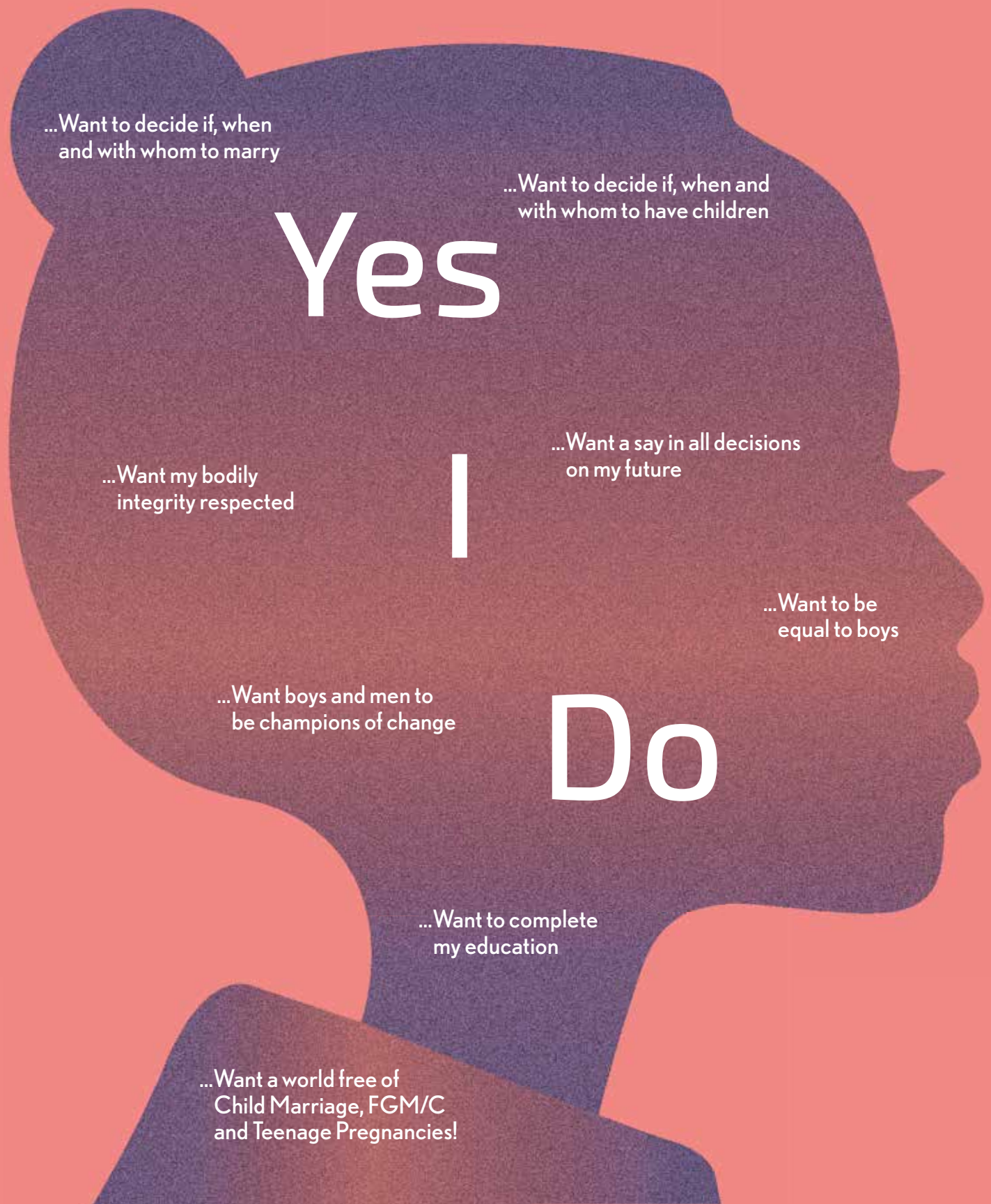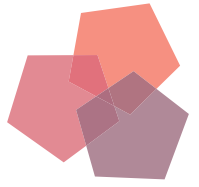# Yes I Do Alliance

Midterm Review 2016 to June 2018
Synthesis report | December 2018

...Want to decide if, when and with whom to marry

...Want to decide if, when and with whom to have children

Yes

...Want a say in all decisions on my future

...Want my bodily integrity respected

I

...Want to be equal to boys

...Want boys and men to be champions of change

Do

...Want to complete my education

...Want a world free of Child Marriage, FGM/C and Teenage Pregnancies!

General Information

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Contents

Acronyms and abbreviations

ASRHR	Adolescent sexual and reproductive health and rights
CM	Child marriage
CoC	Champions of Change
CSE	Comprehensive sexuality education
ECHO	Ethiopian Youth Council for Higher Opportunities
FGM/C	Female genital mutilation/cutting
GAA	Girls Advocacy Alliance
GNB	Girls Not Brides
GTA	Gender transformative approach
GUSO	Get Up Speak Out
KIT	Royal Tropical Institute
KPAD	Village Child Protection Group (Indonesia)
M&E	Monitoring and evaluation
MoFA	Ministry of Foreign Affairs
MOT	Meaningful Youth Participation Organization Tool
MYP	Meaningful youth participation
NGO	Non-governmental organization
MTR	Midterm Review
SRH	Sexual and reproductive health
SRHR	Sexual and reproductive health and rights
ToC	Theory of Change
TP	Teenage pregnancy
VSLA	Village savings and loans associations
YFHS	Youth-friendly health services
YIDA	Yes I Do Alliance

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

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

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

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

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

Executive summary

Despite a decline in child marriage (CM) in the last decade, an estimated 12 million girls under 18 are married each year. To end the practice by 2030 — the target set out in the Sustainable Development Goals — progress must be significantly accelerated[1]. The Yes I Do Alliance (YIDA), comprising Plan International Netherlands (lead organization), Amref Flying Doctors, CHOICE for Youth and Sexuality, KIT Royal Tropical Institute (KIT) and Rutgers works on ending CM, female genital mutilation/cutting (FGM/C) and teenage pregnancy (TP). It does this by addressing the underlying drivers: social norms, gender inequality and lack of opportunities. The long-term goal that the Yes I Do programme is working towards is a world in which all adolescent girls and boys enjoy their sexual and reproductive health and rights (SRHR) and achieve their full potential, free from all forms of CM, FGM/C and TP. The programme is implemented in seven countries: Ethiopia, Kenya, Malawi, Mozambique, Zambia, Pakistan and Indonesia and funded under the 2016–2020 SRHR Partnership Fund of the Dutch Ministry of Foreign Affairs.

Midterm Review process

This report presents the synthesis of the Midterm Review (MTR) that was conducted across the programme countries in 2018. It extracts key findings and distils lessons learned from the country MTR reports to highlight the successful strategies that should be continued and challenges that need to be addressed in the remaining programming period. This synthesis report focuses on strategic programme recommendations relevant to all programme countries. Furthermore, country alliances have developed recommendations that stem from their country MTR process. The MTR was conducted as an internal review exercise which resulted in a high level of ownership of the process and realistic and shared recommendations.

Overall conclusion

After two and a half years of implementation, the Yes I Do programme is showing promising results. The Theory of Change (ToC) that was formulated at the start of the programme to help the YIDA navigate the complex social change process largely remains valid. The MTR shows that YIDA works with relevant actors in the programme and that the five pathways continue to be the appropriate way to better sexual reproductive health and rights (SRHR) outcomes for young people. YIDA engages with a broad range of stakeholders such as religious and traditional leaders, community members, parents, teachers, health workers and young girls and boys and this is leading to an enhanced dialogue on the harmful impacts of CM, FGM/C and TP. Over the past two and a half years 32,000 young people have received sexuality education under YIDA, 751 young people perform as peer educators and all partner organizations were trained in meaningful youth participation (MYP), totaling 192 people[2].

Interlinkages of the ToC

Working with a ToC is relatively new for most country alliances and supports them in reflecting on what works well under which conditions. Jointly reflecting on the ToC brings YIDA partners together and makes them aware of the complementarity they have towards each other. However, **the interlinkages of the ToC can be strengthened** to increase synergy between the pathways. The fundamental assumption underlying the Yes I Do programme is that *only a combined approach of strategies will reduce CM, FGM/C and TP.* The MTR shows for example that there is room for improvement in connecting programme information and research findings

with the YIDA's advocacy efforts so that YIDA can show, for instance, initiatives such as social movement building at community level to assist advocacy. The MTR also highlights a need to **better include out-of-school youth and married or pregnant girls** in the programme since they are vulnerable and often marginalized. These groups were not explicitly referred to in the ToC, and this needs to be adapted. In addition, the MTR noted that the **core principles of the YIDA** may have been too implicitly mentioned in the ToC, even though they are central to all the work that is carried out under the programme. A renewed focus on the core principles and value clarification among staff will be done to further strengthen programme implementation.

Key conclusions and recommendations

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

Data have shown that the level of awareness of the consequences of CM, FGM/C and TP has increased as a result of the YIDA. This is done by working with young people and engaging men and boys in dialogues on gender inequality and rights. In countries that practice FGM/C, the YIDA supports community committees that initiate alternative rites of passage (ARP). Besides the encouraging results obtained so far, the MTR also shows scope for improvement in the level of action that people take to actively prevent CM, FGM/C and TP. This can be expected given that the engagement of the YIDA in implementation areas is still relatively recent, and considering the deeply rooted cultural norms and practices. Additionally, discussions about youth sexual and reproductive health (SRH) and sexuality are difficult because they are sensitive topics. To bridge the gap between knowledge and action, it is recommended that the YIDA should have a stronger focus on **sustainable engagement with communities to address/discuss the underlying social and cultural norms that perpetuate CM, FGM/C and TP,** and that it should emphasize **the rights-based perspective of SRH messages.** In addition, it is recommended to **include parents more effectively** in the interventions, as they are key agents for behaviour change and/or marry off their daughters because of limited economic opportunities or other reasons. This will be done by scaling up the **intergenerational dialogues** and strengthening the **gender transformative approach** to encourage change in gender and power relations and norms.

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

Throughout the alliance, YIDA partners have been trained on MYP by the local youth-led partner. Consequently, YIDA partner organizations have trained local government authorities, civil society organizations

and community-based structures to meaningfully engage youth. Though this work is showing promising results and is contributing to increasing the self-confidence of young people and the openness of community leaders to the perspectives of young people, the MTR also shows that the engagement of youth should go further, by **giving young people a true voice.** This means that we aim to invigorate the alliance's vision of MYP and clarify how we can include youth better in design, planning, implementation and decision-making, both within the alliance *and* in the implementation areas where we work.

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

Ensuring that teachers and health-care workers are better equipped and have appropriate attitudes to provide SRH information and services in safe and youth-friendly spaces is a core strategy of Pathway 3. Across all countries we see that the teachers who have undergone training are developing positive attitudes. A total of 32,000 young people have received sexuality education under the Yes I Do programme. Nevertheless, the MTR also notes that despite the considerable effort that has been in training, many health-care workers are not yet treating youth respectfully, and some teachers do not possess the skills or willingness to deliver comprehensive sexuality education. The gap between knowledge and positive action in this regard could be related to the sensitivity of the topic of youth sexuality, which health-care workers and teachers perceive as difficult to address. Therefore, it is recommended to **strengthen the youth-friendliness of SRH services** by maintaining a continuous focus on the attitudes of health-care providers and **continued training of teachers, including value clarification.** At the same time additional work on involving parents and communities is needed to increase understanding and reduce stigma and other barriers for youth using SRH services. CM is often a good starting point to gradually include SRHR issues into the conversation. This is especially important in countries where TP usually precedes marriage, such as Malawi, Mozambique, Kenya and Zambia.

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

To provide adolescent girls with alternatives beyond CM, FGM/C and TP, the YIDA works on strengthening access to education and economic empowerment. The MTR demonstrates that in all countries the YIDA contributes to increasing awareness among girls, parents and the wider community of how important it is for girls to complete primary education and continue their secondary education. To guarantee girls' enrolment in school, it is crucial that school is a safe place; therefore, the YIDA works with child protection systems and strengthens them if necessary. It has trained young people in entrepreneurial and vocational skills and set up village savings and loans associations to enable them to start their own business. To strengthen this approach, it is recommended to improve the **identification of drop-outs from (post-)primary education** in communities

and facilitate their return to school and/or training. Additionally, the concept of **child-friendly schools** will be further promoted to ensure that school is a safe place where pregnant girls, young mothers and older children can also get a proper education. Finally, more attention will be paid to **engaging boys and men** in economic empowerment activities to respond to the unintended effect that they feel left out, which compromises the effectiveness of this pathway.

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

The Yes I Do programme works with policymakers and duty-bearers to put CM, FGM/C, TP and adolescent SRH and rights issues high on the political agenda. In the past two and a half years the YIDA teams have carried out public campaigns within the implementation areas which have resulted in increased attention to the issues. Additionally, the YIDA takes part in technical working groups set up by governments and reaches out to relevant government and non-government stakeholders. In addition to all the relevant work that the YIDA carries out to keep CM, FGM/C and TP on the political agenda, it is recommended to strengthen the lobbying and advocacy component of the programme by supporting in-country teams with the development of their plans, including the **identification of champions and linking local realities to the national and global agendas.** One way of doing this will be to better use the research findings, best practices and monitoring and evaluation (M&E) data that are collected throughout the programme period.

Key recommendations at alliance level

The YIDA was formed in 2016 and works together at various levels and in various compositions in the different programme countries. There is a clear steering structure in place, both in the Netherlands and in the countries, though it is at times perceived as relatively complicated, given the different levels of collaboration. At both levels, the alliance needed time to become established and to have clarity on the steering structure. It is felt that this clarity is now present and that there is sufficient time and a safe space to reflect on strategic directions such as the ToC. To further strengthen the steering structure of the alliance and make it even better equipped for adaptive programming, it is recommended to **foster decision-making at the country level** to the extent possible.

The YIDA's relationship with the Dutch Ministry of Foreign Affairs and its embassies in the countries is perceived as positive. In countries where an embassy is present, there is close cooperation between the YIDA and the embassy. The engagement focuses on a joint strategic agenda to strengthen visibility and support to address CM, FGM/C and TP.

In relation to the added value of working in an alliance compared to working in silo, all partners indicate that they appreciate each other's contribution in terms of learning from each other and opening up networks and connections. Though considerable time is dedicated to coordination activities, **the overall assessment of the cost–benefit of the partnership is positive.**

The results outweigh the efforts, especially when they are related to access to resources, broader geographical scope, different approaches, opening up networks and keeping the transaction costs low. To strengthen the learning nature of the alliance, the MTR brought up the recommendation to prioritize the learning agenda in 2019 and 2020. It is recommended to **place the coordination of linking and learning in the YIDA Desk** to facilitate its implementation and oversight.

Key recommendations for M&E and research

The YIDA works with a ToC which supports the analysis of the complex programming context and outlines five pathways of change. The M&E framework is a comprehensive translation of the ToC, and its focus is to capture outcome-level change, including behaviour change, so that M&E and research data can be used to adapt interventions when deemed necessary. People working with the M&E system feel that the basis of the system is appropriate, as YIDA pathways to change are not linear but unpredictable; therefore, tracking progress towards outcomes is the right thing to do.

Nevertheless, it is recommended to **establish a stronger link between outputs delivered by the Yes I Do programme and outcomes that the alliance is aiming for.** Making these linkages and intermediate outcomes more visible and central in the M&E system and reporting cycle is expected to better facilitate reflection on the ToC, and eventually lead to more effective interventions. The research component of the Yes I Do programme yields tremendously valuable information on the enablers and inhibitors of change. The challenge is to improve the translation of this information back into the programme and to **use the data to optimize YIDA interventions.** Besides a strong focus on making M&E work better at the country level, efforts will focus on how to publish monitoring data in the International Aid Transparency Initiative (IATI). In 2018 the alliance worked on creating an IATI dashboard to publish the results of the Yes I Do programme. It is recommended to **fine-tune and continue to use the IATI dashboard** to facilitate ongoing monitoring and learning.

The MTR process brought the alliance together on the joint agenda that we work on, which has contributed to a renewed focus on the Theory of Change and its assumptions. The implementation of the key recommendations will be monitored at alliance level bi-annually and for 2019 YIDA will have a stronger focus on linking and learning to help learn from the MTR findings.

