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External Evaluation of the Yes I Do Programme and Alliance

Final report

Prepared by Key Aid Consulting for the Yes I Do Alliance

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KEY AID CONSULTING

YES I DO.

PLAN *Global Brand*
amref *For a strong and healthy Africa*
CHOICE *FOR YOUTH & SEXUALITY*
KIT *Royal Tropical Institute*
Rutgers *For sexual and reproductive health and rights*

Executive summary

The Yes I Do Alliance (YIDA) is an alliance of five organisations, Plan International Netherlands (lead), Amref Flying Doctors, CHOICE for Youth and Sexuality, KIT Royal Tropical Institute, and Rutgers, established in 2015. Its objective is to foster a world where girls decide if, when, and whom to marry and if, where, and with whom to have children. Girls are also protected from Female Genital Mutilation/cutting (FGM/C) and communities support girls in deciding and making their own choices.

Funded under the 2016-2020 Sexual and Reproductive Health and Rights (SRHR) Partnership Fund of the Dutch Ministry of Foreign Affairs (MoFA), with a total budget of €27.6 million for a period of five years starting in 2016, the Yes I Do programme was implemented in seven countries. The programme targeted in priority young people from 15 to 24 years old in selected areas of: Ethiopia, Kenya, Indonesia Malawi, Mozambique, Pakistan,[1] and Zambia.

This report presents the findings from the YIDA external final evaluation, which was an independent assessment of the programme's achievements and the implementation modality, looking at its relevance, coherence, effectiveness, and sustainability. The key findings are also available as a comic strip that can be accessed here: *Link to be included upon finalisation of the comic strip*

The methodology used was mostly qualitative, while also making use of the quantitative monitoring data available. Due to the COVID-19 pandemic, the evaluation team was only able to collect primary data with external stakeholders in Ethiopia, Indonesia, and Malawi. In other countries, the team relied on interviews with internal actors (YIDA and partners staff), monitoring data collected by KIT, and the desk review. As such, triangulation with external sources of information in those countries was limited. This constitutes a limitation of the findings presented below.

Overall, the evaluation found that, despite some challenges, the programme has been relatively successful in achieving its intended outcomes. The most important changes that YIDA contributed to included:

- An increased ability for young people to speak up and make their own decisions;
- An overall decrease in harmful practices such as child marriage, teenage pregnancy, and FGM/C;
- The ability for young people to gain new skills and increase their employability, and for some of them to go back to school after dropping out;
- An increased access to SRHR information and services for young people in target communities; and
- A more open dialogue among young people and adults around SRHR issues.

Findings

Relevance & Coherence

The programme was implemented in countries with a high prevalence of child marriages, teenage pregnancies and FGM/C, and as such was **relevant across geographical areas**. YIDA implementation countries were however not the most affected countries globally. This is due to the fact that YIDA did not only rely on needs-based criteria to choose its intervention countries, but also considered which were focus countries in the MoFA grant

framework, the presence of Alliance partners in country, and synergies with other projects.

Sector wise, target groups in countries such as Kenya and Malawi had competing priorities. These targeted communities often lack access to basic needs and services, such as water or food. As such, communities and local authorities had to prioritise survival over the objectives of the YIDA

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[1] The programme in Pakistan however ended in 2018 due to the Pakistan government's restrictions.

programme. The programme's relevance could therefore have been increased by linking with organisations focusing on basic needs coverage.

The programme aimed to adapt to the **needs of the different target groups**. The needs of both urban and rural youth, and girls and boys, were adequately addressed. Men and boys were particularly engaged through the cross-cutting theme dedicated to the topic, such as the implemented Gender Transformative Approaches. In some countries like Mozambique, the Alliance even included a partner with specific expertise in boys and men's engagement. The programme however faced challenges in addressing the needs of out-of-school youth. Some country teams engaged or created networks aimed at out-of-school groups such as boda boda riders' associations in Kenya. However, a fair share of activities happened in schools, de facto prioritising in-school youth. It was also challenging for the programme to meet the specific needs of youth living with disabilities. The Theory of Change (ToC) did not include activities specifically tailored to their needs, and the different monitoring exercises did not include segregated data, nor was the situation analysis complemented by a sex, age and disability disaggregated (SADD) gender and barrier analysis.

The programme aimed to find a balance between ensuring consistency across countries and the relevance to each countries' specificities. There was however a sensed tension between having a common framework across countries and the country teams' desire to adjust the programme to the **local context**. The ToC was developed in the

Netherlands on the basis of a desk-based situation analysis. Country teams had the opportunity to contextualise the global ToC but, in most countries, changes were rather limited. The lack of a fully contextualised ToC represents an area for further improvement, as it would have increased the programme's relevance. The way activities were implemented however was well tailored to the local context and in line with the local culture, as country teams were free to determine how to translate the ToC into activities. In-country partners used their own experience, but also organised regular conversations with target communities, to design activities in a collaborative manner and decide on the best approaches to adopt. In order to do this, the Alliance worked intensively on communication to make sure that the messages of the programme and topics were brought to the communities in an acceptable and appropriate manner, based on the type of stakeholder targeted.

Finally, the programme was able to **adapt to changes in the context**. Adjusting to changes was institutionalised across countries as all partners came together during the annual planning and review meetings to adjust activities based on needs and changes in the context. The most recent important contextual change all programme countries faced has been the COVID-19 pandemic. In March 2020, all countries were invited to make changes to their budgets and planning to adapt to the pandemic. The programme was able to adapt quickly to ensure service continuity, for example moving teacher training online or shifting awareness raising sessions to radio messaging.

Effectiveness

Overall, the programme achieved substantial gains in each pathway. The analysis of quantitative and qualitative monitoring data shows some important improvements in terms of the prevalence of child marriage and FGM/C, as well as in terms of school drop-out rates and access to

sexual and reproductive health services, as presented below. The following table reports the **changes in percentage points (pp) between baseline and end-line** on key quantitative indicators.

Table 1: Quantitative results on key indicators[2]

Pathway	Countries[3] / Indicator	Ethiopia Change in percentage points (pp)	Indonesia Change in pp	Kenya Change in pp	Malawi Change in pp	Zambia Change in pp
Pathway 1	% of girls and women aged 18-24 who were married or in a union before age 18 (i.e. child marriage)	**-13.6**	-3.6	**-13.9**	+2.0	**-1.6**
Pathway 1	% of girls and women aged 20-24 years who had their first child under the age of 20	-3.3[1]	-2.9	+4.4	+6.5	**+16.4**
Pathway 1	% of girls between 15-24 years underwent FGM/C	**-11.6**	-2.1	+1.1	NA	NA
Pathway 2	% of girls aged 15-24 who can decide for themselves whom to date and go out with	-1.5	**+77.9**	**+6.2**	+0.9	**-17.5**
Pathway 2	% of boys aged 15-24 who can decide for themselves whom to date and go out with	+12.6[1]	**+85.0**	-3.9	-1.4	-4.3
Pathway 3	% of girls between 15-24 that have utilised SRHR services, including modern contraceptives	Non-comparable data	-3.0	**-10.6**	+0.1	**+26.4**
Pathway 3	% of boys between 15-24 that have utilised SRHR services, including modern contraceptives	Non-comparable data	+3.5	-6.2	**+19.8**	**+35.9**
Pathway 3	% of girls aged 15-24 who know how to prevent pregnancy using modern contraceptives	+0.5	**+7.2**	-0,5	+5.9	**+22.7**
Pathway 3	% of boys aged 15-24 who know how to prevent pregnancy using modern contraceptives	**+6.5**	**+13.0**	+6.6	**+11.0**	**+38.2**
Pathway 4	% of girls aged below 18 years who dropped out of school	+6.0	+1.5	**-7.1**	-10.8	**-5.2**
Pathway 4	% of girls between 18-24 years old who are economically active outside of the household	**-24.3**	+0.4	+3.5	**+11,5**	**+32.8**
Pathway 4	% of girls below 18 years who left school due to marriage	-1.4	+2.1	-3.2	-1.6	-0.8
Pathway 4	% of girls below 18 years who left school due to pregnancy	0.0	0.0	-4.4	+0.3	+0.1
Pathway 5	# of new or adjusted national and local law (including bylaws) and policies prohibiting child marriage and FGM/C	1	3	3	3	1

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[2] Colour code: green represents an improvement over time; grey represents no change, or the change is highly probable to be a result of chance; orange represents a degradation over time. **Bold** figures represent a significant change (p,0.05) over the period of Yes I Do implementation (2016-2020). The other figures cannot be considered to be representative. The very big changes over time might be a result of questions being differently interpreted at base- and end-line.

[3] In Mozambique data collected at baseline and end-line was not comparable and, as such, results are not presented in this table.

Achieving intended results was more challenging for certain pathways than others.[4]

Pathway 1: Community members and gatekeepers have changed attitudes and taken action to prevent child marriage, FGM/C, and teenage pregnancy

This pathway aimed to foster behaviour change and related/underlying change of social and cultural norms for a wide variety of stakeholders in a relatively short timeframe. Substantial achievements were made due to the important contribution of the programme, despite the fact that this pathway's intended outcomes were some of the most challenging to reach. Several approaches implemented as part of the programme were successful for triggering those changes, such as working through local gatekeepers and bylaws [5] or engaging in intergenerational dialogue, for example on teenage pregnancy.

The messages developed as part of the programme were engaging and powerful enough to create an enabling environment for a social movement. Positive initiatives were noted at local level, yet the programme scale was relatively small compared to the size of the countries. The evaluators also believe that the fact that communities had often more pressing priorities (such as access to food and water) to address could have limited why the intended change did not always happen, particularly in terms of community members taking concrete actions.

Positive signs of change were noted, especially regarding the efforts of various stakeholders to prevent **child marriage**. For example, in Ethiopia, a growing number of parents were gradually accepting their children's freedom of choice regarding marriage. Students were also taught to use suggestion boxes, established by elementary schools, to inform the school about the existence of a proposed child marriage. As a result, the school, in collaboration with the local administration and the police, would be able to trace the cases of child marriage and take necessary action. In Mozambique, religious and traditional leaders, schoolteachers, community and youth organisations, as well as health and social workers, provided lectures to young people about the impact of child marriage and teenage pregnancy, while health providers also distributed contraceptives.

Engaging key stakeholders in the prevention of **teenage pregnancy** was more challenging, as premarital sexuality remains a taboo in many of the countries covered by the programme, and access to contraceptives is still limited in most communities.

Attitudes towards **FGM/C** seem to have generally changed after the different sensitisation and awareness raising sessions. The percentage of young women who underwent FGM/C decreased significantly in Ethiopia and Sukabumi in Indonesia. In Indonesia however, there have been context-specific challenges to addressing FGM/C. Especially at the beginning of the programme stakeholders, including YIDA partners, had different understandings of the practice that does not always involve cutting, and thus was not always seen as harmful. As a result, the programme was better able to raise awareness than to change attitudes and behaviour across all implementation areas.

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

Pathway 2 showed positive achievements in terms of increased youth participation in the different target areas following the different trainings and dialogue sessions initiated by the programme. The

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[4] In countries which were not selected for a case study (i.e. in Kenya, Mozambique and Zambia), results could however not be validated through consultations with external stakeholders. This limitation should thus be kept in mind when reading the following findings.

[5] The case studies focusing on Ethiopia and Malawi give more details on those two approaches.

young people consulted in this evaluation also greatly emphasised how this part of the programme benefited their lives, by building their confidence and ability to speak up to claim their rights. In Malawi for example, the Champions of Change programme and youth clubs supported youth to express themselves and learn about their rights. However, speaking out on sensitive issues, such as sexuality, remains difficult.

While important progress was made on the youth side, challenges remained with the adults. In all countries, adults showed more openness to listen to young people's voices and opinions, but often remained the final decision-makers.

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

YIDA worked on strengthening young people's knowledge and skills on SRHR. End-line data shows that, in general, access to SRHR information has increased through the different activities undertaken by the programme, mostly in schools and health centres. Comprehensive Sexuality Education (CSE) was delivered across the programme, mostly reaching in-school youth. That resulted, for example, in the majority of girls and boys aged 15-24 in Indonesia reporting an increased access to various SRHR information sources.

It was more challenging to reach out-of-school youth, hence some mitigation strategies were put in place by the country teams. In Ethiopia, for example access to SRHR information improved through training youth clubs that directly work on SRHR education via community conversation and drama, and through the development of school mini media. In Indonesia, some health centres now have social media accounts to disseminate SRHR information, such as in Kediri, West Lombok

YIDA also successfully worked with teachers, health care workers and community members to increase access to youth-friendly health services. However, in some contexts such services are lacking and the current supply side cannot completely meet this newly created demand. An unintended consequence of this lack of available services may be that youth lose their motivation to use SRH services, as has already been noted in Malawi and Zambia.

Pathway 4: Girls have alternatives beyond child marriage, FGM/C, and teenage pregnancy through education and economic empowerment

The programme managed to bring more attention and value to girls' education as a mechanism to prevent child marriage and teenage pregnancy, and to improve the living conditions of girls and their families. This had an impact on the drop-out rates of girls, particularly in Zambia, Malawi and Kenya.

In Kenya, for example, girls and boys were given more equal opportunities for education as a result of the influence of a few role models in the communities. More girls are now attending school and attaining high-school education. This reportedly allows them to gain respect from influential persons such as parents, leading to an increase in those girls' participation in decision-making. While improvements have been made in safety both in and on the way to schools, this requires continued attention.

Implementing the livelihoods component of the pathway brought challenges due to the lack of economic opportunities in the targeted areas and a relatively slow start. The programme's ambitions to link young people with the private sector was not always feasible, due to lack of private sector presence in the target areas. The reach of this component was also relatively small as a result of budgetary limitations. The economic empowerment component of the programme was mostly envisioned as being reactive as opposed to be preventive; livelihood activities were often offered to adolescents who had already engaged in irreversible negative coping mechanisms (such as definitely dropping out of school), as opposed to being offered to those at risk of engaging in such mechanisms as a way to prevent them.

Pathway 5: Policymakers and duty bearers develop and implement laws and policies on child marriage and FGM/C

Lastly, the programme contributed, together with other organisations doing advocacy, to encouraging the targeted countries to adopt new or to adjust national and local laws and policies prohibiting child marriage and FGM/C, and promoting access to Adolescent Sexual and reproductive Health and Rights (ASRHR) information and services. Despite all local and national regulations issued, the evaluators noted the lack of capacity of most district authorities to be able to follow-up, monitor, and evaluate the implementation of the local, regional, and national policies in place, which was still lagging behind. As

such, further advocacy and capacity building efforts at all levels are still needed, in all countries.

Policymakers also more actively and openly support gender equality and girls' rights, which can be attributed to a collective effort to which the YIDA contributed. Over the course of the programme, policymakers' positions and actions regarding gender equality, child marriage, teenage pregnancy and FGM/C have shown some positive developments towards meeting the programme's outcomes.

The evaluation noted a few **unintended effects** of the programme, both positive and negative. On the positive side, [6] Alliance partners built their organisational capacities to better deliver the programme. YIDA partners also built strong links with actors such as radio stations and the media, which is likely to have positive effects on future programmes to convey messages to communities at a larger scale. Third, young people were exposed to project management aspects, which can have a positive impact on their employability, but also on their ability to contribute to developing projects in their communities. Negative unintended effects included bylaws being too strict

and punitive, including towards the young people and the implications on the girls of child marriage cancellations or divorces. The case study focusing on Indonesia also highlights the risks linked to engaging young people through social media on sensitive topics such child marriage, teenage pregnancy and FGM/C. These risks pertain to data protection-related risks, as well as risks of becoming the targets of fundamentalist groups or individuals that disagree with the messages these youths disseminate on social media. While these risks are acknowledged, more can be done to mitigate them.

The evaluation also highlights a number of **driving and constraining factors of effectiveness**:

- The ToC's underlying assumptions all or partly held true, as they were elaborated based on the long-lasting experience of partners in delivering similar programmes and research. However, a country-level situation analysis could have further strengthened programme design;
- The Alliance composition brought great added value to programme implementation due to the thematic/programmatic complementarity of the partners;

- The fact that partners sometimes worked in silos however limited the value of the integrated approach, as well A the benefits that each partner was able to gain from working together and the use of programme results for advocacy purposes;
- The inclusion of cross-cutting issues in the programme brought added value and quality, but their operationalisation was often challenging due to either limited capacities or budget. They were thus sometimes limited to some pathways, partners or activities only;

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[6] Unintended effects are here understood as those which were not planned for in the ToC and therefore were not measured. They may however have been deliberate, as for example

partners deliberately engaging in capacity strengthening activities on GTA, MYP/E.

- Working in a strategic alliance was a sensible way to cover various thematic areas and join forces in advocacy. However, challenges included: the time required to set up the alliance and a common identity at country level, documenting decisions and processes, the lack of clarity around the roles and responsibilities of the decision-making bodies, and partners having different levels of influence in the decision-making processes.

Sustainability

Some of the programme outcomes tend to be sustainable by nature and intention, such as the changes in national, regional or local policy frameworks. As demonstrated, the programme directly contributed to the development and adoption of conducive frameworks which are likely to stay in place. As such, despite not formally planning for the exit strategy until the programme's final year, ensuring sustainability was integrated across some aspects of the programme's planning and implementation. Now that awareness has been raised and attitudes around the detrimental effects of child marriage, teenage pregnancy and FGM/C have changed, these improvements should persist. Actors whose capacities were built as part of the programme should be able to mobilise others and keep the social movement going.

The young people consulted also believed that the knowledge and skills they gained through the programme would stay with them for a long time after the programme is over. The report highlights some encouraging signs of sustainable results that were noted in Pakistan and Kenya during lockdown.

However, behaviour change is not only difficult to achieve, but is also difficult to sustain as without proper incentives, as people tend to revert back to old habits. Actions taken to prevent harmful practices might decrease if there is no follow-up or support given to gatekeepers.

While key stakeholders were optimistic about maintaining the programme's results and activities, significant impediments, including personnel turnover and the COVID-19 pandemic, are likely to detract from their sustainability overtime. The pandemic, lockdown, and its effect on local economies were identified as a key external factor impacting the sustainability of the programme as, despite the achievements of the YIDA programme, communities may revert to the old negative coping strategies, including child marriage.

Questions also arose around the out-of-school youth structures. Their sustainability seemed more challenging as they face issues of youth regularly moving in search of job opportunities. Staff turnover, within both the community-based structures and the YIDA partner organisations, can also act as an impediment. One of the strategies put in place by partners will be to continue working on the same issues in the same areas to deepen the programme's positive results. As the YIDA is coming to end, this continuation will take a different form.

Recommendations

The following recommendations were drawn from the evaluation findings and are further spelled out in the main body of the report.

Programme level recommendations

Programme design

- Make sure to undertake a **comprehensive situation analysis** before the start of the programme, capturing the barriers to behaviour change.
- Systematically include SADD data and **SADD gender and barrier analysis** as part of the situation analysis. From the start of the programme, pay particular attention to out-of-school children.

- To maximise impact, **select implementing areas that are geographically close to each other** and where all partners already have a physical presence.

- **Leverage local level changes to advocate for more macro-type changes**.

- **Include in-country teams in the global ToC design** to ensure ownership of the framework at country level and to draft the assumptions based on field experiences. This will also help ensure the programme's appropriate level of contextualisation, and thus relevance to the areas of implementation.

- **Envision the livelihood activities' role is preventive, and not only reactive.** The livelihood activities should be considered a way to prevent negative coping mechanisms, a safety net which can contribute to preventing girls from falling into child marriage and teenage pregnancy.

- **Make sure that the cross-cutting themes are embedded in each programme component** and that a share of the programme budget is dedicated to each of them.

Implementation

- Provide more guidance on implementing cross-cutting themes and develop a staff **learning framework**.

- In a programme with children/youth related outcomes, **adopt a "youth plus" approach** where the whole household is deliberately engaged in activities, and the role of parents is fully maximised in supporting intended changes.

- **Liaise closely with other NGOs, including non-Dutch organisations operating in the implementation areas,** and assess the combined impact of all programmes on communities.

- **Make the sustainability and exit strategy prominent** from the start of the programme for all partners to work towards this strategy early-on during the implementation phase.

- Ensure youth groups and other community organisations are **connected to the proper government resources** to receive further assistance after the project, as well as to other key structures (such as local radio stations) who will be able to relay their messages and keep the social movement going.

- Consider **capacity strengthening efforts with local chiefs and gatekeepers** on child rights protection and the 'do no harm' principle to ensure that bylaws do not lead to child rights violations.

Monitoring, evaluation and learning

- Focus from the start on a **set of core indicators** that all programme countries should be measuring and leave space for **country-specific indicators**.

- Include **SADD indicators** in the monitoring framework.

- **Train the team on data collection** and the interpretation of those core indicators to ensure comparability of results.

- **Focus** less on outputs monitoring and **more on outcomes measurement** through various approaches.

- **Follow-up on negative unintended effects** of the programme through, for example, a mitigation plan.

- **Clarify** from the start of the programme **who should coordinate the learning agenda** and how this agenda, including (operational) research and monitoring data, could be used to support advocacy efforts.

Operational model and ways of working

- Increase **documenting decisions and sharing of Alliance decisions at various levels** (among the different Alliance bodies but also between the Netherlands and the country teams). Ensure that budget and reports are available to the in-country coordinators and are not only shared within the same organisation to ensure more collaborative planning and to reduce silos.

- **Document lessons learned**/sharing for institutional memory and cross-organisation sharing.

- **Mitigate the risks of programme staff turnover** to maintain enthusiasm and ambition in achieving output and outcome targets.

Higher level recommendations

While the previous recommendations are intended for the YIDA partners, the key recommendations below specifically target higher management levels:

- **Ensure partners' presence in the selected implementation areas** and invest more time in familiarising all staff with ToC.

- Consider a more **bottom-up approach to programme design** and further build the consultative process with in-country representatives.

- Consider linking and **collaborating** with Dutch and non-Dutch **organisations focusing on basic need coverage** in areas where there are important gaps.

