meaningful Youth Participation (MYP) is a cross-cutting issue in the Yes I Do program which needs to be integrated into all five pathways but currently this is only being implemented under pathway 2 and criteria for MYP mechanisms still have to be worked out
	The tool to measure if young people feel their participation is being valued is not finalized. The discussion now is about the score card methodology.
	With regard to this Meaningful Youth Participation-Organizational Tool (MOT) questions, all four organizations indicated that they wanted to improve policies regarding the institutionalization of MYP and youth representation at the organizational level.

	Some organizations have indicated that in practice there are ways of representing MYP and youth in the organization, but this has not been formalized and needs protection in the form of policies to ensure the continuity of these positive practices in the future. On the other hand, one organization has indicated that there is only "simple" participation of young people as beneficiaries. Policies would help make participation more meaningful and at other levels of the organization. One out of the four organizations wants to improve the resources for young people, both the financial reimbursement/subsidies and the spaces for young people to meet. The midline study in Mogovolas showed that girls and boys seem to have little capacity to advocate for themselves in Nametil. Youth engagement in general is limited as young people are rarely invited in community activities organized by adults and intergenerational communication is generally poor. However, there are a number of active youth activists who conduct awareness raising activities, such as lectures in the SAAJ and school or theater activities. There were more of these activists in the past in Nameti in another SRHR programme, but under the YIDA programme a small number have continued. This reduction is due to the fact the YIDA does not pay salary for the activists. Most young people address their concerns and questions regarding SRHR issues to peers and some refer to the youth activists and youth/school clubs as a space to participate and communicate. As for the possible causes of lack of communication, parents and grandparents said that young people avoided addressing sensitive topics with adults because of discomfort or because of prejudging adult's ideas as obsolete. On the other hand, another sub-group of young people emphasized that the respect for elders is very important and it seemed that talking about sexuality issues with an adult was perceived as a sign of lacking respect. The 2017 study in Nampula and Rapale districts showed similar findings as the one for Nametil in terms of girls and boys being able to advocate for themselves.
3. Are there any unexpected outcomes	As said in pathway 1, the programme bets on community committees as one component of the social movement to end child marriage and prevent teenage pregnancies. The committees were expected to be composed of

observed? If yes, please elaborate	people beyond youth age (35 years old). But as a result of the implementation of MYP within the program and it was ensured that at least one young person should be part the committee.
	All Multisectorial committees have one young female and male coming from the community committees. Efforts are going on now to include peer educators in the committees because they can bring in a lot of information they collect from health units on SRH issues
	Within the Multisectorial communittees there are decision-making structures. These are the Committees of Co-Management and Health which involve more youth enabling the Intergenerational dialogue within the platform.
	The Committee of Co-Management were existing already but now serves as an engine of the intergenerational dialogues within the YIDA. It is also paying a big role on facilitating the dialogue and bringing girls and boys together. The Co-Management and Health is part of the Ministry of Health structure which is SSR sensitive and it can also assess the quality of health services and bring inputs to it.
	During the reporting period community leaders in Nampula and Mogovolas invited young people (peer educators) to lecture about youth sexuality, what shows the confidence that Community leaders have in young people to deliver information to others.
	The MYP has been spilled over. Plan International Mozambique asked COALIZAO to train youth in MYP in Inhambane to ensure gender transformation, motivating girls to practice beekeeping.

4. What is/has been the contribution of the YIDA to these outcomes?	The Community Committees against CM were created by HOPEM. COALIZAO is properly working in the community but only at SAAJs and school levels, seizing the community committees created by HOPEM to address messages about SRHR.

The SRHR messages are addressed within the intergenerational discussions by the peer educators which are part of it. These peer educator are community volunteers who benefit from an incentive (money) for the work they do.

Over the reporting period they promoted intergenerational dialogues which resulted in the inclusion of Youth in Health Co-Management Committees. The openness of alliance member organizations to be trained in MYP and created a safe space for youth to participate in the Alliance.

The Yes I Do Programme Manager along with two youths (M & E Officer and Field Officer) participated in a regional workshop held in Uganda. The workshop was on "Champions of Change (CoC)". It was a 3-day meeting and this served to exchange experiences and discuss recurring issues in aspects of facilitating the CoC modules and designing strategies for an increasingly better implementation.

In addition, the meeting also served as a platform for the introduction of the new module (module 5) "Transformative Gender Advocacy" and to discuss the CoC MEL package. In the Lusaka the YID was represented by two girls and one boy implementing the CoC. |
| 5. Which key outputs are realized: please provide a summary of key outputs and explain? | Training of 30 staff in Mogovolas, Nampula city and Rapale in Meaningful Youth Participation (MYP).
Training of the Alliance members in MYP and holding workshops with 30 members from OCBs to evaluate the level of implementation of MYP within their organizations.
Conducted 13 intergenerational dialogues to encourage open dialogue between youth and adults. |
| 6. How do these outputs contribute to the outcome(s)? | Through the training of Alliance Members 30 members from CBO's in MYP the organizations have intensified the inclusion of youth in their structure. Within the community there is a better understanding why young people should be included and participating in the intergenerational dialogue. |
| 7. Which outputs were not realized? | Nothing to mention |

Please provide a summary and explain	
8. What are the challenges and opportunities to improve outcomes of pathway 2?	<u>Challenges</u> A need of tool for continuously measuring the changes that are taking take place in the way young people feel valued (e.g score cards). Absence of influential people in MYP training session affects the follow up of the action plan because without attending the training they have no clear understanding about why is important to involve young people in meaningful way and also how to implement MYP. Also the lack of commitment of people with decision making power within the organization makes difficulty to include the MYP action plan into organization plans. The alternative solution for their engagement is to make them part of all youth events (meetings, training sessions) always share with all the information related to youths. <u>Opportunities</u> • Openness of Government, Community Leaders, to include Youth in decision-making spaces and also work together with youth in District and Provincial Forums that address issues related to SRH. • Youth Participation in Co-Management and Health Committees, which opened space for young people to have a say in and participate in decision-making process regarding the health services provision.
<td colspan="2">**Pathway 3: Adolescent girls and boys take informed action on their sexual health** <u>Outcome 3.1</u>:Increased quality of ASHRH and social welfare information and services <u>Outcome 3.2.</u> Adolescent girls and boys take informed action on their sexual health <u>Outcome 3.3</u>: Adolescent girls and boys have improved knowledge on their SRH rights and skills for influencing quality service provision <u>Outcome 3.4</u>: Teachers, Health and social workers are better equipped to provide ASRHR information and services and provide safe and youth friendly spaces</td>
1. Which outcomes are on track? Please explain	<u>Outcome 3.1</u>:Increased quality of ASHRH and social welfare information and services Over the half-time of programme implementation the quality of ASHRH and social welfare information and services increased because of training of peer educators. The premeasurement for the above outcome indicates that through the peer educators 14 SAAJ- centres (11 in Nampula, 1 in Mogovolas

and 2 in Rapale) have improved services while at least one SAAJ should be refurbished over the programme lifetime.