1. Introduction

Yes I Do programme

The Yes I Do Alliance (YIDA) comprises Plan International Netherlands (lead organization), Amref Flying Doctors, CHOICE for Youth and Sexuality, KIT Royal Tropical Institute (KIT) and Rutgers. Together with local partner organizations, the consortium is implementing a five-year programme (2016–2020) addressing child marriage (CM), female genital mutilation/cutting (FGM/C) and teenage pregnancy (TP). The programme is being carried out in seven countries: Ethiopia, Kenya, Malawi, Mozambique, Zambia, Pakistan and Indonesia. The ultimate goal is that adolescent girls and boys enjoy their sexual and reproductive health and rights (SRHR) and achieve their full potential, free from all forms of CM, FGM/C and TP. The Yes I Do programme is funded under the 2016–2020 SRHR Partnership Fund of the Dutch Ministry of Foreign Affairs (MoFA).

Objectives of the Midterm Review

The YIDA started its operations in 2016 and has implemented activities for two and a half years to date. To review the progress of the programme since its start in 2016, the alliance embarked on an internal Midterm Review (MTR) process with the following objectives:

- to assess the progress of the Yes I Do programme in the seven countries against the anticipated results;
- to review contextual changes and the extent to which activities need to be adapted to fit reality;
- to reflect on the Theory of Change (ToC), including the validity of assumptions;
- to reflect on the development of the partnership and its functioning, within the alliance and with implementing partners, the Ministry and other stakeholders (including national governments);
- to reflect on the monitoring process and the quality of the data collected; and
- to formulate concrete recommendations on how to strengthen the overall programme, the alliance and monitoring and evaluation (M&E) processes to improve the YIDA's ability to realize its goals.

These objectives formed part of the terms of reference of the MTR process and guided all the review work done in 2018. Throughout the MTR process, all internal stakeholders expressed the wish to learn and strengthen their capacity to deliver the programme. Both in-country teams as well as the alliance in the Netherlands took stock of what has been done so far and what needs to be done to use this momentum to optimize the remaining programme period.

Delineation of the MTR

The MTR concerns a review of the Yes I Do programme from January 2016 to 30 June 2018. This MTR synthesis report is derived from the seven MTR country reports, which are in turn based on data extracted from their M&E systems, country midline studies, operational research and in-country MTR workshops. This synthesis report identifies overall trends, their influence on YIDA's programming, and key recommendations. The MTR synthesis focuses on the identification of a number of key lessons learned and recommendations; country-specific recommendations can be found in the in-country MTR reports[3].

Methodological choices

The MTR process has been deliberately conducted as an internal midterm evaluation. The terms of reference were discussed extensively between the in-country teams and the country teams in the Netherlands to foster broad understanding and agreement on the MTR process and objectives.

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[3] In-country MTR reports are available on request.

Conducting the MTR internally brought up the following considerations:

What worked well

- There was a high level of ownership of the MTR process in the programme countries. It brought country teams together to jointly reflect on and identify scope for improvement. It is anticipated that the joint ownership of recommendations will enhance their implementation, provided that we continue to repeat and discuss them in the short term.
- All the people involved in the MTR process are actively involved in the programme, and this resulted in very rich information about what is going well and what needs improvement. Carrying out this evaluation internally has led to realistic recommendations.
- The MTR process showed the enormous amount of knowledge of the people involved in the programme and contributed to pride in being involved in the YIDA.

What to take into account next time

- Conducting an MTR internally requires a lot of resources, both in terms of budget as well as staff time. This was not fully taken into account, and the time investment exceeded earlier estimations. Next time, we will consider the time requirement upfront and allocate time to a number of people to lead the process.
- Steering an internal MTR process at country level without appointing an internal evaluator can cause confusion about the mandate of the people conducting the evaluation. Bringing sensitive issues to the surface, such as activities lagging behind schedule, can cause denial or a lack of acceptance of the findings. Next time, we suggest appointing an internal evaluator with the mandate to review progress towards results, the implementation modality and the partnership dynamics.

Steps in the MTR process

The MTR process was conducted step by step. Figure 1 provides an overview of the 12 main steps.

Figure 1. YIDA Midterm Review process

Step 1	Development of terms of reference for the YIDA MTR	December 2017 – February 2018
Step 2	Development of MTR work plans in-country	February – March 2018
Step 3	Development of formats for the MTR reports and tools for the MTR workshops	February – April 2018
Step 4	Data collection in-country • Data from monitoring system/IATI • Field visits • Midline studies • Partnership Reflection online survey • GTA online survey • MYP online survey Data collection at alliance level • Partnership Reflection online survey	March 2018 – August 2018
Step 5	In-country MTR workshops	September 2018
Step 6	Report-writing workshop at KIT, the Netherlands, with participation from in-country coordinators[4] and representatives from alliance partners	October 2018
Step 7	First synthesis analysis	October 2018
Step 8	Finalization of country MTR reports and endorsement of recommendations by in-country Steering Committee	October 2018
Step 9	Meta-analysis and consolidation of seven country MTR reports into the YIDA MTR synthesis report	October/ November 2018
Step 10	Inclusion of key MTR recommendations in annual planning at country level	November 2018
Step 11	Endorsement of YIDA synthesis report by Programme Committee and Board of Directors in the Netherlands	December 2018
Step 12	Submission of final YIDA MTR synthesis report to the Dutch MoFA	20 December 2018

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[4] The MTR report writing workshop was also used as an opportunity to interview some of the in-country coordinators. Please see for the interviews at the back of this MTR synthesis report

Outline of the MTR synthesis report

This report starts with a description of the progress by pathway (Chapter 2). The next chapter provides an update of the context and its effect on the YIDA's ToC. In Chapter 4 an updated risk analysis is presented, and in Chapter 5 the progress with regard to the cross-cutting strategies is outlined. In Chapters 6 and 7, reflections on the partnership alliance and on M&E and research are presented, respectively. Chapter 8 describes the expenditures between 2016 and June 2018. Finally, the last chapter provides a set of key recommendations for the YIDA and the Yes I Do programme.
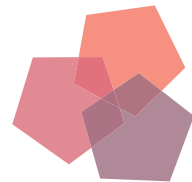
2. Progress by pathway

This chapter presents the findings for each pathway. It describes what is going well, what needs improvement, the unintended effects and a set of recommendations. It ends with a reflection on the programme's implementation modality.

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

In the Yes I Do programme we support the building of a social movement aimed at transforming harmful social and gender norms. We stimulate gatekeepers to engage in a dialogue in relation to the potential harm of CM, FGM/C and TP, together with young people, and aim to build a social movement at community level and beyond. This is intended to lead to increased awareness and knowledge and the creation of agents of change within the communities, who will be enabled to take action against discriminatory social norms.

Going well

Enhanced dialogues with men, boys, girls and women on the harmful impacts of CM, FGM/C and TP, and established networks of change agents for social mobilization

All country alliances work with a broad range of stakeholders of various age groups to involve them in a dialogue on CM, FGM/C and TP, together with young people. This engagement is tailored to the specific needs of the communities and, therefore, differs by region and across countries. In the southern African countries — Mozambique, Malawi and Zambia — the YIDA works with 'Champions of Change' (CoC). In this approach young people are gender sensitized and trained to claim their rights for gender equality and address harmful practices. Through dialogues with boys and men, they are engaged in combating CM and TP. The MTR and operational research show that the CoC approach works well, provided that it is tailored to the country and community context. In countries that practice FGM/C, the YIDA supports community committees that initiate alternative rites of passage (ARP), whereby to date 1,330 girls (in Kenya) have graduated during the ceremonies. In Ethiopia, the focus is on awareness-raising with parents, dialogues with doctors and people involved in conducting FGM/C, religious leaders and training of health development organizations to carry out home visits to families.

Most national alliance partners are well embedded in the implementation areas and have regular interaction with key stakeholders. The Yes I Do programme works where possible with existing community structures such as the community-based child protection committees or child rights committees in the villages, instead of creating new structures, which can be seen as a good sign for sustainability.

Community leaders and gatekeepers understand benefits of changing norms

The MTR reveals that the majority of the parents and religious leaders are developing positive attitudes towards preventing CM, TP and, where applicable, FGM/C. However, only a few religious and traditional leaders are involved in actively preventing CM and TP. In Pakistan, gatekeepers such as religious leaders are aware of alternatives to CM and are informed about the laws on the issue; nevertheless, active opposition to CM by religious leaders remains limited. Compared to the baseline, teachers across all countries are opening up on sharing information related to adolescent sexual and reproductive health and rights (ASRHR), as they are becoming more aware of the issue through training. In several implementation areas, systems have been set up to address CM and prevent TP, with community leaders, school teachers and community police taking part.

Established network of change agents for social mobilization

While the knowledge and understanding of the negative consequences of CM, FGM/C and TP are increasing in the implementation areas where the YIDA is active, the establishment of a social movement, at community level and beyond, is still challenging. Different groups within communities are engaged; however, this has not yet taken the form of a social movement. For this, more efforts are required such as creating a network of different groups who can stand up against harmful behaviors and norms.

To improve

Progress towards establishing a social movement to transform social and gender norms that perpetuate CM, FGM/C and TP

While we are making considerable progress on lower-level results such as engaging in a dialogue with communities and fostering an understanding of the benefits of changing norms among gatekeepers (sphere of control), it was noted that this does not necessarily translate into their taking action to prevent CM, FGM/C and TP; nor does it automatically lead to positive social and gender norms. A few positive cases were reported where community structures (chief/village headman) prevented girls from marriage (Zambia, Mozambique, Malawi, Indonesia, Ethiopia) and police officers in Pakistan reported that they had become more active when cases of CM were reported to them. However, they are not proactively taking these cases to justice. The MTR points to a number of reasons for the gap between knowledge and action. First, the beliefs about CM, FGM/C and TP are deeply rooted in social and cultural practices, and awareness alone does not lead to change in itself. Second, the limited future prospects and lack of alternatives for young people influence the way in which people think about CM, FGM/C and TP. Where education is inaccessible or of low quality and where job prospects for girls are poor, girls may become brides simply because they have few alternatives. Third, there are few role models in the community and a limited number of champions to look up to, such as a chief who does take action to prevent CM. In fact, many change agents hold ambiguous beliefs: on the one hand, positioning themselves against CM, while on the other hand, marrying their daughters before the age of 18. On a last note, the YIDA could link (potential) change agents better in order to form a network that actively opposes CM, FGM/C and TP.

Yes I Do engagement with the Head of East Sokotong

Ahmad (54) is the elected chief of East Sekotong, a village located in one of the Yes I Do intervention areas in Indonesia. Even though a programme with a focus on child marriage might be perceived as highly sensitive and could possibly have a negative impact on the personal image of the village chief, Ahmad engaged in Yes I Do activities.

His engagement involves strengthening village support for the programme. One of the important structures for the Yes I Do programme in Indonesian villages is the Village Child Protection Group (KPAD). The village chief demonstrated his support by setting up a community dialogue group together with the KPAD. After some time, Ahmad began to actively participate in various Yes I Do activities, such as attending a workshop to develop a referral system for sexual and reproductive health services. This also allowed Ahmad to look more closely at possible cases of child marriage and teenage pregnancy and how to address them in the village.

When he received information that a 13-year-old girl was being married off in his village, he immediately took action and followed the jointly developed referral system. A village council meeting was set up, followed by mediation and a separation process. The husband, however, refused to be separated from the girl and threatened to get married without registering it with the civic authorities. The parents of the young couple and the village chief believed that under Shariah and state laws the marriage could be annulled, and this is what happened. The village chief made sure that the girl could continue her education and would be under the protection of the village.

To strengthen the child protection system in the village, Ahmad mobilized the local leaders and encouraged them to take part in child protection activities such as preventing child marriages. He also facilitated access to education and health care for young people by promoting youth-friendly health services. He also agreed to allocate village budget to supporting child protection activities through the KPAD.

Involvement of parents

The involvement of parents as a specific strategy for working with communities is limited. This could be related to the fact that in the YIDA ToC this group is not explicitly mentioned but part of the 'community members and gatekeepers'. The lack of specific attention to parents in the programme design has likely contributed to the fact that parents have not been sufficiently involved. They took part in interventions, but specific activities for parents were limited, and intergenerational dialogues are not yet sufficiently embedded. Another group that we need to reach out to better in the Yes I Do programme are out-of-school youth. These young people are particularly vulnerable to CM and TP and are currently not sufficiently included in our interventions.

Taboo on sexual health and sexuality

The Yes I Do programme focuses strongly on the prevention of CM (across all countries) and FGM/C (Ethiopia, Kenya, Indonesia), whereas the baseline and midline data show that TP is a serious issue that leads to high rates of school drop-out among girls. Discussions about sexual health and sexuality are regarded as taboo, especially in rural areas; therefore, the focus is often limited to abstinence. Addressing sexual health and sexuality — especially of young people — was found to be challenging, as it causes resistance at all levels (parents, religious leaders, policymakers), while addressing CM faces less resistance.
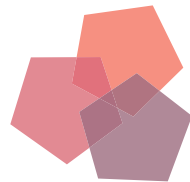
Unintended effects

Not a direct unintended effect of the Yes I Do programme, though a serious development to keep track of, is the case in Zambia. In the YIDA intervention areas, TP is sometimes seen as a business venture, due to the fine imposed for TP. Parents of the girl can ask for compensation from the boy/man who impregnated the girl. This 'punitive culture' at community level has been observed in many YIDA intervention areas — notably in Malawi, Mozambique and Zambia — in some cases to the benefit of traditional leaders. Discussions in the intervention areas about this and about the relevant by-laws did start with some good results.

Recommendations

To bridge the gap between knowledge and action, it is important that YIDA partners increase effective messaging with key stakeholders in the intervention areas. This includes repetitive messaging and ensuring that messages are disseminated at various levels and by various actors (multi-level and multi-actor approach) through multiple channels, including social media, and at different times (follow-up messaging). Specific attention will be paid to reaching out to parents and out-of-school youth. We will continuously check the effectiveness of the engagement and adapt it when necessary.

The notion of the deeply rooted social norms underlying CM, FGM/C and TP among gatekeepers requires more targeted engagement and dialogue. While in some areas, religious leaders and traditional leaders are currently mostly engaged as an entry point to the programme, they should be included more strongly as a target group of YIDA interventions. As such, these key decision-makers and/or people of influence within communities can be enabled to serve as champions to respond to and prevent CM.

In addition to targeting messages more specifically, at various levels and at different points in time, we will also widen their content to include a broader SRHR focus, including information on the prevention of TP. Although discussing the negative consequences of CM with stakeholders is a good starting point, we need to take it further and gradually include more sensitive issues such as youth sexuality, especially in countries where TP usually precedes marriage, such as Malawi, Mozambique, Kenya and Zambia. Addressing youth sexual and reproductive health (SRH), and sexuality in particular, will be done more structurally from a rights-based perspective and not from a sexual risk avoidance approach. Again, parents are strong agents for behaviour change among young people and should, therefore, be targeted in specific interventions. One way of addressing this is by scaling up the intergenerational dialogues and discussing personal attitudes and values regarding CM, FGM/C and TP, including the underlying issues such as gender attitudes, biases, harmful norms and unequal power relations. Therefore, the use of a gender transformative approach (GTA) in community dialogues will be strengthened to encourage change in gender and power relations and norms.

In relation to the above, we will strengthen the current M&E system to allow the quality and effectiveness of the messages and interventions to be tracked. Support will be provided to monitor the quality of the dialogues and messaging. This is particularly important in a context where opposing views and messages are also gaining power.

Strategies under Pathway 1 focus mainly on communities, whereas the aspiration of the YIDA is to build social movements in countries to transform social and gender norms that perpetuate CM, FGM/C and TP. We will reinforce the YIDA's efforts to strengthen this movement beyond the community level and work towards a broader social movement at district, regional and national levels. This also means connecting local realities with advocacy at the national level (see also Pathway 5) and strengthening the current cooperation with other alliances, such as the Girls Advocacy Alliance (GAA) in Ethiopia and Kenya and Get Up Speak Out (GUSO) in Ethiopia, Malawi, Indonesia, Kenya and Pakistan. The YIDA will reinvigorate the vision of what a social movement entails; this includes stronger engagement with community champions to enhance community actions to reduce CM, FGM/C and TP.
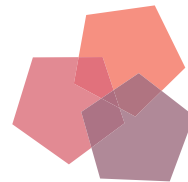
The unintended effect of Zambia should be studied in more detail. If the fines to pay after impregnating a girl form part of the official by-law, we will include the process and observed effects as a subject for discussion. In some communities, the fine is not paid to the girl but is put into a community development fund. This will be explored in more detail in the second phase of the Yes I Do programme.

