

## **Mid Term Review (MTR) REPORT for ZAMBIA**

### **1. Introduction (1 page)**

The Yes I DO Alliance (YIDA) in Zambia aim to end child marriages and teenage pregnancies. The YIDA program is being implemented in two districts of Eastern province namely, Chadiza and Petauke, selected based on the high rates of child marriage and teenage pregnancies. The Yes I Do program in Zambia started in 2016 and is running up to December, 2020. The alliance consists out of four alliance partners, Plan International Zambia (lead) Choice partner Generation Alive (GAL), Kit partner University of Zambia and Rutgers. The program has five (5) outcome objectives known as pathways. These include Pathway 1: Community members & gate keepers have change attitudes and take action to prevent Child Marriage (CM) and Teen Pregnancy (TP), Pathway 2: Adolescent girls and boys are meaningfully engaged to claim their SRHR, Pathway 3: Adolescent girls and boys take informed action on their sexual health, Pathway 4: Girls have alternatives beyond CM and TP through education and economic empowerment and Pathway 5: Policy makers and duty bearers harmonize, strengthen and implement laws and policies on CM and SRH

The general object of this report is to assess the progress on the outcomes and draw lessons and opportunities for improvement in the 2 and half years remaining for the project.

#### *Specific objectives of the MTR:*

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

It is important to state that a baseline study was conducted before the beginning of the actual implementation of the project activities to ascertain the extent of child marriages and teen pregnancy in the two districts. This baseline research was carried out by the KIT (Royal Tropical institute) in conjunction with faculty members of the University of Zambia (UNZA). The findings revealed that the incidence of child marriage was very high in the two districts with Chadiza having the highest prevalence. These findings validated the decision to implement the program in the two districts.

During the inception period, Plan international Zambia had considered engaging PSI (registered as Society for Family Health in Zambia) as technical partner to the alliance to implement activities under pathway 3. However, the agreement to engage this partner was not realized due to some complexities that arose during contract negotiations. Subsequently, it was decided that Plan International Zambia instead would identify a local implementing partner for this pathway. Therefore in May, 2018 a memorandum of understanding was signed between Plan international and Afya Mzuri, a renowned organization with expertise in working with young people and implementing ASRHR -related interventions.

The YIDA in Zambia is collaborating well through joint planning, monitoring, review meetings and sharing of reports. A properly constituted YIDA governance structure provides guidance regarding the operation of the alliance. At the apex of the governance structure is a steering committee that provide the strategic direction on the project. This committee also plays a vital role in ensuring that quality reports are generated in accordance with donor requirements.

## **2. Context (1 page)<sup>1</sup>**

Brief description of the context

Prior to inception of the YID project, Zambia had one of the highest rates of child marriage in Africa with the prevalence rate of 42%, the highest being in Eastern Province at 60%.<sup>2</sup> Girls are

---

<sup>1</sup> Source: Context reflection exercise MTR workshop

<sup>2</sup> Zambia Demographic Health Survey 2013-14

married off or marry due to teenage pregnancy, cultural practices that promote the notion that a girl is ready for marriage as soon as she attains puberty. Some marry for economic reasons and peer pressure. According to the Zambia demographic health survey of 2013/4, teenage pregnancies account for 20% of all pregnancies nationally but the Eastern Province leads the national statistics. For instance, in 2014, over 16,000 girls got pregnant and were forced into marriages countrywide, and Eastern Province recorded about 9,280, representing 58 %<sup>3</sup>. These pregnancies can be attributed to inadequate or lack of sexuality education, early sexual debut, barriers to accessing sexual and reproductive health services and child marriages. All these have devastating consequences on the adolescent girls in Zambia

Petauke and Chadiza are two of the 9 districts in Eastern province of Zambia which is bordering with Malawi and Mozambique. The District Commissioner is the political and administrative head and the district has a total of 23 political ward in Petauke and 16 in Chadiza. The most widely spoken language is Chewa. Traditional leaders (chiefs) are the main custodians of tradition and culture, and are enforcers of traditional laws in their respective chiefdom. The districts are predominantly rural and the main economic activity is agriculture. The district faces major challenges that include increasing levels of poverty, high illiteracy rates, youth unemployment and gender imbalance in the ownership of means of wealth creation such as land and finances. In contrast to Petauke, Chadiza is a matrilineal society. In this matrilineal society, it is believed that women make decision and have power to control resources. However, in practice it is the men folk from a woman's family who actually have authority over these resources which still renders women vulnerable and limits their power to control the resources. This still creates gender imbalance. Adolescents (10-19 years) make up 23% of the total population in Petauke and 23.6 % in Chadiza. Adolescent girls have limited access to Adolescent Sexual Reproductive Health (ASRH) services and information resulting in increased number of teenage pregnancies and child marriages.

---

<sup>3</sup> Zambia Daily Mail October 14, 2015

**b. Assessment of context changes - with reference to context, risks, gender and actors  
- since the inception phase and implications for the programme**

In terms of assessment of content changes, there was a nationwide cholera outbreak beginning the month of November 2017 lasting up to March, 2018. This made government to ban all public gatherings in all the affected areas including Eastern province. This caused the delay in the implementation of activities. In addition, resistance of some of the parents to change their attitudes and practices impacting on child marriages and teenage pregnancies is still a challenge. Monitoring reports show that this is partly due to low literacy levels of the parents. The poor road network also posed a challenge during the reporting period, especially during rainy season, it was always difficult to reach a wider coverage of the project's target group.

**3. Progress and Results (10 pages)<sup>4</sup>, see annex 1**

- a. Description per pathway, including cross-cutting strategies<sup>5</sup>. For this chapter, please fill in the format presented in Annex 1.
- b. Description of unexpected outcomes (negative and positive), challenges and opportunities. Please fill in the format presented in Annex 1.

**4. M&E reflection (Monitoring and learning process)<sup>6</sup> (1 page)**

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

The M&E framework enabled the project to show all results/achievements in terms of outputs and outcomes. The Yes I Do monitoring and evaluation framework is well articulated. There is an explicit definition of results, precisely what is to be achieved through the program, who is responsible based on the expertise and by when. This keeps measurable objectives in sight, helps monitor progress toward those objectives, and assists with adjustment and management of program implementation.

---

<sup>4</sup> Source: Bi-annual reports implementing partners, IATI Dashboard, presentation progress and results MTR workshop, Reflection Progress/ToC tool MTR workshop

<sup>5</sup> Source: GTA survey, MYP survey and MOT and exercises MTR workshop

<sup>6</sup> Source: M&E reflection MTR workshop

Nonetheless, the M&E framework provides targets in numbers but we should do more qualitative data capturing- change stories (share and capture change stories that can be shared bi-annually).

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

The M&E framework has been used to reflect, learn and/or improve our Yes I Do programme with the data we collect in many areas and other working strategies. Below are the areas on improvement.

- **Learning from experience.** Over time, the systematic use of the results from the monitoring and evaluation framework has allowed the YIDA to assess what approaches (interventions) contribute most effectively to achieving specific development objectives, a process that helps to identify good practices for replication. For example, results on the implementation of champion of change (COC) in schools has shown good progress in terms of the number of training modules that have been covered by facilitators of champion of change as compared to the out of school champion of change training. The YIDA has considered scaling up in-school COC to other schools.
- **Communication and reporting.** The results and the data collected have been used to communicate about activities and outcomes to program staff, partners and other stakeholders. Findings from the operational research and the midline will be used to develop advocacy messages.
- **Consensus, coordination, and ownership.** The results of the M&E framework have provided the opportunity for the Plan international Zambia and Generation Alive to work with key stakeholders, agree on coordinating the implementation approach, agreeing on the expected results, highlighting and checking the underlying assumptions, and specifying needed resources which requires planning as well. For example, using the results from the M&E framework, it was decided by the Yes I Do alliance that certain activities been implemented jointly and this has contributed to improved coordination among the alliance member organizations.
- **Management.** Different results in the M&E framework have also been used in management where performance data has informed programming decisions resulting into corrective adjustments to activities, reallocating resources, and evaluating targeted objectives or underlying assumptions.
- **Evaluation.** The specification of each level of results with associated indicators, measures, and targets establishes an effective framework for ongoing monitoring and evaluation, and serves as an accountability tool for the project.

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

- The challenge with the current M&E framework is that it is tilted towards capturing a lot of quantitative data with minimal qualitative data. This limits the data collected to quantitative. However, M&E framework should collect more qualitative data if real impact can be captured.

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

- Monitoring and evaluation frameworks provide targets in numbers but we should do more qualitative data capturing- change stories (share and capture change stories that be shared bi-annually)
- On pathway 4, the private sector is limited to small business enterprise, the 2 and half year of the programme, focus will be placed on how young people can begin to exploit some untapped opportunities in the area through entrepreneurship, which would create jobs and further collaboration with the private sector. Therefore the indicator on traineeships with the private sector will not be used in Zambia

**5. Theory of Change (ToC) (5 pages)<sup>7</sup>**

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

According to the mid -term review findings, under pathway 1, revealed that it is easy to reduce child marriages but teenage pregnancies still going up. This is because some parents use teenage pregnancies as avenue for raising income. Therefore, there is great need for the program to effectively engage with wider coverage of parents to discuss these issues through trainings and intergenerational dialogues. Further, on establishment of social movement, currently the programme has not reached a wider coverage of parents to have a strong social movement.