Outcome 3.2. Adolescent girls and boys take informed action on their sexual health

Compared to 990 individuals before the programme started, per SAAJ centre about 1,512 Adolescent girls and boys between the age of 10 and 24 utilized SRHR services, including modern contraceptives (including condoms) and safe abortion and post-abortion care. The adolescent girls at SAAJs are assisted by peer educators previously trained by the YID in collaboration with the provincial and district health department. Hence it's concluded the quality of services has improved unless the fact that number of peer educators did not increase as planned.

Outcome 3.3: Adolescent girls and boys have improved knowledge on their SRH rights and skills for influencing quality service provision

The midline study in Nametil, Mogovolas showed that most young people in Nametil have access to SRHR information mainly through health centers, Youth Friendly Services, SMS messages and community youth activists. However, quite somestakeholders remarked that many of the youth seems not to use this information. The same was found in the 2017 study in Nampula and Rapale districts. . During communication and enhanced dialogues the SRHR issues was discussed as well (see pathway 1).

The total number of SAAJs that the YID should be working with is 10 however currently there are only 6 active SAAJ over the YID targeting area. In the communities of Napipine and Namicopo where the YID is being implemented there are still no SAAJs and in Muativaze, Namaita there no Peer Educators to lead the dialogue. Improvement of the quality of health facilities has not been worked upon, but close collaboration has been sought with SRHR programmes which are just started in the province.

Outcome 3.4: Teachers, Health and social workers are better equipped to provide ASRHR information and services and provide safe and youth friendly spaces

About 60 individuals among teachers (responsible for health component in

	schools and Gender Focal points), community and traditional leaders, and initiation rites counsellors were trained on sexual and reproductive health. The trainees are using the information they got to spread message in their respective communities targeting mainly girls and young men. It has mentioned in P1 already that the role of the matronas in the initiation rites, giving messages about SRHR have been changed thanks to the programmes.
2. Which outcomes are <u>not</u> on track? Please explain	Many stakeholders, including young people themselves, in the midline study said that while many of the youth have access to information, many of them are not using this, implying that large groups of adolescent girls and boys do not yet take informed action on their sexual health. One of the reasons is the lack of inclusion of a partner organization working on SRH services. Discussions took place with PSI, but did not work out finally. Instead, it was decided to collaborate more with other new health programmes in the province and see how to create better synergy. These programmes were delayed implementation however. At the school level, access to SRHR seemed more limited, as only some teachers were reported to address SRHR issues and when they do it is mainly within the discipline of natural sciences. The same was found in the 2017 study in Nampula and Rapale districts. Despite realizing that some teachers address SRHR, the study also mentions that a number of female and male Focus Group Discussions (FGD) participants indicated that sexual abuse is also happening in school. These participants talked about girls having sex with teachers to get better grades, or teachers making girls pregnant. *"I know a girl who had a poor grade for a certain subject and had to go to bed with the teacher to improve her grade." (Female participant, FGD 15-18 in Rapale)* In terms of safety in schools, the midline study in Nametil found that general security inside and outside school is not seen as a problem by neither boys or girls. However, stigma and discrimination of teenage mothers was seen as issue, while on the other hand, reference was made to some cases of sexual abuse by teachers.

3. Are there any unexpected outcomes observed? If yes, please elaborate	Peer educators assigned to SAAJ participated regularly in the meetings of the Co-management Committees at the level of the Health Units (group constituted by community members and health professionals). During the coordination meetings, it was seen that Youth were not members of those Co-management committees, therefore, their voices were not heard. However, due to the project they were accepted as members of the co-management committees, so that Youth can have meaningful participation. There is a notable linkage and articulation of YIDA activists (Peer Educators) with others from different youth organizations namely: Biz Girl, ICAP and COVIDA enhancing the referral for adolescent girls and boys to SAAJs.
4. What is/has been the contribution of the YIDA to these outcomes?	The YID has increased awareness of different traditional social sectors, midwives, youth and adolescents, teachers and government leaders about SRHR as well as the negative impacts of Child Marriage. On government side, more in every International Child Days as well as in Child Parliament the lemma now is "ending child marriage". In Nampula City and Rapale, whenever there is a Child Parliament Event, Yes I Do will be invited to attend and speak about child marriage. Overall, there were three child parliaments (two at district level and one at provincial level). In VSL groups traditional leaders are playing a big role on addressing message about SRHR. YIDA ensured greater awareness among community leaders, midwives and counselors of the initiation rites, parents in charge of education, and adolescents and youth themselves regarding the need to combat and prevent CM and retention of girls in school.
5. Which key outputs are realized: please provide a <u>summary</u> of key outputs and explain?	One SAAJ was refurbished and 7 SAAJs (1 Rapale, 1 Mogovolas & 5 in Nampula) out of 14 SAAJs are being assisted by the peer educators. From January 2016 to June 2018 about 7,882 girls and boys benefitted from SRHR messages and out of these 1,257 girls used different contraceptive methods to prevent pregnancy. More than 500 people were reached during the concert against gender-based violence. At SAAJ gate peer educators address messages to youths (girls and boys) regarding SRHR along with valuing each other regardless their sexual orientation. From the monitoring visits at SAAJs conducted by COALIZAO it

	was noticed that the sex-orientation stigmatization while youths gathering together is getting low compared to the time before de Yes I Do.
6. How do these outputs contribute to the outcome(s)?	Adolescents and young people with greater capacity to advocate for their rights are likely to prevent more from CM and ensure that the girl stays in school.
	Increased engagement of community leaders, religious leaders in community which are striving for ending child marriage and teenage pregnancy. This is done sensitization meetings to the family members of their respective communities.
7. Which outputs were <u>not</u> realized? Please provide a summary and explain	The total number of SAAJs that should be worked out is 10 however now only 6 are targeted. The missing ones are of Mutivaze, Namaita, Napine and Namicopo and this is due to fact the Peer Educators are not still in place (Mutivaze, Namaita) in these locations on one side and lack of SAAJ one another side(Napipine and Namicopo).
8. What are the challenges and opportunities to improve outcomes of pathway 3?	<u>Challenges</u> • Insufficient qualified staff and transport opportunities to run the YID activities smoothly in remote areas. • Lack of adequate spaces for the roll out of IEC and other activities belonging to Adolescent Friendly SRH services at district level. So this is an opportunity to lobby with SDSMAS or at provincial level to have SAAJ in every health centres. • There are some SAAJs that are not equipped with the material for its operation, and in most of them there is lack of IEC material, and contraceptives. To minimize this challenge the programme conducted training to health workers allocated to SAAJs on issues regarding adolescent sexual and reproductive health rights (ASRHR) to improve their skills while assisting adolescents. • Cultural practices related to initiation rites which contribute to the early initiation of sexual activity by girls, and promoting early marriages among parents as well as religious practices that encourage the non-use of methods of prevention and contraception are creating resistance against the programme.