- **Start the process of in-country alliance building before the intended implementation start date** as coordination and trust building take time.

- **Give more space for in-country programme teams in the governance of the Alliance**.

Lastly, the following recommendations target the MoFA:

- **Ensure sufficient time and resources** for partners to build a common identity, undertake situation analyses in each of the targeted countries, and develop the final ToC based on these analyses.

- Open the door to the inclusion of other components such as water, sanitation and hygiene (WaSH) provision or **basic needs support in areas where needed** in order to further strengthen the integrated approach of such programmes. If this is not possible, link the partners with organisations in charge of basic needs coverage to strengthen collaboration.

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Acknowledgments

Citation

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Table of acronyms

Acronym	Definition
ARM	Annual Review Meeting
ASRHR	Adolescent Sexual and Reproductive Health and Rights
CEDAW	Convention on the Elimination of Discrimination Against Women
CRC	Convention on the Rights of the Child
CSE	Comprehensive Sexual Education
DC	District Commissioner (Malawi)
ECHO	Ethiopian Youth Council for Higher Opportunities
FAD	Village Children's Forum (Indonesia)
FGM/C	Female Genital Mutilation/Cutting
GTA	Gender Transformative Approach
KPAD	Village Child Protection Committee (Indonesia)
MoFA	Dutch Ministry of Foreign Affairs
MoLG	Ministry of Local Government (Malawi)
MoU	Memorandum of Understanding
MTR	Midterm Review
MYP	Meaningful Youth Participation
PEER	Participatory Ethnographic Evaluation and Research
PMEL	Planning, Monitoring, Evaluation & Learning
pp	Percentage Points
SADD	Sex, Age and Disability Disaggregated
SRH	Sexual and Reproductive Health
SRHR	Sexual and Reproductive Health and Rights
TA	Traditional Authority
ToC	Theory of Change
WaSH	Water, Sanitation and Hygiene
YID	Yes I Do
YIDA	Yes I Do Alliance

I.   Introduction and context

This first section gives an overview of the programme and Alliance (*section I.1*). It then describes the background and context in which the YIDA programme was implemented (*section I.2*).

I.1.   The Yes I Do Alliance and programme

The Yes I Do Alliance (YIDA) is an alliance of five organisations[7] established in 2015, with the objective to foster a world where girls can decide if, when, and whom to marry and if, where, and with whom to have children. and are protected from FGM/C.[8] Girls are also protected from Female Genital Mutilation/cutting (FGM/C) and communities support girls in deciding and making their own choices. A stakeholder mapping of the Alliance and programme is available in Annex 5. Overall, the Alliance is composed of a governance body based in the Netherlands and the countries, and includes a Board of Directors,[9] a Programme Committee, and a Desk, in addition to specific working groups. The Alliance also has a representation in each country and is led by an in-country programme coordinator assisted by a country lead based in the Netherlands. Funded under the 2016-2020 Sexual and Reproductive Health and Rights (SRHR) Partnership Fund of the Dutch Ministry of Foreign Affairs (MoFA), with a total budget of €27.6 million for a period of five years,[10] the Yes I Do programme was implemented in seven countries:

- Ethiopia, Kenya, and Indonesia (with a focus on child marriage, FGM/C and teenage pregnancy);
- Malawi, Mozambique, Pakistan and Zambia (with a focus on child marriage and teenage pregnancy only).

The programme in Pakistan ended in 2018 however, due to the Pakistan government's restrictions.

In each country, the programme targets young people from 15-24 years old in selected areas.

Those countries were selected based on four main criteria:[11]

Figure 1: Criteria for country selection

Prevalence of child marriage, FGM/C and/or teenage pregnancy	Track record and current programmes on which the Yes I Do programme can build	Number of Alliance partners that work in the country	Intended programmes of other alliances	MOFA's framework

Other indicators such as a low-ranking gender inequality index, low secondary education rates for girls and boys, high poverty rates, and low level of access to adolescent Sexual and Reproductive Health (SRH) services and information were also taken into account.[12] The programme activities were guided

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[7] Plan International Netherlands (lead), Amref Flying Doctors, CHOICE for Youth and Sexuality, KIT Royal Tropical Institute and Rutgers.
[8] https://www.rutgers.international/programmes/yes-i-do.
[9] The Borad of Directors is represented both at the Netherlands and country levels.
[10] Yes I Do Alliance, 'Yes I Do ... Inception Report', August 2016.
[11] Yes I Do Alliance, 'Yes I do... Programme document'
[12] Ibid.

by five complementary pathways of change, presented in the figure below and in the Theory of Change (ToC) available in *Annex 1: Global Programme Theory of Change* (ToC).[13]

Figure 2: YIDA five pathways of change
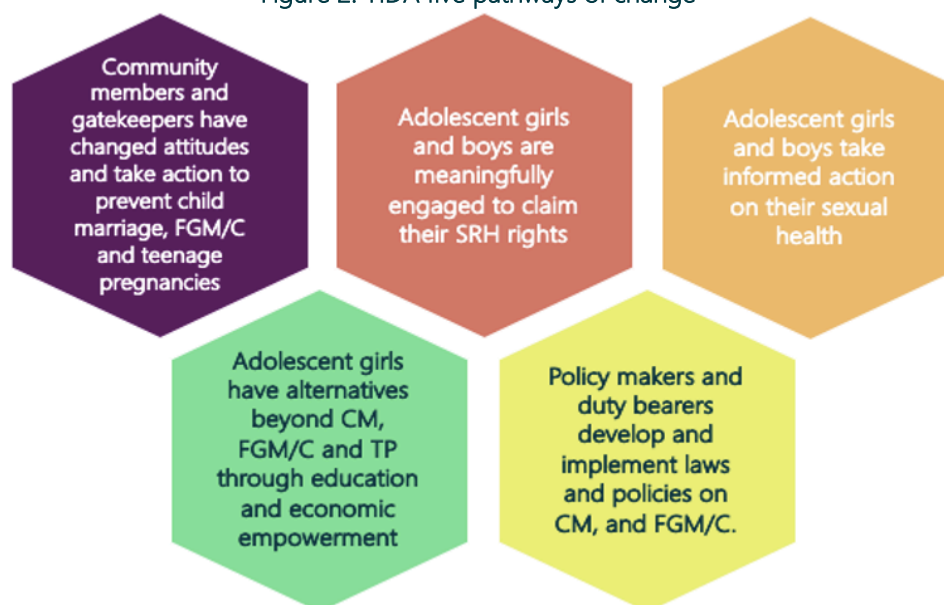
In addition, the ToC has four cross-cutting strategies, also displayed in the *Annex 1: Global Programme Theory of Change (ToC)*.

- Meaningful Youth Participation (MYP);
- Gender Transformative Approach (GTA);
- Engagement of men and boys; and
- Girls' empowerment.

To implement the different pathways and cross-cutting themes, YIDA partners have developed a wide range of activities and approaches based on each partner's expertise and experience, and with the goal to maximise synergies.

With the Yes I Do programme ending in December 2020, the YIDA commissioned a final external evaluation to assess the programme's achievements, processes, and capacity to adjust to the COVID-19 pandemic, as well as to identify valuable lessons learnt for future programming.

I.2. Background and context

Gender inequality and gender discrimination result in child marriage, teenage pregnancy and FGM/C, causing millions of girls and young women in developing countries to suffer or be exposed to major rights violations.

In 2018, child marriage affected around 650 million women and girls in the world.[14] It denies girls the fundamental rights of health, safety, and education, and also exposes them more to intimate partner violence, including sexual, physical, psychological and emotional abuse.[15] Girls married before the age of 15 are on average twice as likely to be subjected to physical or sexual intimate partner violence than

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[13] Ibid.

[14] 'Child Marriage: Latest Trends and Future Prospects', UNICEF DATA, 5 July 2018, https://data.unicef.org/resources/child-marriage-latest-trends-and-future-prospects/.

[15] Girls Not Brides, 'Child Marriage: A Form of Violence Against Children', September 2019.

those married after 18.[16] Child marriage is often seen as a mechanism to escape poverty: resource constraints on the household leads families to marry off their daughters at an early age. However, it also relates to gender inequality (controlling female sexuality), social norms, and tradition.

In the seven countries covered by the Yes I Do Alliance and programme, baseline studies in 2016 investigated the prevalence, circumstances, and attitudes towards child marriage. Ethiopia had the highest rate with 40% of sampled[17] girls between 18-24 years old married before 18, closely followed by Pakistan (36%), while Zambia had the lowest rate (13%).[18]

Graph 1: Child marriage among girls 18-24 years across sample sites (%)[19]
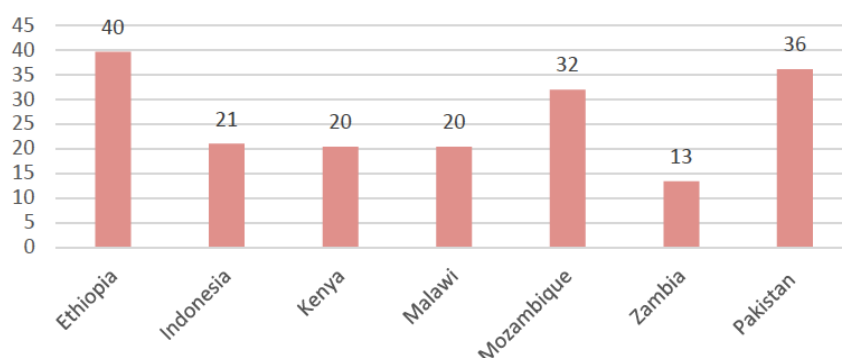
Teenage pregnancy is both a cause and consequence of child marriage. It is estimated that each year, approximately 12 million[20] girls between the ages of 15-19, and more than 770,000[21] girls under the age of 15, give birth in developing regions. Among those births, about 90% occur in the context of early marriage.[22] The Yes I Do baseline findings also suggest that child marriage acts as a coping strategy for teenage pregnancy. [23] This is evident in Kenya, where approximately 75% of respondents agreed to the statement that child marriage occurs after teenage pregnancy. This finding also emerged in Malawi, Zambia, and Mozambique, where the girl would be expected to marry the boy who made her pregnant. [24] Bearing children before being physically, mentally, and emotionally ready has major negative health consequences on young girls. Complications linked to pregnancy and childbirth are the leading cause of death for girls between 15-19 years old in the world.[25] Early childbearing also increases risks for the infant: babies born to mothers under 20 years are more likely to have a lower birth weight, preterm delivery, and severe neonatal conditions.[26] Beyond the health effects, early marriage and pregnancy often prevent girls from completing education and reduce their access to economic

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[16] Rachel Kidman, 'Child marriage and intimate partner violence: a comparative study of 34 countries', International Journal of Epidemiology, Volume 46, Issue 2, 1 April 2017, Pages 662–675.

[17] Sample size across programme areas included 1166 girls in Ethiopia, 1595 in Malawi, 1534 in Indonesia, 1368 in Kenya, 1602 in Pakistan, 1482 in Mozambique and 1455 in Zambia.

[18] Tasneem Kakal, Maryse Kok, and Anke van der Kwaak, 'Yes I Do Synthesis - Reflections on the Baseline 2016' (KIT Royal Tropical Institute, March 2018).

[19] Ibid.

[20] Darroch J, Woog V, Bankole A, Ashford LS, 'Adding it up: Costs and benefits of meeting the contraceptive needs of adolescents. New York: Guttmacher Institute; 2016.

[21] UNFPA. Girlhood, not motherhood: Preventing adolescent pregnancy. New York: UNFPA; 2015.

[22] https://plan-international.org/sexual-health/teenage-pregnancy.

[23] Baseline reports.

[24] Tasneem Kakal, Maryse Kok, and Anke van der Kwaak, 'Yes I Do Synthesis - Reflections on the Baseline 2016'.

[25] Neal S, Matthews Z, Frost M, et al., 'Childbearing in adolescents aged 12–15 years in low resource countries: a neglected issue. New estimates from demographic and household surveys in 42 countries. Acta Obstet Gynecol Scand 2012;91: 1114–18. Every Woman Every Child. The Global Strategy for Women`s, Children`s and Adolescents` Health (2016-2030). Geneva: Every Woman Every Child, 2015.

[26] Ibid.

opportunities later on in life. In the countries covered by the programme, baseline studies showed that Mozambique had the highest reported rate of teenage pregnancies (where 76% of sample young women between 20 -24 years reported to have had a child before the age of 20), followed by Malawi (64%), while the lowest is found in Ethiopia (32%). The average age of first pregnancy was reported to be the lowest in Mozambique at 16 years, while the highest was in Indonesia at 18.5 years.[27]

Graph 2: Teenage pregnancy among girls 20-24 years (%) across sample sites [28]
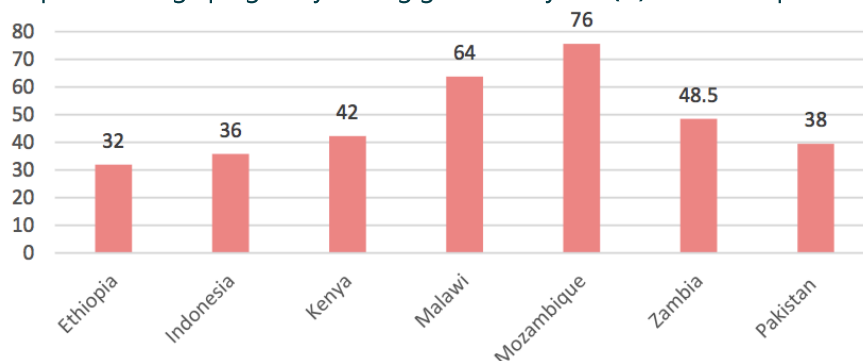
Female genital mutilation/cutting (FGM/C) is another risk girls face; it is mostly carried out on young girls between infancy and age 15, and affects more than 200 million girls and women in 30 countries in Africa, the Middle East and Asia.[29] In the programme countries addressing this practice, baseline studies showed the highest percentage of reported FGM/C cases in Indonesia (73% of sampled girls between 15-24 years old), followed by Ethiopia (53%) and Kenya (52%).[30]

Graph 3: Rate of FGM/C amongst females 15-24 years old across sample sites[31]
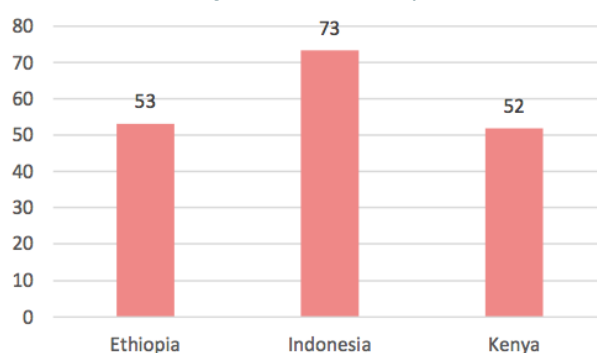
In addition to being a violation of the girls' and women's human rights, FGM/C can cause severe bleeding and health problems, including complications in childbirth and increased risk of new-born deaths.[32]

Child marriage, teenage pregnancy and FGM/C are fundamental limitations to the achievement of gender equality and women and girls' economic empowerment. These three issues have common root

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[27] Tasneem Kakal, Maryse Kok, et Anke van der Kwaak, « Yes I Do Synthesis - Reflections on the Baseline 2016 » (KIT Royal Tropical Institute, March 2018).
[28] Ibid.
[29] UNICEF, 'Female Genital Mutilation/Cutting: A Global Concern', New York, 2016.
[30] Tasneem Kakal, Maryse Kok, et Anke van der Kwaak, « Yes I Do Synthesis - Reflections on the Baseline 2016 » (KIT Royal Tropical Institute, March 2018).
[31] Ibid.
[32] 'Female Genital Mutilation', WHO | Regional Office for Africa, accessed 5 February 2021, https://www.afro.who.int/health-topics/female-genital-mutilation.

causes stemming from limited access to education, poverty, and social norms, among other factors. These issues are also mutually reinforcing, trapping girls in a vicious circle.

The COVID-19 pandemic, which started during the last year of the programme, is also increasing the risks young women and girls face across the world. Although the full impact of the pandemic is yet to be seen, it is already having devastating consequences on families, communities, and economies, particularly in countries with fragile health, social welfare, communications, and governance systems. Experience from other pandemics such as Ebola suggests that girls and women will be disproportionately affected, particularly amongst the poorest and socially marginalised groups.[33] UNFPA estimates indicate that COVID-19 will disrupt efforts to end child marriage, potentially resulting in an additional 13 million child marriages taking place between 2020 and 2030 that could otherwise have been averted.[34]

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[33] Girls Not Brides, 'COVID-19 and Child, Early and Forced Marriage: An Agenda for Action', April 2020.
[34] 'Child Marriage in COVID-19 Contexts', accessed 15 February 2021, https://www.unicef.org/esa/reports/child-marriage-covid-19-contexts.

II. Objectives and scope of the evaluation

The aim of this external evaluation was to provide an independent assessment of the programme's achievements and the implementation modality. More specifically, the objectives of the evaluation were to:

- Assess the relevance, coherence, effectiveness, and likely level of sustainability and ownership of the programme results;
- Highlight the main drivers and constraints in achieving the intended outcomes, including looking at the drivers and constraints brought by the operational model (delivery through an alliance) and at the way the current pandemic has been dealt with within the programme;
- Identify any potential positive and/or negative unintended results of the programme;
- Identify good practices and lessons learned for future programmes, looking at programme delivery, the operational model, and the processes implemented; and
- Draw recommendations for future programming that would be implemented by an alliance or similar operational model.

This independent final evaluation is complementary to the research and Planning, Monitoring, Evaluation & Learning (PMEL) activities conducted by all Alliance partners, and in particular KIT Royal Tropical Institute. The evaluation specifically complements and integrates the findings of the base-, mid- and end-line studies and operational research pieces carried out by KIT[35] that provide valuable insights into the extent to which the programme was effective in reaching its intended outcomes in each specific context. As such, this evaluation further focused on validating the results and providing insight into how the results were achieved: what were the drivers, and what were the constraints. This includes an analysis of not only the added value of the operational model implemented, but also of other factors that can be contextual, institutional, internal and/or external.

The key findings are also available as a comic strip that can be accessed here: *Link to be included upon finalisation of the comic strip*

The evaluation covers all countries included in the programme, with a specific focus through case studies on specific topics in Ethiopia, Indonesia, and Malawi, as presented on the map below.

Figure 3: Map of the programme and case study countries[36]

■ Case study countries

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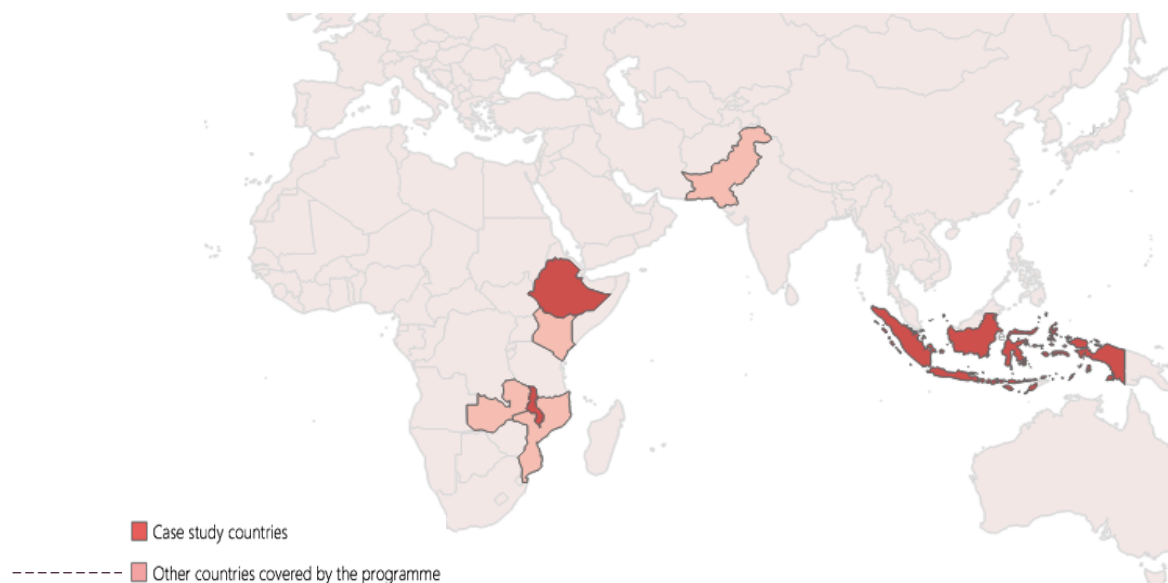
[35] https://www.kit.nl/project/yes-i-do/.
[36] Source: the authors.