The Mid -term report under pathway 3, has also revealed that there is inconsistency supply of sexual and reproductive health commodities in health facilities such as condoms. The supply is based on demand. It has also been established that boys therefore, do not access condoms at health facilities but instead go to the nearby shops located near their communities. Therefore, it is important to focus on influencing the supply side of contraceptives (including condoms).

On pathway 4, the mid- term review findings, shows that there is limited presence of private sector in the programme in the programme implementation to respond to outcome objective on established collaboration with private sector. Therefore the focus should be to establish collaboration with small medium and enterprise business for capacity building.

---

<sup>7</sup> Source: Reflection Progress/ToC tool MTR workshop

The selection of 24 communities or wards was too ambitious. It has been difficult to create meaningful impact in all communities. During the MTR, it was agreed that there is need to review the selection of wards to limit the number to manageable communities where impact can be felt.

However, according to the mid-term review findings, many of the short-term and intermediate-

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

The findings of the baseline survey indicated that adolescent girls feel more comfortable to share information on sexuality with their grandparents. Grandparents form part of the gatekeepers under pathway 1. Therefore, activities targeting grandparents have been designed. The grand parents are expected to be a conduit of ASRH information provision and taking action to prevent child marriages and teenage pregnancies.

Further, the mid-term review findings shows that due to poverty, parents and grandparents start regarding school fees as unaffordable and then girls as a source of income through bride price. Therefore, the programme under pathway 4, should focus on reaching out many parents with entrepreneurship skills so that could start income generating activities to raise their income to support girl's education. It is expected that once many parents embark on income generating activities, they will stop regarding girls as source of income through bride price and therefore will support to meet education needs of needs.

The baseline findings also reveals that boys feel more confident to talk about gender equality and sexual and reproductive health rights more than girls. And that girls feel that boys hold the decision power over sexuality relations. This situation contributes to high teenage pregnancies because girls do not have the negotiation power to decide on when to have sex and hence boys take advantage to engage in sex with the girls. Pathway 3, should also focus on training of girls in ASRHR and gender equality relating to sexuality in order to improve their assertiveness.

**c. Validation and/or revision of the Theory of Change (ToC) and its underlying assumptions:**  
Description of the suggested alterations to be made in the ToC.

Based on the findings of the mid-term study most of the outcomes and pathways can be validated. However, certain outcomes need to be adjusted either by reformulating, moving them to another level or making cross connection. No changes in the assumptions were identified.

Under pathway one it was decided that one extra outcome needed to be added in the sphere of control focusing specifically on the sensitisation of key gate keepers. This as the alliance learned that it is of importance that a selection of the gate keepers already understand the benefits of changing norms and are willing to take action and because of that are able, together with other trained men, women, boys and girls, to form a social movement.

By including gatekeepers in this social movement it is expected that the envisioned change amongst other gate keepers as stated in the long term outcome will be more successful as these trained gate keepers can be used as peer influencers. Because of this it was also agreed that the outcome focusing on the establishment of an enhanced network of Change Agents would have to move a step up as this is seen as an intermediate outcome level as this is less in the sphere of control than the enhanced dialogues with the selected target groups. Another important insight was that, although not leading to revision in the outcomes, more focus needs to be placed on gate keepers having changed attitudes and taking action the prevention TP.

Under pathway four it was decided that the outcome focusing on establishing a collaboration with private sector for the purpose of creating formal jobs, internships and mentoring is strategically seen not the optimal approach to reach the envisioned long outcomes under pathway four. Due to the limited presence of the private sector, mainly visible as small business enterprises, it was decided that over the remaining years the focus on economic empowerment of adolescent girls would be more beneficiary to continue training selected youth and households in VSLA followed by trajectories focusing on youth entrepreneurship (and linking to microfinance groups) and vocational skills training where the VSLA institutes can take up the envisioned role for the private sector in offering mentorship to this target group.

The outcomes under pathway 5 will need to be more sharply defined and aligned with the now developed advocacy strategy.

**6. Partnerships (4 pages)<sup>8</sup>**

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

The YIDA in Zambia was initially locally represented by three organizations, namely Plan International Zambia and Generation alive and University of Zambia. It was decided it was more strategic to add a local partner for Rutgers for the last 2 years of the project. Amref was at the time

---

<sup>8</sup> Source: partnership survey and alliance thermometer exercise MTR workshop



of the formation not present in Zambia. Nonetheless, implementing partners Plan International Zambia and Generation Alive have worked well and were able to benefit from each other's areas of expertise and resources. For example, generation Alive have benefited from Plan International Zambia since they are already established in the province with a good number of field staff being on the ground. This has been community mobilization for the Yes I Do alliance. Generation Alive is challenged because of not having field staff on the ground. While collaboration, communication and connection alliance at country office level has been good the situation in the field was different due to long distance from the capital to the field districts by the alliance partner. The partner was requested to employ and deploy staff to the field so that collaboration and coordination can improve.

ii. Successes and challenges of the collaboration and communication

**Successes**

The alliance in Zambia consists out of four alliance partners, Plan International Zambia (lead) Choice partner Generation Alive (GAL), Kit partner University of Zambia and Rutgers. The alliance partners have provided robust synergy drawing high level of expertise, knowledge and skills in various faculty disciplines making the alliance better positioned to score success under the programme.

The alliance in Zambia has a governance structure with steering committee providing oversight function, while the country programme team updates the steering committee on the progress of the program and that quality reports are generated which meets donor requirements. The role of the National Program Coordinator improved coordination among the alliance partners through effective communication.

This situation has enabled effective collaboration among alliance partners has been going on well and it needs to be sustained for impact of the project activities and sustainability. For example, the alliance have been holding joint quarterly review meetings and field monitoring together, including development of annual detailed implementation plans. The alliance has also been sharing reports to each other. This includes compilation of joint reports (bi-annual narrative reports). The communication under the Yes I Do alliance has been effective because of the engagement of a

National Program Coordinator at the beginning. The National Coordinator has played a vital role in facilitating the communication regarding alliance plans for quarterly and joint review meetings and monitoring field visits to the partners. It is important to mention that on 9<sup>th</sup> March, 2018, the Yes I Do alliance was awarded a certificate of recognition by government for the provision of access to income in rural areas through village savings and lending associations.

## **Challenges**

It was revealed during the MTR workshop that some of the field staff were not aware of the YIDA governance structure. It was agreed that country program team should share the information to all staff on the YIDA program.

The non-presence of GAL in Eastern Province makes collaboration at implementing level difficult. It was revealed during the field visit to a safe space for girls and boys that GAL do not have a facilitator at community level. The facilitator comes from the capital city. However, it was commended to the alliance partner that community facilitators be identify and trained so that quality is enhanced for safe spaces.

The alliance should reflect on the motivation of volunteers and participants: The Yes I do alliance partners should standardize incentives given to volunteers as motivation for the work being done in the communities. This will help strike a balance on volunteers and beneficiaries participating on the project across alliance partners.

## **Relationship between Dutch embassy and the YIDA**

The Dutch Embassy is based in Harare and therefore poses a challenge to establish and strengthen this collaboration. Currently they do not have staff available to be appointed to the YID project but would like to remain updated. They are interested in the themes and might see linkages as they will be updating their thematic focus in the upcoming period.

Collaboration with other national stakeholders: The mid -term review findings shows that the alliance has done very well on collaboration with other stakeholders. The alliance scored 8 out of 10 on the spider web. However, this collaboration needs to be sustained through engagements with all stakeholders at all levels of the program.

**Costs/benefit analysis:** description of the relation between the costs (in terms of resources e.g. time/ staff capacity) and the extra results (in terms of result achievement, new partnerships, exchanging knowledge and skills, reputation, etc.).

The benefits of working in an alliance is more than the costs as staff from alliance partners brought on board wealth of expertise, knowledge and skills impacting positively on the outcomes under the ToC. For example, Generation Alive is expertise in meaningful youth participation (MYP) which they bring in the YIDA program. Plan International Zambia is well established in the province with staff that are already working in the communities where YIDA program is being implemented.

**Added value of the Yes I Do Alliance** (in comparison of not working in the partnership)

Alliance partners have provided solid synergy which is contributing to the realization of the outcomes under the ToC. For example, if Plan international Zambia was not part of the alliance, the cost of setting up the field office was going to have financial implication on the program. This would have meant shifting funds from program implementation to running office costs thereby reducing the impact of the program on the beneficiaries.

- b. Opportunities for improving the different relationships within the alliance and strengthen complementarity between the partners and with the MoFA and other alliances and stakeholders
- Joint quarterly review meetings, joint implementation, skype and field monitoring together is expected to strengthen the YIDA Zambia alliance. The sharing of reports on the project with MOFA will further strengthen the collaboration. The review meetings with stakeholders on the YIDA in Zambia also strengthens the relationship with various stakeholders.

## 7. **Lessons learned and implications for the programme 2019/2020 (3 pages)**<sup>9</sup>

- Description of top 3 main lessons learned and with explanation – these can relate to ToC,

---

<sup>9</sup> Source: Discussions MTR workshop

During the MTR discussions, it was concluded that there is more progress on prevention of child marriages compared to prevention of teenage pregnancy. Different aspects influence the difficulty to reduce TP; for instance it is easier to discuss CM than TP in intergenerational dialogues and while CM is largely coordinated by elders, TP is a result of direct actions of youth. Lack of access to condoms might also have contributed.