	• Myths about the use of contraceptive methods, which contributes largely to denial of methods, in particular long-term methods. • There is a few numbers of SAAJs in Rapale and Mogovolas compared to Nampula city. Because of the few number of SAAJs in the two districts where the demand because of the YIDA interventions is getting higher, the response capacity was insufficient. <u>Opportunities:</u> For Champions of Change Approach, the Education and Youth and Technology and Sport Services (SDEJT) gave permission to the Yes I Do Alliance to work both at Primary and Secondary Schools over the programme target districts. • The programme promotes health fairs where the visitors (girls and boys) are explained about the advantage of contraceptive methods. The fairs are also an opportunity to have a clinic check about blood pressure, nutrition and HIV and AIDs status. Government Engagement in the SRH issues The YID programme in general and Coalizão in particular are members of the local and provincial multisectoral committee.
Pathway 4: Girls have alternatives beyond CM, TP and FGM/C through education and economic empowerment <u>Outcome 4.1</u>:Girls have alternatives beyond CM and teenage pregnancy through education and economic empowerment <u>Outcome 4.2:</u> Adolescent girls finish post primary education <u>Outcome 4.3:</u> Increased provision of youth friendly microfinance and vocational training	
1. Which outcomes are on track? Please explain	<u>**Outcome 4.1**</u>:**Girls have alternatives beyond CM and teenage pregnancy through education and economic empowerment** Girls of Mogovolas, Nampula and Rapale have alternatives beyond CM and teenage pregnancy through education and economic empowerment. Their microfinance has increased due to savings and loans into the VSL groups along with business under entrepreneurship. According to the baseline findings, poverty is seen to be one of main causes of drop-out of girls of school and consequently getting pregnant. Contrary to

the recent past (before YID) a total of 66 girls who got pregnant kept on studying after their mothers were economically empowered through VSL. The VSL members were passed on messages by the peer educators regarding the disadvantage of CM including perpetuation of poverty because of stopping to go to school.

Outcome 4.2: Adolescent girls finish post primary education

Twenty one out of sixty six pregnant girls kept in a day school while others were shifted to night school. The Nampula schools lead in the number of girls who became pregnant and went to night school with a total of thirty.

Overall, from 2016 to the first semester of2018 there was an increase of girls enrolment of 3% and a reduction of drop out of girls of about 0.7%.

The increased number of girls in school can be due to mother-girls that returned to school. For example eleven mother-girls in Rapale and seven in Nampula city, returned to school.

Outcome 4.3: Increased provision of youth friendly microfinance and vocational training

The alternatives of the girls of Mogovolas, Nampula and Rapale were given by provision of microfinance and technical vocational trainings (TVET). a market scan was conducted which ended up with training to young people on basic life skills and entrepreneurship. The trainees are currently running their business as a result of the training.

There are more and more men (husbands and influential persons) who encourage women to participate in village savings and loans (VSL) groups. Based on the database 282 VSL members out of 437 are women. There entirely women VSL groups in Nampula city (2) but even in Mogovolas and Rapale where groups are mixed the majority are women.

Women have autonomy over their finances from their savings which influence the financial stability of the family. They talk more freely at meetings / events held in the community. Through savings they are currently running their own businesses. Here we emphasized that the support that men give to women and partners to participate in savings groups is beneficial not only for women, but also for families.

According to the baseline findings, poverty is seen to be one of main causes of drop-out of girls of school and consequently getting pregnant. Contrary to the recent past (before YID) a total of 66 girls who got pregnant kept on

	studying after their mothers were economically empowered through VSL. The VSL members were passed on messages by the peer educators regarding the disadvantage of CM including perpetuation of poverty because of stopping to go to school.
2. Which outcomes are <u>not</u> on track? Please explain	Parents prefer to send children (boys) to school and girls are sent to run business. The belief is that small family businesses are only successful if a girl sells the products, rather than the boy.
	Not enough attention was paid on the provision of training programs on microfinance and vocational training adapted to the needs of adolescents as well as the possibilities of collaboration and coordination with the private sector. This could have boosted the income generation amongst the VSL groups, however these options are rare in the project areas.
	The midline study in Nametil, Mogovolas found that young people feel they have very little income and employment opportunities. The same was found in the 2017 study in Nampula and Rapale.
	The large majority of stakeholders in Nametil said that young people, both girls and boys, these days they decide for themselves, whether they get married and or start having a relationship. A number of young unmarried women interviewed confirmed this, and said they are able to decide for themselves with whom to date and marry.
	Other young women said that parents determine when and whom to marry and that such a decision depends on their economic situation and or pregnancies. But the majority of the stakeholders and most adults said that forced marriages are not common. Young people feel they have very little income and employment opportunities which makes them inclining to marry at early age
3. Are there any unexpected outcomes observed? If yes, please elaborate	Existence of VSL groups in Mogovolas that, in addition to saving activities they are conducting community mobilization to combating CM.
	There is now a greater flexibility in the attribution of poverty certificates by the District Services of Health and Women and Social Welfares which allows the exemption in payment of public tuitions (for instance, in education sector).
	For example 8 poverty certificates were issued awarded in Rapale to the equal number of beneficiaries: The poverty certificates are documents that enable children from poor families to enroll in school without paying fees.