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

In the Yes I Do programme and ToC, meaningful youth participation (MYP) is both a programme strategy as well as a cross-cutting issue. As a programme strategy it focuses on strengthening MYP at governance level as well as at the level of the individual and youth groups. We do not just aim to improve boys' and girls' knowledge of SRHR, but the focus is even more on improving their skills to enable them to be in a position to claim their SRH rights and influence the quality of service provision in their communities. This includes

capacity-strengthening on community mobilization, leadership and advocacy, as well as increasing young people's technical know-how on SRHR, economic empowerment and basic legal frameworks, including rights. It also addresses the sensitization of both young people and adults in their function as government officials, health-care workers or organizational officers regarding the meaningful engagement of youth.

Going well

CSOs have been capacitated in SRHR and working with young people

Throughout the alliance, YIDA partners (192 staff) have been trained on MYP by the local youth-led partner. In all countries, YIDA partners trained local government authorities, civil society organizations and other community-based structures, such as the Woreda Youth and Sports Offices (Ethiopia), Village Youth Forums (Indonesia), Village Development Committees and Area Development Committees (Malawi) and Multisectoral Committees (Mozambique) on meaningfully engaging youth. Compared to the baseline, we saw an increase in MYP as perceived by young people employed at YIDA partner organizations (source: MYP Survey 2018). The YIDA strategy to focus MYP training on young people belonging to formal or informal youth groups seems to be working: the MTR shows that by training young people in peer groups, they gain a sense of importance based on their 'membership' of the group, which contributes to their self-confidence (e.g. Ethiopia). A number of 751 girls and boys are performing as peer educators on SRHR.

Working with young people to strengthen their skills to claim their rights and raise their voice works best if they are immediately brought together with senior people and community leaders. Involving parents, teachers and community and religious leaders during the capacity-strengthening process facilitates a more open and equal dialogue from the onset (e.g. Kenya). In Mozambique, some community leaders have proven to be very open to the perspectives of young people, which is demonstrated by their request for young people (peer educators) to deliver lectures on youth sexuality (Nampula and Mogovolas). Across the board, an increase in awareness of young people's rights was identified.

MYP can take on many different forms; besides our efforts to increase skills and create an enabling environment, we use different methods to engage adolescents — for example, interactive theatre performances on the importance of girls' education and the harms of CM (Zambia), disseminating SRHR information during concerts (Mozambique) and sports, such as cricket, tournaments, and other joint activities where key messages are shared with participating adolescents and community members along with members of district administrations and the media (Pakistan).

Yes I Do want to be an agent of change

YIDA Pakistan has worked to establish a network of change makers to advocate against CM and TP within their communities and in provincial and national policy forums. In this regard, 740 boys and girls were selected on the basis of their enthusiasm and commitment regarding the issues of CM and TP. These 740 adolescents, who are called Kiran Plus, then received two further training courses on community mobilization and leadership and advocacy. Once trained, these Kiran Plus became the flag bearers of the YIDA's social mobilization and advocacy efforts by leading the efforts in all regards.

The Kiran Plus have now been formally merged with the Kiran Network and are members of their four respective district-level networks. These Kiran Plus have propelled the level of awareness beyond the local scale and towards the provincial level, where their advocacy efforts are being acknowledged by policymakers and a wide range of stakeholders whose support they have successfully garnered. Additionally, the Kiran Plus were each given targets of 50 peers/community members with whom they had to share information about the YIDA issues through pre-developed and specially designed toolkits. Through this activity, the Kiran Plus were able to reach out to over 14,000 community members.
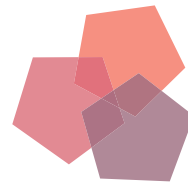
To improve

CSOs are involving young people in their programming in a meaningful way

Though big steps have been made in strengthening MYP at all levels of the alliance, the MTR also identifies a number of challenges. First are the intergenerational dialogues. While the MTR shows that young people can advocate for themselves, especially if they are directly involved in YIDA activities, they still have difficulties being heard by elders in all countries. Across all Yes I Do programme countries, respect for elders is very important, and talking about issues of sexuality with an adult is perceived as a sign of disrespect, while at the same time, older people are not used to taking young people's views into account. Additionally, it was noted that a challenge for MYP is that young people feel empowered to raise their voice, but not yet to make decisions. The MTR shows that adolescents, despite increased awareness, are still beholden to the wishes of their parents.

To gauge the status of MYP in the Yes I Do programme, we have developed the Meaningful Youth Participation Tool (MOT) and the MYP Survey. The latter focuses on MYP in the alliance, whereas the MOT helps us measure MYP at community level. Within the YIDA, we see that when youth are actively involved, this is limited to the planning and implementation stages, and they are much less involved in the design of activities, budgeting and M&E. All partners recognize that there is scope for improvement here.

Keeping momentum of meaningful youth participation

When the youth-led organization that is responsible for strengthening MYP capacity throughout the alliance and the Yes I Do programme is not present in the implementation area, it is challenging to keep MYP on the agenda (e.g. Kenya), or at least keeping up the visibility of what is happening on the ground by the youth-led partners seems to be less important to other partners (e.g. Zambia). However, YIDA Ethiopia shows that it is possible to work effectively on MYP without a physical presence, as the Ethiopian Youth Council for Higher Opportunities (ECHO) group in Bahir Dar Zuria is connected to other implementing partners (Plan, Amref and DEC) and receives technical support. They also work with a shared budget.

Age of peer educators

The definition of youth is not consistent across all YIDA countries, as some use 15–24 years, and others all people aged under 35 years. The issue regarding applying a very broad definition of youth is that we risk training older youth as peer educators and that there is then a significant age gap between the peer educators and the young people with whom they engage. Operational research (in Malawi and Zambia) shows that the young people who receive SRHR information cannot relate sufficiently to the peer educators, which has a negative effect on the value of the information.

Unintended effects

ECHO groups are established by the youth-led partner and supported by the YIDA in both implementing regions in Ethiopia to promote MYP and the active involvement of youth in dialogues at organizational, alliance and government level — both locally and nationally. As an integrated approach with Get Up Speak Out, ECHO youth are also active in Addis Ababa and at the national level. In the YIDA's implementation area, Kewet, migration is a key topic which affects youth and their future prospects. ECHO is directly affected by the

migration of its members. In dialogue with the local government, ECHO members addressed this issue and the limited employment options for young people. As a result, they managed to obtain farming land as an income-generating activity for 51 boys and girls in the district. This unintended outcome is a result of ECHO skills-building on claiming rights, which goes beyond the YIDA topics of CM, FGM/C and TP (see also Pathway 4).

Recommendations

While progress has been made, focusing on MYP is a continuous effort. Therefore, we need to strengthen the YIDA's vision of MYP, and invest in concrete structures that support young people to participate in decision-making and claim their rights. This concerns, for example, promoting the inclusion of youth representatives in community governance structures but also strengthening MYP in YIDA partner organizations. We will work on advocating for the YIDA's vision of MYP within and beyond the alliance.

In countries where youth groups are empowered at community level, opportunities should be provided for learning and exposure beyond the communities. This will further enhance the empowerment of adolescents and yield opportunities for advocacy at larger scale and/or the national level.

For YIDA programming we should ensure that the age gap between peer educators/CoC and the young people with whom they engage is kept to a minimum.

We will further strengthen the measurement of MYP by integrating the perceptions of young people on their participation in routine monitoring. To be able to do this, we will adjust the MOT in such a way that it can be used as a tool to receive constructive feedback and tangible indications for improving MYP under Pathway 2 and throughout the YIDA.

YIDA takes a two-pronged approach to improving young people's capacity to take informed action on their sexual health by: (1) strengthening their SRHR knowledge and skills; and (2) working with teachers, health-care workers and community members to increase access to youth-friendly health services (YFHS). The provision of (youth-friendly) health services, including stocks of SRH commodities, is outside the scope of the Yes I Do programme; therefore, we deliberately focus on strengthening existing services.

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

Going well

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

YIDA country teams have generally been able to work with health-care staff and teachers to improve their knowledge, attitudes and competencies in working with young people and providing adequate SRHR services and comprehensive sexuality education (CSE), respectively. The prevention of CM is a good entry point for CSE, as it is a relatively safe theme to prepare the ground for more sensitive themes such as sexuality and freedom of choice. The MTR shows that this strategy of starting with a focus on CM in CSE is working well. In some contexts, such as Pakistan and Indonesia, CSE is part of a broader curriculum focusing on life skills, as it is too sensitive to approach it as a stand-alone topic. The assessment of this implementation strategy is positive, as integrating CSE in broader life skills education does not make teachers feel uncomfortable, and from there, small steps towards introducing choice and sexuality can be made.

Ensuring that teachers and health-care workers are better equipped and have appropriate attitudes to provide SRHR information and services and provide safe and youth-friendly spaces is a core strategy in Pathway 3. The YIDA's work on training teachers and health-care staff has resulted in active prevention activities in all countries. In addition to targeting in-school youth, this strategy has been opened up to reach out-of-school youth in a number of countries, such as Ethiopia. Additionally, women who conduct initiation rites in the three southern African countries have been trained on SRHR, and in Indonesia midwives are being trained to work with young people, as they are a primary source of SRHR information and services for youth. Across all countries we see that the teachers who have undergone training are developing positive attitudes, but there is also a gap between knowledge and action: training and awareness does not automatically lead to talking about the prevention of CM and TP in schools.

Increased quality of ASHRH and social welfare information and services

The YIDA's strategy is to work with teachers and health-care staff to improve access to and the quality of YFHS. For example, in Ethiopia, Kenya and Malawi the YIDA supports the reconstruction of existing health-care facilities to make them more youth-friendly. Although the provision of SRH commodities is beyond the YIDA's sphere of control, the MTR shows a number of positive examples of lobbying and advocacy for improving access to SRH commodities. For example, in Malawi, the YIDA engages with community-based distribution agents to ensure that they have sufficient commodities to supply, and, if needed, it strengthens the existing supply chain management by providing health surveillance assistance to the district health office.

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

The MTR shows that in some countries adolescents are providing feedback on the quality of SRH services (e.g. Ethiopia). Health workers have also reported that adolescent girls and boys who participated in CSE lessons shown an improved communication and negotiation skills. Till date, the YIDA programme has reached 32,000 number of adolescents with sexuality education. However, they are not yet pro-actively influencing the quality of service provision.

Yes I Do want to be a worthy Masai woman

She'd known from a young age that she didn't want to be circumcised, but Naomi (16), who is from Kenya, received little support from her family or friends. Yet, despite all that, she's committed to telling other girls why this tradition is dangerous. And thanks to the training she received from the Yes I Do Alliance (YIDA), her self-confidence is growing quickly.

"I learned about the dangers of female circumcision at a very young age," says Naomi, who has two younger brothers and two younger sisters and is currently in high school. A teacher at her primary school told her and her fellow pupils about the dangers of this Masai tradition and offered to help girls flee if their parents tried to force them to be circumcised. "My parents wanted me to be circumcised; my father even went so far as to say he would force me to have it done. Luckily for me, my mother respected my wishes not to be circumcised, and my father eventually relented."

Dangerous tradition

Naomi actually helped two of her friends to flee when their parents were going to force them to be circumcised. For the past two years, through education and information dissemination, the YIDA has been working in Kenya to combat child marriage, female genital mutilation/circumcision and teenage pregnancy. "My parents' generation has enjoyed little or no education, which makes it very difficult to convince them of the need to stop female circumcision," explains Naomi. "They just don't understand that it is bad and can even be very dangerous. They just want to keep the tradition going."

Training has boosted her self-confidence

Despite everything, Naomi's self-confidence has grown, and, together with another girl, she even plucked up the courage recently to stand in front of the class to explain why she doesn't want to be circumcised. "The training sessions organized in my village by the YIDA have helped me tremendously. They have given me more self-confidence and taught me about the serious repercussions that female circumcision can have. I learned, for example, that it could cause bladder problems, as a result of which you may experience urine leakage for the rest of your life. This is something that I didn't know, and it's the kind of information that I want to use to tell other girls why they shouldn't be circumcised."

"More and more boys support us"

"Thanks to the work of the YIDA, I can now become a mature and worthy Masai woman without having to endure that terrible pain. I'll be able to finish high school, study and, hopefully, realize my ambition of becoming a film or video producer," says Naomi, who loves music and singing. Furthermore, she's not worried about being able to find a husband either. "First of all, I want to complete my studies and then find a job. Only then do I want to marry and start a family. I have every confidence that I'll be able to find a husband because more and more Masai boys are accepting and supporting girls who have not been circumcised."

To improve

Adolescent girls and boys have increased access to ASRHR information and services, and child protection services

While the strategy to work with the existing structure of health-care facilities is a sensible one in terms of sustainability and the efficient use of resources, it also poses challenges. In some YIDA implementation areas where we support teachers to deliver CSE and provide youth with adequate SRHR messages, the health-care services can be a considerable distance from the communities. This leads to a situation where young people are aware of their SRHR needs and have the intention to act but are not able to do so because of the lack of YFHS in their neighbourhood. Moreover, the long distances that girls have to walk poses a threat of getting involved with boys or exchanging *boda boda rides* (young male taxi drivers using motor bikes, notably in Kenya) for sexual relationships. At the same time, the MTR shows that when YFHS are near a community/school, the referral from in-school youth to the clinics can still be improved (Ethiopia).

Commodities

Another challenge is the lack of commodities available at health centres. Data show that when young people visit YFHS, they find themselves unable to access the full SRH package, as contraceptives are lacking. The provision of SRH commodities is not part of the YIDA ToC, although lobbying and advocacy for the full range of SRH services through YFHS is. The MTR shows that this needs improvement.

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

Training health-care workers and teachers to deliver adequate SRHR information and to engage in an effective dialogue with young people is an issue that we will continue to address. The MTR shows that despite the considerable effort that has been made by the YIDA so far, many health-care workers are not yet treating youth respectfully, and some teachers do not possess the skills or willingness to fully deliver CSE. Discussing youth sexuality is a challenge, as many teachers and health-care workers are uncomfortable with the topic. In many contexts, CSE is not a formal requirement in the school curriculum; therefore, teachers do not see it as a priority and do not dedicate sufficient time to it. The degree of youth-friendliness of health services shows scope for improvement. At the same time additional work on involving parents and communities is needed to increase understanding and reduce stigma for youth using SRH services.

Gender

The MTR shows that all together, girls are accessing health-care services more frequently than boys. This could be related to the fact that boys perceive visiting a health centre as a weakness (Indonesia) or avoiding pregnancy as mainly a girl's responsibility (Malawi). In general, there is a perception that SRHR are women's issues. Another reason may be related to the fact that the presence of predominantly female health-care providers in the YFHS leads boys to believe that these services are not for them.

Unintended effects

The YIDA has contributed to an increase in young people's demand for SRHR services, but the supply side cannot completely meet this demand. Unintendedly, youth can lose their motivation to use SRH services (e.g. in Malawi and Zambia).

Recommendations

As service delivery is not part of the Yes I Do programme, but the quality of services is, we need to strengthen our vision of YFHS. We will revisit international guidelines on YFHS and translate existing standards more explicitly into the programme. The Access Services and Knowledge (ASK) programme research will be used as a resource for this.

We need to better monitor the quality of CSE both by assessing the teachers as well as monitoring more structurally the increased knowledge and skills of young people. This will be done by reflecting the quality of CSE in the M&E framework and strengthening the comprehensiveness and rights-based perspective of CSE.

Based on the MTR findings that some countries are experiencing an increase in the use of services, we need to understand better what caused this increase. By improving our understanding of the push and pull factors to YFHS, including a gender analysis, we can increase the effectiveness of the strategy and contribute to cross-country learning. A specific focus will be on how to improve the use of YFHS by boys.

We will monitor stock-outs in YFHS more closely and re-consider whether we should adapt our programme strategy. This can possibly entail working with non-traditional actors such as shops which provide condoms. Besides coordinating with other organizations such as Population Services International (PSI) to strengthen access to SRH commodities, we will strengthen lobbying and advocacy activities to ensure that contraceptives are available to all visitors of YFHS. In addition, we will work with the health-care services to get sufficient stocks of SRH commodities.