In the remaining 2 and half years the programme will need to do more interventions on prevention of teenage pregnancy. The programme has already developed a strategy to use and scale up inter-generational dialogues to help reduce teenage pregnancy and leave no one behind, involve all. Bringing different age groups together (rather than having separate groups of stakeholders). A mapping will be made of CBOs and NGOs providing condoms and partnership established to ensure a steady supply of condoms.

In order to create a social movement, YIDA partners should as much as possible, reach out much to the much wider coverage of community leaders and gate keepers to get them to understand benefits of changing norms and make them are aware of alternatives in relation to CM and teenage pregnancies in order to create a big social movement. This will help to create the much needed impact on establishment of the social movement among gate keepers.

YIDA partners should engage more CSOs operating in the project catchment areas to meaningfully engage with young people at all levels in order to reach out to more young people and create much needed impact on meaningful youth engagements, participation and decision making on issues that affect their lives.

- programme implementation and/or the partnership:

What worked and why? How can other counties implement this lesson learned?

- Joint quarterly review meetings, annual and field monitoring together, development of Annual work plan for 2019 and detailed implementation plan for 2018 and sharing of field reports has strengthened the YIDA alliance in Zambia. These meetings provides platform for joint sharing of reports, review progress and develop solutions to address challenges impacting on the programme.

What did not work and why not?

- Training of CoC started on a slow pace due to drop out of FCoC and CoC attributed to relocations in search of employment in cities. However, the programme has designed training of new replacements for FCoC in champions of change.

## Recommendations

At the beginning of the programme, four staff from Plan International were trained in CoC with objective of cascading the model to implementing staff. However, the cascading of CoC model to implementing staff was not effectively executed as staff were only oriented and not trained in the model. This was due to budget constraints. In addition during the MTR workshop, it was concluded that apart from training implementation staff on CoC, the training should also include alliance partners as CoC has been found to be cross cutting issue. Hence the alliance recommended training of implementing staff in Champions of Change.

The curriculum of CoC which comprises of modules for girls and boys made available in the English language, requires translation to suit the local context as facilitators of champions of change who conduct peer to peer training, struggle with translation of some of the big concepts into local language. Therefore, during the MTR workshop, it was decided that CoC modules be translated into local language;

During the MTR workshop, Rutgers informed the YIDA Zambia that it has come on board to support the alliance with capacity building in gender transformative approaches. Therefore, in order to cascade this approach, it was concluded that YIDA staff should be trained in gender transformative approaches in order to effectively roll out the approach. It was actually agreed that the training will be conducted the second week of December, 2018.

The discussions during the MTR workshop revealed that untrained individual health workers have poor attitudes towards creating an enabling environment for boys and girls to access sexual and reproductive health services at health facilities. Sequential training and monitoring of health workers is necessary to change the attitudes positively.

Monitoring and evaluation has been found to be a very critical component of the programme because it makes information available for decision making. The implementing staff should be imparted with monitoring and evaluation skills in order to improve qualitative capturing of

successful stories of the programme. Therefore, during the MRT workshop, it was decided that all implementing staff should be trained in monitoring and evaluation.

During the MTR workshop, it was agreed that meaningful youth participation should be a cross cutting should be incorporated in all the five outcome becomes known as pathways. The alliance also concluded that in order to have effective and meaningful community dialogues for instance with gate keepers, intergenerational dialogue it is important that implementing staff are trained in dialogue methodology. This will contribute to establishment of social movement which at the moment is being formed.

In order to address drop outs of champions of change, it was concluded that recreation activities focusing for the out of school should be considered.

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

Collaboration with government line Ministries such as Ministry of Health, Ministry of Gender, Ministry of Community Development and Social Welfare, Victim Support Unit, Ministry of Chiefs and Traditional affairs and Office of the District Commissioner at all levels is key to the sustainability of the programme. In the past two and half years of the programme, government line Ministries and its departments have been effectively involved in planning, implementation, monitoring and reporting of progress of the programme. This measure has been seen to support the sustainability plan of the programme.

#### **8. Implications for the Yes I Do programme for 2019/2020<sup>7</sup>**

- a. Description of the implications for the programme implementation and partnership
- b. Main conclusions for the budget 2019/2020.

##### **Pathway 1**

According to the mid-term review findings, under pathway 1, revealed that it is easy to reduce child marriages but teenage pregnancies still going up. This is because some parents use teenage pregnancies as avenue for raising income. Therefore, in the next 2 and half years, the program will focus on conducting training and intergenerational dialogues with parents, girls, men and boys to discuss ASRHR issues.

The outcome on establishment of social movement is currently behind and not on track. For example, the findings reviewed that only a few gate keepers are taking action to prevent child marriages. Therefore, the project in the next 2 and half years will reach out to a wider coverage of

gate keepers with trainings and sensitizations focusing on addressing teenage pregnancies and child marriages. It is also expected that champions of change after completion of their training will start also the social movement in their communities. The MTR findings showed that implementation staff were not trained in champions of change model and therefore, find it difficult to provide guidance to the facilitators of champions of change. During the MTR process, it was agreed that implementation staff under the alliance should be trained in champions of change.

#### Pathway 2

During the MTR process, it was revealed that in order to meaningfully engage boys and girls to participate in decision processes on issues which affect their lives, the alliance should collaborate with other CSOs working in the implementation area. Further, during the MTR process, it was also revealed that even if boys and girls participate in various activities to claim their SRH, they do not make decisions. Hence, in the next 2 and half years remaining, the focus on pathway 2 will be to building capacities of CSOs alliance staff, boys and girls in MYP.

#### Pathway 3

The MTR findings, indicate that girls are accessing sexual and reproductive health services such as at health facilities such as contraceptives more than boys. There is inconsistency supply of condoms at health facilities and therefore, it has been established during MTR that boys are accessing condoms at nearby shops in their communities. Therefore, in the next 2 and half years of the project, community based distributors will be trained and government will support them with package of contraceptives in order increase access to condoms in the communities. Further, the program will work with other CSOs who are in the supply chain of condoms and create linkages with health facilities.

#### Pathway 4

Under pathway four it was decided that the outcome focusing on establishing a collaboration with private sector for the purpose of creating formal jobs, internships and mentoring is strategically seen not the optimal approach to reach the envisioned long outcomes under pathway four. Due to the limited presence of the private sector, mainly visible as small business enterprises, it was decided that for the remaining years the focus on economic empowerment of adolescent girls would be more beneficiary to continue training selected youth and households in VSLA followed by trajectories focusing on youth entrepreneurship (and linking to microfinance groups) and

vocational skills training where the VSLA institutes can take up the envisioned role for the private sector in offering mentorship to this target group. Within the program catchment areas, include secondary schools in our activities (Primary schools are up to grade 9 which includes 3 years of secondary schools so initial focus was on primary only).

#### Pathway 5

The focus for the next 2 and half years will be the finalization and implementation of the advocacy strategy across all the pathways.

#### Partnerships

- Community level facilitator for safe spaces needed on ground implementation.
- Alliance should reflect on the motivation of volunteers such as FCoC as well as of the motivation of the partners, as GAL and Plan have different views on this.
- Need to improve information trickling down to implementing staff and also from implementation team to the steering committee.
- Alliance cooperation need to be improved with implementation staff. Need to bridge the gap between partnership at country level and the PU. (We scored more or less the same as last year).

#### **Implication of these to the 2019/2020 budget**

##### Pathway 1:

- Intergenerational dialogues between parents and young people focusing on prevention of teenage pregnancy.
- Training of YIDA alliance members d in champions of change model.
- Training and strengthening of the social movement. Start of second CoC training;
- Conduct refresher training for Facilitators of CoC and monitoring.
- Conduct review meetings on the progress on the implementation of by- laws in chiefdoms.
- Exchange visits among chiefdoms to share best practices on the implementation of by Laws.

##### Pathway 2:



- Training local volunteers in MYP.
- Training alliance implementation staff in MYP.
- Training alliance in implanting gender.
- Continuous MYP sessions and expansion and strengthening of MYP capacity strengthening activities.
- 

#### Pathway 3:

- Training alliance partners in gender transformative.
- Support roll-out of Comprehensive Sexuality Education-CSE (reprint of CSE manuals and orientation of teachers in CSE)
- Training of teachers in CSE;
- Training and support of peer educators in 24 Communities (using a standard manual from Ministry of Health)
- Training and support of youth counsellors in 8 Health facilities (using a standard manual from Ministry of Health)
- Community awareness raising using theatre for social change in 24 communities
- Train and support facilitators of listening groups for opinion leaders, parents and youths
- Strengthen referral system between the health facility and community based structures

#### Pathway 4:

- Support training of new VSLA groups in VSLA methodology
- Enterprise Your Life Trainings (community based) for additional 120 VSLA Groups
- Support Business plan implementation
- Financial Management training for 120 VSLA Groups (Using the Financial education manual)
- Provision of small startup grants to youths that have undergone vocational skills training
- Training of Trainers for School club matrons/patrons and school managers in Child Rights and abuse identification
- Training of school clubs in Child Protection and Child rights
- Holiday Camps with adolescent girls for leadership, life skills and self- perception training and mentoship

#### Pathway 5:

- Implementation of by-laws in 8 YID specific chiefdoms
- Support the implementation and monitoring of By-laws in chiefdoms
- Capacity Building of alliance, plan and partner staff in gender and lobby/advocacy skills
- Train and support youths, adolescent boys and girls and community members in participatory advocacy
- Training of Plan, Afya Mzuri, GAL and other CSOs staff in Planting Equality