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4. What is/has been the contribution of the YIDA to these outcomes? 5.	Good coordination and collaboration within the Alliance and local authorities enabled the Peer educators to train VSL group members on matters regarding SRHR and so allowing the VSL groups to replicate the message in their living communities. The joint planning between YIDA and multisectoral committees was a key to disseminate messages on combating CM. Training to 437 VSL group members and 18 community and government officers on VSL methodology boosted the community microfinance. Through YID 40 youths (30 girls and 10 boys) from Nampula were also trained on life skills and enterpreneurship. The trainings enabled the beneficiaries to start small business like: selling chickens, running haircut and sewing business
6. Which key outputs are realized: please provide a <u>summary</u> of key outputs and explain?	40 young people trained in life skills are developing income generation programmes. E.g. Poultry and Agriculture (RAPALE), Cutting and Cutting, Salon of beauty (Nampula), A group of 18 young beneficiaries developed a joint programme of income generation in the area of Cutting and Sewing (Nampula): Group of 6 young people have developed a joint salon programme, (Nampula). A market study was conducted in Rapale and Mogovolas to understand the best income generation business opportunities
7. How do these outputs contribute to the outcome(s)?	Training of young people microfinance and basic life skills resulted in the creation of income generating programmes. This led to financial independence of the girls, preventing them from CM and so contributing to their greater retention in school Young people (437) trained in VSL groups in financial savings were hired to provide financial services to private companies.18 Families financially empowered ensure the enrolment and retention of their daughters in school and consequently the completion of the primary education.
8. Which outputs were <u>not</u> realized? Please provide a summary and explain	Teacher training on gender sensitive issues. The VSL savings groups have not yet been turned into microfinance associations or small businesses. <u>On way to achieve</u> Life skill basic training and enterpreneurship is anticipated by a market scan survey. This research hadn't been conducted in Mogovolas and Rapale until the end of the half-time of the programme. This was made possible in first quarter of the second half-time. In this regard, during the upcoming period

	the training on TVET will possible based on the market scan findings.
9. What are the challenges and opportunities to improve outcomes of pathway 4?	<u>Challenges</u> Low academic level of the members of VSL for better management and sustainability of microfinance associations or small businesses it's still a challenge. The programme will promote literacy trainings to enhance the knowledge of the members. Distances between communities and various district services demanded to process certain documents required by the programme. <u>Opportunities</u> Commitment of government institutions (SDSMAS, SDEJT and SDAE) to programme actions, Beneficiaries with financial resources to save in the districts of Mogovolas, Rapale and Nampula. The existence of many organizations in Nampula and CECAP representatives striving to end up with CM

Pathway 5: Policy makers and duty bearers develop and implement laws and policies on CM and FGM

<u>Outcome 5.1</u>: Policy makers and duty bearers develop and implement laws and policies on CM and SRHR

<u>Outcome 5.2:</u> CSOs and change agents hold government and policymakers to account (national level)

<u>Outcome 5.3</u>: Enhanced evidence-based advocacy

<u>Outcome 5.4</u>: Research conducted & data acquired for advocacy purposes

1. Which outcomes are on track? Please explain	**Outcome 5.1**: Policy makers and duty bearers develop and implement laws and policies on CM and SRHR
	Designed the draw law on prevention and combating early and forced marriage, to be submitted to National Parliament by December 2018. The designing process was conducted by the 3rd Commission of the National Parliament, Government, Civil Society Organizations (including the YID alliance) and apart from establishing the age 18 as minimum for marriage, it penalizes whoever contributes, allow or creates conditions for early marriage to happen.
	Outcome 5.2: CSOs and change agents hold government and policymakers to account (national level)
	Civil Society Organizations namely: World Vision International, Solidariedade Zambezia and change agents (service providers) were also targeted in order to improve the provision of sexual and reproductive health services including the entire health sector.
	Outcome 5.3: Enhanced evidence-based advocacy
	Nothing was done.
	Outcome 5.4: Research conducted & data acquired for advocacy purposes
	The data from the baseline and midline hasn't been used yet for advocacy purpose.
2. Which outcomes are <u>not</u> on track? Please explain	Lack of inclusion of SRHR as part of the curriculum to be taught in school. The midline study in Nametil, Mogovolas found that the following: No new or adjusted national or local laws or policies on child marriage or teenage pregnancy were found.
	Several stakeholders in Nametil did remark that child marriage is currently not punished, and that a legal framework to punish this is missing. As for teenage pregnancy, only cases of rape have legal implications and sexual intercounty with girls under the age of 12 is considered rape. (midline excel sheet)
	Replication of the capacities given by the Alliance to the district, provincial and national levels Dissemination and monitoring of the CECAP at the district, provincial and national levels.

3. Are there any unexpected outcomes observed? If yes, please elaborate	Under CECAP where the YIDA is represented there was creation of platform for girls at Nampula level for the reporting of situations involving the protection of their rights. The reason why the platform was created it's because many cases of girl's right violation are not known because of not having a clear mechanism of reporting Regression of Dispatch 39/GM /2003. This Dispatch states that every girl that gets pregnant while in school should be shifted to night school but now there are efforts for its amendment. Commitment of community radios in the fight against and prevention of premature marriages. Inclusion of youth in health committees at the site of implementation of the YIDA programme. Registered 4 girls (3 from Rapale and 1 from Nampula), who attended the National Conference of Girls held in Maputo under CECAP organization. The conference aimed to share experiences regarding child marriage elimination strategy amongst girls from different regions of Mozambique. Alliance recognition in advocacy work, which includes participation in radio and television debates.
4. What is/has been the contribution of the YIDA to these outcomes?	The alliance members within their pathways have been advocating for girl's rights. For example, under pathway 4, a negotiation between the District Services of Health and Women and Social Welfares and the Education District Sector under the YID implementation came up with an agreement the students that gave up school because of lack of cash they must pay fees in installments. Thus, the Rapale secondary school board enrolled seven in needs students under this agreement. These are all girls from the savings group VSL. Support of alliance members in identifying potential actors to strengthen advocacy. Strengthening work with Government and CSOs in combating and preventing early marriage and early pregnancy.
5. Which key outputs are realized: please provide a summary of key outputs and	Reinforced the commitment of work in Alliance and other CSOs. Cases of premature and adopted marriages have been identified, including reintegration of the victims into the family and community Recognition of the importance of empowering adolescents and young people, which includes integration in sectors that concern them in order to create improvements in the protection of their rights and protection.