III. Overview of the methodology

The following table summarises the main methodological steps followed as part of this evaluation. A detailed methodology is available in *Annex 3: Detailed methodology of the evaluation.*

Figure 4: Overview of the methodology

	Inception Report	Desk Review
Inception phase	Briefing with the evaluation manager and desk coordinator Inception report: final version validated on October 21st, 2020	Iterative review of project documentation: 81 documents reviewed Review and analysis of quantitative and qualitative end-line data
Data collection	Remote interviews conducted with 71 key informants: • Netherlands: 9 key informants • Ethiopia: 17 key informants • Indonesia: 7 key informants • Kenya: 11 key informants • Malawi: 11 key informants • Mozambique: 8 key informants • Zambia: 8 key informants Online survey that received 40 submissions from partners at Alliance and country levels A detailed split of those key informants and survey respondents by gender and organisation is available in annex 3.	Case study data collection: • Following the PEER Review Methodology in Ethiopia and Malawi: 10 young people in Ethiopia and 9 in Malawi conducted interviews with their peers – 62 young people consulted in total • Focus group discussions were organised with community leaders, teachers, health workers and parents, child protection committees: 35 individuals in Ethiopia and 54 in Malawi • Through WhatsApp messages in Indonesia: 30 young people consulted In total, 92 young people and 89 adults were consulted as part of the case studies
	Around 290 stakeholders consulted during the data collection phase	
Final Report	Data coding and analysis All primary data gathered in a coding matrix organised per evaluation question Quantitative secondary data analysed using Excel	Reporting and dissemination Validation of the first draft of the report by YIDA partners/Sense making Workshop with alliance members Production of youth-friendly executive summary
Evaluation limitations	• COVID-19 restrictions: the consultants had to move to almost exclusively remote data collection and the start of the evaluation was delayed. As a result, in some countries, contracts already ended, making some key informants harder to reach and making the sample smaller in these countries. In countries that were not selected for a case study, the consultants collected primary data mostly from internal stakeholders (YIDA partners) and, as such, could not triangulate the findings as much as in the other countries. End-line studies also became available halfway through the evaluation process, making it difficult for the consultants to further discuss and validate their results with key informants • Abrupt end of the programme in 2018 in Pakistan: programme results could not be fully assessed there • Survey results are more representative in some countries than other due to variety in the number of participants per country	

IV. Evaluation findings

The following sections present the findings from the data collection, as per the evaluation framework that is available in *Annex 6: Evaluation matrix*. It first discusses the relevance and coherence of the programme (*section IV.1*), then assesses the effectiveness of the programme and Alliance (*section 0),* and lastly covers its sustainability (*section 0*).

The methodology used was mostly qualitative, while also making use of the quantitative monitoring data available. Due to the COVID-19 pandemic, the evaluation team was only able to collect primary data with external stakeholders in Ethiopia, Indonesia, and Malawi. In other countries, the team relied on interviews with internal actors (YIDA and partners staff), monitoring data collected by KIT and the desk review. As such, triangulation with external sources of information in those countries was limited. This constitutes a limitation of the findings presented below.

IV.1. Relevance and coherence of the programme

This section assesses the extent to which the objectives of the programme were consistent with target groups' and countries' needs, global priorities, and partners' and donors' policies (*section IV.1.1*). It also examines whether the programme was able to adapt to changes in the context to make sure it remained relevant throughout its lifespan, but also whether it adapted to the needs of the different target groups (*section IV.1.2*). Finally, it looks at its coherence with other actors' interventions in the same contexts (*section IV.1.3).*

IV.1.1. Relevance to the needs and priorities of the communities in the selected programme areas

Overall, **the programme has been implemented in countries and regions where harmful traditional practices were highly prevalent. The standardisation of the approach has however limited contextualisation, and hence the relevance of the result chain**. Most key informants agreed with this assessment, basing their judgement on the prevalence and impact of child marriage, teenage pregnancy and FGM/C in the selected countries and regions. The following map developed by the Girls Not Brides partnership shows that the programme countries indeed have a high prevalence of child marriage.

Figure 5: Atlas of child marriage prevalence rate in 2020[37]
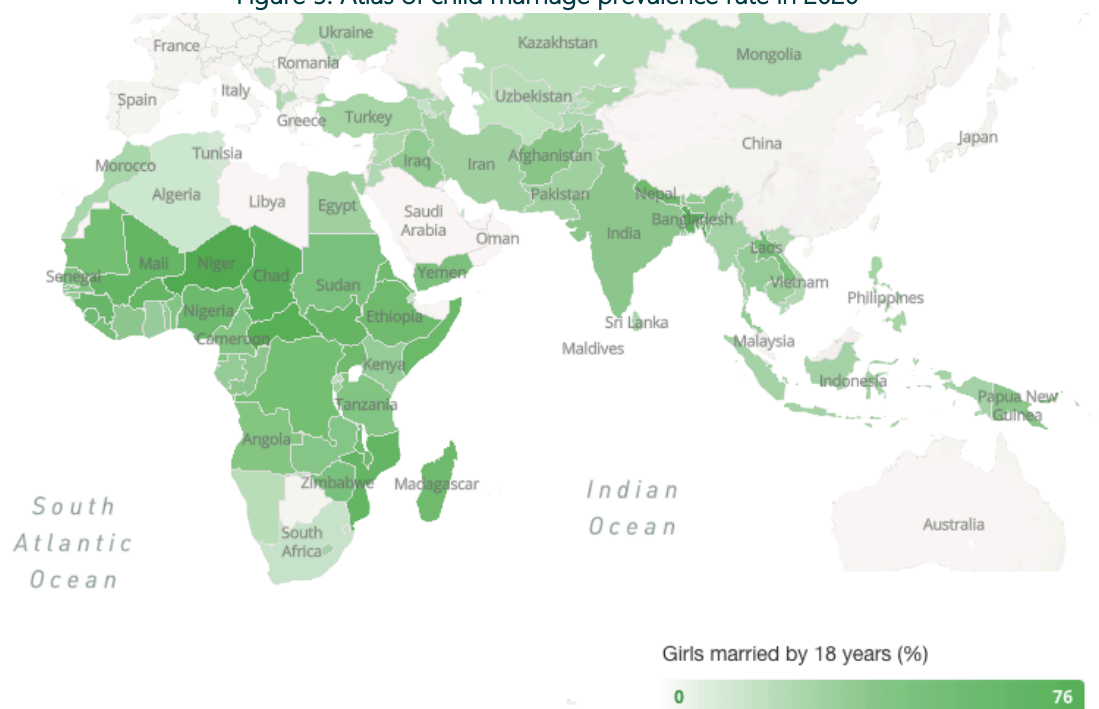
Mozambique, for instance, has the 5th highest rate of child marriage, with 53% of girls married by 18 and 17% by 16 years of age.

According to the Girls Not Brides Atlas however, other countries have even higher child marriage rates, particularly in West Africa. In Niger for instance, 76% of girls under the age of 18 are married, followed by 68% in Central African Republic, and 67% in Chad.[38]

The following map gives an overview of teenage pregnancy rates across countries.

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[37] Girls Not Brides, 'Atlas', *Girls Not Brides* (blog), accessed December 4th, 2020, https://www.girlsnotbrides.org/where-does-it-happen/atlas/.
[38] Girls Not Brides.

Figure 6: Adolescent birth rate by country (number of annual births per 1,000 adolescents aged 15-19) - 2018 figures[39]
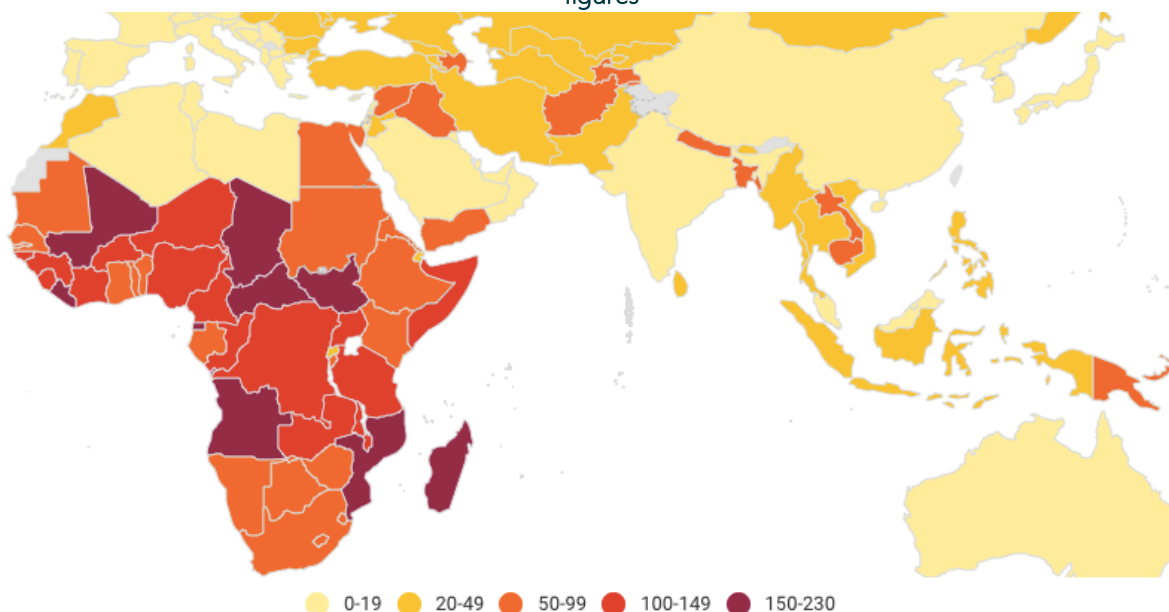
As for child marriage, some of the Yes I Do programme countries rank among the highest in teenage pregnancy rates, such as Mozambique with 194 annual births per 1,000 girls aged 15-19. In 2018, the estimated number adolescent births worldwide was 44 births per 1,000 girls, but again these rates are highest in West and Central Africa, with an average of 115 births.[40]

As such, the **selected countries have a high prevalence of child marriage, teenage pregnancy but are not the most affected** as per the different maps. This is because YIDA did not only rely on needs-based criteria to choose its intervention countries. Country selection also considered on other criteria, such as the focus countries included in the MoFA grant framework, the presence of Alliance partners in the country, and other projects on which the Yes I Do programme could build.[41]

Countries were selected at Netherlands (Alliance) level, but in-country partners were responsible for selecting the geographical areas on which to focus, based on consultations held before the official start of the programme. In some countries, the Dutch embassy suggested specific areas where the programme should take place. In other countries, the choice of implementation areas was reportedly challenging, as partners had different interests that were sometimes hard to reconcile. Those different interests were mostly based on each partners' previous experience in the different regions, and desire to continue working in the same areas due to the extent of remaining needs.

In Kenya, this created some tensions between partners vis-à-vis the choice of Kajiado county as the implementation area of the YIDA programme. The area was new for most of the partners, which appears to have led to a loss in effectiveness and efficiency - or at least more time was needed for the programme to gain traction - in awareness raising/social behaviour change, creating acceptance, and in building a network of partners.

Although the programme was relevant in all selected areas because it tackled child marriage and teenage pregnancy, some key informants expressed concerns regarding its alignment with the priorities of some of these areas' populations. This was particularly noted in the two following countries:

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[39] 'Early Childbearing', UNICEF DATA, accessed December 4th, 2020, https://data.unicef.org/topic/child-health/adolescent-health/.
[40] Ibid.
[41] Yes I Do Alliance, 'Yes I do… Programme document'.

In Kenya and Malawi, while child marriage and teenage pregnancy were issues in the communities and the programme was relevant, the targeted communities often lacked access to basic needs and services, such as water or food. As such, communities and local authorities had to prioritise survival over the objectives of the programme. As the programme's focus was not always seen as a priority, communities and local authorities were not engaging as much as expected, and creating a 'social movement' around SRHR issues was more difficult.

These findings indicate that the programme was relevant, but that its relevance could have been increased by linking with organisations focusing on basic needs coverage in some of the countries.

The programme aimed to find a balance between ensuring consistency and comparability across countries and the relevance to each countries' specificities, but the evaluators noted a **sensed tension between having a common framework across countries at global level and the country teams' desire to adjust the programme to the local context**.

Overall, programme design was not based on country level assessments.[42] Due to the multi-country and multi-partner nature of the Alliance, the programme ToC was developed in the Netherlands via a desk-based situation analysis. The programme therefore lacked a situation analysis at country level to support the ToC development. Country teams had the opportunity to contextualise the global ToC during the inception phase (in the first half of 2016) based on their countries' specificities, and on the results of the baseline studies KIT conducted, during a week-long workshop at the start of the programme in each country. However, in most countries, changes to the general ToC were rather limited. The main example of contextualisation was to address FGM/C as part of the programme or not, based on its prevalence in each country. Primary data points to different reasons why few other changes to the ToC occurred. First, the ToC was reportedly initially complex and intimidating to some stakeholders,[43] so it took a bit of time for all in-country Alliance partners to gain a deep understanding and ownership of the framework. This may have limited their ability to propose significant contextual adaptations and kept the focus on phrasing and small adjustments.[44] There was also limited space to divert from the set pathways.

Country teams had other opportunities throughout the project lifespan to adjust the ToC, such as during the Midterm Review (MTR) and Annual Review Meetings (ARM). However, due to the high staff turnover, ownership of the framework remained limited, as a fair portion of programme staff had not taken part in the initial stages of the programme in their country. Lastly, based on discussions with programme teams in each country, it seems that the ToC was seen as a result framework they had to deliver on, rather than a set of expressed ambitions, within which they had space and freedom to develop and design their own activities.

As such, the multi-country nature of the programme and the need to report on a standardised set of indicators at global level may have had a negative effect on contextualisation and relevance.

The lack of a fully contextualised ToC represents an area for further improvement, as it would have increased the programme's relevance. Ensuring the programme reflected the local context more could have allowed it to better address the target groups' SRHR needs and priorities, while ensuring there was no duplication with other projects in the areas. It is the evaluators' conclusion that programme teams were more focused on delivering the ToC's planned objectives than on determining what these objectives should be, based on the communities' needs.

The way activities were implemented was nonetheless well tailored to the local context and in line with the local culture. While in some countries local partners would have liked the programme design process to

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[42] As opposed to the usual programme cycle which starts by: situation analysis, then response analysis, then implementation.
[43] Particularly the different spheres of interest/influence/control, the distinction between the interconnected pathways and the inclusion of the cross-cutting issues.
[44] Adjustments mostly consisted in removing or adding an indicator or adding a group of stakeholders as gatekeepers (the 'alombwes' in Malawi for instance).

have been more participatory, key informants across contexts appreciated that they were free to determine how to translate the ToC into activities. This allowed those activities to be aligned with the local context and to build upon the knowledge, experience and expertise of the different partners. In-country, partners used their own experience, but also organised regular conversations with target communities to design activities in a collaborative manner and decide on the best approaches to adopt. In order to do this, the Alliance worked intensively on communication to make sure that the messages of the programme and topics were brought to the communities in an acceptable and appropriate manner, based on the type of stakeholders targeted.

As such, community partners consulted in the three case study countries (Indonesia, Malawi, and Ethiopia) considered the programme's activities to be relevant and useful. As an example, some key informants mentioned that the different curricula developed to spread messages to the various targeted stakeholders were designed or adapted based on local needs, cultures, customs, and beliefs.

To conclude, the programme was generally relevant to the needs and, to a lesser extent in some countries, to the priorities of the target groups. However, the **Alliance sometimes struggled, especially at the start of the programme, to reconcile the multi-country nature of the programme and contextualisation**. There was nonetheless flexibility over time to adjust activities to local contexts.

IV.1.2. *Adapting to changes in the context and needs to ensure continued relevance*

This section examines whether the programme was able to adapt to changes in the context to ensure that it remained relevant throughout its lifespan (from 2016 until 2020), and also whether it adapted to the needs of the different target groups.

The programme was generally able to adapt to changes in the context. Adjusting to changes was institutionalised across countries, as all partners came together during the annual planning and review meetings to adjust activities based on needs and changes in the context. This was also the case during the different research and monitoring exercises, such as the MTR in 2018. This was a self-facilitated process led by KIT, in which the teams assessed achievements to date through a review of midline data, monitoring data, and field visits, and identified needed adaptations to both the programme and the ToC to respond to changes in the context and to incorporate lessons learnt.

In Zambia, over the course of the programme, and especially as a result of the MTR, the approach was slightly adjusted to better reach the intended outcomes. In Pathway 1 for instance, the programme at first mostly worked through the Champions of Change approach,[45] in order to develop a youth movement. The team however realised that youth needed allies from different target groups to be able to lead this movement. As such, the team developed an adjusted approach to engage parents in the process.[46] The MTR findings revealed that child marriage had been reduced, but teenage pregnancy was still increasing. The programme team identified the fact that some parents used teenage pregnancy as avenue for raising income as one of the causes. Therefore, since 2018, the programme made a particular effort to engage with parents to discuss these issues through trainings and intergenerational dialogues.

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[45] The Champions of Change approach has been developed and implemented by Plan International. It empowers boys and girls to work together toward gender equality by challenging traditional gender norms. It engages boys and men to examine and change those norms and behaviours and become champions for girls' rights. At the same time, girls are provided safe spaces, protection through peer networks, access to mentors, and leadership opportunities.
[46] Source: key informant interviews.

In Mozambique, following the midline study and MTR, the team noticed that the initiation ceremonies had an impact on child marriage and teenage pregnancy, as they were giving information without age disaggregation, and encouraging young boys to start having sexual relations to 'become a man.' However, the midline study also revealed that the practice of initiation rites was not necessarily fully negative, as it also includes information about personal hygiene, respect for others, and life skills. As such, the team decided to work with the ceremonies' facilitators to break down the initiation rites into three phases. This resulted in delivering different messages according to the different age groups, including topics related to ending child marriage and early pregnancy.[47]

Similarly, in Malawi, the operational and midline studies led by KIT highlighted the roles of 'alombwes' (guardians of initiates) in the initiation rituals. The misinformation shared during these ceremonies often encourages young people to experiment with their sexuality (for example. with the argument to prevent their organs from rotting). As such, the programme team decided to include the alombwes as a target group for different sensitisation activities to influence the messages they spread during the camps.[48]

The most recent important contextual change all programme countries faced has been the COVID-19 pandemic. In March 2020, all programme countries were invited to make changes to their budgets and planning to adapt to the pandemic. The following examples illustrate how the programmes adapted. Overall, and despite the fact that the programme teams were also caught off guard by the rapid spread of the pandemic and lockdown measures, they demonstrated a good effort to adjust to the new situation (as demonstrated by the examples below).

In Kenya, as a result of COVID-19, the Alliance moved some activities online, such as engaging teachers through Zoom trainings, and sharing awareness messages via WhatsApp and the radio. According to key informants, community radio is a strong and very popular medium for fostering public debate. The programme team trained and invited health workers as speakers on radio shows. The shows were reportedly highly interactive as community members and young people called in to share their points of view and ask questions. Partners were very positive about the new partnership built with community radio stations and indicated that they intended to continue this partnership model beyond the YIDA.

In Ethiopia, the partners came together and submitted a COVID-19 plan as an adjustment to their annual plan. Some activities were put on hold until the lockdown was over, while others were shifted online. For example, the programme started doing community outreach via the radio. The sexual education and life skills curricula were digitised to avoid face-to-face contact, and to ensure that young people still had access to the information. In remote communities with limited access to the internet, the Alliance allowed youth groups to rent a three-wheel vehicle with speakers to go through these communities and spread messages about the prevention of harmful traditional practices. As the government was setting up a task force to address the impacts of the pandemic, the YIDA team advocated to include the issue of Gender Based Violence in the task force. The team also designed and framed messages to prevent the spread of the pandemic (through posters for instance) in the programme communities. Local authorities consulted as part of this evaluation however highlighted the need to work on psycho-social support and social emotional learning to further address the impact of the pandemic on young people.

[47] Yes I Do Alliance, 'MTR Report Mozambique', October 2018.
[48] Joseph Boniface Maere and Thom Salamba, 'Malawi - Yes I Do Programme Midterm Review (MTR) Report' (Yes I Do Alliance, October 2018).

In Indonesia, the Lombok team's proposal to buy personal protective equipment for midwives was approved by Rutgers Utrecht. This allowed midwives to continue their work with the community while being protected and protecting their patients. According to key informants, this small adjustment significantly helped the partners on the ground continue their work and spread the programme's messages.

Lastly, the programme also tried to adapt to the needs of the different target groups. The ToC aimed to engage with a wide variety of actors. The main target group of the programme (young people aged 15-24) presented different characteristics and needs, between boys and girls, rural and urban living, different age groups, and those in- or out-of-school. Based on the survey's results, most Alliance partners believed that the programme took into account the needs of the different target groups totally (65%) or rather well (30%). The following graph illustrates the differences per country.

Graph 4: Survey results 'To what extent do you believe that the programme took into account and responded to the specific needs of different target groups' (n=40)[49]
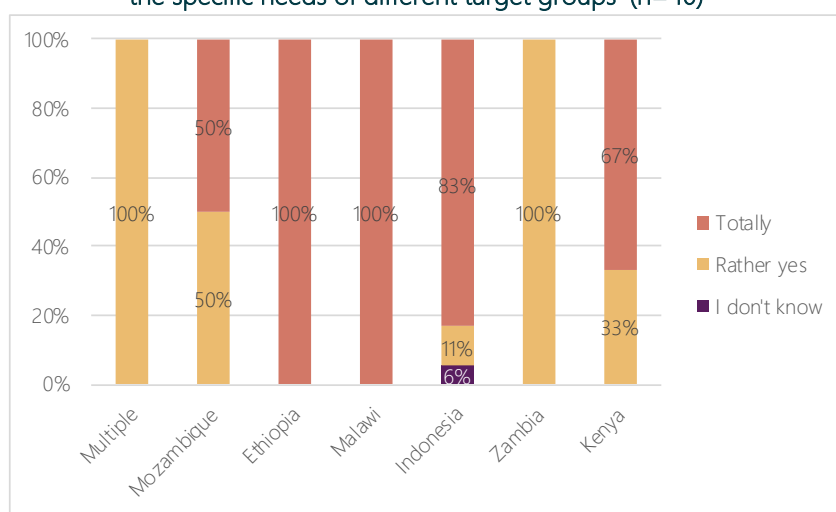
While the primary focus of the programme was to change the situation for girls to achieve gender equality, other target groups, such as boys, were also included in the activities. Overall, it seems that **the needs of both urban and rural youth, and girls and boys, were adequately addressed**. Men and boys were particularly engaged through the cross-cutting theme dedicated to the topic, but also through the implemented GTA.[50] As such, specific activities and messages were developed to target boys and men. In some countries like Mozambique, the Alliance was even inclusive of a partner with specific expertise in boys and men's engagement (HOPEM).[51] However, in some contexts, men and boys felt left out as they believed that most activities focused on helping girls (such as support to restart their education or to create a small business).[52] This is further discussed in *section IV.2.1.4*. As such, following the MTR, the Alliance put

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[49] 'Multiple' stands for individuals working across different countries as technical support – they can be associated to individuals working in the Netherlands. Respondents were presented the following response options: Totally ; Rather yes, Rather no, Not at all, I don't know.