### 9. Any other reflection

## Annex 1. Format Results Section

<b>Pathway 1: Community members &amp; gate keepers have change attitudes and take action to prevent CM, TP and FMG/C</b>	
1. Which outcomes are on track? Please explain	<p><b>Enhanced dialogues with men boys and girls and women on harmful impact of CM and TP.</b></p> <p>This outcome is in progress. In the two and half years of the programme, all actors being men, boys, girls and women have been engaged in various community meetings and dialogues to discuss and share experiences, ideals and initiatives on harmful impact of child marriages and teenage pregnancies. Community leaders and gatekeepers have demonstrated understanding of benefits of changing norms and are aware of alternatives in relation to TP and CM. For example, some men and women now have started having discussions with their children on sexuality education relating to devastating harmful impact of child marriages and teenage pregnancies. This outcome have been validated with CoC undergoing training.</p> <p><b>Established network of change agents for social mobilization (girls, boys, men and women):</b></p> <p>This outcome is in progress because a network of champions of change is being established and have made progress on coverage of the curriculum which comprises of modules for girls and boys. Quarterly review meetings have also enabled to track progress being made on coverage of modules For example, girls are doing module 5 while boys are doing module 4. Boys and girls have demonstrated improved assertiveness, understanding of their ASRHR needs and cultural norms which brings about gender inequalities. These trainings have started transforming boys and girl's lives where a good number are now able to openly denounce traditional cultural practices hindering them to realize their potential through education. Further, girls are now able to express themselves with confidence on issues that affect them. For example, a 14 year old girl of Chadiza district at Kapachi community in 2017, left her marriage after attending sessions of CoC in the community. The same girl is now doing secondary school education.</p> <p>A network of men and women is being established. For example group of men called traditional initiators (Alumbwe) hold discussions with boys and fellow men on harmful impact of child marriages and teenage pregnancies to girls.</p>

	<p>A network of women group called traditional initiators and safe motherhood action groups is being established to engage with girls on the harmful practices of child marriages and teenage pregnancies.</p> <p><b>Social movement is established to transform social and gender norms that perpetuate CM and TP:</b>  This outcome is behind. A network of social movement for boys and girls is being formed through training of CoC who have begun to demonstrate their understanding of the gender dynamics and their adolescent sexual and reproductive health needs and rights. Girls are now able to express themselves with confidence on issues that affect them. <i>For example, Dabwitso Phiri, a champion of change in the age cohort of 15 -19 from Chanjowe ward in Chadiza, aged 18 years said, "I left my marriage after learning about gender equality and human rights especially on education. I am now doing grade nine at Chanjowe Day Secondary School. I believe education is the only way I can realise my dreams"</i>It is expected that in 2018 the CoC participants will finish their trainings and jointly start social movement within the YID communities as this is imbedded in the methodology</p> <p>A network of social movement among community members and gate keepers is being formed . For example, Chieftainess Mwanjabathu of Petauke district prevented 7 girls from child marriages and brought them back in school. Three (3) girls have completed secondary education while four (4) are still in school. People know that they are forming a social movement. Another successful story is that of headman Kaliji of Petauke district who prevented a child marriage where a 14 year old girl was supposed to get married but he prevented it. This outcome is on track because community members and gate keepers and other stakeholders have gradually started demonstrating changed attitude and take action to prevent CM and TP. We are in the development of by-laws. They are ready for review. However, there is need to do more on prevention of teenage pregnancies in the next 2 and half years remaining.</p> <p><b>Community members and gate keepers have changed attitude and take action to prevent CM and TP: This outcome is on track.</b> This outcome is in progress because some community members, gate keepers and other stakeholders conducted 24 consultative community meetings on development of by-laws to end child marriages and</p>
--	---

	<p>teenage pregnancies. The community members and gate keepers have since completed the process and by-laws are being compiled in readiness for validation or review. The purpose of by-laws is to end child marriages and teenage pregnancies through education and enforcement of the by-laws.</p>
<p>2. Which outcomes are <u>not</u> on track? Please explain</p>	<p>It is important to note that although the outcome on <b>Community leaders and gate keepers understand benefits of changing norms and are aware of alternatives in relation to CM and teenage pregnancies</b> is in progress. There are gaps relating to lack of awareness by the community members and gate keepers on existing laws impacting on child marriages and teenage pregnancies. For example the mid- term research, indicated that most of the people are not aware of the existing laws impacting on child marriages and teenage pregnancies. The education levels of the community members are low, to interpret existing laws. The baseline indicated that there are no laws on the ground but the issue is that, there are laws but government have not sensitized people. There is an opportunity to educate them on the existing laws.</p>
<p>3. Are there any unexpected outcomes observed? If yes, please elaborate</p>	<ul style="list-style-type: none"> <li>○ Husbands of CoCs women in age cohort of 20 -24 years complain that woman are becoming more assertive and that they are claiming a lot of rights at home.</li> <li>○ There is demand from parents to get to know more about CoC model. Therefore, there is need to develop modules for parents for CoC in order for them to support the CoC social movement network of boys and girls</li> <li>○ Young people below 10 are also getting interested but we don't have a module for them. Action should be to create recreation activities to make them busy as they are the next CoC in progress.</li> <li>○ Due to the fine for TP, teenage pregnancies are sometimes seen as a business venture. As parents of the girl can ask a compensation to the boy/men who impregnated the girl</li> </ul>
<p>4. What is/has been the contribution of the YIDA to these outcomes?</p>	<p>YIDA has provided capacity building through trainings, review meetings and working tools to CoC which FCoC have made progress on coverage of modules. Gatekeepers also received training and beyond trainings are conducting sensitizations in their communities. In other words, YIDA have formed partnerships with various gatekeepers in the communities to take action to prevent child marriages and teenage pregnancies.</p>

<p>5. Which key outputs are realized: please provide a <u>summary</u> of key outputs and explain?</p>	<p><b>Training of boys and girls in Champions of Change:</b> 3,536 boys and girls (M: 1,768 &amp; F: 1,768) are currently enrolled and undergoing a 6 – 10 months training being facilitated by trained facilitators of CoC in all the 2 districts.</p> <p><b>Sensitization meeting with Civic and Traditional leaders (SADC Model Law, Marriage act, By-law formulation) :</b>  Due to dialogues with various traditional and civic leaders the understanding on the harmful impact of child marriage and teenage pregnancies was increased and signs of these stakeholders starting their own social movement have been shown. This has been demonstrated for instance, these stakeholders being able to demonstrate their understanding of the SADC model law and the marriage act by taking concrete actions to prevent these issues. The traditional leaders have begun conducting consultative meetings with community members to get their views on the content of the By-laws to address CM and TPs. Furthermore, other traditional leaders are already taking action to address CM. For example, Chief Nyampande has already set up a child protection committee in his chieftdom which is working on increasing protection of children against child marriages, teenage pregnancies and other forms of abuse.</p>
<p>6. How do these outputs contribute to the outcome(s)?</p>	<p><b>Training of boys and girls in Champions of change:</b> The boys and girls that are undergoing the training have begun to demonstrate their understanding of the gender dynamics and their adolescent sexual and reproductive health needs and rights. Girls are now able to express themselves with confidence on issues that affect them. <i>For example, Dabwitso Phiri, a champion of change in the age cohort of 15 -19 from Chanjowe ward in Chadiza, aged 18 years said, "I left my marriage after learning about gender equality and human rights especially on education. I am now doing grade nine at Chanjowe Day Secondary School. I believe education is the only way I can realize my dreams"</i>It is expected that in 2018 the CoC participants will finish their trainings and jointly start social movement within the YID communities as this is imbedded in the methodology.</p> <p><b>Sensitization meeting with Civic and Traditional leaders (SADC Model Law, Marriage act, By-law formulation)</b></p>

	<p>The gate keepers through enhanced dialogues have started building a social movement as they are now confidently condemning cultural norms which perpetuate child marriages and teenage pregnancies. Parents are now reporting cases of child marriages to the chiefs and other relevant authorities, a situation which never existed before. Gate keepers have realized the benefits of changing cultural norms which perpetuate gender inequalities. Chiefs are leading this social movement through sensitizations in the communities for the transformation of cultural norms. In every gathering messages on child marriages and teenage pregnancies are passed on in the communities during various community meetings.</p>
7. Which outputs were <u>not</u> realized? Please provide a summary and explain	-
8. What are the challenges and opportunities to improve outcomes of pathway 1?	<p><b>Challenges</b></p> <ul style="list-style-type: none"> <li>• Spread of activities to reach full social movement, stakeholders such as community leaders that are aware &amp; supportive of YID messages still a challenge but find dynamics such as tradition vs culture challenging norms.</li> <li>• Low literacy levels hindering parents to understand benefits of changing cultural norms for girls to attain their education.</li> <li>• During the period under review, the project experienced a number of dropouts among the trained facilitators of CoCs and the members of the CoC themselves due to re-locations for better opportunities such as employment, education (college).</li> </ul> <p><b>Opportunities</b></p> <p>The Girls not Brides campaign where Plan International is a member, being coordinated by the United Nations in Zambia, is a great opportunity for the YIDA in Zambia, to push its agenda of social movement through CoC model of girls and boys to condemn cultural practices which perpetuate child marriages and teenage pregnancies. Through this campaign, the YIDA in Zambia has also immerse opportunity for influencing with other actors to support the social movement among community members &amp; gate keepers to have changed attitudes and take action to prevent Child Marriages and teenage pregnancies</p>