explain?	Reinforced the space for dialogue between girls, Government and CSOs
6. How do these outputs contribute to the outcome(s)?	Adolescent girls are permanently exposed to networks and discussion platforms to discuss issues regarding girl's empowerment. This will make themselves champions of change and lead the process of creating a platform/youth social movement to strive against child marriage. These girls will pressure the Government to approving a specific law against child marriage, monitor the laws which protect the child rights. Girls and boys advocating for the SRHR they per se will easily share information with their friends and families bringing long lasting changes what is sustainable given that programme one day will come to an end.
7. Which outputs were <u>not</u> realized? Please provide a summary and explain	Lobby and advocacy plan Advocate for the inclusion of Youth in the strategy of the Co-Management committees to better bring issues related to RSDs in these committees.
8. What are the challenges and opportunities to improve outcomes of pathway 5?	<u>Challenges:</u> Advocate for the inclusion of Youth in the strategy of the Co-Management committees to better bring issues related to RSDs in these committees. Greater dissemination of Ministerial Order 39/2003 involving girls in this process. Approval of Ministerial Order 39/2003 and its implementation. Disclosure of the preliminary draft at the national level after approval at the district, provincial and national level. Replication of the capacities given by the Alliance to the district, provincial and national levels Dissemination and monitoring of the CECAP at the district, provincial and national levels. Establish the CECAP throughout the provinces of Mozambique <u>Opportunities</u> Permanent dialogue with the Government. Collection of good practices in the fight against and prevention of premature marriages and early pregnancies Information sharing at the level of alliance members.
Cross-cutting issues Which the results have been achieved concerning the following cross-cutting issues:	

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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 current status of the programme*	Gender analysis is a core part of the Yes I Do strategies and activities. According to the assessment and survey, the overall attitude of the YIDA partners towards the support for GTA within the programme is positive. When validated during the mid-term meeting, the findings point to prioritizing improvement and screening of tools/training materials on GTA and training staff more on the engagement of boys/men. The organizational capacity to manage conflict around GTA, leadership's knowledge, organizational capacity to engage boys/men in implementing GTA and allocated budget to GTA was perceived weak. The discrepancy between leadership commitment and policy/practice could become the focus of a capacity strengthening plan for the coming year(s). **Understanding and address how gender norms influence children throughout their life-course, from birth through to adulthood** Awareness raising activities including sensitization often took into account the health risks and the harm, but not really focusing on deep rooted gender norms discriminating control of girls and women about their own reproductive and sexual health. According to the midline, all gatekeepers have knowledge about the harms of child marriage and teenage pregnancy and do not see advantages or benefits in any. They have started to discuss the rights for girls and women to decide for themselves about who and when to marry or the get children with. Teachers are the ones that talked most about the negative consequences of child marriage highlighting school dropout, economic problems, and teenage pregnancy, but also other stakeholders (including parents) make more and more reference to this. In relation to teenage pregnancy however, only consequences for young women were reported namely health problems in general, difficulties in childbirth, obstetric fistulas, caesarean section, economic problems and even death. In the Nametil study divorce was not brought up as a consequence of child marriage. **Fostering an enabling environment where all stakeholders work together to**

support children and youth on their journey towards gender equality

The midline findings mention that policy officers in local administrations in Nametil do not make explicit references to the concept of gender equality with the exception of few. However they talk openly about initiatives focusing on the protection and support of young women, especially in educational level.

The interviewed policy officers in local administration highlighted a stronger vulnerability and risk of young women on issues such as school dropouts, sexual violence, early marriage and lack of economic opportunities and employment. The strategies that were reported to be used included the support of young women with school supplies, safe spaces to share concerns anonymously, activities to raise awareness among parents, men and communities, and accompanying pregnant teens.

What to do to improve the GTA?

As a result of MTR it is recommended to improve

- Working at individuals level (example: girls, boys in and out of clubs)
- Working as families/communities /society level: (example: peer education, involvement of parents, mothers, intergenerational dialogues etc.)
- Working at institutional level: school (teachers), health service providers, YID Alliance employees
- Policies: Legislation, decision making level

Girls Empowerment *describe status of Girl Empowerment at the start of the programme and the current status of the programme*	Girls empowerment will be described from the 3 perspectives: power within (how do the girls and boys themselves perceive their power to decide) power with(described in pathway 1 the creation of a social movement to accelerate the changes) and the power over (influential stakeholders capacitated to create enabling environment). During the baseline study, one of the most frequently mentioned reasons for marriage at a young age is poverty. Parents do not have the means to support their children, and therefore marry their children off, so that they do not have to feed and dress them. Another finding of the baseline for CM is filling grown up. During initiation rites around menstruation, girls are told that they are grown up, they are big, and have to get a man to marry. There were quite some participants who said that this influenced girls to marry. Some boys also had the notion that they were big, partly also influenced by the initiation rite around male circumcision. This notion made them feel they were ready to get married, however, not everyone felt the same about this. The midline study in Nametil, Mogovolas showed that the large majority of stakeholders in Nametil said that young people, both girls and boys, decide for themselves these days whether they get married and or start having a relationship. A number of young unmarried women interviewed confirmed this, and said they are able to decide for themselves with whom to date and marry. Other young women said that the parents determine when and whom to marry and that such a decision depends on the economic situation and or pregnancies. The majority of the stakeholders and most adults said that forced marriages are not common. The same was found during the Nampula and Rapale study in 2017. The baseline in Mogovolas district showed that the (final) decision to marry was often taken by another family member; respondents call this as being "allowed" to marry by a father, brother or uncle. This applied both for girls and boys.
Men and boys Engagement *describe status of Men and Boys*	During the baseline study, prior to the start of the intervention, no data on activities or strategies actively engaging men and boys to reduce CM and TP was found.

Engagement at the start of the programme and the current status of the programme	The midline study found little information on active male involvement in Nametil, but SRH outreach activities were directed at both girls and boys. Also the youth activists consist of both male and female youngsters. For example, community theatres and discussions on SRHR topics were not only focusing on both young women and men but where also led by both. Community debates were done in mixed and heterogeneous groups. The enhanced dialogues, facilitated by HOPEM, as well as the role models of the male champions of change created already lot of discussions about masculinity and male responsibilities. See as well under P1 and cross cutting strategy male engagement. HOPEM is expert in working with men and using a gender transformative approach that allows them to reflect on their practices and attitudes in the domain of masculinities. Some masculinities have influenced CM and early pregnancies through a set of social pressures exerted on men. In this context, men from three target districts are subjected through educational groups (men's conversations) to a reflective process that helps them realize that masculinities can be transformed in ways that avoid systematic violations of women's human rights and promote their well-being and of the whole community. Men have been motivated to participate in these groups and to actively seek out solutions to the problems of premature marriages and early pregnancies. After participating in the "Conversations of Men" dialogue groups, men join in the voices condemning child marriage and male practices that foster early pregnancies. It has now been common for men to tell other men about the need for men not to get involved in such practices and to show indignation about the problem. A good evidence of men and boys engage is Osvaldo, a young man from Rapale District. Osvaldo is about 27 years of age who, through community committee sensitization, has been positively changed. Osvaldo is a business man who uses to sell goods at the local market. According to him, before YID implementation, he used to attract adolescent girls by just offering to them 2 meticais (0.3€) and then take them to bed. "I did several times"- states Osvaldo. Many adolescent girls were Osvaldo's "victims" until he received counselling from the YID community animators and peer educators about the negative consequences of getting sexually involved with adolescents. Because of the YID intervention Osvaldo changed his behaviour and now he