[50] GTA was implemented through different activities. In Kenya for instance, the alliance discussed power and gender norms that were at play in the communities by introducing community dialogue fora, ensuring that men and women, elders and health practitioners participated and made them part of the decision-making process. In Malawi, GTA was applied by questioning discriminating gender norms in activities and school clubs. s

[51] HOPEM is expert in working with men and using a gender transformative approach that allows them to reflect on their practices and attitudes in the domain of masculinities. Some masculinities have influenced child marriage and early pregnancies through a set of social pressures exerted on men. Activities led by HOPEM included for instance the facilitation of educational groups (men's conversations) to help them realise, through a reflective process, that masculinities can be transformed in ways that avoid systematic violations of women's human rights and promote their well-being and of the whole community. Men have been motivated to participate in these groups and to actively seek out solutions to the problems of premature marriages and early pregnancies.

[52] Yes I Do Alliance, 'Midterm Review 2016 to June 2018 - Synthesis Report', December 2018.

even more emphasis on including boys in dialogue sessions and putting them at the forefront of some activities.[53]

The needs of other marginalised groups however were not as well addressed by the programme. Several key informants and survey respondents mentioned that despite some efforts to include out-of-school youth, they were not easily reachable, and thus their specific needs were addressed to a lesser extent. Out-of-school youth were planned to be reached by the strengthened ASRHR service deliverers, as well as through peer-educators. Some country teams also engaged or created networks aiming at out-of-school groups such as boda boda riders associations in Kenya with whom information could be shared and a dialogue could be upheld. However, a fair share of activities happened in schools (Comprehensive Sexual Education (CSE) for instance) and, as a result, prioritised in-school youth.

Lastly, despite efforts (as noted in the Ethiopia example below), it was challenging for the programme to meet the specific needs of other groups such as youth living with disabilities. The ToC did not include activities specifically tailored to their needs and the different monitoring exercises (e.g. MTR) do not include segregated data. Furthermore, the situation analysis was not complemented by a sex, age and disability disaggregated (SADD) gender and barrier analysis.[54]

> In Ethiopia, a blind young man was part of the programme and included in the life skills training. The YIDA team did not have the funds to develop the training in braille, but managed to work with one of his teachers so that he could benefit from the activity.[55]

In conclusion, the evaluation shows that **the programme was generally able to adapt to changes in the context to ensure continued relevance. There is however room for further improvement regarding the ability of the programme to adapt to the specific needs and barriers of certain target groups, such as out-of-school youth and youth living with disabilities**. The evaluators believe that this challenge could be linked to the absence of an in-country situation analysis at programme design stage, and that it was not included in the ToC. Moreover, the fact that partners were more comfortable working through the school system is likely to have been another contributing factor.

IV.1.3.   *Coherence of the programme with other interventions and policies in the countries, sector and institutions*

This section looks at the coherence of the intervention from both an external point of view (whether the programme was in line with other programmes and policies in the implementation areas), and from an internal angle (whether it was in line with partner organisations' and the donor's mandates and policies).

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[53] For instance, in Malawi, Zambia and Mozambique, both boys and girls were involved in vocational skills and financial literacy training as well as training for the village savings and loans methodology, enabling young people of both gender to form savings and loans groups within their communities.

[54] The Interagency Standing Committee (IASC) - IASC. (2015): IASC Reference Module for the Implementation of the Humanitarian Programme Cycle) outlines that humanitarian organisations need to acknowledge the differences with respect to sex, gender, ethnicity, disability, age, and other social markers of exclusion and should use sex and age disaggregated data to inform the response.

This could serve identifying barriers towards desirable project outcomes and identifying opportunities towards achievement of project activities

[55] Source: Ethiopia-based key informants.

External coherence

Overall, the evaluation found that **the programme was coherent with international, regional and national strategies and policies.** The YIDA's aims were rooted in international and regional conventions preventing child marriage, teenage pregnancy, and FGM while promoting children's rights, gender equality, and women empowerment.[56]
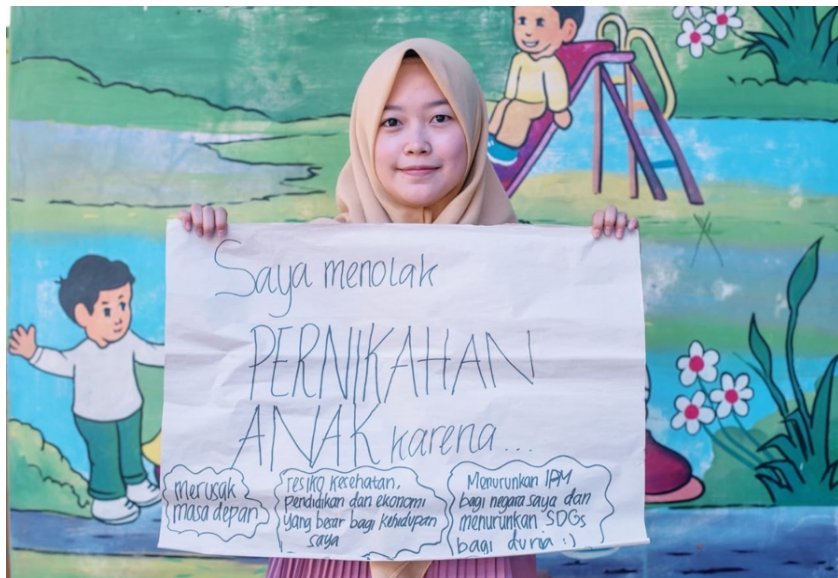
> *I am against child marriage, because:*
>
> *1. It destroys the future*
>
> *2. It can expose me to high health, educational and economic risks*
>
> *3. It can lead to decline in Human Development Index ranking for Indonesia and eventually hamper achievement of SDGs at the global level*
>
> **- Girl respondent in Sukabumi (16 years old)**

At country level, the programme was also in line with national and regional policies and even contributed to framing some of them. For instance:

In Zambia, the government created a 7th Development Plan,[57] which highlights the issue of gender inequality in the country. The Plan for instance states that, "*Keeping girls in school and preventing child marriages and teenage pregnancies, as well as addressing cultural and economic barriers to accessing education while enforcing laws on the legal minimum age of marriage*"[58] is an objective. At regional level, Zambia is also part of the Southern Africa Development Committee, which drafted guidelines on making sure girls are educated and protected from harmful practices.[59]

In Ethiopia, key informants mentioned that the programme was coherent with the government's plans such as the 2016-2020 Adolescent Youth Strategy from the Ministry of Health. The Strategy[60] has a section on harmful practices, but also on adolescent and youth participation. It clearly makes the link between youth empowerment, comprehensive sexuality education, and life skills education. According to key informants, the programme is also in line

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[56] Those conventions include, among others: the Universal Declaration of Human Rights; the Convention on the Elimination of Discrimination Against Women (CEDAW); the Convention on Consent to Marriage, Minimum Age for Marriage, and Registration of Marriage; the Convention on the Rights of the Child (CRC); 'The Maputo Protocol') and the African Charter on the Rights and the Welfare of the Child.

[57] Republic of Zambia Ministry of National Development Planning, 'Seventh National Development Plan 2017-2021 - Volume I', 2017, https://www.mndp.gov.zm/wp-content/uploads/2018/05/7NDP.pdf. Republic of Zambia Ministry of National Development Planning.

[58] Republic of Zambia Ministry of National Development Planning, 'Seventh National Development Plan 2017-2021 - Volume I'. Republic of Zambia Ministry of National Development Planning.

[59] 'Southern African Development Community: Gender', accessed December 7th, 2020, https://www.sadc.int/issues/gender/.

[60] Federal Democratic Republic of Ethiopia and Ministry of Health, 'National Adolescent and Youth Health Strategy (2016-2020)', 12 April 2017, http://www.moh.gov.et/ejcc/sites/default/files/2020-05/NATIONAL%20ADOLESCENT%20AND%20YOUTH%20--%20April%2012%20%202017%20--.pdf.

with the government's School Health Strategy and with the recently revised National Costed Roadmap to End Child Marriage and FGM/C 2020–2024.[61] The ToC included in the Roadmap shows a clear alignment with the programme's stated objectives and outcomes.

In Kenya, key informants mentioned that the programme and Alliance were in line with the presidential directive and vision to eradicate FGM/C by 2022, and the draft national action plan against child marriage.

In-country, the programme's coherence was also enhanced by its close collaboration with child rights organisations. **This generally occurred more with other Dutch organisations** also working under the MoFA policy framework.

At global level, YIDA was a member of the Girls Not Brides partnership with two other alliances (More than Brides Alliance and Her Choice Alliance) and other organisations. These different organisations conducted joint advocacy and shared experiences and resources. The member organisations of the partnership also informed each other about on-going activities and tried to align their interventions.

At country level, coordination also occurred with the two other Dutch child marriage alliances, when represented in the countries, and one or more partners of YIDA were a member of the national Girls Not Brides in many countries.

In Ethiopia, where two other alliances were also present, the different teams reportedly coordinated research activities. The national coordinators of each alliance were also regularly invited by the Dutch embassy to meet together. In addition, the Alliance also collaborated with other programmes such as the Get Up Speak Out programme, of which DEC and TaYA (YIDA partners in the country) are part, to share learning, experiences, challenges, and opportunities on different learning platforms.

Beyond coordination with other organisations working under the MoFA policy framework, the YIDA engaged with other child-rights and youth-focused organisations, but to a lesser extent. This mostly occurred through partner organisations that had ties with other organisations at local level.

In Kenya, key informants mentioned collaborating closely with a local NGO named "Each Rights" on commemorating national days for advocacy purposes, and on disseminating the anti-FGM act. The team also reportedly worked closely with World Vision International, Save the Children, Concern, Girl Child Network, HELGA and the CARA Projects, among others.

As such, important efforts were made to collaborate with other organisations and projects working on the same topics, at both global and national levels, in order to share learning and avoid duplication. However, as previously discussed, **the programme could have further increased its impact by coordinating with organisations providing basic needs coverage to fill in identified gaps.** This limited the coherence and, also to a certain degree, the effectiveness of the programme. The Dutch Embassies and MoFA could also have had a stronger role in facilitating this coordination.

Internal coherence

The evaluation found that **the programme was in line with Alliance partners' mandates, areas of expertise and past projects.** This comes from the fact that the Alliance was created first, and then the programme was then designed based on the ToC pathways where each partner could bring added value. The following figure presents the vision statements or mission of the different YIDA partners as displayed on their website.

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[61] Federal Democratic Republic of Ethiopia and Ministry of Women, Children and Youth, 'National Costed Roadmap to End Child Marriage and FGM/C 2020–2024', August 2019, https://www.unicef.org/ethiopia/media/1781/file/National%20Roadmap%20to%20End%20Child%20Marriage%20and%20FGM.pdf.

The reader can see the link between those statements and the programme's five pathways of change, basis of the ToC.

Figure 7: YIDA partners' purpose[62] [63] [64] [65]

Rutgers' Vision statement
"People are free to make sexual and reproductive choices, respecting the rights of others, in supportive societies."

Choice's Vision Statement
"All young people have the power to make decisions about their sexual, reproductive & love lives!"

Plan International's purpose
"We strive for a just world that advances children's rights and equality for girls."

Amref's mission
"To increase sustainable health access to communities in Africa through solutions in human resources for health, health services delivery and investments in health."

KIT's mission
"To assist governments, NGOs and private corporations around the world to build inclusive and sustainable societies, informing best practices and measuring their impact with a focus on health care, gender, economic development and intercultural cooperation."

The programme was also based on previous experiences of partner organisations such as Rutgers' 'Get Up Speak Out' programme or Plan's regional '18+' programme and Girl Power programme. As each partner led on different pathways,[66] it allowed them to develop activities that were fully in line with their ambitions, ways of working, and past experiences. The downside/risk of this was that it often led to organisations working in silos on their own pathway(s), with limited sharing of ideas, experiences, and knowledge with the rest of the Alliance. This is further discussed in *section IV.2.2.3*.

Lastly, **the programme was also fully aligned with the donor's policies,** i.e. the MoFA policy on SRHR, as the Alliance and programme were specifically created to implement the MoFA policy. The vision of the MoFA on the topic is expressed in the adjacent quote.[67]

The Alliance team in the Netherlands had regular contact with the MoFA to update them on progress and make sure that the programme remained in line with the donor's policies. In-country teams also had contact with the Dutch embassy, more or less frequently depending on the country and presence of an Embassy there. Collaboration in Ethiopia seemed particularly close, probably due to the fact that another child marriage alliance was also present in the country, leading to a more prominent presence of the Dutch representation and a pro-active role of the Embassy. This enabled deeper coordination and knowledge sharing between the three alliances.

> " *To provide freedom of choice for women and young people, we invest in information, health products, good healthcare and the rights of all individuals. This helps enhance the wellbeing of women and girls and thus contributes to more sustainable development. After all, investing in women and young people gives them a better chance of receiving an education, thus improving their job prospects.* "

In conclusion, **the programme was coherent from both an external and an internal point of view.**

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[62] https://www.rutgers.international/who-we-are/mission-and-vision.
[63] https://www.choiceforyouth.org/about/mission-and-vision/.
[64] https://plan-international.org/organisation.
[65] https://www.kit.nl/about-us/.
[66] There are however differences across pathways. Pathway 1 and 5 were in some or maybe even most countries implemented by two or more YIDA partners with more coordination within these pathways.
[67] https://www.dutchdevelopmentresults.nl/theme/srhr.

IV.2. Effectiveness of the programme

This section examines how effective the programme and Alliance have been in reaching intended outcomes (*section IV.2.1*), and identifies driving and constraining factors of effectiveness (*section IV.2.2*).

IV.2.1. Achieving intended results

IV.2.1.1. Results per pathway

The section is based on end-line qualitative data collected from programme participants (gatekeepers, teachers, parents, young people, local authorities, etc.) by KIT in each country programme,[68] and on qualitative data collected by the evaluators with a wide range of stakeholders (including external actors in Ethiopia, Malawi, and Indonesia). It is organised per pathway and based on a set of core indicators set by YIDA. *Annex 4: YIDA's self-assessment of achievements per pathway* presents the perception of YIDA's staff regarding the achievement of set outcomes per pathway. An analysis of the quantitative indicators measured as part of the end-line study in all countries is also available in *Annex 2: Analysis of end-line quantitative results.* The data derived from representative base- and end-line surveys in the five countries was added to the qualitative data collected from 1600 young people interviewed. Due to the COVID-19 pandemic, the evaluators were however unable to collect primary data from external stakeholders to triangulate those findings in Zambia, Kenya, and Mozambique. This limitation should thus be kept in mind when reading the following findings.

Overall, the programme achieved significant gains in each pathway, even though this was more challenging for certain pathways than others.

> **Pathway 1: Community members and gatekeepers have changed attitudes and take action to prevent child marriage, FGM/C, and teenage pregnancy**

While partners across the countries reported that **substantial achievements were made due to the important contribution of the programme**, they also noted that this pathway's intended outcomes were some of the most challenging to reach. The reason for this is that this pathway aimed to foster behaviour change and related/underlying change of social and cultural norms for a wide variety of stakeholders in a relatively short timeframe (five years). While the messages developed as part of the programme seemed engaging and powerful enough to foster an enabling environment for the creation of a social movement, the evaluators note that the fact that communities often had more pressing priorities (such as access to food and water) to address may have limited why the intended change did not always happen, particularly in terms of community members taking concrete actions. **Scale also has an impact on this**. Despite positive results in the targeted communities and districts, the programme scale was relatively small compared to the size of the countries, and implementation areas within the countries were often far apart. As such the influence of stakeholders in neighbouring villages or communities not covered by the programme could have played a role in counter-balancing the messages spread by the programme. A lot of work is still needed to change attitudes towards child marriage, teenage pregnancy, and FGM/C at a larger scale and to move from changed attitudes to a change in behaviour and actions.

Some positive changes have nonetheless been noted for this pathway, especially regarding the efforts of various stakeholders to prevent child marriage.

> In Zambia, key informants mentioned that awareness of child marriage has increased and that cases were reportedly going down, while access to SRH services was increasing. This seems to be confirmed by the analysis of the quantitative indicators measured as part of the end-line

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[68] These qualitative end-line findings derive from at least 10 FGDs and 28 interviews per study phase.

study in all countries available in *Table 2*. The bylaws were cited as playing a preventive role. As explained by one respondent, these bylaws were developed by the communities, for the communities. They increased awareness on different topics, including education for boys and girls on child marriage and teenage pregnancy.

In Ethiopia, a growing number of parents were gradually starting to accept their children's freedom of choice regarding marriage. The presence of community coalition committees in Bahir Dar shows, for instance, the awareness and preparedness of the community to reduce child marriage. In addition, in some areas, students were taught to use suggestion boxes, established by elementary schools, to inform the school about the existence of a proposed child marriage. As a result the school, in collaboration with the kebele[69] administration and the police, would be able to trace the cases of child marriage and take necessary action. The habit of checking young people's age before marriage was also becoming common (especially in Kewet) in order to prevent parents from marrying off underage youth. End-line data also show that reporting child marriage cases to the authorities is a new and increasingly effective strategy to prevent the practice. Teachers were taking a predominant role in this and were supported in Kewet by youth clubs. It also appears that the majority of individuals who have been trained as gatekeepers are now against child marriage. [70]

Local authorities in Kewet and key informants believed that the programme changed the community's attitudes toward FGM/C, as people no longer see this practice as being useful and now have a fear of being fined. However, they mentioned that such radical change did not happen for child marriage and teenage pregnancy, which decreased to a lesser extent, partly due to the COVID-19 pandemic, the lack of practical monitoring of the practices, and other factors such as insufficient economic opportunities, and family and peer pressure. Nonetheless, according to one key informant, more than 50 child marriage cases and 150 FGM/C cases have been identified and cancelled by gatekeepers through this community conversation over the past five years. More information on this is available in the *case study on Ethiopia*.

Young people noted changes in religious leaders' awareness of harmful traditional practices (and in particular FGM and child marriage) due to the different trainings undertaken, and for young people thanks to the CSE/Meharebe[71] clubs and curriculum. According to them, harmful traditional practices prevention committees have been established by the government and strengthened by YIDA to enable practitioners to stop harmful practices in their communities. Young people also mentioned that development teams and health extension workers were now mobilised to monitor and supervise the prevention of these practices.

In Kenya, end-line data show some positive changes regarding child marriage, compared to baseline results. Gatekeepers such as NGOs, school staff, religious leaders, health workers, and government representatives raised awareness on the dangers of child marriage, which seems to have turned people against the practice in targeted communities. There were reports of cases where the village chief invoked the law and arrested the perpetrators. Data also show a general recognition that ensuring girls stay in formal education is an effective protective measure against both child marriage and teenage pregnancy. Families now recognise that girls who receive an education are less likely to marry young and more likely to lead healthy, productive lives and build better futures for themselves and their families.

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[69] The smallest administrative division unit in Ethiopia.

[70] Yes I Do Alliance, 'Overview Indicators Base- End-Line per Country for PMEL', 20 November 2020. Yes I Do Alliance.

[71] Meharebe refers to the Amharic version of 15 Comprehensive Sexual Education (CSE) sessions.

In Mozambique, none of the gatekeepers interviewed at the end-line saw child marriage as a good practice, which was an improvement compared to baseline. Many of the interviewed gatekeepers reported to be actively involved in preventing child marriage and teenage pregnancy. Quite a few religious and traditional leaders, school teachers, community and youth organisations, and health and social workers were providing lectures to young people about the impact of child marriage and teenage pregnancy, while health providers also distributed contraceptives. Initiation rites performers were said to have shifted to providing more age-appropriate information to young people, thus reducing the pressure on youth to engage in sexual relations following the initiation rites. When conflict around child marriage arose, police and other authorities were included in the process, and at this stage prosecution has become an option. While at baseline some gatekeepers were said to act as perpetrators, this was no longer reported by any midline and end-line participants.

" *This is an activity initiated by KPAD where beneficiary children once a year launched a petition to disseminate information related to SRHR and impacts of child marriage. Petition or campaign activities have always involved active participation of children, for instance as the orator of the event. Challenges remain when many members of the society were against the petition and the oration of the child on the prevention of child marriage. But this has not stopped village children/young people to raise child protection movement.* "

- Girl respondent in West Lombok (21 years old)

While awareness raising was generally successful, attitudes towards FGM/C seem to have only somewhat changed after the different sensitisation sessions and trainings.

In Indonesia, some gatekeepers, in particular midwives and health workers, community-based child protection committees (KPAD), and Village Children's Forum (FAD) demonstrated that they were no longer in favour of FGM/C, and supported its prevention. However, other traditional birth attendants continued to perform FGM/C as most parents, and religious and community members still considered FGM/C to be an important part of religious practice and tradition. Most gatekeepers seemed well informed about consequences and laws against FGM/C. Some community members were however still sceptical about the health consequences of the practice, because (young) men especially reported to have not seen the direct consequences. While a portion of older men were blaming their wives for their girls' circumcision, younger boys still expressed that they did not want to marry an uncircumcised girl. Marriageability being highly valued, this pressures mothers and girls to go through with the circumcision.[72] Key informants noted the context-specific challenges to addressing FGM/C in Indonesia, especially at the beginning of the programme when stakeholders, including YIDA partners, had different understandings of the practice that does not always involve cutting, and thus was not always seen as harmful. As a result, the programme was able to raise awareness in the targeted areas, but was less able to change attitudes and behaviour.

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[72] Yes I Do Alliance, 'Overview Indicators Base- End-Line per Country for PMEL'. Yes I Do Alliance.