	<p>The implementation of National Strategy to end child marriages 2016 -2021 being coordinated by Government through Ministry of Gender offers a great opportunity for YIDA to engage with state and non -state actors for mindset transformation among gatekeepers to understand the benefits of changing cultural norms which perpetuate child marriages and teenage pregnancies. This is expected to enable community members &amp; gate keepers have change attitudes and take action to prevent Child Marriages and teenage pregnancies.</p>
--	---

Pathway 2: Adolescent girls and boys are meaningfully engaged to claim their SRHR	
1. Which outcomes are on track? Please explain	<p><b>Adolescent girls and boys are meaningfully engaged to claim their SRH rights</b></p> <p>One of the groups that participated in a safe space in which they learned to about condom use made plans to go to the health facilities and demand that they would do outreach in their communities, as their communities lie far away from the health centre.</p> <p>Young people therefore demonstrate to be aware of their rights. In the remaining of the program, YIDA will focus more on empowering the young people to further claim their rights actively.</p> <p><b>Adolescent girls and boys are aware of their rights and empowered to raise their voice.</b></p> <p>Prior to their interaction with YID and MYP, Young people were not aware that they had a right to claim for SRHR information and services. And, they were unaware that health centres provide YFHS, and are now accessing them. It has been reported that young people have been going to the health centres to seek information, services and commodities.</p> <p>Young people have also demonstrated confidence and immense enthusiasm coupled with high self-efficacy to engage with decision makers on issues that affect them.</p> <p><b>Adolescent girls and boys have improved knowledge on their SRH rights and skills for influencing quality and availability of service provision</b></p> <p>Through safe spaces (GAL) and the Champion of Change groups(Plan) youth are improving their knowledge on SRHR.</p>
2. Which outcomes are <u>not</u> on track? Please explain	<p><b>CSOs are involving young people in their programming in a meaningful way</b></p> <p>Some Alliance members have been capacitated in MYP. However, this needs to be strengthened, which is planned for the end of 2018. After an MYP Survey was conducted and a Meaningful Youth Participation Organization Tool (MOT) administered , it was found that young people in the alliance member organizations are being meaningfully included in some parts of the program, like advocacy, implementation and reporting. However, when it came to budgeting and M&amp;E they are included to a lower extent.</p>



	<p>Furthermore, young people have indicated that they feel that they get freedom of choice and information, but that there is room for improvement for the MYP core elements voice, decision-making power and responsibility. Both alliance partner organizations are having a positive stance towards MYP and are working on improving MYP in their organizations.</p> <p>In the remaining 2.5 years of the program it is aimed to not only focus on the alliance members of YIDA, but to also capacitate other CSOs that work in the implementation area more. Some have been sensitizing on MYP but they need to receive intensified support to make sure they involve young people in a more meaningful way.</p>
3. Are there any unexpected outcomes observed? If yes, please elaborate	<p>Young people are taking informed action on their sexual health by accessing commodities from private sellers.</p>
4. What is/has been the contribution of the YIDA to these outcomes?	<p>The activities under pathway 2 that have been implemented by GAL have strengthened the capacity of young people in being aware of their rights and by claiming them. One of the girls that participated in a safe space in Chilenga that was visited during the MTR fieldtrip said: <i>'I do not agree with what has been said.'</i> And, another young person stated, <i>'during the session on the decision-making module that we discussed during another safe space we learned that we should defend our rights, so that is what I am doing now.'</i></p> <p>GAL provides a space in which young people can freely discuss anything they want. They have been asking to learn about condom use, masturbation and what to do when a boy wants to have unprotected sex.</p> <p>Adolescents have requested to continue the safe spaces, but that parents also need to be engaged: <i>"We have learnt all these things but we can not tell our parents because we are scared and are not free. You need to talk to our parents as well."</i></p>

<p>5. Which key outputs are realized: please provide a <u>summary</u> of key outputs and explain?</p>	<p><b>MYP SURVEY AND MOT</b>  21 people (F: 18 and M: 3) drawn from Staff and volunteers drawn from the YID Alliance (GAL and Plan International Zambia) and, participated in the meaningful youth participation survey on Survey Monkey. Furthermore, GAL in collaboration with CHOICE administered a Meaningful Youth Participation Organization Tool (MOT) aimed at identifying organizational strengths and weaknesses and to be able to detect and measure change and development. The tool was administered to GAL and Plan Zambia staff and volunteers. The results of these two processes will be used as a baseline measure as well as the tool for framing needs-based technical support in implementing MYP within the YIDA.</p> <p><b>LOCAL CBOS, YOUTH AND WOMEN'S GROUP MEMBERS TRAINED ON ASRHR AND MYP.</b>  GAL conducted 3 trainings for local CBOs, youth and women's groups in Chilimanyama and Kovyane in Petauke districts. The trainings reached a total number of 91 participants (54 females and 37 males). Participants included youth volunteers and peer educators implementing Comprehensive Sexuality Education within the communities and at Youth Friendly Corners. These were provided with information and skills well as guidelines on MYP which would enable them develop plans on how to meaningfully engage young people in their programming.</p> <p><b>MYP MENTORS IDENTIFIED AND SUPPORTED</b>  GAL has identified 4 community members (3 females and 1 male) who are highly regarded and respected within their communities as MYP mentors and champions in Petauke District. These are being provided with information and skills to champion MYP in their communities where they are considered role models and/or opinion leaders in the campaign to end child marriages, MYP and creating a supportive social environment for adolescents' access to SRHR information and services. These mentors have been talking to parents and guardians about the consequences of early child marriages and encouraging them to keep their girl children in school.</p> <p><b>ADOLESCENT DIALOGUES</b>  GAL conducted several adolescent dialogues in Petauke district and Chadiza District . The dialogues provided a forum for discussion on SRHR issues affecting them.</p> <p><b>ADOLESCENT INSAKAS (safe spaces) CONDUCTED</b></p>
---	--

Several adolescent safe spaces were conducted, in Petauke district and Chadiza District. These were aimed at creating safe spaces to enable adolescent girls and boys to freely and openly discuss SRHR issues as well as build their leadership skills to enable them make informed decisions and adopt positive health seeking behaviours.

GAL conducted a focus groups discussion with adolescents who participated in the insakas and dialogues to determine the impact of the insakas. The focus group discussions revealed that some participants are utilizing the information gained to make informed decisions about their lives; some have made the decision to abstain while others access contraception and HIV testing services from their local health centres. Some of the participants also shared information with their friends/peers in their communities

#### **OUT OF SCHOOL YOUTH TRAINED ON ASRHR**

GAL conducted ASRHR training for adolescent girls and boys (119 females and 84 males) in collaboration with Plan Zambia and local CBOs.

#### **MEANINGFUL YOUTH PARTICIPATION CONSULTATIVE MEETINGS**

The meetings were aimed at getting their input into the YID project designs as well as analyze the barriers and challenges they face with regards to child marriage and access to Sexual and Reproductive Health Rights, (SRHR), information and services.

#### **CONSULTATION MEETING WITH KEY STAKEHOLDERS**

GAL conducted consultations with 30 key stakeholders, 12 male and 18 female who included representatives from the Media, House of Chiefs, Judiciary, Ministry of Chiefs and Traditional Affairs, Ministry of Education, Ministry of Youth and Ministry of Health in Lusaka and Petauke. These meetings helped provide insight into the strategies and approaches that can be integrated into the project.

#### **MAPPING OF CSOS, CBOS WORKING ON SRHR, CM AND ADVOCACY AND YOUTH GROUPS AND STRUCTURES**

The mapping was aimed at ascertaining which partners were present in the area, the issues they were working on and opportunities for collaboration and synergies.

	<p><b>ORIENTATION MEETINGS ON ASRHR/MYP FOR PARENTS AND COMMUNITY LEADERS</b></p> <p>Orientation meetings in ASRHR/MYP for Parents and community leaders were conducted aimed at creating an understanding of ARHR and parents' role in supporting their children with accurate SRHR information, social support for decision making and preventing and addressing TP and CM. Most of the parents were concerned that providing ASRHR information to children would expose them to sexual activity and that as parents they have been socialized to make decisions for their children as they as parents are the ones who bear the burden of children's wrong decision making. It was evident from the orientation that there is need to include more Values Clarification and Attitude Transformation (VCAT) to shift the perceptions and values of parents on ASRHR and to meaningfully engage young people in decision making.</p>
--	---

<p>6. How do these outputs contribute to the outcome(s)?</p>	<p><b><u>MYP SURVEY AND MOT</u></b></p> <p>Because of the MOT and MYP survey that have been conducted, the alliance has a clearer view in what ways and levels young people are included and are not included (yet). This helps in further strengthening the alliance organizations in making YID more MYP.</p> <p><b>MAPPING OF CSOS, CBOS WORKING ON SRHR, CM AND ADVOCACY AND YOUTH GROUPS AND STRUCTURES</b></p> <p>This provided insight into what opportunities exist for collaboration, synergies and leveraging resources in order to have maximum impact .</p> <p><b>TRAININGS FOR LOCAL CBOS, YOUTH AND WOMEN'S GROUP MEMBERS ON ASRHR AND MYP.</b></p> <p>These stakeholders are now capacitated on MYP and have developed action plans to integrate MYP. This contributes to the outcomes in the sense that an enabling environment for meaningful participation of young people is stimulated. The trainings need to be follow-up in the remaining of the program.</p> <p><b>MYP MENTORS IDENTIFIED AND SUPPORTED</b></p> <p>The identified mentors play a role in strengthening the enabling environment for MYP in the community on the one hand and strengthening the capacity of young people to participate meaningfully on the other hand.</p> <p><b>ADOLESCENT DIALOGUES FOR ADOLESCENTS</b></p> <p>These dialogues provide a platform for adolescents to voice their concerns regarding their SRHR and claim their rights.</p> <p><b>ADOLESCENT INSAKAS CONDUCTED</b></p> <p>The insakas provide a safe space for young people to discuss issues about their SRHR and MYP. This empowers them in knowledge about their SRHR, their self-confidence is increased and they practice skills to claim their SRH rights and self-confidence.</p> <p>We anticipate that the information provided on where, when and how to access services will result in positive health seeking behaviours.</p> <p><b>TRAINING FOR YID ALLIANCE MEMBERS ON ASRHR AND MY</b></p> <p>With this training part of the alliance has been capacitated in MYP and worked towards an action plan to integrate MYP in their organizations and programs. As reflected above, this</p>
--	--

training needs to be repeated, but a seed has been planted regarding the MYP integration in alliance members organizations.