YIDA teams should continue to engage with schools and departments of education to include CSE in the school curriculum. Specifically for Kenya, more community dialogues will be planned targeting *boda boda* riders to engage them in the prevention of TP. In areas where boda boda unions are registered, this will be the entry point.

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

This pathway combines two strategies: (1) the prevention of girls from dropping out of school and the promotion of increased transition to post-primary school; and (2) the development of economic prospects by training them and/or boys and families in entrepreneurial and business skills and linking with the private sector to improve their employment opportunities. As such, girls and boys, parents and school teachers are being made aware of the positive correlation between continued education, economic prospects and reduced CM, FGM/C and TP.

Going well

Increased access to safe post-primary education for adolescent girls and child protection school systems in place

The MTR demonstrates that in all countries YIDA contributed to increased awareness among girls, parents and the wider community of the importance for girls not only to complete their primary education but to continue and complete secondary education. In all countries there is also increased awareness that secondary schools should take girls' needs into account.

With regard to education, the MTR data show a decrease in the number of drop-outs in all countries, except Mozambique[5]. This can be explained by the fact that policies were broadened, improved or enforced to bring teenage mothers back to school. At the same time, mothers' groups were established, and counselling took place, as — for example, in Malawi — some teenage mothers had developed psychosocial problems.

To guarantee girls' enrolment in school, it is crucial that school is a safe place and that there is an enabling environment. In YIDA implementation areas, a number of girls face ridicule for being adolescent mothers when they come back to school. Therefore, we work with child protection systems and policies and strengthen them if necessary. Support to menstrual health by means of menstrual hygiene pads is provided in several countries such as Malawi and Ethiopia, while the production of the pads is also used as an income-generating activity. As such, YIDA works on removing barriers to education for already-married girls and pregnant and teenage mothers.

Increased access to credits and jobs and control over economic activities for adolescent girls

With regard to economic empowerment, young people receive business skills and vocational training, and mappings have been carried out to identify business enterprises where youth can seek an internship or employment. Young people have received information on courses and professions available to them within the intervention areas. Despite the absence of employment opportunities in the private sector in most areas, young people are trained in entrepreneurial skills to start their own business. Across Africa, village savings and loans associations (VSLAs) have been set up, and young people have been trained in financial literacy. During income-generating activities or VSLA gatherings, life skills lessons are provided, which is also an opportunity to provide youth with SRHR information and increase the self-esteem of girls. In Indonesia, young people attend weekend business classes in which they learn about the production of food or goods and develop a business plan together. The MTR points to signs of increased autonomy among girls as a result of activities carried out under Pathway 4.

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[5] Mozambique experienced an increase over 2016-2018 due to TP. Specific attention to reach this group is being paid.

MOZAMBIQUE

Yes I Do want to save money and build solidarity

This story was recorded during the training of community members in the Yes I Do intervention area of Rapale district in northern Mozambique. A village savings and loans association was set up in Namiraua village. The group is known as Associação Jovens Unidos (United Youth Association).

During the training sessions, the members of the group were encouraged to show solidarity with other members of their community, as many of them do not have resources to pay school fees for their children. The group members became inspired to start to listen to the challenges their neighbours (who were not members of the association) were facing to keep their children in school, as they could not afford to buy exercise books or school uniforms.

Avelino António Pacela, a young man of 27 years of age and a member of the Associação Jovens Unidos in Namiraua village, felt excited by the appeal for solidarity and committed himself to buy exercise books and school uniforms to support vulnerable girls in his community.

Avelino completed 10th grade at school and has a good reputation in the community where he lives. He earns a living as a small businessman and complements his income by also working in the mines. In 2018 the Yes I Do programme provided him with support to attend a vocational training course to increase his opportunities to become economically empowered.

Avelino ensured that at least two vulnerable girls from his community received school fees and uniforms by using the money that he saved through the village savings and loans association.

To improve

Out-of-school youth

When girls proceed to secondary school, these schools are usually not in their villages, and girls either have to travel, rent a house in the village where the school is located or go to boarding school. The first two options in particular make girls more vulnerable to sexual violence. Most activities under this pathway seem to target in-school youth, and in southern Africa those in primary school. Less attention is paid to out-of-school youth, even though these girls and boys are the most vulnerable and are often marginalized. For example, young working girls in Bahir dar (Ethiopia) are not reached by YIDA messages, as they are employed in the flower farms; we need to be open to creative ways of reaching out to them. In the southern African countries it is reported that girls who return to school after giving birth face a double role, as both mothers and students, which is difficult to reconcile at times. This often makes adolescent girls drop out of school again.

Collaboration with private sector

The YIDA operates in mostly rural and sometimes remote areas. In these areas there is hardly any private-sector economic activity, making it more difficult for young people to find employment; in some areas it is even difficult to provide income-generating activities. Indonesia is the exception, as young people can find employment in the tourism sector. In Mozambique, girls often leave school because parents prefer to send their boys to school and use girls to run a business. The belief is that small family businesses are only successful if girls sell the products, rather than boys.

Economic empowerment approach

The nature of the YIDA's economic empowerment activities is rather traditional. The MTR shows that we should encourage a GTA. Merely providing economic opportunities without supporting young people, and particularly girls, to strengthen their social skills to negotiate safer choices can still leave girls at risk of poor SRH outcomes.

The YIDA has selected remote and poor areas to implement its programme, because the prevalence of CM, FGM/C and TP is high and gender equality still has a long way to go. In this context, the assets that girls need most to decide about their future are very difficult to achieve due to a lack of schools, quality education, health-care facilities, employment opportunities and future prospects. Outcomes in Pathway 4 are, therefore, particularly difficult to achieve, as they rely on a change in social norms and attitudes about girls' position in society and the other factors mentioned above.

The economic empowerment component is somewhat lagging behind planning. This can be explained by the fact that the whole process of conducting a market scan, analysing demand, building relationships with the private sector and technical and vocations skills institutes, and developing skills training and more is an intensive, long trajectory and not perceived as central to this integrated, holistic programme.

Some countries use incentives for families such as goats, cash transfers or scholarships. There is currently no standardized approach across the YIDA for approaching incentives[6].

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[6] This also concerns incentives regarding attendance of meetings.
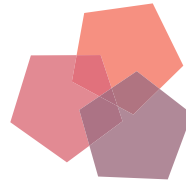
Unintended effects

In Ethiopia a link was noticed between the provision of economic opportunities and a decrease in migration. The claim here is strong, and the contribution of the Yes I Do programme towards reduced migration will be subject to further study and possibly established by the end evaluation.

With most of the focus of economic empowerment activities on girls, young men feel left out. Though this was identified as a potential risk at the start of the programme, it is flagged as an outcome that was not intended, as the YIDA aims to include boys to the extent possible. This finding, reported in Malawi and Zambia, cannot only be traced back to the YIDA but is also the same for activities undertaken by other non-governmental organizations (NGOs) in the area. It shows that the YIDA should liaise more closely with other NGOs operating in the implementation areas and assess the combined impact of all programmes on communities.

Recommendations

We need to ensure a stringent policy on child safety and child protection for activities implemented under education and economic empowerment — for example, we need to think how to protect girls who need to rent houses because their schools are not within their communities.

Pathway 4 is based on the assumption that when adolescent girls complete post-primary education they have a greater chance of being economically empowered. So far, the Yes I Do programme gives an indication that the assumption can also work the other way round: income-generating activities for the family enable children to complete their schooling. The programme strategy is to promote education to youth under 18; for those over 18, we promote education, but if this is not feasible, the focus is on economic empowerment. However, the Yes I Do programme also provides economic support to families to help them keep their children in school. We propose having a clearer strategy on what to focus on in which context. There is a need for more support and guidelines to strengthen this pathway. We will also check with other alliances how they implement activities under economic empowerment. Regarding the use of incentives in economic empowerment activities, we will conduct value clarification across the YIDA and propose a more coherent approach.

The YIDA will design strategies to transform economic empowerment into a more comprehensive approach, including youth empowerment. We will strengthen the GTA element of economic empowerment in the remaining programme period. On the same note, it is recommended that the engagement of boys and men should receive more attention, especially under this pathway. This relates to the unintended outcome of making young men feel left out. This has to be mitigated by really engaging boys and young men, including them in the distribution of school materials (e.g. Malawi) and sensitizing them on the benefits to them of gender equality. Again this requires behaviour change of deep-rooted norms about girls' and women's social position and roles and shared responsibilities.

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

The Yes I Do programme aims at motivating policymakers and duty-bearers to put CM, FGM/C and TP, and ASRHR issues in general, high on the political agenda, by increasing their awareness and understanding of the issues and highlighting their role as duty-bearers.

Going well

Political awareness increased and political will created

In the past two and a half years, activities carried out under this pathway were primarily public campaigns within the implementation areas — for example, celebrating different national days or other large public events. These awareness-raising campaigns have enabled the YIDA teams in the countries to direct the attention of community members to CM or, where relevant, FGM/C, to enhance their understanding of the detrimental effects of these issues. YIDA Malawi and YIDA Zambia have worked on developing by-laws to prevent CM. In Malawi, these by-laws have been officially approved, which means they are now in line with national policies and laws. They will be implemented in the implementation areas from now on.

In addition, there are also some examples of YIDA advocacy taking place through bodies such as the technical working groups set up by governments — as in Ethiopia and Mozambique — which represent significant opportunities to position YIDA's agenda. In all YIDA countries, active outreach takes place to work with relevant government and non-government stakeholders.

Young people in the countries have been trained to claim their rights using advocacy as a means to raise their voice on SRHR. Results in this area are mainly visible at community level.

While the public space for SRHR is limited in many countries, the picture in Ethiopia seems more positive, with the new government appearing to open up the space to claim rights, thus creating opportunities for the Yes I Do programme. The YIDA joined other organizations and regional government to contribute to a dialogue on the National Adolescent and Youth Health Strategy for 2016–2020, which shows the willingness of the Ethiopian government to pay more attention to youth and youth engagement.

Yes I Do want to prevent marriages in Petauke district

Zambia has a dual legal system: statutory and customary law. Statutory law is based on international law, whereas customary law is based on traditional social and cultural norms. Under customary law, a child of 12 who attains puberty is considered an adult and can, therefore, be married off. This exacerbates the practice of child marriage in the country. The Government of Zambia is working on harmonizing the legal framework between statutory law and customary law to address inconsistencies and loopholes in the law.

Engagement of chiefs in the Yes I Do programme

The Yes I Do Programme is working with eight chiefs in Petauke and Chadiza districts. The chiefs are leading the process of transforming the gender norms that perpetuate child marriage. They participate in stakeholder meetings to use their influence to advocate for a change of policy and laws to contribute to ending child marriage and teenage pregnancy. For example, seven chiefs participated in a stakeholder meeting on the development of by-laws on child marriage in 2017. They pledged to review traditional customary law in both programme implementation districts on cultural practices which perpetuate child marriage. They designed an action plan for the development of by-laws and shared it with all stakeholders present at the meeting.

Chieftainess Mwanjabathu prevents six girls from getting married

Chieftainess Mwanjabathu's chiefdom is located 45km from Petauke town. The chiefdom has 305 villages and a population of 13,963 people. The main source of income or livelihoods for the people is agriculture. They are mostly engaged in the production of maize, soya beans and maize. Chieftainess Mwanjabathu has been the chief for over three years now. "My responsibilities are to take care of everybody and to resolve household misunderstandings or conflicts. I have various problems in this chiefdom, such as the lack of a secondary school, early marriages, teenage pregnancies, a long distance to the main hospital, a poor road network, a lack of clean drinking water and the lack of a police post," she explains. She says that early marriage and teenage pregnancy pose a major challenge for girls to attain an education. She cited ignorance and poverty of the parents as the leading causes of child marriage.

She has prevented six girls from getting married. "My motivation for doing this is that I want girls to get an education. Of the six girls I have prevented from getting married, three have since completed their secondary schooling, two are still in secondary school, and one is in primary school. I use my own money to pay their school fees and buy them groceries."

The chief has formed a committee to report cases of child marriage and teenage pregnancy. Despite these good efforts to prevent girls from child marriage, she faces challenges from parents: "Parents say that, after all, these girls you are preventing from getting married are not your biological children."

To improve

CSOs and change agents hold government and policymakers to account

YIDA country teams have formulated their lobbying and advocacy strategies and action plans. The next step is to advocate for laws and policies on CM and, where applicable, FGM/C to be put in place and, more importantly in most countries, implemented. To achieve this, we need to engage more closely with local, regional and national policymakers and duty-bearers such as government officials within the departments of health, education and/or social development. Advocacy can also be used more strongly to convince governments to include CSE in school curricula, for example. The available (research) data within the country programmes can be better used to inform the advocacy strategies and messaging. For countries to do this, advocacy skills-building is needed. It is also necessary to ensure that national laws on CM and/or FGM/C are reflected in by-laws at community level.

Enhanced evidence based advocacy

Youth advocates are trained in the countries, but the link between MYP and lobbying and advocacy could still be stronger. The MTR shows that the link is strongest in countries where MYP is embedded in structures for young people, such as the Kirans in Pakistan or the ECHO groups in Ethiopia. Additionally, using M&E and research data for evidence based advocacy is not yet exploited to its full extent.

In a number of countries, the YIDA works closely with other CM alliances and networks such as GNB, which provides opportunities for linking to international-level advocacy. Nevertheless, the MTR shows that these benefits and synergies generally have not yet been exploited, which limits the effectiveness of current YIDA advocacy campaigns.

Unintended effects

It was reported in Malawi that the work on by-laws in the YIDA implementation areas has been copied in other communities within the area, so the programme's impact has unexpectedly broadened to other communities.
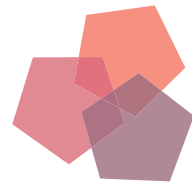
Recommendations

While a number of countries have elaborated effective lobbying and advocacy plans, we need to ensure that all countries have an actionable and joint plan in place. The research component of Yes I Do brings up very valuable advocacy information that can be used more effectively in advocacy efforts. We will ensure that young people are actively involved, and, where possible, leaders of the campaigns. Although we support the development of advocacy plans with a clear end goal, we will leave as much space as possible for local adaptation and for testing different methods, to see what works best at which moment in which context.

The country alliances should be supported by the YIDA in the Netherlands to develop and implement the advocacy strategies and to be able to write effective advocacy messages. The results envisaged can be at different levels (from district to national).
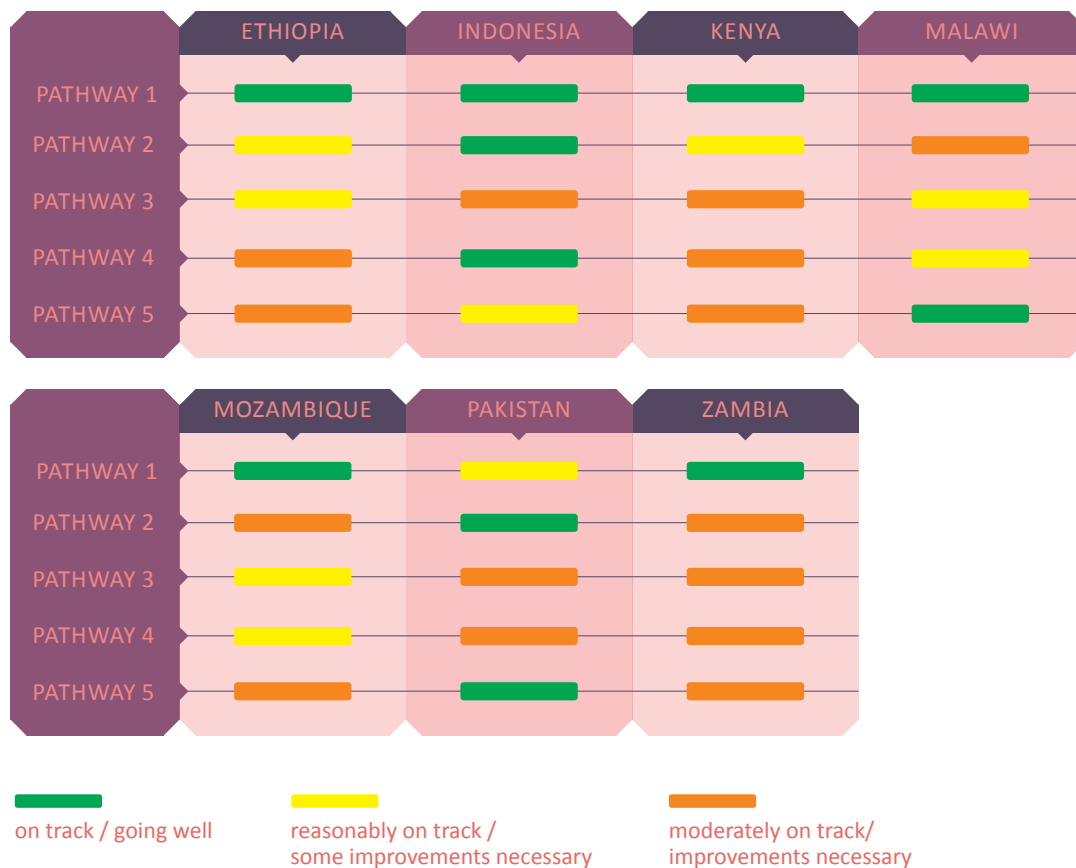
In the advocacy plans, possibilities for collaboration with other alliances/partners need to be revisited and, where necessary, strengthened.