In Kenya, key informants highlighted changes in attitudes to FGM/C. They mentioned for instance that before the programme, communities were aware that national policies were in place but did not know how to implement them or did not fully understand why FGM/C was harmful for girls. The YIDA team later received testimonies from key stakeholders such as former circumcisers, health workers, and parents who, following the different trainings and awareness raising sessions that were part of the programme, changed their attitude towards this practice. However, end-line data showed that the practice of FGM/C was still taking place; but was now being practiced largely in secret, as community members became more aware that it was illegal. It was reported that because of the high awareness of the anti-FGM/C law, people tended to conduct FGM/C alongside male circumcision to camouflage the practice. While a slight change was noticed in the fact that the practice was not glorified anymore during flamboyant traditional ceremonies,[73] some key informants however raised concerns over the safety of girls during these 'secret' ceremonies.

In Ethiopia, end-line data show that some circumcisers have stopped performing FGM/C. This is seemingly due to the influence of community trainings and conversations about the consequences of FGM/C, and that it was now becoming difficult to find circumcisers as FGM/C was no longer associated with marriageability in the areas the programme covered. Previous circumcisers have also received income generating trainings and support to change activities. In Kewet, an organisation of mothers and health extension workers follows-up on new-born children to check on and prevent FGM/C. Lastly, the fact that mothers increasingly gave birth in health centres facilitated preventing the practice, as the mothers and infant girls stay in the centre during the strategic time of life (at day seven) when young girls usually undergo FGM/C.

The impact of the programme on teenage pregnancy appears to have been more difficult to demonstrate. Programme teams across countries mentioned various challenges they faced when trying to address teenage pregnancy. One reason for this is that adolescent and premarital sexuality remains a taboo in many of the countries covered by the programme, and access to contraceptives is still limited in most communities.[74]

In Zambia, some interviewees explained that community members might not see teenage pregnancy as a problem, because the family of the boy/man has to pay a fine, as per the bylaws adopted at community level. This payment is often welcomed by the most deprived families.

In Indonesia, most gatekeepers at village, sub-district, and district levels were in favour of preventing child marriage. However, in the case of premarital pregnancy, gatekeepers such as parents, and religious and community leaders continue to believe that marrying off the pregnant girls is the best solution. All districts have worked with religious leaders to prevent child marriage due to premarital pregnancy. A few KPAD started to actively work on preventing this, such as in Kediri in West Lombok, while some KPAD advocated for the continuation of the girls' education in Sukabumi.

The analysis of the quantitative indicators measured as part of the end-line study in all countries available in *Annex 2: Analysis of end-line quantitative results. Table 2* shows some quantified improvements with regard to the occurrence of child marriage and FGM/C in most programme areas, but less so in terms of teenage pregnancy. For instance, the percentage of women aged 18-24 who were married or in a union before the age of 18 decreased by 30 percentage points (pp) in Kewet (Ethiopia), by 8 pp in Sukabumi (Indonesia) and by 14 pp in Kenya. It however slightly increased in Malawi (+2 pp) and Lombok (Indonesia +1 pp). This could be linked to sampling. The percentage of young women aged 14-24 who underwent

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[73] Yes I Do Alliance, 'Overview Indicators Base- End-Line per Country for PMEL'. Yes I Do Alliance.
[74] Source: key informant interviews.

FGM/C also went down significantly in Ethiopia and Sukabumi (Indonesia). With regards to teenage pregnancy however, results are mixed with important decreases in Kewet and Sukabumi, but increases in other areas. This may be due to the negative consequences of COVID-19 and lockdown measures.

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

Overall, key informants were proud of their achievements in increasing youth participation in the different target areas. The young people consulted in Ethiopia, Malawi, and Indonesia also greatly emphasised how this part of the programme benefited their lives, by specifically building their confidence and ability to speak up to claim their rights. While important progress was made on the youth side, challenges remained with the adults. In all countries, adults showed more openness to listen to young people's voices and opinions, but often remained the final decision-makers. Some key informants also noted that more progress was needed in terms of fostering youth participation in the established government structures.

Respondents also noted disparities between in- and out-of-school youth, with in-school youth usually being more engaged due to deeply rooted attitudes and social norms. This was because structures were in place within schools to facilitate their participation, and because some programme activities only happened in schools.

This was also visible in the end-line qualitative data. In all programme areas, youth were reported, or reported themselves, to be more aware and active in claiming their rights and being able to speak out. The following country-specific examples illustrate this further.

In Indonesia, despite the drop out of ARI, the local partner working on this pathway, in October 2019, [75] important achievements were noted, including by the young people themselves, as per the adjacent quote. While baseline qualitative data showed that girls and boys had little capacity

> *This photo pictures me in my participation in the Community-Based Integrated Child Protection (PATBM) technical assistance. I am so grateful that teenagers were treated with great respect and were provided with opportunities to voice their thoughts. I am currently still the head of Teen Posyandu of Aksara (Alliance of Child and Youth Volunteers), the Tresurer of PATBM of Sukaraja and vice chairperson of Local Children Forum (FAD) of Sukaraja.*

- Boy respondent in Sukabumi (18 years old)

and/or knowledge to advocate for themselves, end-line results illustrate a significant change. FADs were active in campaigning against child marriage in their villages, were involved in national advocacy campaigns, and were collaborating with other youth groups and with FADs from other villages. In addition, they were also represented in the village decision-making meetings where they could often have a say. Some FADs started initiatives to finance themselves by selling food items or handicrafts. Youth credited the Champions of Change programme as being particularly beneficial for boosting their confidence, as FAD members reported now feeling more confident in expressing their opinion in the village and their family. There were however discrepancies across districts and villages, with some of them, particularly in remote areas, having less active FAD members than others.[76] The majority of consulted young people in Indonesia mentioned that, through the

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[75] Source: key informant interviews.
[76] Yes I Do Alliance, 'Overview Indicators Base- End-Line per Country for PMEL'. Yes I Do Alliance.

programme, they gained the confidence and skills to express themselves and speak in public, as illustrated by the quote above. Some of them also mentioned that, thanks to these gains in confidence and skills, they have participated more in community meetings and discussions, and felt more respected and listened to by adults and local authorities.

In Kenya, it seems that the Yes I Do programme made a positive contribution to girls' and boys' autonomy and agency, relative to the baseline situation. This was starting to manifest itself through some girls refusing early marriage and being consulted for their opinion in marital decisions (especially for girls who completed secondary education). Changes in young people's agency however remained overshadowed by notions of respect, obedience, and discipline as the cornerstone of social and cultural norms, which still describes a 'good girl' or a 'good boy' as someone who follows instructions from their parents - including accepting early marriage and FGM/C as traditional practices. Young people who refused to marry for instance were seen as 'disobedient.'[77] This had an impact on their relationships with their families, as some of them had to go and live with other family members or friends for a certain amount of time.

In Malawi, girls and boys displayed an increased capacity to advocate for themselves, including at community gatherings. This appears to have especially occurred through the Champions of Change programme and other youth clubs, where they have been able to express themselves and learn about their rights. However, young people, and particularly girls aged 15-19 years old, still did not feel free to discuss or express themselves on sensitive issues.[78]

In Pakistan, midline results also showed a clear link between young people's involvement in Yes I Do activities and their increased ability to advocate for themselves. Youth who participated in the programme reported feeling much more confident to speak up, even though they were still facing difficulties in being heard by elders.[79]

In Mozambique, while baseline data showed that the decision to marry was often taken by another family member (young people were being "allowed" to marry by a father, brother, or uncle), at midline the large majority of stakeholders in Nametil said that young people, both girls and boys, were now able to decide if they wanted to get married or start having a relationship for themselves. A number of interviewed young, unmarried women confirmed this, and said that they were able to decide for themselves whom to date and marry, and when. However, they also mentioned that this was not always the case, and that it depended on the economic situation of the household, and/or on pregnancies. Some youth at the end-line indicated having the capacity to advocate for themselves, however very few young people were able to participate in decision-making in their communities, despite the existence of several youth groups and/or clubs.[80]

In Ethiopia, according to the consulted young people, girls' decision-making power and participation have increased, as they are now able to decide for themselves whether or not they want to get married. This has translated into an increase in girls' school attendance. Moreover, key informants noted that young people now feel more comfortable talking about puberty and speaking out in general. They are more aware of their rights and of gender inequality. Boys for instance realised that these topics are not just about girls, but that they also have a role to play. They are also now able to make informed decisions regarding their SRH. Furthermore, young people are also being listened to more and taken more seriously by

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[77] Yes I Do Alliance, 'Overview Indicators Base- End-Line per Country for PMEL'. Yes I Do Alliance.
[78] Ibid.
[79] Ibid.
[80] Ibid.

not only their communities, but also by high-level government officials in the area. For example, the Bureau of Youth, Women and Children at district level has started engaging young people in the work they do and inviting them to discussions.

Lastly in Zambia, respondents highlighted changes in the way young people interact with adults. This included not only how young people became better able to have conversations around sensitive issues and to voice those issues to adults, but also how adults see adolescent sexuality and understand that their role is to provide the needed guidance, and not make the decision for them. This change was particularly important since, as few key informants noted, the Zambian context is considered to be conservative, where adults are the decision-makers and have the authority. As such, communities targeted by the programme now present an enabling environment for young people to reach out to adults, including not only their parents, teachers, health workers, and community leaders, but also their peers to discuss SRH issues and to report cases of rights violations.

Quantitative results displayed in *Table 2* show similar results, with important increases in the percentage of boys and girls who can decide for themselves whom to date and go out with in Indonesia (by around 80 pp for both boys and girls in both regions), Ethiopia (for boys), and Kenya (for girls). This was however not the case in Zambia.

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

This pathway relates to young people's access to information and services in order for them to take informed decisions. YIDA worked on strengthening young people's knowledge and skills on SRHR and worked with teachers, health care workers, and community members to increase access to youth-friendly health services.

Overall, key informants noted that the YIDA programme contributed to increasing young people's access to information and demand for SRH services, but that the current supply cannot completely meet this demand. An unintended consequence of this lack of available services may be that youth lose their motivation to use SRH services, as has already been noted in Malawi and Zambia.[81] This also has an impact on the relevance of this component in areas where, after being sensitised, youth were not able to access the services.

End-line data also show that, in general, access to SRHR information has increased through the different activities undertaken by the programme, mostly in schools and health centres. Nevertheless, some differences were noted between in- and out-of-school youth, with out-of-school youth having less access to information. Moreover, access to services was sometimes more challenging to ensure, as illustrated by the examples below.

In Ethiopia, access to SRHR information seemed to have improved through forming and training youth clubs that directly work on SHR education via community conversation and drama, and through the development of school mini media.[82] Youth-friendly services developed by the YIDA in health centres also increased the number of young people seeking information. Key informants explained that at the start of the programme, there were no youth-friendly health services in the different health centres in the target areas, whereas now nine of the target health centres are providing these services to young people. While the initial phase of youth-friendly services saw low levels of use, gradually the number of young people

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[81] Yes I Do Alliance, 'Midterm Review 2016 to June 2018 - Synthesis Report'. Yes I Do Alliance.
[82] Youth involved in mini-media clubs in schools raise awareness among their peer on different issues that matter to them, through a relatable approach using drama, poetry and other art forms.

visiting youth-friendly health services increased, which is a positive development.[83] The YIDA established restrooms in schools and provided sanitary pads for girls during menstruation, which helped girls feel more comfortable and has contributed to their increased school retention. End-line data however also highlights discrepancies between in and out-of-school youth's access to SRHR information, as many YIDA's, like other NGOs', interventions tended to focus on school settings. The data also shows a difference between boys and girls as, due to cultural barriers, as it was still more challenging for unmarried girls to access youth-friendly health services.

In Indonesia, despite some challenges and delays in implementing the CSE curriculum, especially in West Lombok due to limited political acceptance of the programme within the education district office,[84] at the end of the programme the majority of girls and boys aged 15-24 reported an increased access to various SRHR information sources. This demonstrates an improvement over the limited access to information and services reported at baseline. The data shows an increased use of youth health centres, for instance. Some KPAD also now have social media accounts to disseminate SRHR information, such as in Kediri, West Lombok.[85]

> *Since starting it up in 2017, the number of child marriages here has fallen significantly. It [the Setara curriculum] teaches every girl that her body does not belong to her parents, who sometimes beat her. Nor does it belong to a boy, who might want sex with her. She, and she alone, has the right to decide what happens to her body. With the on-going reduction of child marriages, girls are staying in school longer.*

Most SRHR information provided in schools however (except the YIDA intervention schools implementing the Setara[86] curriculum developed as part of the Yes I Do programme), was not comprehensive nor contextualised to local SRHR issues. The quote above[87] illustrates the opinion of one headmaster in a school implementing the curriculum. Since the start of the COVID-19 pandemic, some teachers in Sukabumi whose schools implement Setara have been using social media to deliver information on Setara topics via Instagram lives or WhatsApp chats. In most community health centres however, there is still no special room and time for youth to have a SRHR consultation (except one in Puskesmas (government-mandated community health clinic) in Kediri, one of the Puskesmas in West Lombok).

Consulted young people reported an increase in knowledge and awareness with regards to their SRHR, harmful practices, the importance of education, and gender inequalities among both themselves and also the rest of the community. This was noted as an important change following their participation in the programme. From this increased awareness, some young people have taken action to raise the awareness of other youth that did not take part in the programme and were increasingly seeking information. This included, for instance, facilitating youth sessions in the community health centres (Posyandu), particularly in West Lombok.

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[83] Yes I Do Alliance, 'Overview Indicators Base- End-Line per Country for PMEL'. Yes I Do Alliance.

[84] Source: key informant interviews.

[85] Yes I Do Alliance, 'Overview Indicators Base- End-Line per Country for PMEL'. Yes I Do Alliance.

[86] In 2017 the Yes I Do Alliance, in conjunction with other Indonesian organisations, started implemented the SETARA project which is a sex-education curriculum aiming at young people aged 12-14.

[87] 'Yes I Do - Sex education in Indonesia: like walking a tightrope', Rutgers, accessed 2 December 2020, https://www.rutgers.international/programmes/yes-i-do/stories-change/yes-i-do-sex-education-indonesia-walking-tightrope.

In Mozambique, most young people consulted through the end-line in Nametil mentioned the programme *'Geração Biz'*[88] as a key source of SRHR information. This may be due to the fact that both the YID programme and *'Geração Biz'* relied on the same field officers to reach out to the communities. At the school level, provision to SRHR services seemed more limited, as only some teachers reported addressing SRHR issues, and mainly from a natural sciences angle. Overall though, there was a wide consensus amongst the end-line participants that SRH information has become much more available in the last few years. While some information was already available before the programme, this has intensified through different sources, including youth peer educators and improved access to the youth-friendly health services. Quite a few participants also mentioned that the type of information provided during the initiation ceremonies has changed. Instead of teaching girls who have just experienced their first menstruation on how to take care and please a man, the focus was now on more age-appropriate issues like menstrual care. A number of stakeholders however indicated that while information availability has improved, it was still not reaching all youth, or that youth were not always actually using it. As such, not all young people, especially females, were knowledgeable on how to avoid teenage pregnancy, for instance.

In Zambia the programme team, in collaboration with young people, worked with the Ministry of Health to make sure that they were linked to the health service providers in order to improve access to information, contraception, and family planning.[89] The health centres started opening youth-friendly spaces that were able to provide information and receive referrals from the communities, and staff attitudes changed to be more open to respond to young people's needs. According to key informants, this had a positive impact on how frequently young people went to the health centres, and also on teenage pregnancy pre-COVID-19. Survey respondents also noted that in-school girls became ambassadors in ASRHR due to the CSE and GTA training provided.

However, key informants also mentioned that those young people were lacking financial support (incentives and funds to lead more sensitisation activities), which could be a constraint and have an impact on their motivation. Lastly, they noted that there was a regular shortage of contraceptives in the health facilities.

> *In the teen posyandu, we built awareness on health, reproductive health, prevention of child marriage, gender, and other issues. I was one of the facilitators in the teen posyandu activities.*

- Girl respondent in Sukabumi (18 years old)

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[88] 'Geração Biz' is a national SRH programme funded by UNFPA and implement by the government that has reached millions of young people with behaviour change messages on HIV and AIDS; brought quality services on sexual and reproductive health and administered HIV tests to young people.
[89] Source: key informant interviews.

> *This photo illustrates how with YID, changes have happened to me. I became a facilitator and mentor in the teen Posyandu initiated by Yes I Do programme and I also learnt about SRHR. In this photo I was facilitating village children to become active cadres and peer counsellors… On the night before teen Posyandu day, preparation was made to divide roles etc.*

- Girl respondent in West Lombok (21 years old)

Quantitative results displayed in *Table 2* show important changes in the percentages of young people who have used SRHR services, including modern contraceptives, in Zambia and Malawi, especially for boys. In Kenya however, this percentage decreased, which could be linked to the lack of supply, as mentioned by some key informants. The percentage of young men and women who knew how to prevent pregnancy also increased in almost all areas, and particularly in Zambia and Indonesia.

Pathway 4: Girls have alternatives beyond child marriage, FGM/C, and teenage pregnancy through education and economic empowerment

Key informants and end-line results highlighted an increase in the value given to girls' education as a mechanism to prevent child marriage and teenage pregnancy, and to improve the living conditions of girls and their families. This had an impact on the drop-out rates of girls, particularly in Zambia, Malawi, and Kenya as displayed in *Table 2*. In Zambia, the percentage of girls who dropped out of school decreased by 5.2 pp. In Malawi and Kenya, it also decreased by 10.8 and 7.1 pp respectively.

At the midterm and end of the programme however, consulted boys and girls in several countries were still expressing concerns regarding their safety in schools and on the way to school.

In Kenya, it was reported at the end-line that girls and boys were given more equal opportunities for education, as a result of the influence of a few role models in the communities. More girls are now attending school and attaining high school-level education. This reportedly allows them to gain respect from influential persons such as their parents, leading to an increase in those girls' participation in decision-making.

In Zambia, Malawi and Mozambique, schools were mostly described as safe. However, various informants reported that teachers were involved in sexual intercourse with girls, leading to teenage pregnancy.

In Mozambique however, end-line data show that measures have been put in place to reduce these cases. For instance, a few participants mentioned that some schools have appointed a teacher as a counsellor to whom girls can reach out in case of rape or sexual abuse. A concrete example of a reported case was provided by one of the key informants, showing that this mechanism has had a real effect. In addition, participants highlighted that male teachers were more aware of the fact that they cannot engage in sexual activities with students. Overall, end-line participants agreed that girls' and young women's in-school safety improved, compared to baseline.

In Indonesia, sexual harassment cases remained frequent in schools. Most schools had a referral system in place, but it was not always implemented due to insufficient infrastructure/support available (e.g. the lack of counsellors or a special room, and ineffective

health referrals to the nearby community health centre). Setara teachers handled some cases of sexual harassment, but expressed having limited knowledge and skills to do so.

The livelihoods and economic empowerment component proved to be quite challenging according to the programme teams in the different countries, due to the lack of safe economic and employment opportunities in the targeted areas.

In Ethiopia, the team reportedly struggled with the economic empowerment component. The implementation was a bit delayed and described as 'not very smooth' from the start. This was explained by two main factors: 1) Plan International, in charge of this pathway, at first only had a limited presence in Kewet, and 2) Kewet had high instances of migration due to the lack of economic opportunities. When the programme in Pakistan had to stop, the Ethiopian team was able to access some of the Pakistan programme's funds, leading Plan International to scale up its activities in Kewet. This extended its presence in the location made implementation smoother. [90] Overall, some young women have increased access to income generating activities and credit from district offices and women support groups. This in turn has enabled them to postpone marriage and to avoid migrating,[91] and to have more decision-making power about who and when to marry.

In Zambia, midline data shows that the lack of economic opportunities was forcing some girls to engage in negative coping strategies, such as transactional sex.[92] For example, it was reported that some adolescent girls were choosing to have sex with young men in order to be provided with soap, lotion, or money. However, the programme worked with both adolescent girls and their parents to support them in selling goods, borrowing money, and setting up their business (some of them started producing face masks to protect against COVID-19, for instance). The Zambia team adopted a combined approach to the economic empowerment component, as opposed to many other programme countries[93] where youth over the age of 18 were targeted. As a result of the household approach, 1103 girls and boys were being supported by their parents or by the savings acquired through the village savings groups. This reportedly allowed some of the

> " *A lot of changes have happened to me, both physically and mentally. Most significant changes have happened to my mental being. I can now raise my voice , express my opinions, make decisions wisely, and most importantly I know my rights as a woman against the stigma in the society that women should not pursue higher education and that women should stay at home.*
>
> *The stigma has made me think of the unfairness of the whole situation. In Yes I Do programme, I was provided with education to build my capacity to fight against the prevailing stigma in the society with my own actions, for instance by pursuing education and working to achieve my dreams without resorting to marriage at early age or dropping out of school and stay at home.*
>
> *After the programme, the community has welcomed new perceptions on the risks of child marriage and has supported the implementation of the programme. Many members of the community have even encouraged the involvement of their children in Yes I Do programme, for instance to participate in the Local Children Forum* "
>
> **- Girl respondent in West Lombok (18 years old)**

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[90] Source: key informant interviews.
[91] Ibid.
[92] Yes I Do Alliance, 'Overview Indicators Base- End-Line per Country for PMEL'. Yes I Do Alliance.
[93] Kenya also adopted a household approach like Zambia.

adolescent girls who dropped out of school for financial reasons to go back.[94] The evaluators also noted important changes related to gender equality, as programme stakeholders noticed young people changing how they look at each other. Specifically, this included beginning to appreciate that a girl's role is not only in the kitchen, and that boys can also participate in household activities.

Key informants in Malawi noted that a certain number of girls who had dropped out came back to school due to the programme's influence, and in particular due to the work on the local bylaws which in some communities clearly stated that girls should be admitted back to school after dropping out. Increased access to education was also cited by the young people consulted in Malawi as part of the Participatory Ethnographic Evaluation and Research (PEER) review process. Several consulted girls explained for instance that after giving birth they had to leave school, but thanks to the programme they have been able to continue their studies, and also start their own businesses to cover the costs of school and support their families.