**ORIENTATION MEETINGS ON ASRHR/MYP FOR PARENTS AND COMMUNITY LEADER**

When MYP is concerned it is important than not only young people are trained, but that there is also a focus on creating an enabling environment for young people to claim their rights. Especially in a context like Zambia, which is very hierarchical, it is important to also sensitize groups of adults that are close to the young people on MYP and ASRHR. This will contribute to an enabling environment for young people to exercise their SRHR and claim their right.

<p>7. Which outputs were <u>not</u> realized? Please provide a summary and explain</p>	<ul style="list-style-type: none"> <li>- <b>ALLIANCE TRAINING ON MYP</b></li> </ul> <p>A first training has been organized in 2017 by GAL for Plan and GAL staff. However, the attendance of this training was very low and people could not attend the full training. During the ARM in 2017 it has been decided that the training should be redone with also Afya Mzuri on board, but due to lack of joint planning of activities this had to be rescheduled to 4<sup>th</sup> quarter of 2018..</p>
<p>8. What are the challenges and opportunities to improve outcomes of pathway 2?</p>	<p><b>Challenges</b></p> <ul style="list-style-type: none"> <li>- MYP is a cross cutting issue across all pathways and should be given more priority so that young people are meaningfully engaged in ALL activities under Yes I Do.</li> <li>- When working in an alliance, it is important to give and take. It was noticed that MYP was not always found the most important, which caused a delay in implementing the activity of the MYP alliance training. This has been discussed and it will be given priority in the coming quarter.</li> <li>- The facilitation of the safe spaces (insakas) in Chadiza is currently done by a facilitator that is based in Lusaka. This needs to be changed as it is better to have a local facilitator so that the young people can meet the facilitator also to discuss one-to-one issues.</li> <li>- When working with volunteers (GAL activities and CoC) it is important to continuously make sure correct information is provided.</li> </ul> <p><b>Opportunities</b></p> <ul style="list-style-type: none"> <li>- Willingness to implement MYP and alliance organizations are working on MYP policies.</li> </ul>
<p><b>Pathway 3: Adolescent girls and boys take informed action on their sexual health</b></p>	

<p>1. Which outcomes are on track? Please explain</p>	<p><b>Teachers, health, and social workers are better equipped to provide ASRHR information and services and to provide safe and youth friendly spaces:</b> This outcome is in progressive although with challenges.</p> <p>Teachers called matrons and patrons after receiving training in adolescent sexual and reproductive health rights and provided with working tools, are adequately providing good information on ASRHR during sessions among in- school girls and boys. The support of school club patrons and matrons with IEC materials have facilitated comprehensive transfer of information and knowledge to adolescent boys and girls on sexual and reproductive health. This has also contributed to consistency in information being shared. The in-school girls and boys have demonstrated sharpening and improved knowledge of adolescent sexual and reproductive health rights and needs. This has been shown through poems, debates and drama. With government strategic direction focusing on young people including adolescence facilities are becoming more youth friendly. Each facility is becoming more YP friendly. The in-school are monitored quarterly through field school review meetings.</p> <p><b>Increased quality of ARSH and social welfare information and services</b></p> <p>Services have been improved with decentralization policy of government, more emphasis is put on services on sub level. For example, government have appointed district adolescent sexual and reproductive health focal point persons to ensure youth friendly service provision at health facilities. Some health facilities through trained health workers and youth counsellors have continued providing an enabling quality youth friendly environment for adolescent girls and boys to access sexual and reproductive health information and services at the youth friendly space. During the 2 and half year of the project, the mid-line research indicated that there</p>
---	--



	<p>is increased number of out of school boys and girls accessing services at health facilities near their communities. For example, the midterm review report findings shows that in 2018, 2,229 girls and 1,865 boys accessed ASRHR services at health facilities. In 2017, 2,275 girls while 5,263 boys accessed SRHR and used contraceptives such as condoms. Herewith contributing alongside other interventions to the outcome "Adolescent girls and boys have increased access to ASRHR information and services, and child protection services".</p> <p><b>Adolescent girls and boys have increased access to ASRH information and services and child protection services</b></p> <p>This outcome has been progressing well as revealed by the findings of the midterm. For example, in 2017 a total of 2,275 girls and 5,263 boys were registered at the health facilities as having accessed the sexual reproductive health services. The services included information and contraceptives. The data that has been collected during half of the calendar year 2018 (January – June) has shown similar increase (2,229 girls and 1,865 boys). In terms of child protection services, schools have school managers, patrons and matrons trained in child protection and abuse identification. These schools have put in place child protection reporting mechanisms where girls and boys are now free to report child protection related issues to the in-school matron, patron and indeed school manager. Further, some schools have child protection suggestion boxes where girls and boys are free make their voices heard on the improvement of child protection related issues.</p>
<p>2. Which outcomes are <u>not</u> on track? Please explain</p>	<p>The project did not carry out much activities on the out-of-school boys and girls. This was due to the delay in the engagement process of the sub-contracting of the partner (Afya Mzuri) under this pathway. It is anticipated that the partner who already has the project staff in the project site will speed up the process of project implementation.</p>

<p>3. Are there any unexpected outcomes observed? If yes, please elaborate</p>	<ul style="list-style-type: none"> <li>• Women have had the knowledge on SRHR. Some of them are going to facilities. Other prefer to go and access services away from the facility. They prefer to go to shops to get condoms. They don't prefer health facilities. This requires refocusing programming to target shop owners to impart ASRHR information to make these hot spots more youth friendly.</li> <li>• Matrons and patrons got allocated time to address the pupils in school instead only in the club</li> <li>• Trained school club Patrons and matrons are supporting FCoC in training of CoC.</li> </ul>
<p>4. What is/has been the contribution of the YIDA to these outcomes?</p>	<p>YIDA has provided capacity building training to in school club teachers called matron and patrons in ASRHR to deliver sessions to girls and boys in schools and also provided capacity building to the in-school matrons and patrons and school managers in child protection and abuse identifications.</p> <p>YIDA also provided capacity building to health workers who received training in ASRHR service delivery. The capacity building has enabled health facilities adopt youth friendly service delivery mechanisms to adolescent girls and boys who access information and services. However, there are still some health workers (especially those not trained in Youth friendly ASRH service delivery) exhibiting a negative attitude towards girls and boys accessing contraceptives including condoms.</p>
<p>5. Which key outputs are realized: please provide a <u>summary</u> of key outputs and explain?</p>	<p><b>Training in and out of school club in ASRH</b></p> <p>The trained teachers acting as matrons and patrons are now able to demonstrate their improved facilitation skills as they engage boys and girls in their respective schools. This has also improved the quality of ASRHR information shared to this target group. The school boys and girls are able to demonstrate their understanding of this information increasingly.</p> <p>However, as in indicated on number 2, the project did not implement much activities on the out-of-school boys and girls. This was due to the delay in the engagement process of the sub-contracting of the partner (Afya Mzuri) under this</p>

pathway. It is anticipated that the partner who already has the project staff in the project site will speed up the process of project implementation.

**Trainings of health workers in youth service friendly services focusing on improving the provision of adolescent and youth friendly reproductive health services.**

Health facilities through trained health workers and youth counsellors have continued providing an enabling youth friendly environment for adolescent girls and boys to access sexual and reproductive health information and services at the youth friendly corners. During stakeholder review meetings it was noted that based on health centre reports an increased number of out of school boys and girls are accessing services at health facilities near their communities. Herewith contributing alongside other interventions to the outcome "Adolescent girls and boys have increased access to ASRHR information and services, and child protection services".

**Training of youth drama groups in community theatre to enable them carry out sensitization campaigns on ASRH**

The trained youth community drama groups have demonstrated improved skills in community mobilization awareness raising in their respective communities on ASRH, child marriages and teenage pregnancies through theatre which attracts a lot of young people and uses this opportunity to disseminate information to boys and girls. These drama groups have been linked to health facilities and are working well with health workers trained in adolescent and youth friendly sexual reproductive health. These trained health workers that are linked to these drama groups ensure that information that shared is correct. The data collection tools (beneficiary tracking) have been shared with the groups to collect information that is submitted monthly to the health facility. This helps to track the progress on the number reached with ASRH information.