	has become "our" activist. Side by side with the peer educators and community animators of Rapale, Osvaldo is currently advocating against CM and TP. Men are perceived to be the promoters of gender-based violence including child marriage because they assume to be superior in relation to women. In this regard the Men Engage sessions aimed to deconstruct this stereotype amongst them. Using a local radio station small boys also use to speak about their contributions to the empowerment of women to strive against child marriage.
Meaningful Youth participation (MYP) *describe status of MYP at the start of the programme and the current status of the programme*	Meaningful Youth Participation (MYP) is a cross-cutting issue in the YID which needs to be integrated into all activities and strategies. The MY participation is measured in Pathway 2 involving two indicators under the Program Monitoring and Evaluation and Learning. The midline findings are that most young people in Nametil have access to SRHR information mainly through health centers, youth friendly services, SMS tools and community youth activists. However, quite a few stakeholders remarked that many of the youth seem not to use this information. The program 'Geração Biz' was widely mentioned by most young people in Nametil as a key source of SRHR information. At the school level, access to SRHR seemed more limited as only some teachers were reported to address SRHR issues and when they do it is mainly within the discipline of natural sciences. As for the possible causes of lack of communication, parents and grandparents said that young people avoided addressing sensitive topics with adults because of discomfort or because of prejudging adult's ideas as obsolete. On the other hand, another sub-group of young people emphasized that the respect for elders is very important and it seemed that talking about sexuality issues with an adult was perceived as a sign of lacking respect. **Participation of young people in different YID components, findings from the survey** In the YID program, youth are more often involved in reporting (84.21% often or always involved), followed by implementation (68.42%). They are also mostly involved in advocacy (63.15%) and planning (58.82%). Young people from the YID Program in Mozambique feel they have adult's support. They feel free to go to the adults in their organizations when they

have questions about their tasks or about the YID program and also to get support to accomplish their tasks. That means the adults in the YID Program are available to support young people needs. There is mutual respect between young people and adults.

Pre-MYP conditions (capacity building, policies, financial means, safe space, youth sympathy, flexibility); commitment and inclusiveness.

With regard to capacity building under the YID Program in Mozambique, more than a half of young people have been receiving capacity building consisting of trainings. Youths feel adults are committed to engaging with them significantly. With regard to MYP policy within the organization most of the youth responded that they do not have it. They also feel that there is weakness in financial means.

As a result of MOT study three organizations mentioned that strengthening the capacity of young people as a point of improvement. Some organizations have indicated that in practice there are ways of representing MYP and youth in the organization, but this has not been formalized and needs protection in the form of policies to ensure the continuity of these positive practices in the future. On the other hand, one organization has indicated that there is only "simple" participation of young people as beneficiaries. Policies would help to make participation more meaningful and at other levels of the organization. One organization expressed the will of improving the resources for young people, both financial reimbursement/subsidies and the spaces for youths to meet.

Based on the survey data collection there is a significant number of young women who realize that their participation is a bit more positive than young men. Regarding support, young people seem to be getting adequate support from adults, and the interaction between youth and adults is going well. In some cases, young people perceive a lack of trust between adults and themselves but more from adults to young people.

The safe space for young people participating in YID organizations needs to be improved and member organizations of the alliance are not implementing MYP policies and some do not ever have a such policies. Capacity building is an element that needs more attention as some young people have stated that they do not have sufficient capacity to play their part in the program.

4. M&E reflection (Monitoring and learning process)[2]

The M&E framework was developed to enable the team in Mozambique to track progress towards the outcomes and overall goal of the YIDA programme. This framework is based on the overall YIDA M&E framework and has been adapted towards the Mozambican context during the inception phase of the programme (2016). For example, FGM is not practiced in Mozambique, and therefore this outcome is not part of the Theory of Change and the M&E framework. Besides using the M & E framework to track progress and monitor the programme, the intention is to also use the data for lobby and advocacy purposes.

Nevertheless, the monitoring sheets bear a number of challenges. First of all, there is a strong focus on outcome monitoring, whereas the team in Mozambique finds it challenging to track progress at outcome level, as this level is not within the sphere of control. In addition, its layout does not allow disaggregating data by age and sex and therefore not fully meets the requirements of the team. Lastly, the M&E framework entails numerous output indicators, which are challenging to track because of their large number and because of the different actors involved in collecting the monitoring data.

Based on the above, further discussion involving all the implementing partners is required to redefine the M & E framework. In this way, the layout of the monitoring sheet can be improved, the outputs can be aligned/linked to its targets, evidence can be better collected and space is created to add qualitative information on variance and deviance on the indicators. By making this improvement, we expect to better track progress and improve the intervention.

Another constraint regarding M & E in general is related to the baseline timing and process since it was timely conducted in Mogovolas and two years later in Nampula and Rapale. It was a deliberate choice to initially focus on Mogovolas, however, during programme implementation the need arose for baselines in Nampula and Rapale (2017). Because the programme works with baselines conducted at different moments, it is felt that it is difficult to compare the programme progress in the three project implementation areas.

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[2] Source: M&E reflection MTR workshop

Table 4 reflects the internal and external risk analysis regarding M & E in YIDA Mozambique and possible actions to mitigate them.

Internal risk	Mitigation strategy	Status
For the first two years of programme implementation, YIDA Mozambique did not have a dedicated M & E person	Under the YIDA budget, an M&E expert has been attracted. He is based at Plan Nampula.	Done. M&E person attracted in May 2018
Poor co-ordination between alliance partners which impedes data collection	Plan of operation to be developed after the MTR together with a group of key representatives of the implementing partners. This plan will entail clear roles and responsibilities, deadlines and reporting lines.	Deadline to be determined
Monitoring sheet not sufficiently comprehensive as it is not facilitating data collection and progress tracking.	Organize a joint discussion and M&E person to update monitoring sheets.	Deadline to be determined

We anticipate that the above mentioned actions will improve the M & E function in the YIDA Mozambique and to address all the above findings there is a need of consolidated the monitoring sheet and present it in excel sheet to allow us to present figures easily.