> " *I have learnt that I personally do hold the cards to my future, I can use contraceptives to prevent myself from falling pregnant. I can fix a motorcycle and earn some money to support myself and my child.* "
>
> **– Girl respondent in Malawi (24 years old)**

Some key informants also mentioned the **small reach of these activities** due to budgetary limitations, while others described the economic empowerment component as **being reactive as opposed to be preventive**; livelihood activities were often offered to adolescents who had already engaged in irreversible negative coping mechanisms (such as definitely dropping out of school), as opposed to being offered to those at risk of engaging in such mechanisms as a way to prevent them.

The ToC included the goal of engaging the private sector and connecting young people with those actors. The local realisation of this ambition was often not feasible however, due to the local context and the lack of opportunities. This led to a feeling that **this pathway was not fully rolled out as intended**. This is also linked to the fact that the programme was, in some countries, implemented in deprived areas where basic needs could not be fulfilled (with access to economic opportunities often being linked to the capacity of households to meet their basic needs), and that country-specific situation analyses were not undertaken to assess the feasibility of this component. Considering the important gaps in some targeted areas and the budget available for this component, the programme's and Alliance's goals for this pathway were slightly too ambitious. Instead, a more feasible option would have been to explore collaborating with other organisations whose mandate is to support livelihoods opportunities and to strengthen local markets (as is also the case for other basic needs coverage – see *section IV.1.1* for more information).

Pathway 5: Policymakers and duty bearers develop and implement laws and policies on child marriage and FGM/C

Lastly **the programme, together with other organisations, contributed to advocacy efforts that encouraged the targeted countries to adopt new or adjust national and local laws and policies.** These focused on prohibiting child marriage and FGM/C, and promoting access to ASRHR information and services, as illustrated by the examples below.

Despite all the local and national regulations issued, the evaluators noted that **most district authorities lacked the capacity to follow-up, monitor and evaluate their implementation.** The good examples of implementation at local level were linked to the officials currently in place, and the possibility of those people changing functions/positions/roles in future elections or retiring may hamper the progress

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[94] Source: key informant interviews.

achieved to date. As such, further advocacy and capacity building efforts at all levels are still needed, in all countries.

In Indonesia, Sukabumi regency, the programme's advocacy efforts[95] contributed to the adoption of a local regulation 'Child Protection No. 1/2018,' which addresses preventing child marriage. At village level, a village regulation concerning child protection was issued in 2016 (Perdes No. 7/2016), which also mentions the need to prevent child marriage. In 2018, the Sukaraja village head issued a Village Head Decree 'No. 3/2018' allowing the Sukaraja KPAD to access the village fund.[96] In West Lombok in 2016, the Regency issued a circular letter on Anti-Child Marriage Movement (Nomor. 843.4/34/BKBPP/2016). [97] The SKPD (regional government unit) of West Lombok has also created a District Working Group to work collaboratively on preventing child marriage.[98] This District Working Group pushed the establishment of the recent District Regulation on the Raise of Minimum Age of Marriage in late 2019, and became one of the few provinces/districts in Indonesia who had a similar regulation, as a result of a derivative of Indonesia's Marriage Act in September 2019. At village level, in Kediri Induk, a Villagers' Charter and a Village Ordinance were created in 2018 to prevent child marriage. In addition, a Memorandum of Understanding (MoU) was signed between the Village Head and the District Religious Affairs Office stating that the Village Head would not issue a recommendation letter for the marriage of young people under 18, which would prevent them from obtaining an official marriage certificate.

Similar developments were also noted in Rembang where the City Government had also been intensifying the Child-Friendly City Programme, which was included in the Regional Action Plan and supports the prevention of child marriage. Some KPAD have also received funding from this programme to support their awareness raising activities and their functioning.[99]

In Kenya, as opposed to the situation at baseline where the relevant laws were in place but poorly implemented, there was evidence at end-line that the laws and policies were being put into practice, including reported instances of parents and circumcisers being arrested for FGM/C and child marriage.[100] The data also showed that during programme's lifespan, Kajiado County developed an anti-FGM/C policy, to which the Yes I Do Alliance greatly contributed. Local authorities also showed a clear commitment towards the implementation of this policy. At national level, the president has made a commitment to eradicate FGM by 2022, a draft national action plan to end child marriage was developed, and teenage pregnancy task forces were put in place during the COVID-19 pandemic.[101]

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[95] The programme has conducted 40 advocacy meetings in all three programme areas. Additionally, YIDA is a part of group that support key stakeholders' regular meeting to discuss issues around child marriage, teen pregnancy, and FGM as well as its connection with other issues. In Lombok Barat, YIDA members were active members of the District Working Group that is established as a forum for diverse stakeholders to collaborate in addressing social issues. Participation in District Working Group has helped the enactment of the District Regulation on Child Marriage, and the ongoing advocacy of the District Head Regulation on Child Friendly School. In advocating CSE adoption, PKBI Rembang worked closely with District Education Office, District Health Office, and the District Planning Bureau. PKBI facilitated joint monitoring mission where government stakeholders can directly learn about Setara implementation from school principal and teachers, and convening regular meeting to discuss data and cases concerning the three issues.

[96] Diana Teresa Pakasi et al., 'The Situation of Child Marriage, Teenage Pregnancy, and FGM/C in Sukabumi, Rembang and West Lombok Regencies - 2018 Midline Study', December 2018. Diana Teresa Pakasi et al.

[97] Ibid.

[98] Ibid.

[99] Ibid.

[100] Yes I Do Alliance, 'Overview Indicators Base- End-Line per Country for PMEL'. Yes I Do Alliance.

[101] Source: key informant interviews.

In Malawi, at national level, the Constitution was changed in 2017, defining children to be all individuals under the age of 18, and declaring that child marriage was illegal. Yes I Do contributed to this, as well as to the Ending Child Marriage Strategy at national level. [102] At the TA level, a bylaw in Liwonde was established that called for child marriage to be dissolved, and that the people involved would be fined. It also includes stipulations for preventing teenage pregnancy, school drop-out and sexual violence. It is now also recognised at the District Council level. Once this is ratified, the bylaw will cover not only TA Liwonde, but the whole of Machinga district. [103] More information on the bylaws in this country are included in the *case study on Malawi.*

In Zambia, although bylaws on child marriage and teenage pregnancy were also developed, key informants and youth respondents noted there was limited ownership of them by traditional leaders and the community at large in some areas. Key informants noted some positive changes as well however. For instance, before the programme started, the Ministry of Health did not prioritise the provision of SRH services, but by the end of the programme, they had designated an adolescent focal point person to coordinate SHR delivery activities targeting young people. The YIDA in Zambia conducted lobby and advocacy meetings with Ministry of Health district directors, and provincial and district adolescent focal point persons, which resulted in the Ministry of Health adopting the strategy. YIDA team reaffirmed the commitment of the Ministry to train health workers in implementing national guidelines on youth-friendly services. The Ministry of Health also stated that they would revise the current strategy on the supply chain of SHR-related supplies in health facilities to ensure a consistent stock. The District health directors after the meeting issued a circular to all health facilities in both programme districts to incorporate trained community-based distributors and to ensure that they were well stocked with commodities. [104]

The first Mozambican law criminalising child marriage was approved in 2019, following years of lobbying to which the YIDA contributed. The overall aim of the law is to prohibit, prevent, and mitigate premature unions, penalise their perpetrators and accomplices, and protect children who are or were a part of these unions. For some stakeholders and youth, this law provided the tools to act, by supporting the arrest of a perpetrator or parents who force their daughters to get married. While at end-line there were no local level laws adopted, some systems were in place to prevent child marriage. For instance, some end-line survey participants mentioned the creation of police stations dedicated to respond to complaints of child marriage in their communities. [105]

In Ethiopia, due to government regulations targeting civil society organisations, YIDA partners were unable to undertake any advocacy or lobbying activities towards national authorities until 2018, e.g. only two years before the end of the programme. This may explain why similar achievements were not noted in the country. However, in the Yes I Do intervention woredas, there have been clear efforts to implement the national policies on child marriage and FGM/C - particularly visible is the role of enforcing the law prohibiting child marriage through emerging structures and actors (e.g. the police) in stopping cases of planned child marriages. Iddirs (an Amharic term which refers to self-help associations that assist those experiencing

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[102] According to key informants from the YIDA.
[103] Yes I Do Alliance, 'Overview Indicators Base- End-Line per Country for PMEL'. Yes I Do Alliance.
[104] 'YIDA Zambia - Joint Country Annual Report 2019', 2020.
[105] Yes I Do Alliance, 'Overview Indicators Base- End-Line per Country for PMEL'. Yes I Do Alliance.

hardship) have for instance included child marriage and FGM/C in their bylaws, a change to which the Yes I Do programme has contributed through awareness raising.[106]

The second end-line indicator monitored in this pathway relates to changes observed in policymakers actively and openly supporting gender equality and girls' rights. Key informants noted some positive developments in the following countries, and attributed them to the collective effort to which the YIDA contributed.

In Mozambique, local policy officers consulted during the midline study demonstrated a stronger understanding of the vulnerability and risks young women face, such as school dropout, sexual violence, early marriage, and the lack of economic opportunities and employment. The reported strategies developed to address these issues included providing young women with school supplies, creating safe spaces for them to share concerns anonymously, holding awareness raising activities with parents (including men) and communities, and supporting pregnant teens.[107]

In Malawi, while baseline data showed little political will to change the teenage pregnancy and child marriage situation and address gender inequality, more policymakers were actively and openly supporting gender equality and girls' rights by the end of the programme - not only in speech but also through action.[108] Some policymakers were for instance openly supporting girls' rights by implementing laws to get pregnant teenage girls back in school, or setting up youth-friendly health services and youth clubs. However, financial resources were also identified as a challenge for those policymakers to reach the whole TA with those positive initiatives. On the other hand, some politicians did not seem to understand the importance of changing the minimum age to marry.

In Kenya, end-line data show that policymakers were now speaking openly of supporting SRHR and gender equality for girls. For example, it was reported that health authorities supported health workers in providing education on the negative consequences of FGM and teenage pregnancy to all young people. Education policies were also more supportive of girls' and boys' schooling and ensuring that all pupils move on from primary to secondary school.[109]

Lastly, in Indonesia, a new local regulation was issued in Sukabumi concerning gender mainstreaming. The region's local government raised awareness about gender equality and gender mainstreaming to the heads of local offices, sub-districts, and villages. There are also now programmes addressing gender equality in all three districts. Furthermore, a district gender working group has been formed in the West Lombok district government, and affirmative actions to foster girls' participation in village meetings were also noted in some areas.[110] However, policymakers continued to be biased against girls in cases of premarital pregnancy (supporting marrying off pregnant unmarried girls), as stigmas surrounding pregnant unmarried girls persist.

Over the course of the programme, policymakers' positions and actions regarding gender equality, child marriage, teenage pregnancy and FGM/C have shown some positive developments towards meeting the programme's outcomes.

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[106] KIT Royal Tropical Institute, 'End-Line Report Yes I Do Ethiopia' (Amsterdam, 2020).
[107] Yes I Do Alliance, 'Overview Indicators Base- End-Line per Country for PMEL'. Yes I Do Alliance.
[108] Ibid.
[109] Ibid.
[110] Ibid.

IV.2.1.2. Quantitative results for key indicators

The following table reports the **changes in percentage points (pp) between baseline and end-line** for key quantitative indicators. In Mozambique data collected at baseline and end-line was not comparable, and as such its results are not be presented in this section. Graphs per country and indicator showing the evolution between baseline and end-line are available in *Annex 2: Analysis of end-line quantitative results.*

Table 2: Quantitative results on key indicators

Pathway	Countries / Indicator	Ethiopia Change in pp	Indonesia Change in pp	Kenya Change in pp	Malawi Change in pp	Zambia Change in pp
Pathway 1	% of girls and women aged 18-24 who were married or in a union before age 18 (i.e. child marriage)	-13.6[1]	-3.6[2]	-13.9	+2.0	-1.6
Pathway 1	% of girls and women aged 20-24 years who had their first child under the age of 20	-3.3[1]	-2.9[2]	+4.4	+6.5	+16.4
Pathway 1	% of girls between 15-24 years underwent FGM/C	-11.6	-2.1[2]	+1.1	NA	NA
Pathway 2	% of girls aged 15-24 who can decide for themselves whom to date and go out with	-1.5	+77.9[3]	+6.2	+0.9	-17.5
Pathway 2	% of boys aged 15-24 who can decide for themselves whom to date and go out with	+12.6[1]	+85.0[3]	-3.9	-1.4	-4.3
Pathway 3	% of girls between 15-24 that have utilised SRHR services, including modern contraceptives	Non-comparable data	-3.0	-10.6	+0.1	+26.4
Pathway 3	% of boys between 15 and 24 that have utilised SRHR services, including modern contraceptives	Non-comparable data	+3.5	-6.2	+19.8	+35.9
Pathway 3	% of girls aged 15-24 who know how to prevent pregnancy using modern contraceptives	+0.5	+7.2[2]	-0,5	+5.9	+22.7
Pathway 3	% of boys aged 15-24 who know how to prevent pregnancy using modern contraceptives	+6.5	+13.0[2]	+6.6	+11.0	+38.2
Pathway 4	% of girls aged below 18 years who dropped out of school	+6.0[1]	+1.5	-7.1	-10.8	-5.2
Pathway 4	% of girls between 18-24 years old who are economically active outside of the household	-24.3	+0.4	+3.5	+11,5	+32.8
Pathway 4	% of girls below 18 years who left school due to marriage	-1.4	+2.1	-3.2	-1.6	-0.8
Pathway 4	% of girls below 18 years who left school due to pregnancy	0.0	0.0	-4.4	+0.3	+0.1
Pathway 5	# of new or adjusted national and local law (including bylaws) and policies prohibiting child marriage and FGM/C (disaggregated by child marriage, FGM/C, and by policies, laws, national level, local level)	1	3	3	3	1

In the table above, **Bold** figures represent a significant change (p,0.05) over the period of Yes I Do implementation (2016-2020). The other figures cannot be considered to be representative. As for the colour code: green represents an improvement over time; grey represents no change, or the change is highly probable to be a result of chance; and orange represents a degradation over time.

[1] In Ethiopia, Kewet district performed better than Bahir Dar Zuria for some of the indicators. Specifically, the child marriage and teenage pregnancy rates decreased significantly in Kewet and not in Bahir Dar Zuria; the percentage of boys aged 15-24 who can decide for themselves whom to date and go out with increased significantly in Kewet, but not in Bahir Dar Zuria; and the percentage of girls aged below 18 years who dropped out of school increased significantly in Bahir Dar Zuria but not in Kewet.

[2] In Indonesia, Sukabumi district performed better than Lombok Barat district for some of the indicators. Specifically, although the overall child marriage rate does not show a significant change over time, there was a significant decrease in Sukabumi (and no change in Lombok Barat); the overall teenage pregnancy rate does not show a significant change over time, but there was a significant decrease in Sukabumi and a significant increase in Lombok Barat over time; the overall FGM/C rate does not show a significant change over time, but there was a significant decrease in Sukabumi and a significant increase in Lombok Barat over time; for the indicator 'girls aged 15-24 who know how to prevent pregnancy using modern contraceptives,' there was a significant increase in Sukabumi over time, but the percentage stayed almost the same and was not significant in Lombok Barat; regarding boys aged 15-24 who know how to prevent pregnancy using modern contraceptives,' there was a significant increase in Sukabumi, while in Lombok Barat, there was a decrease and it was not significant.

[3] The very big changes over time might be a result of questions being differently interpreted at base- and end-line.

IV.2.1.3. Contribution of the Alliance to the changes observed

The evaluators assessed the contribution of the programme and Alliance to the changes noted in the previous section. Assessing contribution is however a difficult exercise, as it is not always possible to rigorously isolate all the factors that led to a specific change and to attribute a change to one programme in particular, especially in contexts were many different actors are working on the same issues. This is particularly the case in this evaluation due to **the limitation on its methodology due to the COVID-19** situation, as mentioned previously.

Based on the data collected and the review of available documents, the consultants believe that changes in youth engagement and attitudes towards harmful practices were mostly due to the implementation of the programme in the selected areas. This belief comes from the evaluation team's discussions with young people in the three case study countries. The **link between YIDA's awareness raising efforts (through dialogue sessions, trainings, and youth empowerment activities) and changes in attitudes is clearly established**, as noted in the examples above. It was for instance noticed that similar changes did

> *Since Yes I Do programme was present, a lot of changes have happened both to me and to my surrounding community. I used to be an introverted person with low self-esteem; I even used to be a target of bully in primary school and could not get along with anyone. I now have more self-confidence, know more about health issues. I became more aware of what is happening in the community, established a lot of knowledge and education on child issues, reproductive health and so on. These have built my spirit, strengthened my optimism and confidence to share the knowledge. I have also become actively involved in many activities to spend my spare time. I now involve myself in more useful activities, can get along with the community and gained many friends. Changes have also happened to my family. We have become more open with each other and often confide in each other, know more about the impacts of child marriage, teen pregnancy and so on. My family is also now more supportive of my education and career.*
>
> *Changes have also happened to the community. From a situation where child marriage used to be seen as a common practice that has been handed down through generations, since the programme, people have become aware and are now in support of the fulfilment of the rights of a child, in support of education for young people, and businesses for young people, and for young people to have the enthusiasm to learn, to express their opinions, to be involved in the discussion for decision making at the family level and community level.. Our voice as children is heard in the community.*
>
> **- Girl respondent in Rembang (18 years old)**

not happen in neighbouring communities where the programme was not implemented.[111] At the same time however, this also illustrates a limitation of the programme, as individuals whose attitudes did not change were able to go to neighbouring villages to have their daughters undergo FGM/C or be married off at a young age. The programme's efforts were, in some contexts, concentrated in relatively small areas compared to the size of the countries covered.

Pathway 5 aimed to foster change through advocacy efforts at local, regional and national levels, rather than through service-delivery in selected areas. At the local level, the **inclusion of efforts to limit child marriage, teenage pregnancy, and FGM/C in local bylaws is clearly linked to YIDA's work** around those bylaws (see the *Malawi case study* for instance for more details). At the national level however, policy changes are more difficult to attribute to one programme in particular, as policy changes often result from advocacy efforts from multiple actors and sources. While the contribution of the Yes I Do programme is visible and acknowledged by different stakeholders (through the engagement of various ministries during the programme's lifespan via advocacy workshops, celebrating International days, training responsible government stakeholders and community actors, and preparing and distributing fact sheets and policy briefs), the evaluators also recognise that **other actors and factors also contributed to these changes**.

In Kenya, for instance, the SRHR Alliance advocated for SRHR policy change via a coalition of 17 partners, including three YIDA partners.[112]

The programme did however make a **significant contribution in terms of socialisation of national laws** at the local level, and partly at the district level (in the programme's areas).

As such, while the link between programme implementation and positive changes is clear at the local level, it is less obvious at the national scale.

IV.2.1.4. Unintended effects

The evaluation noted a few unintended effects of the programme, both positive and negative.

Positive unintended effects[113]

First, Alliance partners **built their organisational capacities** to better deliver programmes. While this was not fully unintended, it does not appear on the ToC and thus, the consultants decided to include it in this section. Capacity strengthening happened as a result of the development of Alliance partners' staff capacities through the YIDA training on cross-cutting issues such as MYP, GTA, or boys and men engagement, among others. It also developed through horizontal learning at country level, through country level coordination and reflection workshops (during annual review meetings, annual planning, the multi-country learning meeting in Malawi in 2019, or the MTR, for instance). Collaborative reflections during those workshops helped to broaden the perspective of all Alliance partners and learn about new approaches to SRHR programming, as well as to share ideas to address an issue or to reach a certain target group. This is strongly linked to the complementarity of the Alliance composition at country level.

Second, key informants also noted that YIDA partners and stakeholders such as **radio stations and the media built strong relations**, which is likely to have positive effects on future programmes to convey messages to communities at a larger scale. Direct engagement with the media was not part of the proposal or the project's initial stage but with the COVID-19 pandemic, country teams had to look for other options to reach out to communities and continue awareness raising efforts.

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[111] Source: key informant interviews.

[112] 'About Us', *SRHR Alliance Kenya* (blog), accessed 4 December 2020, https://www.srhralliance.or.ke/about-srhr/.

[113] Unintended effects are here understood as those which were not planned for in the ToC and therefore not measured. They may however have been deliberate, as for example partners deliberately engaging in capacity strengthening activities on GTA, MYP, etc.

Third, some respondents highlighted that through the MYP sessions and engagement in the programme, **young people were exposed to project management aspects, new processes, and organisations**. This may not only have an impact on their employability, but also means that they will be able to contribute to develop projects and initiatives in their communities.

Lastly, the following effects were identified in specific countries.

In Ethiopia, Ethiopian Youth Council for Higher Opportunities (ECHO) groups were established and supported by the YIDA in both implementing regions to promote MYP and the active involvement of youth in dialogues at organisational, Alliance and government levels, both locally and nationally. In Kewet, migration is a key topic that affects youth and their future prospects. 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 linked to ECHO skills-building on claiming rights, which goes beyond the YIDA topics of child marriage, FGM/C, and teenage pregnancy.[114]

In the country, key informants and the MTR[115] highlighted a link between the provision of economic opportunities and a decrease in migration, as previously suggested. However, this hypothesis could not be tested further during this evaluation.

In Indonesia, a few young people consulted through WhatsApp highlighted being more open and empathetic with others as a result of the programme, while others reported an increase in community cohesion as people got to know each other and now collaborate to eliminate child's rights violations.

Negative unintended effects

Negative unintended effects were mostly noted at country level, rather than being applicable across contexts.