<p>6. How do these outputs contribute to the outcome(s)?</p>	<p>The trained in school club teachers called matrons and patrons have been supported with IEC materials and have continued providing consistence and comprehensive transfer of information on ASRHR to the in- school girls and boys. The in-school girls and boys in the 2 and half years of YIDA have demonstrated improved understanding of their ASRHR during debates, school assembly talk shows and in poetry.</p> <p>The trained health workers in youth friendly services have facilitated health facilities to adopt youth friendly services provision to adolescent girls and boys. For example, The midterm findings shows that in 2018, 2,229 girls and 1,865 boys accessed ASRHR information and services at health facilities. In 2017, 2,275 girls and 5,263 boys accessed information and SRHR services and used contraceptives such as condoms. The report on teenage pregnancies indicate that in Chadiza district, before the programme the cases of teenage pregnancies were 152 but in the 2 and half years, teenage pregnancies have reduced to 47 cases. This is contributed to overall outcome of Adolescent girls and boys take informed action on their sexual health.</p>
<p>7. Which outputs were <u>not</u> realized? Please provide a summary and explain</p>	<p>The project did not implement much activities on the out-of-school boys and girls. These include trainings of community matrons and patrons, change agents and formation of listening groups, and community radio program. This was due to the delay in the engagement process of the sub-contracting of the partner (Afya Mzuri) under this pathway. It is anticipated that the partner who already has the project staff in the project site will speed up the process of project implementation.</p>

<p>8. What are the challenges and opportunities to improve outcomes of pathway 3?</p>	<p><b>Challenges</b></p> <ul style="list-style-type: none"> <li>• Inconsistence stocking of condoms (supply V demand).</li> <li>• Long distance to health facilities.</li> <li>• Relocations of trained health workers.</li> <li>• Poor attitude of some untrained individual-health care workers in youth friendly delivery limiting number of adolescents accessing information and commodities such as condoms and family planning.</li> </ul> <p><b>Opportunities</b></p> <p>Government through the decentralization policy of ASRHR services have put in place adolescent sexual and reproductive health focal point persons in each district to make health facilities more youth friendly. Secondly, Government has introduced comprehensive sexuality education (CSE) in schools and have trained school section or zonal coordinators. This offers a great opportunity and platform for YIDA to transfer correct and comprehensive ASRHR information to the in-school girls and boys. This is expected to contribute to the overall outcome of "Adolescent girls and boys take informed action on their sexual health".</p> <p>Training and support of community based distributors planned during for October 2018 will help increase access to ASRHR services such as condoms and other contraceptives to young people in the community and will also address long distance to health facilities as the commodities will be made available within the community.</p>
<p><b>Pathway 4: Girls have alternatives beyond CM, TP and FGM/C through education and economic empowerment</b></p>	

<p>1. Which outcomes are on track? Please explain</p>	<p><b>Increased provision of youth friendly microfinance and vocational training</b></p> <p>120 village leading and saving associations have received financial education training. Financial education is a curriculum designed to impart knowledge and skills on financial management and how to grow their small business enterprises into more viable and profitable. The curriculum also imparted knowledge on importance of increasing savings and also when it is necessary to borrow money in business. Those trained have in the period under review started growing their business enterprises and are managing their finances well as they are able to manage their financial records.</p> <p>24 girls derived from VSLA groups are now undergoing vocation skills training designed to impart vocational skills training to be able to grow their businesses and be economically empowered hence contributing to overall outcome of <b>"Girls have alternatives beyond CM, TP and FGM/C through education and economic empowerment"</b></p> <p><b>Increased provision of economically empowering activities for parents/ households</b></p> <p>During the period under review, VSLA Methodology awareness and mobilization meetings for mothers and PTA members in both districts were rolled out on VSLA methodology. The awareness raising activities created more demand for the formation of 16 additional VSLA groups from the 120 already existing VSLA groups in all the two districted (12 in Petauke and 4 in Chadiza). These groups are yet to be trained in VSLA methodology so that they can also begin to meet and start saving therefore, contributing to the empowerment of families of whose daughters are at risk of teenage pregnancy and child marriages.</p> <p><b>Increased access to safe post primary education for adolescent girls and child protection school systems.</b></p> <p>This outcome is on-going and progressing well.</p> <p>As an alliance we have done quite a number of activities that influence the safety on school for a child. Having committees that look at the welfare of children at school and formation of school clubs. Having the headman within the environment and teachers trained on SRHR. There is a collaboration between health centres and teachers and school management. There is improvement on protecting the child.</p>
---	---

	<p>For example, the programme trained school club teachers and school managers in child protection abuse identification and those trained are implementing the child protection mechanisms such as reporting of child protection issues within the school. Further, most of the schools have child protection suggestion boxes where girls and boys air their views on issues impacting their protection in the school environment. There is also mechanisms of linkages for escalating child protection reporting to other relevant authorities such as Zambia Police service.</p>
<p>2. Which outcomes are <u>not</u> on track? Please explain</p>	<p><b>Adolescent girls finish post primary education</b></p> <p>This is outcome is still behind because it is dependent on levels of household income. The assumption is that when women (mothers of school going girls) are economically empowered their household income will increase so that they can support their girls' education. This means girls can be supported to remain in school and be able to finish their post primary education. So far the women (mothers) have begun engaging small businesses and their income levels are steadily increasing.</p> <p><b>Established collaboration with private sector</b></p> <p>The target area has hardly no private sector, therefore YIDA will focus on self-employment rather than working with existing private sector actors to provide jobs</p> <p><b>Increased access to credits and jobs and control of economic activities for adolescent girls</b></p> <p>During the period under review, 24 girls were selected and undergoing vocational skills training in poultry farming and management and hair dressing from September –December, 2018. It is expected that after the training, girls will use skills and create more viable businesses and become economically resilient.</p> <p><b>Adolescent girls are more economically empowered:</b> not on track because previous outcome is not on track</p>
<p>3. Are there any unexpected outcomes observed? If yes, please elaborate</p>	<ul style="list-style-type: none"> <li>Boys and men become insecure as girls are likely to have more income than them.</li> <li>Boys feeling left out and making girls pregnant</li> </ul>

<p>4. What is/has been the contribution of the YIDA to these outcomes?</p>	<p>YIDA has provided capacity building through trainings to Village agents on OSAWE methodology, training 111 VSLA groups in enterprise your life, training of 120 VSLA groups in financial education. And mobilization and awareness using OSAWE methodology to young members and parents of the PTA. The capacity building have helped parents to begin small businesses providing support to the girl child who is at risk of child marriages.</p>
<p>5. Which key outputs are realized: please provide a <u>summary</u> of key outputs and explain?</p>	<p><b>Formation of Village Saving Loaning Associations</b>  After training 24 peer trainers called "Village Agents" in the Village Saving and Loan Association (VSLA) methodology, 109 savings groups were formed of which 1,601 Youths were reached (1,028 females, 573 male) were trained in VSLA methodology. For example the Tikondane group (10 members of which 10 6 males and 4 females) meaning "Love" was formed and started saving in May, 2017. The total savings as of end of November, 2017 by the (males 6 and 4 females) was K4, 640 (€ 438) and the value of active loans was K5, 568 (€ 526). Of these 109 groups, 62 savings groups were trained in financial education. After which, 100 savings groups were supported with materials such as constitutions, pass and ledger books, reporting forms, group registers, and case story books.</p> <p><b>Quarterly review meetings for Village agents (peer leaders) in both districts</b>  In the period under review, quarterly review meetings for Village agents in both districts have been found to be helpful in tracking and sharing of information on performance of VSLA groups. Reports shared so far show that there is an increase in the savings portfolio for village savings. For example, the total savings for 120 VSLA groups in both districts was reported to be standing at \$19,057. There is also increased number of girls engaging into income generating business activities which has increased access to income among girls. This means that girls are no longer pressured into child marriage for economic reasons</p> <p><b>Enterprise Your Life (EYL) youth entrepreneurship trainings for a total of 120 VSLA Groups at community level in both districts</b>  111 out of 120 VSLA groups were trained in enterprise your life (EYL) at community level in both districts reaching out to a total of 1,514 members (M: 407 and F: 1,107).</p>



	<p>Enterprise Your Life methodology is a follow-up activity after the VSLA groups have gone through VSLA training and have a basic understanding of financial management. This curriculum is designed to impart entrepreneurship skills so that members of VSLA groups can begin to engage in profitable business ventures. Those trained have started small businesses leading to improved household income. This outcome is contributing to increased access to credits via the VSLA approach and control over economic activities by supporting youth entrepreneurship</p> <p><b>VSLA Methodology awareness and mobilization meetings for mothers and PTA members in both districts on VSLA methodology.</b></p> <p>VSLA methodology awareness and mobilization meetings for mothers and PTA members in both districts were held reaching out to a total of 3,025 people (M: 768 and F: 2,257)</p> <p>The awareness raising activities have created more demand for the formation of 16 additional VSLA groups in all the two districted (12 in Petauke and 4 in Chadiza). These groups are yet to be trained in VSLA methodology so that they can also begin to meet and save, contributing to the empowerment of families of whose daughters are at risk of teenage pregnancy and child marriages.</p>
6. How do these outputs contribute to the outcome(s)?	<p>The capacity building training under the programme contributed to the realization of some outcomes. Although some of the outs were not realized. For example, some of the groups for mothers are yet to be trained in the 2 and half of the year remaining.</p>
7. Which outputs were <u>not</u> realized? Please provide a summary and explain	<p>The linking of girls to the private sector for jobs is still a challenge as the labour landscape is small in both districts where the project is being implemented.</p>