Implementation modality of the YIDA

The MTR shows that all countries are implementing the full package of strategic interventions as identified in the ToC. However, these interventions and activities are mostly implemented in silo, whereas the premise of the ToC is that each implementation area needs the full package of pathways to embark on a transformational change process. Figure 2 presents an overview of the extent to which the five pathways are being implemented in each country. This overview is based on a self-assessment by the country teams on the following parameters: effectiveness of current approach, (geographical) coverage and budget absorption. The table provides insight into the extent to which certain pathways require extra attention over the next two years.

Figure 2. Overview of implementation of pathways by country

	ETHIOPIA	INDONESIA	KENYA	MALAWI
PATHWAY 1	on track	on track	on track	on track
PATHWAY 2	reasonably	on track	reasonably	moderately
PATHWAY 3	reasonably	moderately	moderately	reasonably
PATHWAY 4	moderately	on track	moderately	reasonably
PATHWAY 5	moderately	reasonably	moderately	on track

	MOZAMBIQUE	PAKISTAN	ZAMBIA
PATHWAY 1	on track	reasonably	on track
PATHWAY 2	moderately	on track	moderately
PATHWAY 3	reasonably	moderately	moderately
PATHWAY 4	reasonably	moderately	moderately
PATHWAY 5	moderately	on track	moderately

Legend:
- on track / going well
- reasonably on track / some improvements necessary
- moderately on track/ improvements necessary

3. Theory of Change and contextual developments

The YIDA ToC describes how the alliance expects change to happen with regard to a world in which adolescent girls and boys enjoy their SRHR and achieve their full potential, free from CM, FGM/C and TP. Working on behaviour change with a broad coalition of actors is by definition a complex and unpredictable process. Therefore, we have articulated a number of assumptions underlying our strategic thinking[7] and providing guidance to the interventions. The ToC helps the YIDA track changes that our programme may have contributed to; as such, it forms the basis for the M&E framework. The ToC assumptions form the core of the YIDA research component, which aims to comprehend the triggers for change. All countries have contextualized the generic ToC to reflect their local realities. The country ToCs are discussed and reflected on annually, with the participation of the full country alliance. Based on this reflection, implementation strategies are adjusted, and activities adapted, to maximize the effectiveness of the Yes I Do programme.

A core element of the MTR process was the joint reflection on the YIDA's ToC. In the first instance, this reflection concentrated on the progress made in the pathways; subsequently, we included an overall reflection on the ToC. It provided an opportunity to jointly take stock of how the ToC operates in practice, which assumptions are supported by programme evidence, and what we need to adapt to work towards our overall goal more effectively.

Based on this process, which took place in each programme country and in the Netherlands, we provide below the findings of the changes identified in the external context and how these influence the YIDA ToC. Additionally, the core principles, the risks observed, compared to those identified prior to programme implementation, the cross-cutting strategies and the interlinkages between the five pathways of change are discussed.

Context: Hindering factors

After two and a half years of implementation we observed the following changes in context which have influenced the YIDA's ToC and, subsequently, its interventions.

Strong cultural practices

In all countries cultural practices that sustain the beliefs that perpetuate CM, FGM/C and TP remain strong. The cultural or religious norms are such that societies stigmatize pre-marital sex in order to prevent TP, contributing to the taboo on young people's sexuality. In Indonesia, Ethiopia and other countries girls are considered 'old spinsters' when they are unmarried at 20 years old. Adding to the taboo is the fact that contraceptives are often only available to married couples, and the understanding is that when girls become pregnant, CM is the solution to prevent shame or the girls and their families from losing face. In Indonesia, Ethiopia and Kenya cultural norms that perpetuate FGM/C are still strong. In Kenya there is continued demand from parents to have ceremonies for a rite of passage from childhood to adulthood (including FGM/C) for symbolic reasons and to control women's sexuality. In Ethiopia and Indonesia FGM/C takes place at a much younger age.

In Malawi, Mozambique and Zambia adolescents are subject to different cultural practices, sometimes promoting early sexual debut. For example, in Malawi these cultural practices include *chitomero* (forced

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[7] For example: Assumption 1: Only a combined approach of strategies will reduce CM, FGM/C and TP.
For a full list of assumptions, please refer to Annex 2.

arrangement to have a child marry another child or an adult) and *kusasa fumbi* (early, unprotected sexual debut, conducted immediately after graduation from initiation camps as a rite of passage into adulthood). Other practices include *gule wamkulu* (traditional initiation for boys which marks the rite of passage from boyhood into adulthood) and define the boy as a 'man', which means that boys are permitted to engage in sexual activities, fuelling TP and CM.

In all countries CM is seen as a solution to reduce the economic burden of families. Creating economic opportunities in the Yes I Do intervention areas is difficult, however. One of the reasons is the limited presence or the complete absence of private-sector economic activity, as the programme is implemented in mostly rural and sometimes isolated areas.

Another observed increasing trend is a 'punitive culture' towards CM at community level, especially in the southern African countries. This might have unintended negative consequences for families. The YIDA will clarify how to address this in the programme, possibly as part of value clarification.
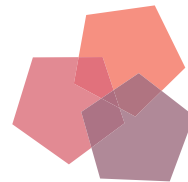
Increased conservatism
In a number of countries (Indonesia, Pakistan) conservatism related to SRHR continues to be on the rise. For example, an intolerant and fundamentalist Islamic group in Indonesia supports CM through social media. It interprets the Quran from a patriarchal perspective which does not favour women and girls. It specifically promotes early marriage as the solution to pre-marital sex (called Zina), as a form of devotion to Allah, by using the story of Muhammad marrying Aisha at 6 years of age. The pro-early-marriage messages are spread widely by social media, including *Gerakan Nikah Muda* (a movement that encourages getting married at a young age; instagram ID: @gerakangikahmuda) and *Indonesia Tanpa Pacaran* (a movement that encourages eradicating dating and promotes getting married directly instead; instagram ID: @indonesiatanpapacaran). These movements depict marriage as the key to a happier life, free from the sin of adultery. The misleading messages regarding marriage have created a trend of adolescents no longer waiting (to be forced) to marry; instead, they take the initiative to get married at an early age themselves. Parents who have been exposed to these movements are more likely to support their children's decision to get married before the age of 18.

Increased conservatism is also demonstrated by the shrinking space for international NGOs working on SRHR, notably in Pakistan. For some years now, they have not been able to work openly on SRHR, but have had to embed their SRHR messages in wider life skills terms to be able to discuss CM. In Pakistan in October 2018 the government refused to issue new registrations for a large number of international NGOs, including Plan International Pakistan and Rutgers in Pakistan, which has had a major negative impact on the Yes I Do programme in the country.

Economic climate
The economic climate in the YIDA's southern African implementation areas remains harsh. Even though the countries have experienced positive economic growth rates in the past years, they remain among the least developed countries in the world. Most of the rural population is employed in the agricultural sector, and most production continues to be done by smallholder farmers.

General limited quality of health services, including corruption

The poor quality of health services, including the deteriorating economic situation of countries such as Mozambique and Malawi or corruption in Mozambique and Zambia, discourages people from having trust in health-care services, as medicines and commodities are often unavailable. In addition, the Mexico City policy, which has resulted in a decrease in ASRHR activities and less access to safe abortion services, has contributed to a difficult situation for health-care staff and visitors.

Context: Enabling factors

Laws on CM and FGM/C

On a more positive note, in most countries we see that national laws on CM that state that boys and girls should be 18 when they enter marriage are in place. This contributes to an enabling environment. Zambia, for example, is hopeful that at the national level the Marriage Bill and the Child Code Bill will be enacted in 2019. However, loopholes still exist in some countries — for instance, parental consent may be given for marriage at 16 (Indonesia), or the recently designed new law still needs to be passed (Mozambique). Therefore, it is still important to advocate for laws on CM to be implemented, and at the community level it remains important for national legislation to be translated into the by-laws governing the communities.

Laws on the prohibition of FGM/C in countries where it is practised are also in place, although the norm to practise FGM/C is only being reduced very slowly, as is seen in the continued existing demand among parents for the practice.

New technology

We see that new technology opens up opportunities for young people. They are using mobile phones, social media and the Internet to access information and meet and date other young people. It also provides a platform to share widely and condemn incidences of CM and/or FGM/C with their peers. In combination with increased awareness of MYP, this helps young people begin questioning harmful cultural practices.

International visibility of CM

Over the last few years, CM has received more international attention — for example, due to the founder and chair of the GNB network, Mabel van Oranje. In 2017 the World Bank presented a report on the economic and social costs of CM[8] which showed that it is a sound investment to have girls fulfil their educational and economic potential. The report supports the efforts and commitment to end the practice of CM.

Effects of the context on the Yes I Do programme

Strong cultural practices

In all countries we see that the cultural beliefs and practices that perpetuate CM, FGM/C and TP remain very strong. Discussing CM seems an easy entry point to start discussions in implementation areas, while talking about TP, FGM/C and other topics related to young people's SRHR is pushed into the background.
This notion influences the way in which the YIDA engages with communities by gradually introducing more sensitive issues once common ground is established.

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[8] World Bank (2017) Economic impacts of child marriage: global synthesis report. Washington, DC: World Bank (www.costsofchildmarriage.org).

Legal age

It is important for the legal age for marriage to be set at 18, but in all countries we see that the norm of getting married young is strong. Although people prefer marrying young, it seems that CM is decreasing, and we note an opportunity to decrease it further in the coming decade. However, the increase in TP is of concern and requires more attention. As a result, we will embed CM, FGM/C and TP in the wider SRHR discourse.

Follow-up and girls' empowerment

Discussing ASRHR, including TP and FGM/C, within communities and with health service providers is difficult. When not sufficiently addressed, marriage might be delayed, but girls might be less empowered to start making their own decisions regarding if, when and whom to marry, and when and with whom to have children. To ensure we achieve this ultimate goal set by the YIDA, we stress that monitoring and follow-up after cancellations of CM, FGM/C and cases of TP will be a very important part of our programme in the coming years. Additionally, we will strengthen the rights-based element of SRHR messages, as this contributes to young people's/girls' empowerment more effectively than fear-based messages. Social and gender norms only change very slowly, as resistance tends to remain among parents and other gatekeepers.

Online channels to broaden multi-messaging

The increased use and influence of social media affects the way in which we engage with young people and communities. Where applicable and relevant, online channels will form a larger part of our multi-level messaging strategy.
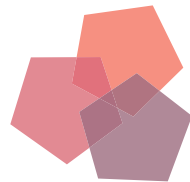
Decreased space for civil society

The shrinking space for NGOs and not being able to continue working in Pakistan as the YIDA will have a major impact on the programme.

Reflection on the Theory of Change

To understand the role of the YIDA and other factors in attaining the envisaged outcomes, we have reflected on the ToC and the underlying assumptions[9] formulated at the start of the programme. Detailed reflections on the country-level ToC are provided in the country MTR reports. Below, a reflection on the main assumption and two selected assumptions is provided.

The main assumption underpinning the Yes I Do programme is that *only a combined approach of strategies will reduce CM, FGM and TP.* Therefore, it is important that the implementation areas in which we work receive the full package. The endline that will be conducted in 2020 aims to provide insight into the extent to which this assumption holds true. The MTR shows that not all implementation areas are receiving the full package yet because implementing partners are working in different geographical areas. In addition, the coverage needs to be expanded in some communities. This will be monitored closely and improved where possible.

A key assumption underlying the programme — specifically under Pathway 1 — is that *change agents are willing to organize themselves to influence community members and to hold duty-bearers accountable.* The evidence that has been collected in the MTR process partially supports this assumption. Data have shown that the level of awareness of the consequences of CM, FGM/C and TP has increased as a result of the YIDA, but the level of action that people take to actively prevent these practices is limited, which can be expected given that the engagement of the YIDA in implementation areas is still relatively recent, and considering the deeply rooted cultural norms and practices. Nevertheless, in most implementation areas we have seen that a few or some stakeholders are starting to take action and become change agents who are willing to steer community-based efforts to prevent CM, FGM/C and TP. Structural engagement with these emerging change agents, and stimulating other change agents to emerge, including parents, seems to be a precondition to achieve fundamental changes in the attitudes of all gatekeepers. Hence, we suggest to keep this assumption and include its review in the annual review meetings and the end evaluation.

In relation to Pathway, 4 the assumption put forward was that 'When adolescent girls finish post primary education, they have more chances to be economically empowered'. As was stated in the findings section, this assumption seems accurate, and the MTR also points to indications that the assumption can work the other way round: when parents and families are economically empowered, they can keep their daughters in school. The MTR findings show that opening up the economic empowerment activities to families, including boys, may be an effective strategy for keeping girls in school and, as a result, empowering them economically and reducing their vulnerability. Additionally, teaching business and vocational skills to in-school youth seems to contribute to trust in their own economic empowerment, which can serve as a motivation to complete their schooling. This strategy can be expanded. However, for the Yes I Do programme, it was felt that this assumption is too broad and not sufficiently related to strengthening life choices for girls, including if, when and whom to marry. After all, the focus of the work under pathway 4 is on providing girls with alternatives beyond CM, FGM/C and TP through education and economic empowerment. Therefore, it is suggested to change the assumption to: *when girls complete post-primary education, they will delay early marriage and pregnancy.*

Based on the MTR there is no reason to fundamentally adjust the ToC, as the pathways still seem the most appropriate route to change and the actors that YIDA engages with are all relevant. However, we will include the following actors better to increase effectiveness and inclusiveness of the programme:
• parents (pathway 1);
• out-of-school youth (all pathways); and
• married girls (pathways 2, 3 and 4).

Risk analysis

At the outset of the programme, risks at various levels were identified for all countries. This included risks at the social, organizational, partnership, political and Dutch MoFA level. Risks included resistance to change among communities; increased vulnerability of girls due to programme interventions; fraud and corruption by partners; different priorities of alliance partners; limited understanding by partners of the project's approach; high turnover of highly trained key stakeholders; challenges regarding MYP due to strong cultural norms; elections or political unrest affecting programme implementation; increased government restrictions on lobbying and advocacy; and a lack of political will to combat CM, FGM/C and TP.

[9] Please refer to Annex 2.

The MTR data show that there is resistance in all countries towards TP and FGM/C among different types of community members, including parents, religious and community leaders and SRH service providers. Risk-mitigating strategies include reaching out more to these groups by different stakeholders with appropriate messages, revisiting value clarification and having stringent safeguarding policies in place to protect the vulnerabilities of young people. A high level of turnover of trained staff and other key stakeholders is also a reality. Mitigation measures include regular joint meetings and annual review and planning meetings, including team-building sessions, to engage staff in the YIDA approach and ways of working, and re-introducing the Yes I Do programme, core principles and concepts to key programme stakeholders. MYP is a relatively new concept, and although promoting the participation of youth is relatively easy, accepting youth at decision-making levels is more challenging. Mitigation actions include continued training and discussing the traditional norms that young people do not voice their opinions, especially in relation to SRH issues. Risks at the political level due to elections and political unrest have occurred in Mozambique, Kenya, Pakistan and Ethiopia. Mitigation is done by careful monitoring and ensuring that local and international staff comply with their organization's safety and security measures. In contrast to more government restrictions on lobbying and advocacy, the reverse is happening in Ethiopia, where the government is opening up. There seems to be more space for people to claim their rights, although it remains to be seen if the current situation will last. An unexpected threat to the Yes I Do programme has been the Government of Pakistan's decision not to register a number of international NGOs, including Plan International and Rutgers.