5.Theory of Change (ToC) in Mozambique

The Yes I Do programme is investing in activities to reduce barriers and root causes such as the lack of political will, cultural norms and harmful practices, the voices of adolescent girls and boys not being heard, the lack of SRHR information and services, and unequal education and economic empowerment to build assets at several critical points in a girl's development.

Adjustments have, therefore, been made to the generic ToC. One major change is in the impact statement, to End Child Marriage and Early Pregnancy and removed the FGM/C as it is not an issue in Mozambique.

During the implementation of the programme it was noticed that the initiation rites practice influence child marriage and teenage pregnancy. It was also confirmed in the midline, 2018 as the following statement:

Compiled by Filipe Zano & Ester Sumbana

"Some boys when they leave the initiation rites they want to try (to have sex), for example my nephew started with 11 years because when he left the rites he said that he was already a man and should try" (FGD, Mother, Rapale)

However, we recognized that the practice itself is not necessarily negative as it also brings positive benefits such as teaching about personal hygiene, respect to others and life skills. It is a cultural practice that is strongly embedded in the communities where YIDA works. Based on this empirical finding, we decided to work with 'matronas' (matrons) to breakdown the initiation rites into three phases delivering the messages according to the age groups, including topics related to ending child marriage and early pregnancy. This process will be strengthened by COALIZAO due to their good collaboration with matrons and their mandate and experience in improving SRHR.

As well, we decided to work with the chief of clans because of their power in the decision making process with regard to marriage since their voices are heard and they are strongly influentials within the communities. Having them against child marriage, people in the communities can easily listen to their messages.

5.1. Challenges under ToC fulfilment

The challenge is to bring all the implementing partners to the same geographic areas to create synergy of all pathways together, as the assumptions are that the programme will be successful only if all pathways are followed. For instance ROSC, a lobby and advocacy organization is not based in Nampula Province, making it difficult to be physically represented in all three districts. HOPEM is not also physically represented in some areas of Mogovolas and Rapale.

Despite of these challenges the lead organization is conducting district and monthly-based meetings with all implementing partners to align the work plans.

5.2. Assumptions

- "Lack of information on SRHR causes pregnancy": The midline shows that by teenagers having access to SRHR Services, they have more information and can prevent pregnancy.

- Social norms such as initiation rites contribute to a child marriage and consequently a teenage pregnancy. Apart from that gate-keepers namely: traditional and religious leaders and matrons are seen to be the promoter of child marriage. Involving the gate-keepers can significantly contribute to eliminate child marriage.

- Teachers trained on gender sensitive issues can positively impact on teenage pregnancy for adolescent girls in school.

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6. Partnerships[3]

6.1. Communication within the Alliance

In Mozambique, the alliance consists of Plan International Mozambique, Coalizão, ROSC and HOPEM. As has been described above, the fact that organisations are based in different locations brings a number of challenges in terms of communications. First of all, it means that the majority of communication goes per telephone and by email. In addition, quarterly meetings are organised in Nampula. Another challenge is the fact that there is not yet a YIDA Mozambique communication strategy in order to increase the visibility of the project. Informally, guidelines have been shared, but investing in strengthening in the YIDA brand is seen as a priority.

In order to improve the area, during the MTR meeting, it was agreed to develop an Advocacy Strategy that will include marketing and visibility guidelines for production of IEC material with logo.

6.2. Collaboration within the Alliance

During the reporting period the collaboration was characterized by two Steering Committee Meetings (meetings to evaluate the programme progress towards outcomes) and three joint monitoring visits. There is guideline in place (Governance Model) which makes the collaboration smooth. The meetings for instance, were preceded by the development of Terms of References and the implementing partners were formally invited. On top of that, there are minutes of every decision taken in the meetings which help to keep the cooperation clear.

In the following section, we describe collaboration at the following levels: (a) learning; (b) steering committee meetings (c) joint development program; (d) cooperation with other national stakeholders and(e) added value. These categories are based on the Alliance Thermometer[4]

6.2.1. Communication and Learning

All the four YID implementing partners work as a team. For example the peer educators which are under Coalizao supervisor work closely with VSL groups under Plan assistance. The implementation of Champions of Change is done at school level showing that the collaboration with government is also good. There is government support (community leaderships) in the implementation. The government personnel actively participate in program activities.
The communication and linkage with community is quite good and this is due thanks to good partnership from bottom to top.

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[3] Source: partnership survey and alliance thermometer exercise MTR workshop (3-7 September 2018, Nampula)
[4] Alliance Thermometer (MDF, 2013)

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For example COALIZAO is a member of the Co-management of Health Department. One more example is the facilities that the YIDA has with focal points of Gender.

For management team the feeling is that all the six aspects of collaboration are good but at the level of field staff, people feel that the learning process can be improved. They visit the communities often, they know which interventions are working well and where are the constraints.

6.2.2. Steering Committee meetings

The Steering Committee (SC) is the key body within the governance structure and is comprised of all the directors of the alliance partners and local partners, **or representatives**, meeting once or twice a year and having mandate. Plan is the leading organization. The SC meets once a year and the challenge to define regular months to meet due to over loaded agenda of the delegates

6.2.3. Joint development of programme

6.2.4. Cooperation with other national stakeholders, including Netherlands Embassy, Government and National Coalition on Ending Child Marriage. Stakeholders at government level (Health and Gender Department are of opinion that the collaboration between YIDA and themselves is quite good.

The cooperation with the Embassy of the Netherlands, based in Maputo is good. We are in contact with the Policy Officer Gender, Social Protection and HIV/AIDS and provide regular updates and invitation. The challenge is to establish a more intense relationship with the Embassy as the YIDA programme is located 2000 KM away from Maputo. We aim to do this by inviting the focal person on a field visit and sending an annual update.

6.2.5. Added value of working in Alliance

Working with a team of organizations brings with it an investment in resources (human, time) for coordination, keeping each other in the loop and aligning the work. Nevertheless, the MTR workshop discussions revealed that the partners surely appreciate working in an alliance as it brings them insight in new approaches (e.g. GTA, CoC) and widens the scope of each organisation's network and with better impact.

At the management level the linkage amongst the implementing coordinators and research and implementation is fine. This enables a strong relationship between all the alliance partners. There are joint meetings for the planning taking place regularly to ensure there is alignment of activities with the implementing partners.