<p>8. What are the challenges and opportunities to improve outcomes of pathway 4?</p>	<p><b>Challenges</b></p> <ul style="list-style-type: none"> <li>• Weak market scan</li> <li>• In- school youth wanting to focus on income generating activities instead of class.</li> <li>• There are limited availability of secondary schools in the catchment area</li> <li>• Economic Empowerment to out of school girl may deter them from getting back to school after teen age pregnancies</li> </ul> <p><b>Opportunities</b></p> <p>Ministry of Community development is implementing an empowerment project called JEWEL, which is intended to provide financial support to women to embark on profitable businesses is a great opportunity to link the VSLA under the project for financial support to increase their income.</p> <p>The demand and willingness of many parents to participate in VSLA groups is a great opportunity for parents to have income at household level to support the education of adolescent girls who are at risk of child marriages.</p> <p>Engagement with Ministry of Health to build more secondary schools in the target areas of the YID programme to increase chances of girls attaining post primary education.</p>
<p><b>Pathway 5: Policy makers and duty bearers develop and implement laws and policies on CM and FGM</b></p>	
<p>1. Which outcomes are on track? Please explain</p>	<p><b>CSOs and change agents hold government and policymakers to account:</b> This is outcome is progressive. For example, Plan is a member of a technical working group on ASRHR for National Assembly and sitting on the civil society organisations working on SRHR for Ministry of Health. GAL is in technical working groups and conducts direct advocacy to policy makers. These activities were already happening before YIDA started so there are no specific outcomes here that are a direct result of what is happening here.</p> <p>We have examples of where a head teachers was saying because of the existence of CoC to give them a day on Friday to meet; that is an influence coming from change agents (link with pathway 1 established networks)</p>

	<p><b>Research conducted and data acquired for advocacy purposes.</b></p> <p>The YIDA alliance through KIT has in the 2 and half years carried out research study surveys on initiation ceremony, champions of change, child marriages and teenage pregnancies in the project implementation areas. The research studies have under the period under review provided useful data for advocacy.</p> <p>For instance, during the period under review, YIDA alliance in Zambia developed a joint advocacy plan incorporating some of the research findings on the targeting for advocacy. It is expected in the next 2 and years the advocacy strategy will guide and sharpen the focus of the interventions to place under YID and giving input for the formulation of the outcomes presented under this pathway (5) of the Zambia Theory of Change.</p> <p><b>Policy makers and duty bearers harmonize strengthen and implement laws and policies on CM and SRH:</b> YIDA contributed to harmonization of a Code Bill 2018 related to child marriage. This is on track but contextual change.</p> <p><b>Political awareness increase and political will created:</b> Plan is a member of a technical working group on ASRHR for National Assembly and sitting on the civil society organisations working on SRHR for Ministry of Health. GAL is in technical working groups and conducts direct advocacy to policy makers. YIDA has used these platforms to create awareness on provision of ASRHR services in more meaningful youth friendly.</p>
<p>2. Which outcomes are <u>not</u> on track? Please explain</p>	<p>There still room for improvement as some of the outcomes requires improvement.</p>

3. Are there any unexpected outcomes observed? If yes, please elaborate	Nil
4. What is/has been the contribution of the YIDA to these outcomes?	The YIDA has contributed capacity building to gate keepers as well as to girls and boys to engage with policy makers to make and implement policies which contribute to ending CM and TP.
5. Which key outputs are realized: please provide a <u>summary</u> of key outputs and explain?	<ul style="list-style-type: none"> <li>· 177 Traditional and Civic leaders (M:150 &amp; F:27) were reached during two sensitization meetings</li> <li>· 25 youths trained (boys 14 and 11 girls) and supported in participatory advocacy and this is on-going.</li> <li>· Development of advocacy strategy</li> <li>· Meetings at national district and community levels to advocate for ASRHR, end of child marriage</li> <li>· Desk review of laws and policies on ASRHR and child marriages</li> <li>· Youth (boys and girls) trained in participatory advocacy</li> <li>· Advocacy meetings with youth and policy makers (Youth led policy dialogues)</li> <li>· Media reporting, advocacy orientationa and technical support for reporting on TP and CM.</li> </ul>
6. How do these outputs contribute to the outcome(s)?	The capacity building provided to gatekeepers and civic leaders and boys and girls trained in advocacy, have begun to demand government to implement policies which contribute to ending child marriages and teenage pregnancies. For example, the CoC in Naviruli community influenced Ministry of Education to provide free time to girls and boys every Friday afternoon to attend to CoC training sessions.

<p>7. Which outputs were <u>not</u> realized? Please provide a summary and explain</p>	<p>The cascading or the participatory advocacy training did not occur as all advocacy related activities were put on hold until an Alliance advocacy strategy was developed.</p>
<p>8. What are the challenges and opportunities to improve outcomes of pathway 5?</p>	<p><b>Challenges</b></p> <ul style="list-style-type: none"> <li>• Inconsistencies in the pieces of legislation on the definition of who a child is and the disparity in the age for marriage between customary and statutory law.</li> <li>• Delay in enactment of Child Code Bill has meant that Zambia remains without a legal position or definition of who a child is.</li> <li>• Delay in enactment of the Marriage Bill means that only statutory marriage has a prescribed minimum age for marriage whereas customary marriage has none.</li> <li>• Not having a string advocacy strategy and adopted ToC pathway 5 in place in the first half of the project.</li> <li>• Inconsistencies in the pieces of legislation on the age for marriage between customary and statutory law.</li> </ul> <p><b>Opportunities</b></p> <p>YIDA in Zambia has attracted good support and willingness from government and its line Ministries and, from traditional leaders on the formulation and implementation of by-laws to end CM and TP. This is a great opportunity for partnership with government to push for a buy-in on the advocacy strategy for interventions under pathway 5.</p> <p>The delay in enactment of both the Child Code and Marriage Bills provides an inlet for YID to make the necessary submissions regarding what we would like to see in the law regarding child marriage and child protection.</p>
<p><b>Cross-cutting issues</b></p> <p>Which the results have been achieved concerning the following cross-cutting issues:</p> <ol style="list-style-type: none"> <li><b>Gender transformative approach</b></li> <li><b>Girls empowerment</b></li> <li><b>Men &amp; boys engagement</b></li> <li><b>Meaningful Youth Participation</b></li> </ol>	

<p>Gender transformative approach: <i>describe status of GTA at the start of the programme and the current status of the programme</i></p>	<p>At the start of the programme girls and boys had little engagements on activities relating to gender. Girls didn't know that if they worked hard at school and attain an education, can also take up leadership positions on equal basis with boys. But in the two and half years of the project, The YIDA project in Zambia engaged both girls and boys and men and women in trainings, review and refresher meetings and discussions on issues relating to gender equality. The champions of change model have continued to engage boys and girls on various sessions relating to gender, for example, boys and girls of the same age cohort were brought together to discuss dialoguing gender which was very interactive where and girls learnt that its only through education that gender equality could be achieved in accessing opportunities on an equal basis with boys.</p>
<p>Girls Empowerment <i>describe status of Girl Empowerment at the start of the programme and the current status of the programme</i></p>	<p>YID wholly believes that the empowerment of girls is integral and puts it at the center of its work and strategies, it has built the skills and knowledge of girls on SRHR and advocacy. It has also provided support structures through safe spaces (girl's insakas) where the girls have freely and openly discussed issues affecting them and has conducted community sensitization on the importance of girl's empowerment.</p> <p>At inception of the YIDA project, girls were economically vulnerable with no means of attaining an education as their parents had no viable means of income. But in two and half years of the project, girls received life skills training following the Champions of Change methodology girls were engaged in VSLA and enterprise your life trainings which provided transfer of knowledge and skills on managing their businesses At the present moment, 24 girls are undergoing vocation skills training. It is hoped that girls will use the skills to build their economic resilience.</p>

<p>Men and boys Engagement <i>describe status of Men and Boys Engagement at the start of the programme and the current status of the programme</i></p>	<p>At the start of the program, men and boys participation in project activities was quite low. However in the 2 and half years of the project done already, Men were engaged in various activities such as community trainings, review meetings and discussions round child marriages. For example, 24 men were trained as patrons for radio listening and discussion groups on ASRHR themes in both districts. Men have been engaged as change agents under the project to impart information and knowledge to boys. The messages being disseminated do not only focus on abstinence but also on access to friendly services at near-by health facilities. For example, due to improved awareness on ASRH, health facilities through their reports shows there is increased young people accessing services at health facilities.</p> <p>Boys have been engaged through in school and out of school clubs where information on sexual and reproductive health is being provided by trained in-school club teachers called matrons and patrons. These teachers have been supported communication information and education materials on ASRHR and are delivery sessions well. In addition, champions of change activities.</p>
--	---

<p>Meaningful Youth participation (MYP)</p> <p><i>describe status of MYP at the start of the programme and the current status of the programme</i></p>	<p>The champions of change have become a conduit through which girls and boys are participating in various sessions on ASRH, dialoguing gender, communication, being assertive among many other discussions being engaged.</p> <p>GAL has engaged youths through insakas, where they participate in various sessions such as SRHR discussions. Young people have demonstrated confidence and immerse enthusiasm coupled with high self-efficacy to engage with decision makers on issues that affect girls and boys.</p>
--	--