Core principles

Discussing young people's SRH needs is difficult; therefore, it is important to increase the emphasis on the YIDA's core principles in the programme. Up to now, they may have been too implicit within the YIDA ToC; therefore, there is a need to focus on the core principles and value clarification as a means to strengthen programme implementation.

The core principles include:

- **Do no harm:** We need to be able to identify unintended negative or positive impacts of our interventions in the settings where we work.

- **Inclusivity:** We need to reach out to difficult target groups such as out-of-school youth.

- **MYP:** Involving youth is not difficult, but giving them decision-making power is, in a culture that favours decision-making by elders.

- **Child safeguarding:** Ensuring that alliance member organizations have internal policies and means to prevent unacceptable behaviour and are able to identify, report and respond to cases in our organizations and programmes.

- **Rights-based approach:** Young beneficiaries in the Yes I Do programme are enabled to play an active role in the identification of their needs and have a say in what action is taken, at all levels of the programme.

- **Learning:** Including research and reflection is a core principle requiring an open mind and the capacity and willingness to reflect, identify gaps and learn from each other at all levels.

4. Update on progress with regard to cross-cutting issues

Promote gender transformative thinking

At the start of the YIDA, a concept note on GTA was developed, and a training session was held for staff in the Netherlands. During the past two and a half years of programme implementation, several initiatives and training sessions have been conducted to integrate GTA into the programme interventions. For example, staff have been trained in Malawi, Pakistan and Indonesia, and in 2018 a start was made on GTA webinars. As part of the MTR process, a global survey was disseminated to gauge the current level of understanding of GTA among the YIDA partners and to identify future capacity-strengthening needs. Based on this survey and the MTR findings, we can conclude that all YIDA partners are aware of the importance of the GTA concept. However, the challenge lies in implementation. Partners need more support to ensure that a GTA perspective is applied to their interventions, products, institutions and policies. In Zambia and Kenya partners will start to receive GTA training as part of a long-term capacity-strengthening process, and this can serve as a good example for the other alliance partners. Similarly, providing partners with available GTA tools, such as GTA in youth-friendly services, GTA in advocacy and GTA in CSE, will help translate the conceptual thinking of GTA into a practical way of making the YIDA interventions more gender transformative. Indonesia has already adjusted some of its modules, and GTA training specifically for care-givers has been developed.

Men's and boys' engagement

This cross-cutting strategy needs to be further strengthened in the remaining programme period. In general there are some elements of programmed men's and boys' engagement in the Yes I Do programme — for example, through the CoC approach in Malawi, Zambia and Mozambique — but a fully integrated approach is still lacking. A positive example is YIDA partner HOPEM in Mozambique, which implements men's engagement sessions, aiming to deconstruct male stereotypes (such as the notion that men are superior to women), and men's dialogue groups where men publicly speak out against CM and discuss their role in TP. HOPEM will share its specific knowledge on engaging men with other Mozambique alliance partners so that they can also positively involve men in their activities.

Another positive example of where men's and boys' engagement is going well is in CSE lessons. For CSE lessons, partners apply an equal representation of boys and girls in all countries. Both male and female teachers are trained on CSE, and groups of equal numbers of girls and boys are formed for the CSE lessons.

Yes I Do want to talk about sexuality

"The social values and norms in the village where I grew up were very strict."

Amlakale Muchia* is a 16-year-old grade 7 student at Wondata primary school. He explains how he became aware of sexual and reproductive health through the Yes I Do programme.

"Young people weren't free to talk about sexuality. It was even considered taboo to talk about menstruation, sexual intercourse, contraceptive methods etc. Most of us were afraid of being judged by others and didn't want anyone to point at us and say 'Look at them: they have the wrong priorities for their age! Their parents may think they are studying well, but instead they are talking about sexuality."

The importance of CSE

At first Amlakale found it difficult to have discussions with his parents. The turning point came when his parents attended the presentation he gave as part of the in-school comprehensive sexuality education (CSE) programme.

"My friends and I presented what we were talking about in the Yes I Do CSE club. I could tell from the expression on their face how impressed they were. Puberty, body change, friendship, sexual intercourse, risks of unsafe sex etc. are issues they undoubtedly want us to be aware of. However, they find it difficult to talk about it to us. I felt that what was holding them back were the strict norms."

Gender roles

In the programme he also learned about gender, gender roles and the gender-based division of labour. Amlakale: "When my mom was pregnant, I considered household activities to be only her responsibility. Not only that, if I'd go into the kitchen and try to cook or go and fetch water, my friends would call me 'womanish' or 'unmanly'. However, after our teacher led us on a topic titled Pregnancy for Boys and Girls, I felt really ashamed of myself for not helping my mom when she was pregnant.

I know I can't go back, but now I understand that although women get pregnant and carry the baby biologically, men could and should have an equal share in the household and in caregiving when the baby is born. Any activities, especially domestic activities can be done by both men and women. It is not about their gender.

The Yes I Do CSE club helps us develop life skills — skills to deal with growing up, body change and sexual and reproductive health — while protecting ourselves from HIV/AIDS and STIs."
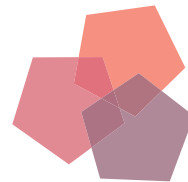
Using a strongly developed GTA will enable partners to develop different strategies to better include men and boys in programme interventions. The linking and learning agenda can be used to increase the integration of men's and boys' engagement as a cross-cutting strategy.

Girls' empowerment

The YIDA uses the concepts of 'power within', 'power over' and 'power with' to mainstream girls' empowerment in programme interventions.

Power within for girls is created by working with girls' clubs and training girls as champions of change, ensuring they take part in CSE lessons and exposing them to MYP training. In these training courses girls experience aspects of 'power within'. They gain knowledge and become more self-assured so that they can voice their needs, stand up for their rights and increase their negotiating power when it comes to decisions related to their sexuality. Together with their peers and trained influential key opinion leaders, support is created for girls, thus building the 'power with' component.

'Power over' is part of lobbying and advocacy activities. The knowledge and skills of young people as regards lobbying and advocacy activities will build their capacity to have 'power over' so that they can engage in activities that challenge legislation perpetuating CM and FGM/C. The MTR data show that lobbying and advocacy activities still need strengthening for the remaining programme period.

Girls' empowerment activities will continue in the remaining part of the programme.

MYP

MYP is both a cross-cutting issue and a pathway of change in the YIDA ToC. As a cross-cutting issue the concept of MYP has been mainstreamed by training and capacity-building of YIDA partners and civil society organizations in all countries. Under Pathway 2, youth-led partners have worked with young people to build their capacity to enable them to speak out and claim their SRH rights.

As MYP is a relatively new concept, we can conclude that throughout the Yes I Do programme significant steps have been taken in training and empowering young people to become more aware of their SRH rights and how to claim them. From the MTR data we see that young people are engaged in programming in many different ways; however, the challenge lies in giving young people decision-making power. In all countries we see that the traditional belief that young people should not speak out is still very strong. The MTR also shows that the concept of youth varies: in the southern African countries young people are defined as those up to 35 years of age. In these countries we see that younger people are less involved than 'older' youth. MYP seems implemented best in countries that have built youth structures, such as the ECHO groups in Ethiopia and the Kirans in Pakistan; within these structures youth are exposed to training and included in decision-making. In most countries MYP has focused on in-school structures; therefore, more attention should be paid to reaching out-of-school youth and including them in decision-making structures, as these young people are the most vulnerable. In short, much has already been done in terms of training, but we need to strengthen the way in which we measure progress on MYP. And, to enhance MYP in the programme, we need to pay more attention to creating an enabling environment in which youth structures can thrive and in which young people can raise their voice.

Yes I Do want to be part of a youth club

Lonesi Juma (18) was born into a family of five. In 2015 she was attending Kachere Day Secondary School when things changed, as she became pregnant by her boyfriend, Jacobo (17). At that time she was only 15 years old.

Lonesi was reluctant to tell her parents, fearing her father's wrath: "It took me seven days to find the courage to confront my mother about the issue. I was so scared at the time, but Jacobo kept insisting that I shouldn't worry. He promised to marry me and take care of me and the baby, since he was from a well-to-do family." Her mother told her father of the pregnancy. Both her parents were infuriated by the news. For them it was clear that Lonesi should marry her boyfriend, even though both Lonesi and her boyfriend were young schoolchildren.

Forced to leave home

Lonesi: "My parents sent me away from their house. They wanted me to go and stay with Jacobo. Fortunately, my uncle intervened. He advised my parents against the decision, citing the dangers of child marriage, and instituted another punishment."

Instead of being sent off to marry her boyfriend, Lonesi was forced to live with her grandmother, ultimately dropping out of school in the process.

At her grandmother's house she lost all contact with her family and had no support. Things became even worse after giving birth, to a baby boy, in 2016. She had to take care of both the baby and her grandmother, in addition to doing all sorts of chores in and around the house.

Youth Action Movement

In 2017, Lonesi was introduced to a Youth Action Movement (YAM) youth club, part of the Yes I Do programme. She reluctantly joined the group without realizing what impact it would have on her life. YAM enhances youth participation, involvement, empowerment and representation. Young people learn to express themselves as active participants and decision-makers in the association. The club promotes equal partnership between young people and adults and the sharing of best practices on sexual and reproductive health and rights (SRHR) among young people.

Lonesi: "I learned so much about SRHR, the dangers and effects of child marriage and teenage pregnancy, HIV and AIDS, condom use, just to mention a few. The information we learn from the youth meetings really helps me realize the importance of accessing SRHR services. Most importantly, it has helped me reach out to many other young girls within the community on child marriage and teenage pregnancy and their negative effects. I don't want them to go through what I went through."

Lonesi started saving money in the group. After staying with the group for a month, she qualified to access a loan, an opportunity she exploited by taking out a loan of MK13,000 (US$17.50). With this money she bought some cartons of soap powder and a bottle of cooking oil, which she repackaged into smaller sachets and resold at a profit. The profits she made helped her pay her school fees and also support her grandmother.

5. Assessment of the YIDA partnership

Besides focusing on the content of YIDA's programme delivery, the MTR process also provided an opportunity to reflect on the set-up of the alliance and the current working modalities both in the Netherlands and at country level. Regarding the assessment of progress and results, the evaluation of the partnership was done internally and in a highly participatory way. The Netherlands M&E group took the lead in developing the partnership assessment framework, which was based on the Guidelines for the MTR of SRHR Partnerships as provided by the MoFA (2018) and the Partnership Alliance Thermometer (MDF, 2012). The partnership assessment consisted of a mixed-methods review at two levels: (1) survey and discussion during MTR workshops at country level (August–September 2018); (2) survey and discussion during a separate session organized in the Netherlands (29 October 2018) to discuss the partnership in the Netherlands; and (3) a discussion between the three CM alliances[10] in the Netherlands and the MoFA (9 November 2018).

YIDA steering structure

The Netherlands

The YIDA steering structure in the Netherlands is clear on paper. At the start of the joint programme, lines of communication were clarified, and responsibilities agreed. However, when putting the steering structure into practice, people assess it as relatively complicated and time-consuming, as it has various levels. The perception that the YIDA steering structure is relatively heavy in the Netherlands contributes to a sense of concentrated decision-making. A key characteristic of the programme is its adaptive approach and quick response to a changing context, which needs delegated decision-making.

Country level

In the programme countries the steering structure is also relatively clear to stakeholders. While some countries mention that the country-level alliance has developed organically (Pakistan) without competition or conflicting interests, others mention the more competitive nature of the partnership (Ethiopia), which took time and effort to overcome. Additionally, the alliance can function differently at country level than at field level (Indonesia, Zambia). The common thread in the evaluation of the steering structure at country level is that it took time for the steering structure to mature and, further, for the relationships between the partners to be established. A challenge in dealing with the steering structure at country level is the reporting lines: one chain of communication runs within organizations and their respective hierarchies, whereas the YIDA chain of communication prescribes reporting to the in-country coordinator. Having alliance members as partners, instead of working with sub-contracting or technical partners, is new and requires an attitudinal change.

Strategy

The Netherlands

The YIDA has a comprehensive ToC that was developed in the Netherlands during the inception workshop in

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[10] The other CM alliances are Her Choice and More Than Brides.
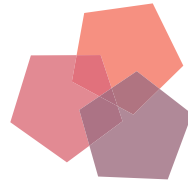
2016. It took some time for the ToC to gain traction, and its introduction was perceived as overwhelming, as it is considered very comprehensive and complete. The YIDA's strategy was developed in a participatory way in the Netherlands and is considered an ambition truly shared by all partners.

At the level of the Netherlands, the MTR paid specific attention to the existence of a safe environment in which changes and adaptations to the strategy can be proposed. In general, the picture is positive, with sufficient safe space for staff to express themselves and to re-negotiate strategic issues. Nevertheless, all partners have different backgrounds, work in different organizational cultures and have different styles in bringing up critical issues. Respecting each other's different perspectives while working towards the same goal remains an issue for attention.

Country level

While the development of the ToC at the global level was a collective effort, at the country level this joint ambition needed time to develop. The ToC was first developed in a generic way in the Netherlands and subsequently adapted at the country level (country inception workshops, May 2016). Working with a ToC is relatively new, and ongoing reflection on the thinking process is needed to ensure the sense of adaptive programming and continuously adjusting strategies and activities to respond to reality. Staff feel that the ToC is used more as a 'results framework' than as a conceptual framework that allows for adaptations and changes along the way.

Cooperation within the YIDA

The Netherlands

The five YIDA members see themselves as truly cooperating, with each having a clear role, appreciating each other's contributions and respecting each other's limitations. Various groups, spaces and processes of communication exist to foster cooperation within the alliance. The cooperation within the Netherlands' country teams and the M&E group are highlighted as good examples; people work with a shared goal and joint commitment, and when there are conflicting interests, they are brought into the open, and a solution is sought. When looking at the YIDA as a whole, the cooperation is perceived as top down, meaning that decision-making power is concentrated at the management level (Programme Committee, Board of Directors). We will, therefore, revisit the modalities of cooperation, to maximize ownership, facilitate decision-making processes and empower the in-country teams. The YIDA Desk comprises 1 full-time equivalent (fte), and in August 2018 the M&E function in the Desk was scaled up to 0.6 fte. With this expansion, the Desk is expected to be in a better position to oversee what each group is doing and to nurture cooperation throughout the alliance.

Country level

All countries mention the importance of balancing the time investment in the partnership with the benefits of the additional exchange between partners. For example, monthly meetings contribute to the joint ownership of the programme and increased understanding of each other's positions, and this investment was important, especially at the beginning of the partnership. However, after two and a half years of joint implementation, the frequency of the meetings should not increase. Meetings should have a clear (learning) objective and added value to justify the time investment.

In a number of countries the alliance is not yet sufficiently visible to the outside world, as limited YIDA communication materials exist, and organizations are working under their own brand. Countries need to be encouraged more to use the available YIDA branding in their external communications, which they can contextualize for their specific alliance. Here lies scope for improvement to strengthen the sense of belonging to the YIDA and, through this, cooperation.

Cooperation with the Ministry of Foreign Affairs

The Netherlands

The relationship between the YIDA and the MoFA is perceived as a very positive and constructive form of cooperation. The Ministry is supporting three CM alliances, and for reasons of shared learning and efficiency they participate in joint field trips together. Mieke Vogels took part in the trips to Pakistan (2016) and Malawi (2017), and Ismail Dahbi participated in a field visit to Ethiopia (2018). The relationship between the MoFA and the YIDA on operational issues is mainly between the YIDA Desk and the MoFA contact person. On strategic matters the YIDA Board of Directors is the partner for the Ministry. The YIDA coordinator and the two other CM alliances meet twice a year with the Ministry's CM focal point to discuss progress in general and prepare the joint field trips, for example. The experience has been positive so far, and the alliance has a clear intention to work in an equitable partnership with the MoFA. However, the alliance members agree that the Ministry's role as a partner could be enhanced further. The YIDA would appreciate more structural engagement with the Ministry on the thematic areas.
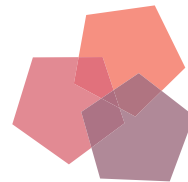
Country level

Cooperation with the embassies at country level varies greatly. Partly this is due to the presence of an embassy in the respective country, and it also depends on the available SRHR capacity. When there is no embassy present in a country, such as is the case in Zambia, cooperation runs through the Harare embassy, and the relationship remains on the level of exchanging information. In countries with an embassy, closer cooperation exists, beyond the level of communicating about activities and focusing on a joint strategic agenda to strengthen visibility and support to address CM, FGM/C and TP. A good example is the learning and sharing forums organized by the embassy in Ethiopia. These inter-alliance meetings are regularly organized to learn from other SRHR alliances (such as the Girls Advocacy Alliance, Get Up Speak Out and Her Choice). It also provides an opportunity for the YIDA to showcase best practices and learning to other stakeholders.