In Malawi and Zambia, some key informants considered the **bylaws to be too strict, punitive, and did not take child rights sufficiently into account**. In some areas for instance, boys had to leave school for few months as a punishment for getting a girl pregnant. In other areas, it was reported that if a girl fell pregnant, the parents of the boy, or both sets of parents, had to pay a fine, while in other cases girls had to bring their husbands or a letter from the village chief to access pregnancy check-ups. As such, some bylaws, created initially to protect young people from child marriage and teenage pregnancy, sometimes had negative effects on the young people. The MTR also highlights that, in Zambia, teenage pregnancy was sometimes seen as a business venture either for community leaders or for deprived families of girls, due to the fine imposed when it occurs.[116]

Furthermore, the focus of both this intervention and of other programmes[117] on girls in the targeted areas sometimes caused a **reaction of jealousy from boys and men**. During the MTR process in both countries, there were anecdotes of boys deliberately getting girls pregnant to "recreate the balance,"[118] or rumours of girls getting pregnant in order to receive some support (school materials, for instance).[119] While during the mid-line, there was significant

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[114] Yes I Do Alliance, 'Midterm Review 2016 to June 2018 - Synthesis Report'. Yes I Do Alliance.
[115] Ibid.
[116] Ibid.
[117] Ibid.
[118] Source: key informant interviews.
[119] Yes I Do Alliance, 'Midterm Review 2016 to June 2018 - Synthesis Report'. Yes I Do Alliance.

resistance from young men regarding the focus of these kinds of interventions on girls, this was less evident at end-line.

In Ethiopia, key informants mentioned that the increased knowledge of child marriage being illegal led **the practice to being conducted in secret**. Furthermore, cancelling child marriages can have implications on the girls in terms of the community's reaction, as described in a YIDA study on the topic.[120] Key informants also reported that the YIDA research publication[121] forced the country team to consider what happened to these young and adolescent girls after their marriages were cancelled. Potential negative effects of child marriages being cancelled include tensions between the girl and her family or the groom's family, stigmatisation, and also sometimes depression.

While evidence of these negative effects remains mainly anecdotal and were not present in all communities, key informants were **unaware of how they were being dealt with** within the Alliance. Considering that some of them were not noted at end-line however, it shows that some actions were taken to address them.

IV.2.2.   Driving and constraining factors of effectiveness

The following section looks at the different identified driving or constraining factors for achieving results. They include both internal and external factors.

IV.2.2.1. Validity of the ToC and its underlying assumptions to achieve the programme's objectives

The first factor this evaluation reviewed relates to the programme design and how the different pathways were built. It investigated whether the underlying assumptions of the ToC, drafted at programme design stage, held true. Those assumptions are presented in the figure below.

Figure 8: Yes I Do programme's ToC assumptions
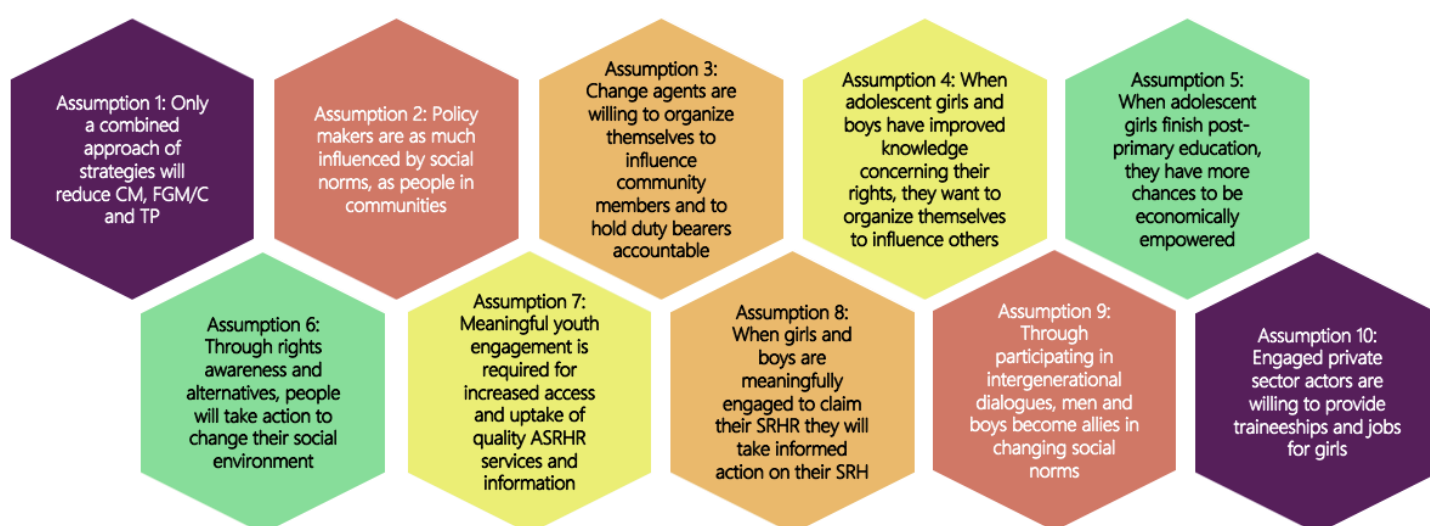
First of all, the evaluators agree that that **the way the ToC was built, with the five different pathways, was necessary for trying to tackle the multifaceted issues of child marriage, teenage pregnancy and FGM/C.**

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[120] Yes I Do Alliance, 'Child Marriage Cancellation: Experiences and Implications - a Qualitative Study in Bahir Dar Zuria and Kewet Woredas, Amhara Region, Ethiopia', June 2020.
[121] Yes I Do Alliance, 'Child Marriage Cancellation: Experiences and Implications - a Qualitative Study in Bahir Dar Zuria and Kewet Woredas, Amhara Region, Ethiopia', June 2020.

This is linked to the first assumption, which states that only a combined approach can lead to a reduction in child marriage, teenage pregnancy and FGM/C. Having pathways cutting across these three issues should have allowed for a less siloed approach, and to more effectively tackle their common causes. The evaluators however noted that, while this was the foundation of the programme in principle, in practice there were communities who did not receive the full package of interventions.[122] This was the case when partners were not physically present in some of the implementation areas. It was addressed in most cases following the MTR process, and/or when additional funds initially intended for the Pakistan programme became available, as in Ethiopia for instance.

Moreover, even in countries and areas implementing the full package of strategic interventions, it appears that **these interventions and activities were mostly implemented in silos,** without much exchange between partners, and limited involvement of partners not directly working in the pathway. A few key informants and the desk review noted this phenomenon,[123] whereas the premise of the ToC was that each implementation area would receive the full package of pathways to create important synergies and embark on a transformational change process. As such, **this represents a missed opportunity for the programme and Alliance to increase effectiveness**. For instance, the previously mentioned capacity building among partners could have gone deeper if more lessons learnt sessions and shared activities had taken place. Specifically, much of the information and observations collected during implementation by each partner or as part of the KIT-led research were not used to their full potential to support the creation of a social movement or advocacy.[124] It is however important to highlight that silos were mostly organisational and linked to the ways of working of the Alliance at the country and Netherlands (Alliance) levels, as opposed to thematic (as one partner could implement activities across multiple pathways or geographical areas).

The evaluators partly validated the third assumption, which mostly relates to Pathway 1. While the level of awareness of the consequences of child marriage, FGM/C, and teenage pregnancy has generally increased as a result of the programme, actions to actively prevent these practices have not proportionally augmented. Key informants explained for instance that the willingness of change agents to organise themselves is interlinked with many other factors, such as their knowledge, skills, attitudes, supportive environment, socio-economic context, political context, etc.[125]

Assumption four was also described as "too simply" phrased, as for many key informants, girls and boys often need more than knowledge to organise themselves. They also require meaningful engagement, skills, attitudes and a supportive environment. Similarly, assumption eight undermines the fact that in some communities, engaged boys and girls did not always have the means to claim their rights, because of limited access to services, for instance. Assumption nine reportedly lacked the necessary level of dialogue across genders, in addition to across generations.

The fifth assumption was validated in only some cases for Pathway 4 as, in most contexts, opportunities to find work were limited after finishing post-primary education. The MTR also indicated that the assumption can work the other way round: when parents and families are economically empowered, they can keep their daughters in school.[126] The MTR findings and key informants acknowledged that opening up economic empowerment activities to households, rather than only to girls, may be an effective strategy

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[122] Yes I Do Alliance, 'Midterm Review 2016 to June 2018 - Synthesis Report'.

[123] Ibid.

[124] The evaluators found little evidence of using KIT-led research to adjust programming. This was the case for instance for the studies on the effect of child marriage cancellation in Ethiopia or on leadership and decision-making on FGM/C among the Maasai in Kenya. Similar observations were made regarding the use of the mid-line studies. The results of these studies could have been used to have discussion with the communities and ministries and reinforce the advocacy work. This could be linked to a lack of ownership of the research results among partners, except KIT.

[125] Yes I Do Alliance, 'Midterm Review 2016 to June 2018 - Synthesis Report'. Yes I Do Alliance.

[126] Ibid.

for keeping girls in school, which, in most cases, can lead them to increasing their long-term economic empowerment.[127]

Lastly, key informants questioned the accuracy of assumption 10, as it was difficult to find traineeship opportunities for girls in rural areas such as Kadjado, Kenya and in the project area in Zambia. Most of the existing opportunities also did not seem to lead to sustainable jobs afterwards. However, in principle, the assumption was not considered to be wrong.

One aspect in the ToC and its assumptions that did not receive sufficient attention was YIDA's focus on "soft" activities, to the detriment of basic need coverage.[128] As previously discussed, a combined approach of basic needs coverage with advocacy activities could have harnessed more acceptance, increased effectiveness, and led to quicker behavioural change. This was especially highlighted for Water, Sanitation and Hygiene (WaSH) and access to water. While adding such components to the programme might not have been possible (due to the funding framework), there was little evidence showing that the programme tried to coordinate with basic needs-focused organisations.

The assumptions not discussed in more detail in this section were considered by key informants to have held true, as displayed in the table below.

Table 3: Assumptions Mapping

Assumptions	1	2	3	4	5	6	7	8	9	10
True	x	x				x	x	x		
Partly true			x	x	x				x	x
False										
Missing	Communities able to cover their basic needs (particularly food and water) will tend to engage in more strategies to reduce harmful traditional practices and gender norms.									

As such, all of the assumption underlying the ToC held true or partly true, and **the resulting strength of the programme design can be considered as a driving factor of effectiveness.**

IV.2.2.2. Cross-cutting issues

The programme's ToC also included four cross-cutting issues to be implemented across pathways and countries. As a reminder, they included: Gender Transformative Approach (GTA); Men and boy's engagement; Girls empowerment; and Meaningful Youth Participation (MYP).[129]

Cross-cutting issues are part of the ToC, as ways of working and processes for allowing outcomes' achievement across the different pathways. Some cross-cutting issues are also not only a means to an end, but rather an end in itself - this is especially true for GTA. Considering YIDA's ultimate goal was to strive for gender equality, embracing a gender transformative approach was part of the programme's DNA.

Cross-cutting issues have been pivotal process-wise to ensure the activities' success, and overall **partners demonstrated a good level of awareness of the importance of these approaches** (as displayed in the graph below).[130] Alliance staff viewed the integration of cross-cutting issues in the programme as an added value

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[127] Ibid.
[128] Source: key informant interviews.
[129] A case study on MYP has been developed as part of this evaluation, highlighting successes and challenges, can be found at the end of this report.
[130] Yes I Do Alliance, 'Midterm Review 2016 to June 2018 - Synthesis Report'. Yes I Do Alliance.

to their work (as also illustrated in the graph below), as they increased the quality of the intervention by ensuring that the different topics were considered and addressed as part of the activities.

Graph 5: Survey results 'Would you say that the use of those cross-cutting themes helped you and your team improve the quality of the interventions delivered as part of the programme?' (n=40)
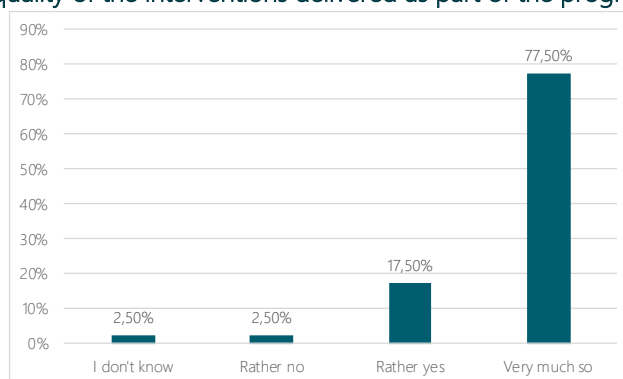
The MTR process displayed a rather positive assessment of the partners' level of understanding of certain cross-cutting topics, as partners were asked to report on their progress and answer a survey on their understanding of some of the approaches. However, YIDA partners often mistakenly considered the different cross-sectoral issues to actually be included in specific pathways, such as MYP being related to Pathway 2, and girls empowerment being part of Pathway 4. As such, if a partner was not working on those specific pathways, it did not feel that it had to integrate the associated cross-cutting principles into its programming. For GTA and men and boys engagement, which were not as clearly related to a specific pathway, the principles were more often integrated into activities (e.g. the Champions of Change, the CSE component or the work with religious leaders under Pathway 1, etc.).

The Yes I Do programme, by nature, is gender transformative since it is designed in a way that addresses the root causes of inequality, such as challenging discriminatory social norms through community awareness, teacher trainings, and engaging men and boys. Output-wise, the GTA approach materialised in the development of comprehensive toolkit on how to integrate GTA into SRHR programmes and organisations,[131] as well as through the GTA training provided to boy and girls, staff, and teachers.

Furthermore, YIDA partners conducted GTA self-reflection assessments as part of the five-year programme review. The results of these assessments, while not available in time of this evaluation, will undoubtedly prove useful for strengthening the integration and measurement of GTA in future programmes.

The fact that the ToC was built in a way that reflects the different cross-cutting issues ensured that they were included in programming, but also limited their implementation and ownership to only certain partners and pathways. Partners did not always see how to practically include the cross-cutting issues into their work. At the beginning of the programme, concept notes on what the different approaches entailed were developed by the partner in charge of each issue. Netherlands-based Alliance team members attended trainings on these at the start of the programme, while in-country Alliance partners benefitted from several capacity building initiatives to integrate the approaches into interventions during the first half of the implementation phase.[132] However, as most trainings happened during the first years of the programme, staff turnover led to a loss of knowledge and understanding of the concepts over time.

The evaluators also noted that certain approaches were completely new for some organisations, who needed more guidance and support to be able to apply them to their programming. On the other hand, for other issues, some organisations already had strategies in place to address them, so it was then hard

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[131] Developed by Rutgers these are available at: https://www.rutgers.international/GTA.
[132] Yes I Do Alliance, 'Midterm Review 2016 to June 2018 - Synthesis Report'. Yes I Do Alliance.

to make those organisations change their ways of working. **Both of these issues represented constraints to implementing the cross-cutting topics.**

Lastly, key informants also highlighted the absence of a dedicated budget for implementing the cross-cutting issues, **which limited capacity building efforts and thus the depth of their integration into programming.**

IV.2.2.3. Operational model and Alliance set-up

The Alliance appears to have been built and to have operated on a low level of formality, giving each partner the freedom to develop its approaches and strategies in its respective pathways (which were attributed based on expertise and experience). While this allowed each partner to bring added value through its specific expertise, it led to limited alignment of approaches and to siloed implementation, as previously discussed. It also sometimes led to partners losing sight of the full ambition of the programme, to instead focus on organisational ambitions and mandate. The evaluators see a clear linked between this finding and the lack of ownership of the ToC, with most partners seeing it more as a results framework they needed to deliver on, as also discussed previously.

Reporting is a good illustration of this issue: despite the development of consolidated annual reports shared with all partners, in-country partners reported to the organisational lead in the Netherlands, rather than to the Alliance coordinator.

On the other hand, **the Alliance composition brought great added value to programme implementation due to the complementarity of the partners,** and an alliance seems to have been the appropriate operational model to implement such an ambitious programme. An alliance structure provides opportunities not only to share, learn, and exchange knowledge, but also for joint problem-solving and shared responsibility for collectively achieving the intended outcomes.[133] Key informants in all countries recognised the complementary expertise of the different Alliance partners, which allowed each member to further build its capacity. The members of the Alliance were able to tap into the resources[134] and expertise of each other's organisations, as well as to take advantage of each other's networks and connections. However, as previously mentioned, this was sometimes limited when partners were working in silos on their own pathway and activities, as they did not seek opportunities to interact with other partners who were perceived to be focusing on a different facet of the issue.

Another example of this relates to how the Alliance made use of KIT's presence. KIT brought knowledge and expertise in monitoring, evaluation, and research, which was of great added value to the other Alliance partners. However, the use of the data and findings coming out of the different monitoring and research pieces to further improve programming was found to be limited. There was for instance minimal use of the findings for advocacy purposes at country level. Similarly, the evaluation team believes that country-specific operational research studies, such as the one on child marriage cancellation in Ethiopia and the qualitative study on the causes and consequences of divorce after child marriage in Indonesia, could have led to further adaptations in the programme to better integrate the effects that cancellations can have on girls. This could be linked to the fact that the research was finalised towards the end of the implementation period (year four). In Zambia however, the YIDA advocacy strategy was based on research conducted.

Despite these challenges, key informants all stated that, according to them, **the benefits of the alliance operational model outweighed the costs, as the programme could not have achieved the same outcomes with a different operational model.** The evaluators believe that this is also linked to the length of the programme as the costs (time spent to set up the Alliance and agree on ways of working) were amortised over a five-year implementation period.

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[133] Plan Netherlands, 'Yes I Do Alliance - Consolidated Annual Report 2016', 2016. Plan Netherlands.
[134] Through sharing office spaces and vehicles, for instance.

While key informants and survey respondents generally felt that working as an alliance brought great added value to the programme's effectiveness there were discrepancies across countries, as illustrated by the graph below.

Graph 6: Survey results 'To what extent do you think working as an alliance was an added value to achieve the programme's intended outcomes? 0 being not an added value at all and 10 being a great added value' (n=40)
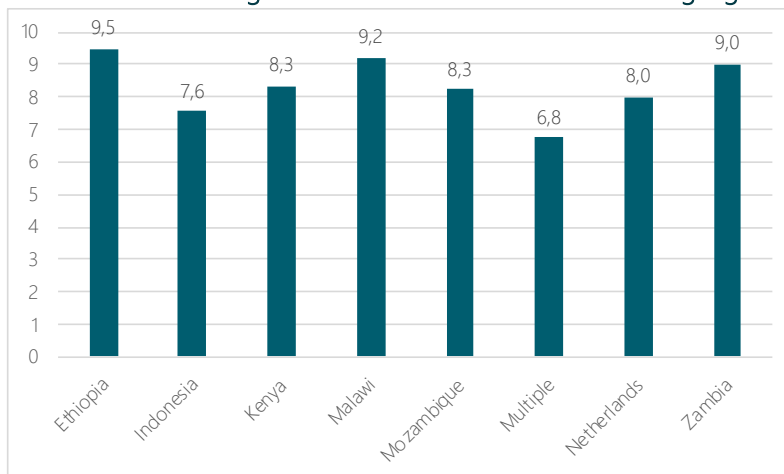
The perceptions of the Alliance differed mostly between the country and Alliance (Netherlands) levels and are correlated with the smoothness of the country-level processes to set up the Alliance, as discussed below.

At Alliance/Netherlands level

While key informants noted the **complementarity and learning opportunities across partners**, the structure of the Alliance was described as being rather heavy, which created some inefficiencies.

For instance, the role of the Programme Committee was sometimes questioned by its own members and staff at country level, in terms of its added value since the programme already had a Board of Directors and a pool of country leads and coordinators. It was reportedly not always clear who should take which decisions.

Some key informants also highlighted gaps in reporting, in particular regarding the various decisions made by the different bodies. This was particularly critical for the well-functioning of the Alliance, as staff turnover also occurred at the Netherlands level. As such, key staff left their positions with the history and knowledge of important decisions being made, but no record being kept. This created challenges for their replacement to understand what decisions had been made and how. Considering the political nature of some of the decisions and their impacts on budget allocations for instance, the lack of documentation of the decision-making processes created frustrations and had an impact on the ability of the partners to work together efficiently. It is also linked to the lack of formality discussed earlier in this section.

Key informants working at the Netherlands level also stated that most of the decisions were taken in the Netherlands, as opposed to in-country, which sometimes led to a lack of ownership of certain approaches or tools (including the ToC or the PMEL framework), as also previously discussed.

At country level

Alliance-building in the countries and preparing for implementation took longer than expected, since, as previously mentioned, agreeing on intervention areas was sometimes challenging. In other cases, reaching an agreement on the complementarity of activities, making activity plans and budgets, finalising M&E frameworks, signing contracts with implementing partners, recruiting key staff, and introducing the programme to the communities took significant time, which was longer than anticipated.[135] Based on the

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[135] Plan Netherlands, 'Yes I Do Alliance - Consolidated Annual Report 2016'. Plan Netherlands.

evaluators' assessment, **the planned timeframe to set up the Alliance at country level was too ambitious**, as most partners had never worked with each other before and in some countries, the Alliance set-up seemed to lack leadership. This created some delays in implementing activities, and several key informants mentioned that it would have been better if some time would have been dedicated to the Alliance-building process (including the contextualisation of the ToC) before starting to implement activities.

Once the Alliance was built, cooperation worked more or less smoothly, depending on the country. First, the intention of creating a single Alliance identity right from the start proved to be a challenge, due to differences in individual organisational priorities or ways of working. This could be linked to the fact that each partner at country level was reporting to its own organisation in the Netherlands, rather than to a general YIDA body. It could also be linked to the leadership of the Alliance, who did not have the capacities or resources to create a real YIDA identity. Several key informants linked this to the high turnover of national coordinators, who are crucial to the process. They are the key people that bring organisations together, create space for sharing and learning during joint visits and activities, and make sure that information is shared on time and to the relevant people. Thus, the turnover among staff and coordinators had an impact on their ability to lead on the coordination and alignment process. In countries where the coordinator stayed from the beginning until the end of the programme, the Alliance identity and coordination was visibly stronger. This however only happened in a few countries. As a result, in most countries, partners reported to be mostly working in isolation, on their own pathways, except when they came together during annual meetings. As a result**, national Alliances struggled to create synergies across partners and pathways.**[136] This was particularly the case in countries where more partners were active.