The diagram below summarizes the YID linkages at different levels.

7. Lessons learned and implications for the programme 2019/2020)[5]

Halfway the programme, we have learned that not all outcomes were achieved in the three target districts as it was planned for. In the districts where all the four implementing partners were fully integrated advancements was better than others because all the Yes I Do package, was addressed (five pathways). The beneficiaries of the full package are now saving and others visit SAAJ. Apart from that, others are voicing out against CM and SRHR.

Therefore, we suggest to organize technical meetings for exchange of experience and presentation of results are required between teams working in different communities. The exchange visits should take place between the groups (Peer Educators (Educadores de Par), VSL groups, CoC, Community activists).

We learnt girls visit the Youth Friendly Health Services (SAAJs) more frequent than boys. We assume that this could be related to the fact that we deploy many more female peer educators than male and that therefore, the SAAJ is less known by boys. However, for equal access to SRHR, it is important to also engage boys. Therefore, there is a need to: (i) conduct a survey to determine the specific reasons why boys visit SAAJ less and what their suggestions are for reaching out to them, (ii) possibly engaging boys during family planning sessions and (iii) (iii) Provide comprehensive sexuality education to raise awareness on sexual and reproductive health and rights; (iv) Advise young adolescents to join SAAJ to get more information on available methods of protection in order to have a healthy sex life; (v) engage more male peer educators to reach out to the adolescent boys and (vi) collaborate with the MoH to create a monitoring tool for data collection regarding access and use of SAAJ by youth.

The first steps have been taken to work with 'matronas' on introducing phases to the initiation rites which are in line with the girls' ages. We have seen that this is a good practice as it connects with the local and cultural traditions, however, making them more age-appropriate and rights based. It is recommended to continue with this practice and monitor this carefully to see how this can be further strengthened.

Programme implementation can benefit substantially from the research that is conducted by KIT and Unilurio University. However, currently these two processes are not yet optimally strengthening each other. We suggest to continue regular exchange of information and timely discussion and sharing of data collection tools to facilitate better understanding and optimising the link between YIDA implementation and the research component.

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[5] Source: Discussions MTR workshop

8. Recommendations per pathway

a) Pathway 1:

- Provide disaggregated data about Child Marriage and early pregnancy in the programme implementation areas (and triangulate the data from government, surveys, programme) to demonstrate the impact of the Yes I Do. Data disaggregated by sex enables do an oriented lobby and advocacia given that it brings the insight of the problem by sex.
- Under CoC the Programme is using tents as safe space for girls and boys to attend education sessions. These tents are being destroyed by marginals. So there is a need of
- reflecting on possibility of replacing them with other safe spaces to keep on conducting CoC sessions.
- Consider to provide transport to support matrones during their work

b) Pathway 2

- Collect data at output level reinforces the evidences of meaningful youth participation rather than just listing the activities carried out.
- For all pathways, data must be reported disaggregate by sex and age to makes easier the analysis of who and of each age are involved in the programme.
- .
- During the halfway it was observed that the dialogue between girls and women is weak. The recommendation is that COALIZÃO through the peer educators train more adult women on SRHR to be involved in dialogues with girls.
- Though COALIZAO is now directly funded by CHOICE, it is recommended to keep Plan International Mozambique as country lead in the loop on monitoring data and achievements as this will benefit mutual understanding and coordination. This will be decided in the upcoming steering committee meeting.
- More girls visit SAAJ compared to boys. The reason is that female peer educators are those who assist in SAAJ and boys say they don't feel comfortable to address their concerns to female peer educators. It's recommend to bring male peer educators to SAAJ to allow other boys to go there and address their concerns to other boys.

c) Pathway 3

- Continue working with *the matrons* about content shared in the initiation rites and see how we can we support them better by training them (ToT) in SRHR and support matronas to deliver the trainings to other matronas. As said earlier, phase the initiation rites sessions based on age rates seems to be a good practice that we suggest to continue and monitor. /

- Review and align the incentives given to the peers educators as well as to see how to advocate for more SAAJ in the localities.
- Did you have a recommendation about working with the MoH in terms of getting the data on SAAJ? (not sure, but is there something you can do with MoH to strengthen outcomes in this area).

d) **Pathway 4**

- Training the Field Officers on Gender Sensitive Pedagogy. This is one of the elements of the Gender Tranformative Approach that make the field officers much responsive the gender issues especially while dealing with girls issues.
- This implies that the Programme Manager and/or Country Lead from the Netherlands (Jet Bastiani) should contact Plan International Canada for permission to use the gender sensitive pedagogy manual as they have the copy rights of the manual and package itself.
- The majority of girls out of school is due to lack of money to pay tuitions. Under this situation, an advocacy with theGovernment to facilitate the enrollment of children out of school is needed to allow those girls in need to enroll themselves paying tuition in installments.
- According to VSL manual the saving cycle closes six to year after starting. This does not motivate the members to keep on saving given that the cycle is to extensive. The recommendation is that this sould be reduced to three months
- Community leaders in VSL even if there are representing the Management Committee, they seem to still have authority in the groups. The recommendation is that where they can be avoided to members it will be fine.
- Regarding enterpreneurship there is a need of assessing the course of the hair cut, sewing chickens business being already developed to see if this initiative can be scaled up.
- Working with the private sector is extremely challenging in the rural area of Nampula. Therefore, we need to re-strategize how to effectively approach the economic empowerment approach.

e) **Pathway 5**

- There is an urgent need to design the Advocacy Strategy for making the programme more visible and get known by the givernment in the field of child marriage elimination. ROSC as a L& A partners in alliance,will lead the designing process of the Strategy.
- Whenever the programme needs to transport/move children from one \locality/district/province the government must be informed so that the child protection

measures must be taken into account. The Child Protection Manager from Plan International Mozambique must be involved in Risk assessment and guidelines.

- There is a need to improve YID visibility to show the collective nature of the programme. We recommend to make a YIDA Mozambique communication strategy and make the YIDA logo (possibly contextualized to Mozambican context) visible in all internal and external communication on YIDA>
- It is recommended that ROSC uses the data's from the Baseline and Midline for Advocacy.

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

As said above coordination within YIDA needs to be strengthened and aligned with an advocacy strategy. If this does not happen it will negatively impact in reaching the programme goal.

Due to the many activities that need to be improved, for instance, for promoting international dialogues, trainings to gatekeepers, economic empowerment, there is a need to increase the budget for better implementation of the activities.