Cooperation with other stakeholders

The Netherlands: cooperation with two other CM alliances

Cooperation with the other CM alliances is going well, and all three alliances consider the current structure, working in three separate alliances, as a good working modality. The GNB network is considered a suitable platform for collaboration, dissemination of research and linking and learning, especially since all three alliances are represented in two of the GNB working groups in the Netherlands. Without the GNB structure,

the collaboration between the CM alliances most likely would have been much looser. The joint interests in GNB help the collaboration and learning among the three CM alliances.

Though cooperation is going well, it is not (yet) intense. According to the alliances, this has mostly to do with timing: until now all CM alliances have been working hard to develop research frameworks and collect data. Moreover, one of the research partners (More Than Brides) is based in New York, which makes (face-to-face) meetings between the research partners more difficult to organize. Now, the time has come to reflect on the midterm data and jointly extract key insights to be used for future programming and policy development. The alliances see a role for the MoFA to facilitate linking and learning between them, to have a brokering role in mapping the joint lessons and to invite others to discuss the results and define future steps to ensure the integration between research results and programming. Moreover, these research results and the discussions might feed into the MoFA's SRHR policy framework, which will be developed next year.

The YIDA has founded the GNB Netherlands (GNBN) network together with the two other CM alliances. The YIDA is also active in the working groups on the Global South and Advocacy/Communications. Within the Global South working group the YIDA connects with Share-Net International. GNB and Share-Net International jointly organize events to share information and learn from each other. These events are open to GNBN and Share-Net members as well as other SRHR professionals.

Country level

Technical advocacy working groups on CM set up by the government, such as in Ethiopia and Mozambique, offer great opportunities to position the YIDA's agenda. In all YIDA countries, active outreach takes place to work with relevant government and non-government stakeholders. When the implementing agencies are not based in the capital, such as in Mozambique (Nampula), then the link between the programme in the field and the representative offices based in the capital should be strengthened to facilitate cooperation with stakeholders at the national level. This is also seen as an important effort to strengthen the leverage of advocacy. In a number of countries (Mozambique, Malawi and Zambia) YIDA partners are also member of GNB.

Added value and cost–benefit analysis

The Netherlands

Both the survey and the discussion on 29 October reveal that the Dutch alliance members have a very positive image of the added value of the YIDA partnership. All partners value the cooperation as complementary and mutually beneficial. A lot of learning and exchange takes place while working together on the Yes I Do programme. For example, in the M&E group, organizations learn from each other about new tools and M&E approaches; within the country teams this organic way of learning and exchange is also valued. Additionally, there is a wish to make the added value and learning objectives more explicit by investing in learning trajectories and more structured exchanges of expertise.

While the steering structure is perceived as relatively heavy, and a substantial amount of time is dedicated to coordination activities, the overall assessment of the cost–benefit analysis is positive. The results outweigh the efforts, especially when they are related to access to resources, different approaches and opening up networks for each other.
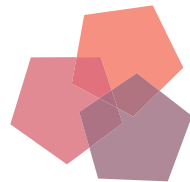
Country level

The members of the country alliances are able to tap into the resources and expertise of each other's organizations and take advantage of each other's networks and connections. Working in an alliance allows the programme to spread its geographical outreach, as different alliance members have offices or are operating in different regions. At country level this picture is similar regarding the cost–benefit analysis of the partnership. Coordination efforts between partners in the implementation area, between the organizations based in the implementation area and their organizations based in the capital, between partners in the countries and their partners in the Netherlands and between the in-country alliance and the Netherlands-based alliance are time-consuming, and we need to ensure that the intensity is kept to a minimum, while maintaining an effective flow of information. Nevertheless, the transaction costs of implementing this programme in an alliance prevail over implementing the programme in silos.

Linking and learning

The Netherlands

A lot of learning between the members based in the Netherlands takes place informally by being exposed to each other's ways of working and approaches, such as CoC, GTA and MYP. All partners feel they can benefit from each other, and they are all willing to share their expertise among alliance members and with partners. Learning is considered essential by all alliance members, both in the Netherlands as well as in the countries. Besides informal learning, the YIDA has organized several learning sessions for alliance members over the past two and a half years in the Netherlands on topics such as MYP, economic empowerment and GTA. In 2017 a memo was developed on different aspects of capacity-building, including linking and learning for all levels of the programme.

YIDA research findings have been presented at international conferences such as the GNB global meeting in Kuala Lumpur, Malaysia, the International AIDS Conference (Amsterdam) and the International Conference on Family Planning (Kigali).

Country level

At country level, capacity-strengthening has mostly covered MYP and GTA. Though also at country level learning largely takes place informally, we have initiated opportunities for country staff to come together and learn from each other — for example, during annual review meetings. The report-writing workshop in October 2018, in which delegates from the YIDA in-country teams came together to peer-review each other's country MTR report and receive training in report-writing skills, was a very positive experience of exchange and learning. It is evident that increased linking and learning activities between countries is desirable. More opportunities for exchange and cross-country learning will be stimulated by the Netherlands' country teams and in-country teams. The YIDA Desk will play a role in both encouraging and monitoring country teams in taking up this opportunity, acknowledging that these exchanges need to come from already allocated budgets. Learning also takes place via the outcomes of the baseline and midline reports, and operational research that takes place in the countries. The outcomes of these research projects have been shared and validated within the countries. The outcomes of the research are available as reports and are shared. Nevertheless, using the research outcomes to improve programme strategies is a challenge[11].

[3] In-country MTR reports are available on request.

Overall recommendations for the YIDA partnership

Steering structure
- Reconfirm the steering structure and simplify it where necessary, especially at country level.
- Further strengthen the role of the YIDA Desk to improve the coordination and facilitation function.

Strategy
- Conduct joint annual planning meetings at the level of the Netherlands to create an opportunity to reflect jointly on the strategy and the best way to achieve results.
- Continuously promote the message of adaptive programming and the possibility of adjusting along the way.

Cooperation
- Continue constructive cooperation with the MoFA, Her Choice and More Than Brides.
- Ensure strong links between programme implementation units and capitals to ensure that relevant information can be used in platforms at the national level (advocacy).
- Foster decision-making at the country level to increase ownership at country alliance level.
- Make budget available to each country for joint activities for 2019 and 2020 to facilitate alliance ownership at country level.
- Ensure that all countries have joint YIDA communication strategies and use the available (contextualized) YIDA branding.

Added value and linking and learning
- Place coordination of linking and learning in the YIDA Desk for further implementation and oversight.
- Encourage countries to organize learning activities for their alliances and stimulate South–South exchange. Put in place a process for regional linking and learning activities for 2019. Countries will be invited to write proposals for regional learning to take place in 2019.
- Organize a learning event for the seven countries, focusing on the MTR 'gaps' such as male engagement, involvement of parents, and the link between CSE and referral to YFHS.
- Further implement the YIDA learning agenda by providing tailor-made learning programmes to the countries based on their needs, and strengthen value clarification throughout the alliance. The modalities can vary — for instance, training, consulting and e-learning. Topics identified so far are M&E and outcome measurement, male engagement, creating a social movement, and conducting advocacy in a repressive environment.
- Organize a conference to keep CM on the agenda and to show all the work that has been done, and extract joint lessons for future evidence-based programming, preferably together with Her Choice, More Than Brides, the MoFA and GNB Global.

6. M&E and research

The generic YIDA ToC forms the basis for the M&E system and the research component of the YIDA. The ToC was developed at the start of the programme and adapted at country level, while maintaining the link to the overall YIDA M&E framework. The YIDA M&E advisory group is composed of an M&E coordinator based in the YIDA Desk and the M&E advisors from the YIDA's partner organizations, all based in the Netherlands. Together, this group provides overall leadership and guidance to the M&E function. Additionally, the YIDA benefits from a strong research component. The research, under the responsibility of KIT and working with in-country researchers, provides information on the effectiveness, relevance and sustainability of the Yes I Do intervention strategies: what works in which context, and why and under which conditions. The findings from the research component feed into monitoring, evaluation and learning, and are complemented by the monitoring data, and vice versa.

Going well

Having an active M&E group in the Netherlands greatly contributes to coordination, coherence of the M&E framework and jointly reflecting on the progress. YIDA in-country teams appreciate the M&E group's support in working with the ToC, M&E framework and data collection. This is done through regular Skype meetings and in-country visits.

The M&E framework is a comprehensive translation of the ToC. The joint development of both the ToC and the M&E system has enhanced ownership across the alliance. Its focus is to capture outcome-level change, including behaviour change, during programme implementation, so that M&E and research data can be used to adapt interventions when deemed necessary. People working with the M&E system feel that the basis of the M&E system is appropriate, as YIDA pathways to change are not linear but unpredictable; therefore, tracking progress towards outcomes is the right thing to do.

It took more time than anticipated for the countries to adapt the M&E system to their context and to make it work. Many countries felt there was limited space to adapt the framework and, thus, kept the overall M&E framework. Nevertheless, all countries indicate that they are using the tools and that the M&E system is up and running at country level.

As stated in the introduction, research forms an important part of the Yes I Do programme. In all countries, base- and midline studies were conducted in 2016 and 2018, respectively[12]. In 2017, operational or case studies on priority topics that were selected by country teams were conducted in six countries. Besides study reports, summaries of all studies were produced, including a baseline synthesis document combining the seven countries. For the country midline studies, which formed part of this MTR process, a similar synthesis report is being produced. In all countries, research findings have been discussed at stakeholder meetings which included YIDA partners, district-level officials, NGOs, traditional leaders and other community representatives.

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[12] Please refer to Annex 1 for a full overview of studies conducted under the Yes I Do programme (2016–2018).
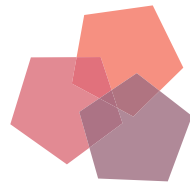
The YIDA has taken the International Aid Transparency Initiative (IATI) as the standardized format for reporting on progress. The alliance invested considerable time and effort in the development of an IATI dashboard, which helps track quantitative progress towards outcomes. As such, the IATI system is used to bring together all progress data on outputs and outcomes, including the qualitative indicators of all seven countries. It has been and continues to be a learning process to use the system to monitor progress and learn from what we are doing. The YIDA IATI Dashboard has been presented to the IATI board in 2018 as a good practice of the use of PowerBi to analyse multiple IATI files.

To improve

While capturing outcome-level change is at the core of the M&E system, many YIDA countries face challenges with measuring this type of change. This is due to various reasons: (1) lack of capacity on how to measure the change process; (2) a lack of familiarity with using qualitative data; and (3) a focus on accountability instead of learning.

In the current M&E framework, testing the assumptions of the ToC falls under the responsibility of the research partner (KIT). While this yields tremendously valuable information on the enablers and inhibitors of change, the challenge lies in translating this information back into the programme and using the data to optimize YIDA interventions. In the abovementioned stakeholder meetings and, especially, the in-country MTR workshops, discussions to this effect have taken place, and all YIDA partners have the responsibility and willingness to bring this further.

Working with a ToC which allows for regular review and adaptive programming is still relatively new for the YIDA in-country teams. In addition to the teams' efforts to capture outcomes, output data are also collected, all of which are reported in the IATI system. These outputs vary by country, as ownership has been given to the implementing partners. Therefore, the outputs are not aligned at alliance level, which makes it challenging to obtain an overall overview of progress at output level.

The MTR process brought to the surface the issue of measuring the quality of our interventions, especially in relation to behaviour change. The current M&E system does not sufficiently contain indicators in Pathways 2 and 3 that gauge the quality of, for example, messages, training delivery and CSE.

Unintended effect

The fact that the M&E system focuses on tracking progress against outcomes compels partners to jointly reflect on the ToC. This literally brings them together and also makes partners continuously aware of the complementarity that they have towards each other. This effect is even stronger in countries where there is a YIDA dedicated M&E person, who also has more time to have regular contact with the in-country researcher.

Recommendations

The M&E group will continue to provide support to the in-country teams on M&E and data collection and translating this information into programme improvements. This includes establishing a stronger link between outputs delivered by the Yes I Do programme and outcomes and monitoring the quality of YIDA interventions. In line with the YIDA's wish to work from the bottom up and ensure adaptive programming at the local level, we will focus on strengthening the capacity of the in-country M&E team and staff involved in data collection.

The link between M&E, research and implementation can be strengthened, and this will be one of the strategic priorities for 2019. The M&E group, the research coordinator and the YIDA country leads will work more closely to ensure that findings and conclusions from the M&E system and research are optimally used to inform decision-making to improve programming.

As for the research component, besides conducting operational or case studies in 2019, a separate trajectory will focus on preparing a robust endline study in all countries.

Besides a strong focus on making M&E work better at the country level, efforts will focus on how to publish monitoring information in IATI. In 2018 we worked on creating a dashboard, which is now operational, and final fine-tuning is necessary to visualize the IATI results published by the alliance partners. The dashboard is accessible and available to all partners including the MoFA. For 2019 the dashboard will facilitate ongoing monitoring of Yes I Do programme activities and ensure analysis and learning on progress by combining IATI files produced by the YIDA partners.
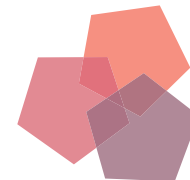
7. Financial overview 2016 to end of June 2018

Table 1 illustrates the total amount of expenditures compared to the original budget. It is the sum of all expenditures by YIDA partners to run the programme and is projected by outcome area. The total under-expenditure is of 11% compared to the original budget — or €1,554,000,-.

Table 1. Actual expenditures versus original budget

	Budget	Actual	Deviance
Totals per outcome	Total	Total	%
Administration and PME	€ 2,129,547	€ 1,810,748	-15%
Alliance coordination	€ 404,456	€ 448,369	11%
Pathway 1: Changed attitudes and social movement	€ 2,286,235	€ 2,416,937	6%
Pathway 2: MYP	€ 982,902	€ 777,668	-21%
Pathway 3: Access to SRHR information and services	€ 3,835,784	€ 3,392,989	-12%
Pathway 4: Education and economic empowerment	€ 2,200,787	€ 1,563,298	-29%
Pathway 5: Lobbying and advocacy	€ 790,334	€ 694,811	-12%
Knowledge and research	€ 1,136,894	€ 1,205,938	6%
Linking and learning	€ 138,383	€ 40,440	-71%
sub-total	*€ 13,905,322*	*€ 12,351,197*	*-11%*

The overview shows that two pathways — MYP and education and economic empowerment — have significant deviations compared to the original budget. The expenditures on linking and learning are also l ess than those planned. The clarification for these deviations is as follows:

Pathway 2: MYP has an under-expenditure of €205,234 (21%).
All partners working on this pathway have underspent. MYP training has taken place throughout the alliance, with partner organizations and with youth clubs. The MTR shows an increase in awareness on MYP, yet moving beyond awareness and mobilizing youth to full engagement at all levels requires more time and effort.

The main underspend over the two and a half years is due to staff costs. The YIDA partners with which CHOICE works are the same partner organizations in other CHOICE programmes. This has resulted in efficient partner management. However, we have also noticed that the partners in YIDA countries now require more dedicated staff hours to provide (technical) support and monitoring. To be able to address this, CHOICE will make at least one of its staff members full-time on the YIDA. At partner level, there are also some under-expenditures; Kenya underspent particularly in 2017, which still has to be caught up. This will be monitored closely in 2019.

Pathway 4: Education and economic empowerment has an under-expenditure of €637,000 (29%).
The under-expenditures in this pathway primarily stem from 2016 due to a late start of the programme.
In 2016, alliances were supposed to be established in all countries. Then, to start implementing activities under Pathway 4, time was needed to prepare the ground. Before implementing activities on economic empowerment, market scans and mappings were carried out first, and actual activities, such as skills trainings and VSLA groups, started in 2017.

Full implementation started in 2017, and activities were built on each other, with increased implementation taking place wherever possible, while we postponed (partial) implementation of certain activities such as training on employability or vocational skills until 2018. It is expected that under-expenditures will be absorbed within the project's lifetime.

Linking and learning has an under-expenditure of € 97,943 (71%).
In the first years of the programme the YIDA focused on establishing the alliance and implementing the programme in the seven countries. As a result, few linking and learning activities were conducted over the past two and a half years. In 2016 and 2017, linking and learning activities mainly took place in the Netherlands. Regional linking and learning first took place in 2018 by means of the MTR report-writing workshop in the Netherlands with the participation of two YIDA delegates per country. Regional linking and learning needs have now been identified and will take place in 2019. For 2019 a YIDA global learning event is planned to help learn from the MTR findings.

Conclusion and way forward

This chapter presents the overall recommendations that apply to the full scope of the YIDA. These will be the strategic priorities for the remaining programming period (2019–2020) and will be monitored at alliance level by the Programme Committee and country leads biannually. These recommendations are formulated in general terms and in principle apply to all YIDA countries. However, they will be contextualized and checked for relevance to a specific programming context by the in-country teams together with the Netherlands-based country teams.

Cross-thematic recommendations

1. Strengthen interlinkages between pathways

Until now the pathways are mostly implemented in silos (except in Indonesia and Ethiopia), while the fundamental assumption underlying the Yes I Do programme is that *only a combined approach of strategies will reduce CM, FGM and TP.* Therefore, we will work on strengthening the synergy between the pathways and ensuring that all intervention areas receive the full package, to the extent possible. A first step in this regard will be to encourage in-country teams in upcoming annual planning and review meetings to actively list interlinking strategies and discuss how they can benefit the programme. We also will incorporate interlinkages better in the M&E system.

Examples of where interlinkages can be stronger include connecting programme information and research findings to Pathway 5, so that YIDA advocacy can show, for example, initiatives such as the social movement building at community level, which can assist advocacy at the national level. Also, linkages between Pathway 2 and the other pathways can be stronger to strengthen MYP in the other interventions and increase their effectiveness.

2. Include out-of-school youth, married or pregnant girls better in the programme

The MTR shows the need to better include out-of-school youth and married or pregnant girls. These groups were not explicitly referred to in the ToC, and this will be adapted.

3. Renewed focus on core principles and value clarifications

The core principles of YIDA may have been too implicitly mentioned in the ToC while they are central to all the work that is executed under the programme, especially as YIDA's work relates to sensitive topics like discussing young people's sexuality. A renewed focus on the core principles and value clarification among staff will be done to further strengthen programme implementation.

Key recommendations for Pathway 1

1.Include more parents in the interventions
  » Strengthen intergenerational dialogues
  » Include parents in the ToC visual/M&E framework

2. Focus on sustainable engagement with communities to address/discuss the underlying social and cultural norms of CM, FGM/C and TP
  » Integrate topics of gender, power and changing norms more prominently in community dialogues on YIDA themes
  » Long-term engagement with communities
  » Focus on the rights-based perspective of SRH messages
  » Conduct value clarification among YIDA staff

Key recommendations for Pathway 2

1. Do not merely engage young people, but give them a true voice
  » Invigorate the alliance's vision of MYP, and clarify how we can include youth better in design, planning, implementation and decision-making, both within the alliance and in the implementation areas where we work

Key recommendations for Pathway 3

1. Strengthen young people's access to SRHR services
  » Strengthen the link between information provision and access (Pathways 1 and 3)
  » Advance the referral system, such as is happening in Ethiopia (health development army) and Indonesia (through midwifes)
  » Focus on the youth-friendliness of SRH services by maintaining a continuous focus on the attitudes of health-care providers

2. Strengthen CSE
  » Value clarification
  » Continued training for teachers
  » Lobbying and advocacy for the inclusion of CSE in school curricula

Key recommendations for Pathway 4

1. Focus on continued post-primary education and alternative livelihoods for young people, both boys and girls
   » Improved identification of drop-outs from (post-)primary education in communities
   » Ensure age-appropriate employment and livelihood opportunities, as well as training, to delay marriage among older adolescent girls
   » Continue to support child-friendly schools
   » Identify, where possible, relevant private-sector businesses, and link them with vocational training

Key recommendations for Pathway 5

1. Continue to advance lobbying and advocacy across the alliance, where possible at various levels
   » Use research findings, best practices and M&E data in lobbying and advocacy activities
   » Support in-country teams with the development of their plans, including the identification of champions
   » Ensure, where possible and relevant, linkages to national and global agendas

Key recommendations at alliance level

1. Ensure appropriate alliance set-up for adaptive programming
   » Foster decision-making at the country level to increase ownership at country alliance level
   » Provide clarity on planning and milestones, and leave space for countries to adapt

2. Prioritize the learning agenda
   » Organize cross-country learning
   » Foster learning on YIDA core principles
   » Organize learning events with other CM alliances and the MoFA

Key recommendations for M&E and research

1. Foster stronger links between M&E and research
   » Closer cooperation between the M&E group, country leads/in-country teams and the research team

2. Revisit the M&E framework
   » Establish a stronger link between outputs delivered by the Yes I Do programme and outcomes
   » Monitor the quality of YIDA interventions (Pathways 1, 2, 3, 4 and 5)

3. Strengthen the measurement of progress on MYP and GTA (cross cutting issues)

4. Fine-tune IATI dashboard and use it for learning and reflection

INDONESIA

Insights from Yes I Do in Indonesia

Tia Fitriyanti works for Rutgers Indonesia and is the country coordinator for the Yes I Do Alliance (YIDA). She is responsible for overall programme implementation at country and local level.

Aditya Septiansyah works for Aliansi Remaja Independen (ARI) as a programme manager. ARI is the local youth-led partner in Indonesia for the YIDA and is responsible for implementing meaningful youth participation (MYP) under Pathway 2.

Both Tia and Aditya were in the Netherlands for the YIDA midterm review (MTR) workshop. The workshop aimed to deepen the participants' understanding of the Yes I Do programme and to build their capacity in report writing. As the participants came from all seven programme countries, it was also a good opportunity for cross-country learning.

Tia and Aditya share some of their insights into the YIDA in Indonesia.

What surprising outcome or turn did the programme take in the last year?
Tia: The role of midwives turned out to be quite important. We always thought that young people were reluctant to talk about sexual and reproductive health (SRH) issues. However, the MTR shows that young people turned to midwives for consultations about their health and SRH. Midwives use Whatsapp and other social media, which makes it easier and more comfortable for young people to access the services provided by the midwives. Therefore, the YIDA developed a strategy to engage the midwives more in its interventions.

**What achievement from last year are you most proud of?**
Tia: On West Lombok, young girls, all members of the KPAD (the village child protection structure), have been leading a campaign against child marriage. With the help of their friends and a large megaphone from the mosque, they made sure their voices were heard. They went from door to door asking people to sign a petition against child marriage and marched through the streets with a big banner, telling people why child marriage needs to stop.

Do you have an example of a new strategy that you will be applying next year, as a result of the lessons learned from previous years?
Adit: It was amazing to see that a group of young people has emerged from the programme. Next year we want to accelerate and elevate their capacity, putting them at the forefront of the Yes I Do programme as agents of change. The YIDA in Indonesia developed agents of change modules, and my organization has modules on MYP and leadership. We will combine these modules to be able to capacitate and support these young people to become agents of change.

How can YIDA interventions make a difference?
Adit: One of the Yes I Do peer educators found out that one of her friends was getting married off by her parents. This friend was in 9th grade, but she wouldn't be able to take her exams due to the arranged marriage. The friend invited the peer educator to come to her house and have a discussion with the parents on the risks of child marriage and teenage pregnancy and the need to complete education. The parents were not happy with this interference. But several long discussions followed, which finally convinced the parents to allow the girl to go back to school to finish her exams.
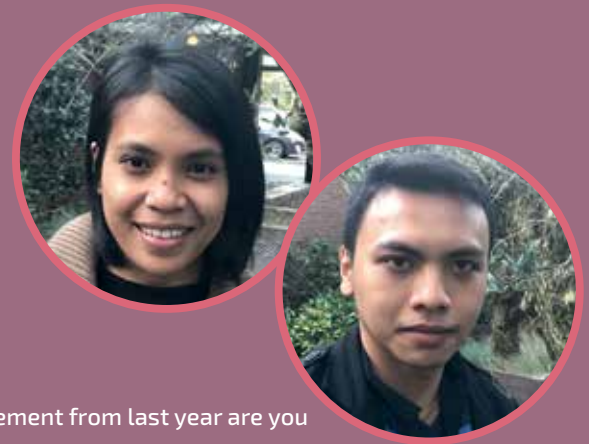
ETHIOPIA

'I'm hopeful. True change is coming. I can feel it'

Martha Wolde joined the Yes I Do Alliance (YIDA) two years ago. She is the dedicated in-country coordinator for the Yes I Do programme in Ethiopia. The work of YIDA in Ethiopia concentrates on addressing FGM/C and child marriage, they are both harmful practises that causes significant challenges in Ethiopia. Martha explains: 'The two districts where we are working are 800 miles from Addis Addeba. So young adolescents (between 14 and 24 years) that we target with awareness raising interventions, are often difficult to reach. Not only because of the sensitive topics we discuss , but also of the poor road conditions. And also due to the conservative society, social norms that sustain FGM/C and child marriage are still strong in Ethiopia. Adolescents in the intervention areas have great respect for their parents, so we need to take the family dynamics into account. For example, young girls are not allowed to speak about sexual health or sexuality in front of men or older people.'

However, there is real change in Ethiopia since Mr Abby Ahmed became prime minister in April 2018. 'We feel a new political wind blowing. At this moment it is forbidden to advocate for sexual reproductive health and rights (SRHR) issues. However, quite recently there have been signals that the prime minister Mr Ahmed will allow NGOs more space to lobby. The revision of the present prohibitive law has already started.

Martha stresses: 'This means that in the nearby future YIDA will have the opportunity to advocate for the rights of young people. I will be so delighted to do so. I am convinced that it will have a significant impact on the lives of the young people we are working with.'

Martha believes strongly in the driving force of the YIDA Alliance. 'All five alliance partners in Ethiopia have a good mutual understanding, we truly complement each other. All partners are very committed, and that is something I am proud of. Also, we already see the fruit of our work. Especially in secondary schools where young empowered people stand up. They are aware of their rights and they are knowledgeable about SRGR issues. We now see girls that once were very ashamed, comfortable to speak out in front of other people. Consequently, girls start challenging their parents on issues such as child marriage. Because now they have the knowledge to explain the disadvantages of early pregnancy. I'm hopeful. True change will come. I can feel it.'

Joseph's mission to change girls' rights in Malawi

When Joseph Maere started as a Yes I Do Alliance (YIDA) country coordinator in December 2016, he was struck by the conditions and poverty that people in the remote areas of Machinga were facing every day. "And this is the playing field of the Yes I Do programme. Where marrying off young girls is seen as a solution to the constrained economic capacity of households." Joseph is dedicating all his time to his mission: to eradicate injustice and inequality for girls in Malawi.

Joseph was brought up in Malawi's capital, Lilongwe, in a fairly progressive environment. And maybe this explains why he is so focused despite not being married. He is the oldest of four brothers and two sisters. His patriarchal society values marriage above girls' economic empowerment and right to development. An undeserved pressure is exerted on most unmarried men, and Joseph is often asked about his single status. Those who are unmarried are often regarded as social misfits, and are subjected to relentless ridicule, especially if they are a woman. But this does not prevent Joseph's dedication to ensuring that most underaged girls are not forced into marriage in Machinga and Lilongwe.

As country coordinator, Joseph is responsible for the design and planning of the programme and coordination with the alliance partners. The work of the YIDA focuses on communities at risk — those with a high prevalence of child marriage and teenage pregnancy, high illiteracy rates and a lack of basic daily needs. When he started in this position, he was shocked by the tradition of forcing 12-year-old girls into marriage. "Marriage is seen as a solution to the constrained economic capacity of households: marriage of young females in particular would make the husband responsible for food, shelter and other basic needs. But people

do not realize that child marriage reinforces the cycle of poverty. Girls in these communities have to fight a large number of battles." And Joseph's resolve is firm and without reservations: wherever he can, he is advocating for girls' rights.

Champions of Change

Joseph believes strongly in role models, such as the successful formula of the Champions of Change. A lot of girls have already been rescued from their marriage by these girls and boys. Joseph views gender inequality as one of the root causes of child marriage and teenage pregnancy and believes that a youth-led social movement will effectively challenge social norms. The Champions of Change programme focuses on creating awareness among community stakeholders such as community leaders and parents. There are 32 groups: 16 girls' and 16 boys' groups. He also talks proudly about the YIDA's skills programme that is empowering girls with specials skills such as bakery, mechanics and repairing. By becoming economically independent, they really can expect an independent future and make their own choices.
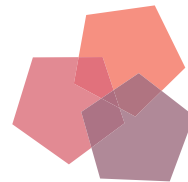
Joseph: "Within the Yes I Do programme 249 girls were rescued from marriage. They are literally liberated." According to Joseph, Malawi is on the right track: there is a law in place, and the YIDA will also focus on implementing laws and policies on child marriage and teenage pregnancy. Considering the achievements registered at the national level, the YIDA will intensify its campaign at the local level to see that by-laws are adopted and are being implemented, to create community awareness about the by-laws and the constitutional age of marriage, and to hold traditional leaders and community structures to account for any violation of the by-laws and national laws.
"It is not clear-cut. We are slowly learning what works and what should be done. And slowly, step by step, we see change: initiators who embrace girls' rights, traditional leaders who ban child marriage, and parents who see how valuable a good education is."

Annex 1. Overview of YIDA studies 2016–2018

Country	2016	2017	2018
Ethiopia	Mixed-methods baseline study in Qewet and Bahirdar Zuria, Ahmara region	Qualitative study on gender and social norm setting, parenting and power in Qewet and Bahirdar Zuria	Qualitative midline study in Abayatir, Qewet and Yigoma Huletu, Bahirdar Zuria
Indonesia	Mixed-methods baseline study in Lombok Barat and Sukabumi districts	Causes and consequences of divorce after child marriage in Sukabumi, Rembang and West Lombok Regencies	Qualitative midline study in Lombot Barat, Sukabumi and Rembang
Kenya	Mixed-methods baseline study in Kajiado West and Kajiado Central (control area), Kajiado county	Study on leadership and decision-making around FGM/C in Kajiado West	Qualitative midline study in Oltepesi and Toresei, Kajiado West
Malawi	Mixed-methods baseline study in traditional authority (TA) Liwonde and Chikwewo (control area), Machinga district, Southern region	1. Operational study on Champions of Change project in TA Liwonde, Machinga 2. In-depth case study on initiation ceremonies in TA Liwonde, Machinga	Qualitative midline study in TA Liwonde, Machinga
Mozambique	Mixed-methods baseline study in Mogovolas and Murrupula (control) districts, Nampula province	Performance study in Nampula and Rapale on child marriage and teenage pregnancy	Qualitative midline study in Nametil, Mogovolas
Pakistan	Mixed-methods baseline study in Sanghar and Umerkot districts, Sindh province	N.A.	Qualitative midline study in Sanghar and Umerkot
Zambia	Mixed-methods baseline study in Chadiza and Petauke districts and Katete (control) district, Eastern province	1. Operational study on Champions of Change project in Chadiza 2. Case study on initiation ceremonies in Chadiza	Qualitative midline study in Petauke

Annex 2. Assumptions underlying the strategic thinking of the Yes I Do programme

1. Only a combined approach of strategies will reduce CM, FGM and TP.

2. Policymakers are as much influenced by social norms as people in communities are.

3. Change agents are willing to organizing themselves to influence community members and to hold duty bearers accountable.

4. When adolescent girls and boys have improved knowledge concerning their rights, they want to organize themselves to influence others.

5. When adolescent girls complete post primary education, they have more chances to be economically empowered.

6. Through rights awareness and alternatives, people will take action to change their social environment.

7. Meaningful youth engagement is required for increased access and uptake of quality ASRHR services and information.

8. When girls and boys are meaningfully engaged to claim their SRHR they will take informed action on their SRH.

9. Through participating in intergenerational dialogues, men and boys become allies in changing social norms.

10. Engaged private sector actors are willing to provide traineeships for girls in light of vocational training.

Annex 3.
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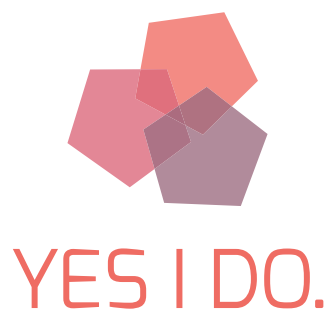
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