In Pakistan, for example, the Alliance was very small, with only the members Plan and Rutgers present in the country, and CHOICE giving technical input on MYP from the Netherlands. The alliance there was described as "*a very organic formation that gelled from the onset.*"[137] However, the country team noted a lack of ownership of the PMEL system among Alliance partners. Key informants in other countries also reported this issue: indicators set at the Netherlands level proved to be a challenge to monitor and measure because there were too many of them. Some core indicators were however prioritised following the MTR to tackle this problem.[138] Challenges remained after this process however as partners/countries interpreted core indicators and collected data in different ways.

In Malawi, Mozambique, Kenya, Zambia, and Ethiopia, not all partners were already operational in the target areas. As a result, programming could only move forward after a number of intense meetings to agree on the project design and set-up, including the complementarity of activities in selected intervention areas. For example, and as discussed previously, implementing Pathway 2 and the MYP component in Bahir Dar, Ethiopia was challenging at the beginning, as the responsible partner was located in another area. The distance between the two implementation areas in Ethiopia not only had an effect on the collaboration and frequency of meetings, but also on the alignment or duplication of partners' activities.[139] In all five countries, partners started to use each other's offices to establish a presence in all target areas to tackle this problem.[140]

In Malawi, while the added value of working as an Alliance was noted, key informants and available documentation highlighted conflicting organisational policies, for example on transport and disbursement of allowances, as well as overlaps in terms of reach and targets,

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[136] Plan Netherlands, 'Yes I Do Alliance - Consolidated Annual Report 2018', 2018.
[137] Shahmir Hamid, 'Midterm Review Report Pakistan' (Yes I Do Alliance, 2018). Shahmir Hamid.
[138] Source: key informant interviews.
[139] Plan Netherlands, 'Yes I Do Alliance - Consolidated Annual Report 2017', 2017. Plan Netherlands.
[140] Ibid.

which ultimately created double-counting in the reporting.[141] The Alliance partners also noted that they would have liked more capacity building on networking and learning experiences from the other countries implementing the programme. The COVID-19 pandemic led to an increase in the use of digital tools within the Alliance, as reported by key informants, which in turn improved the sharing of experiences across countries. However, key informants in various countries mentioned that they would have liked this cross-country learning to be further developed. The consultants also noted a general lack of ownership of the Alliance's learning agenda, which could be due to staff rotations.

In Indonesia, during the MTR, the team reported facing challenges in knowledge sharing, due to the geographical spread of implementation areas. Knowledge transfer and information sharing happened to a lesser extent because each partner was reportedly focusing on implementing its own pathway and, as such, did not always have the same understanding of the issues covered by the programme. The country team also highlighted that the reporting flow did not allow for Alliance partners to easily inform and update each other, as reports and budgets were only shared with contractual partners. For instance, PKBI only shared its report with Rutgers Indonesia, whereas LPAR and PUPUK only shared their reports with Plan Indonesia. This issue was also reported by key informants in other countries.

The evaluators also noted the example of car branding when partners were visiting communities. It appears that the Alliance did not have YIDA-branded cars, but rather individual organisations' branded cars (for the bigger organisations only). Smaller partners sometimes felt frustrated that community members only saw Plan International and Amref as implementing activities, rather than an alliance including other smaller partners. This was also the case for communication material, to some extent. In some countries in 2018, Plan's communication material and t-shirts were still used by Alliance partners instead of the YIDA-branded materials.

Key informants in various countries also noted that the partners appeared to have **different levels of influence in the decision-making processes**, and that the opportunities to create long-lasting impact depended on the size of the organisation and the budget they received as part of the programme. This was also mentioned by key informants at the Netherlands level. Nonetheless, as previously stated. key informants mentioned that the same outcomes could not have been achieved without working as an alliance, and that the benefits outweighed the costs and challenges.

In terms of costs, the operational model also allowed for some cost-savings at country level. For instance, the office sharing agreements among partners was cited as a good example of this.[142] [143] Sharing transportation during monitoring visits also contributed to minimising expenditures, while maximising experience-sharing and learning.[144]

Despite the challenges, the **overall cost–benefit analysis assessment of working as an alliance was positive** as, according to respondents, the results outweighed the efforts, especially in terms of access to resources and different approaches, and opening up networks for each other.[145]

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[141] Joseph Boniface Maere and Thom Salamba, 'Malawi - Yes I Do Programme Midterm Review (MTR) Report'.
[142] Yes I Do Alliance, 'Midterm Review Report Ethiopia 2016 – September 2018', n.d. Yes I Do Alliance.
[143] Yes I Do Alliance, 'Midterm Review (MTR) REPORT for ZAMBIA', 2018. And key informants from various countries. Yes I Do Alliance. And key informants from various countries.
[144] Yes I Do Alliance, 'Midterm Review Report Ethiopia 2016 – September 2018'. Yes I Do Alliance.
[145] Yes I Do Alliance, 'Midterm Review 2016 to June 2018 - Synthesis Report'. Yes I Do Alliance.

IV.2.2.4. External factors

The programme achievements were also influenced by external factors. While those contextual factors were mostly country-specific, the key informant interviews and desk review identified some common trends.

Driving factors

Among the common driving factors, the evaluators found that overall, **the international context helped to create a greater interest in issues faced by girls**. As covered in *section IV.1.3,* there is a plethora of different international and regional texts and conventions on the issues covered by the programme. As such, many governments had already taken steps before the start of the programme to ban harmful practices, such as child marriage and FGM/C.

This was however not the case in Indonesia, where key informants reported that rising radicalism and intolerance were leading to various social media campaigns and grassroot movements in rural areas in support of child marriage. This was in turn creating pressure on local governments.[146]

The evaluators also identified the increased importance given to education by the national governments in most developing countries as a potential driving factor for the programme's effectiveness.

In Kenya, for instance, from 2018 to 2020, the government increased education spending from 23% of the national budget to 27%.[147]

National governments' efforts to send and retain children in school, especially girls, may have helped to decrease child marriages in most programme areas (see *Annex 2: Analysis of end-line quantitative results.)* According to the Girls Not Brides Network, girls with no education are three times as likely to be married by 18 as those with a secondary or higher education.[148]

Constraining factors

The programme faced various natural disasters and pandemics over its lifespan, with the most recent one being the COVID-19 crisis.

As discussed in *section IV.1.2,* the programme had to adapt to the spread of the virus and protection measures the different governments implemented. The pandemic impacted the programme in various ways, including limiting movement across the countries, and restricting community gatherings and in-person meetings. This led to delays during the last year of implementation in all countries and obliged Alliance partners to adjust their ways of reaching out to communities. **It also hampered the achievements of some programme results**, since child marriage and teenage pregnancy can be seen, in some contexts, as coping strategies in times of crisis. As the crisis had an impact on economies worldwide, deprived families felt more pressure to marry off their daughters, as further described in the introduction of this report.

In Mozambique and Malawi, the programme was also impacted by Cyclone Idai in 2019, which created to a lot of fall-backs, according to key informants. Effects on the programme included a shortage of contraceptives that could not be shipped to Mozambique nor to Malawi, and the YIDA in Malawi had to suspend all activities during the cyclone. Road networks in the impacted areas, especially Machinga, Malawi were affected, delaying some community

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[146] 'YIDA Indonesia Country Annual Report 2018', 2019. 'YIDA Indonesia Country Annual Report 2018'.
[147] Kenyan Government, 'Budget the "Mwananchi" Guide FY 2018/2019', 14 June 2018.
[148] https://www.girlsnotbrides.org/themes/education/.

outreach activities. [149] The security situation in Mogovolas, Mozambique was also a problem for a year and made it impossible for the coordinator to visit the area.

In 2019, many parts of Zambia faced drought due to climate change. This situation contributed to poor harvests, resulting in severe hunger crises in many parts of the country, including in YIDA implementation areas. Girls and young women were also particularly affected, as girls had to leave school to engage in income generating activities.[150] The country also faced a nationwide cholera outbreak from November 2017 to March 2018. This led the government to ban all public gatherings in the affected areas including the Eastern province, causing delays in programme implementation.[151]

In Kenya, the YIDA implementation areas faced a severe drought in 2016-2017, which affected the targeted community. This triggered migration to Nairobi, Naivasha, and Tanzania as people sought pastures and water, causing school dropouts for migrating children. In Kajiado, poverty continues to negatively affect education and contributes to families favouring boys' education over girls'.[152]

The programme in Lombok Barat, Indonesia, was significantly impacted by the 2018 earthquake.[153] As the humanitarian sector's focus switched to the immediate recovery, the programme faced delays in implementing most activities between July and September 2018.[154]

In addition to causing the negative effects detailed above, key informants mentioned that **pandemics and natural disasters, as with any emergency, generally shifted national and local government priorities.** For instance, governments in the programme countries became more focused on dealing with the COVID-19 pandemic and, as such, paid less attention to the issues of child marriage, teenage pregnancy, and FGM/C.

In some countries, key informants also noted there was an **inadequate supply of SRH items in health centres** in the programme's areas. This had an impact on young people's engagement and motivation to claim their SRHR.

Lastly, another challenge highlighted by both the literature and key informants was the **rotation and promotion of staff within province and district governments, and in some countries, of teachers**. This had an impact on buy-in and ownership of the programme, as well as on the intensity of advocacy efforts as repeated communication and coordination was required to (re)introduce the YID Alliance and programme.[155]

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[149] Plan Netherlands, 'Yes I Do Alliance - Consolidated Annual Report 2019', 2019. Plan Netherlands.
[150] Plan Netherlands, 'Yes I Do Alliance - Consolidated Annual Report 2019'.
[151] Yes I Do Alliance, 'Midterm Review (MTR) REPORT for ZAMBIA'. Yes I Do Alliance.
[152] Yes I Do Alliance, 'YES I DO Alliance - Kenya: Midterm Review Report', November 2018.
[153] 'YIDA Indonesia Country Annual Report 2018'. 'YIDA Indonesia Country Annual Report 2018'.
[154] Ibid.
[155] Plan Netherlands, 'Yes I Do Alliance - Consolidated Annual Report 2016'. Plan Netherlands.

IV.3. Sustainability of the programme

This last section assesses the sustainability of the programme. It specifically looks at the development of an exit strategy (*section IV.3.1*) and the likelihood of the results being sustained over time (*section IV.3.3*).

IV.3.1. Advocacy, capacity building, and awareness raising

First, some of the programme outcomes tend to be sustainable by nature, such as the changes in national, regional or local policy frameworks. As demonstrated, the programme directly contributed to the development and adoption of conducive frameworks that are likely to stay in place. **As such, despite not formally planning for the exit strategy until the programme's final year, ensuring sustainability was integrated across some aspects of the programme's planning and implementation.**

> In Indonesia, in September 2020, Alliance partners gathered stakeholders at district level to show them the programme's results. They formulated responsibilities for those stakeholders and made them sign a document to symbolise handing the activities over to the government.

During the 2019 annual review and planning meeting, the Alliance in the different countries developed a sustainability plan, which identified which activities should be sustained beyond 2020, the main actions to ensure their sustainability, and the group/person responsible for them, as well as timeline and required resources.[156] [157] The strategy during the last year of the programme mostly consisted of lobbying the district governments to sustain the activities, allocate budget (when necessary), and continue follow-up. Additionally, an effort was made to document and share best practices to showcase the programme's positive results. However, **the COVID-19 pandemic had an impact on how intensively this strategy was actually implemented**, as it varied depending on the country and restrictions its government imposed.

Moreover, the programme also collaborated with government line ministries in the different countries from the start, as they have been involved in planning, implementation, monitoring and reporting on the programme's progress.[158]

The momentum to put the exit strategy into practice can however reduce over time or be undermined by the occurrence of emergencies, such as natural disasters or pandemics. **The absence of follow-up and monitoring after the end of the programme could also lead to the weak implementation of these new regulations.**

At local level, key informants stated that now that **awareness has been raised and attitudes around the detrimental effects of child marriage, teenage pregnancy, and FGM/C have changed**, and so **these improvements should persist**. The evaluators did note encouraging signs in some areas.

> In Sukabumi, Indonesia, the government announced that it will be financially supporting the KPAD and a line in the budget was created to do so. This is a sign of ownership and will also ensure that those child protection committees will have incentives to continue their work now that the programme has built their capacity.

> In Zambia, the Ministry of Education has integrated the in-school interventions developed as part of the programme within other existing programmes, whereas the Ministry of Health has integrated the link with the youth structures and the peer educators into the Ministry's structures. This shows that authorities have understood the importance and value of the interventions and are making efforts to keep them going.

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[156] 'YIDA Indonesia Country Annual Report 2019 for the Dutch Ministry of Foreign Affairs (MoFA)', 2019.
[157] 'YIDA Ethiopia Country Annual Report 2019', 2020.
[158] Yes I Do Alliance, 'Midterm Review (MTR) REPORT for ZAMBIA'. Yes I Do Alliance.

It is expected that some actors whose capacities were built as part of the programme will be able to mobilise others and keep the social movement going. Overall, most key informants and survey respondents felt that local partners had sufficient capacity to continue the work started by the programme, as illustrated in the graph below.

Graph 7: Survey results 'Do you think the local partners (either NGO, local authorities or community structures) have sufficient capacities to continue the work done as part of the programme?' (n=40)
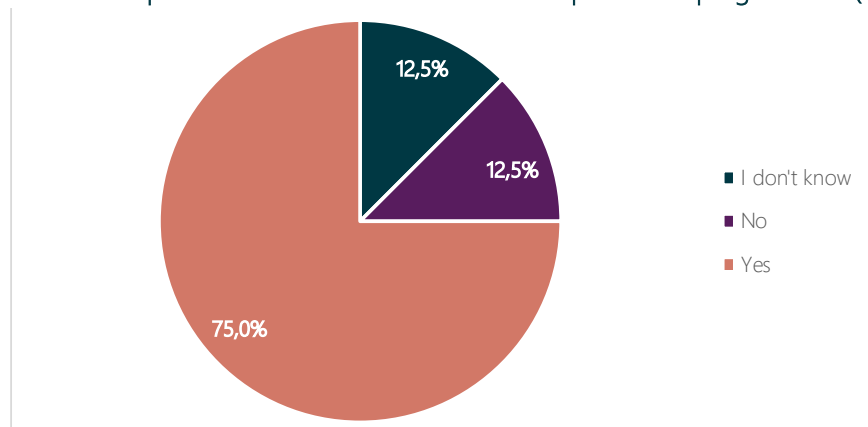
The **young people consulted also believed that the knowledge and skills they gained through the programme would stay with them for a long time** after the programme is over. Most of them seemed very eager to continue sharing information on SRH and the effects of the harmful practices with their peers. Their mobilisation however significantly depends on the support systems and structures they can access in the community, and whether they can find other community members who echo their voices, as they still face strong cultural barriers to raising their voices among adults.

However, behaviour change is not only difficult to achieve but is also difficult to sustain as without proper incentives,[159] as people tend to revert to old habits. Actions taken to prevent harmful practices might decrease if there is no follow-up or support given to gatekeepers. Key informants also highlighted that positive initiatives significantly depend on local leadership, which can also run out of steam without incentives.

IV.3.2. *Experiences from Pakistan after programme closure and from Kenya during lockdown*

The experiences from Pakistan and from the lockdown in Kenya are interesting to highlight, as they can provide insights of what the future after the programme may look like. In Pakistan, the programme had to wrap up early in 2018, due to government restrictions on NGOs. While the length of the programme was shorter, and as such it can be expected that the changes created were less deeply rooted, it gives indications of what can be done to increase the likelihood of activities to be sustained. The lockdown situation in Kenya is also interesting as it occurred towards the end of the programme, and the partners were unable to lead most activities in the target communities during that time.

> In Pakistan, the MTR highlighted that the sustainability of the school-based interventions did not occur as intended. While multiple structures were established in schools, such the YIDA school committees, sensitising students and staff, and establishing resource centres and links with health care providers, it was observed that after YIDA interventions ended, schools had not institutionalised nor continued teaching life skills-based education, and did not maintain

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[159] By incentives, the evaluators include both financial and non-financial incentives; financial incentives in order to support continued campaigning efforts (to be able to hold meetings, create campaigning materials, etc.) and non-financial (such as the mobilisation of peers and support organisations to keep the momentum going).

links with health care providers.[160] This was due to the fact that the approach adopted in Pakistan focused on implementing the curriculum in a short period of time. The programme also did not yet achieve integration at provincial level, which would have increased the likelihood of its continued inclusion in all schools' curricula.

Youth networks such as the Kiran Network initially showed a lot of potential, but the MTR found that further resource mobilisation, training, and capacity building of an executive body were needed for the network to be ready to advocate for itself. This however could not be addressed before the programme's abrupt end.[161]

The evaluators were however unable to reach former YIDA staff still working in the target areas to confirm whether or not other aspects of the programme were sustained.

In Kenya, during the lockdown, some activities continued independently, without YIDA partners. Change agents at field level were reportedly able to continue to reach out to young people and community members through WhatsApp to share awareness raising messages. Some teachers, who were not obliged to keep teaching, continued some of the YIDA activities on their own initiative. This was also noted for the school clubs that continued autonomously, and the boda-boda rider groups that raised awareness on child marriage to newcomers on their own initiative.

Other countries reported similar findings: awareness raising efforts usually continued, driven by youth groups, teachers, or other gatekeepers through various forms.

As such, in Pakistan, programme results seemed less sustainable, because **there may have been a focus on setting up new structures,** specifically for the YIDA. In Kenya however, the **Alliance worked with the right change agents and they have continued the YIDA work, even with a limited amount of the Alliance's support**. As noted previously, YIDA partners in Kenya were still able to **reach out to communities through local radio shows,** which were very popular. This may have provided the right incentives for change agents to keep the momentum going, as they could feel that there was a movement being created.

## IV.3.3. *Likelihood of other activities and results being sustained*

While key stakeholders were optimistic of maintaining the programme's results and activities, significant impediments, including personnel turnover and COVID-19, are likely to detract from their sustainability overtime.

When key informants and survey respondents were asked about the likelihood of activities and results to be sustained after the programme ends, most of them believed that the majority would have long-lasting impacts, as illustrated in the graph below.

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[160] Shahmir Hamid, 'Midterm Review Report Pakistan'.
[161] Shahmir Hamid, 'Midterm Review Report Pakistan'.

Graph 8: Survey results 'According to you, how likely is it that the programme's results will last once the Yes I Do programme is over in the country where you work?' (n=40)
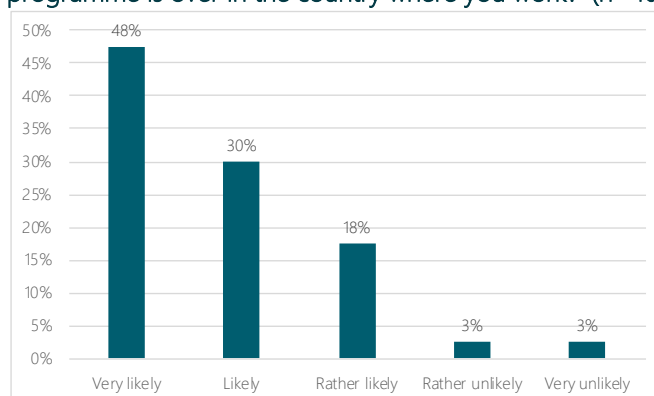
Some for instance mentioned the new village savings groups, which should be able to run independently.

Questions arose however around the out-of-school youth structures. Their sustainability seemed more challenging as they face issues of youth regularly moving in search of job opportunities. Staff turnover, within both the community-based structures and the YIDA partner organisations, can also act as an impediment.

At community level, activities such as youth-friendly services or the implementation of the CSE curriculum seemed particularly linked to specific people whose awareness and capacities had been built, and who benefitted from an enabling environment, due to YIDA partners' broader awareness raising efforts in the target areas. In many countries, **potential turnover of those staff was described as critical**, since they might not be in the same community in a few years. While this could be seen as a positive since that individual would share this new awareness and capacity with a new community, there are concerns that he/she may not face the same enabling environment. For instance, if young people' awareness is not raised, they will probably not seek out youth-friendly services. Similarly, if a teacher is willing to include CSE in the curriculum of the new school where he/she works, he/she might face resistance from the local authorities or parents.

Similarly, while key informants mentioned that **the capacities of YIDA partners' staff have increased** on different topics such as girls empowerment, GTA, or MYP, turnover within the NGO community could lead those capacities to be wasted if they do not find an enabling environment to implement such approaches in the new organisation for which they work. Key informants also mentioned the role of research[162] and evaluation in the programme's sustainability strategy, as the Alliance intended to use the findings from those exercises to inform future programming and share good practices with governments and other actors working on the same issues to bridge some of the knowledge gaps.

Key informants and survey respondents highlighted **the impact of COVID-19 on the sustainability of programme results**. As previously mentioned, the pandemic and its impact on local economies may lead communities and families to return to certain harmful practices the programme addressed as negative coping strategies. In addition, dealing with the impact of the pandemic, as with any natural disaster, can shift local and national governments' priorities. Some key informants however mentioned that the impact of the pandemic will be followed-up on as part of future programmes that YIDA partners are already developing in some of the programme countries. As the YIDA is coming to end, this continuation will take a different form. Partners who stay in the areas will be able to keep implementing some of the programme's approaches.

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[162] For instance, some partners expressed the will to develop psychological support activities for young people who went through a child marriage cancellation or divorce.

V. Conclusion

In conclusion, the YIA programme and Alliance were relevant to the needs of the target population and coherent with the organisational, local, regional, national, and international policies and principles in place. However, the choice of target areas in each country was sometimes challenging and, in some places, the target groups' priorities were more focused on survival (mainly accessing food and water). The lack of conducting a full situational analysis, and instead focusing on implementing the global ToC, appears to have prevented the programme from better meeting affected communities' ability to focus on SRHR in some countries in particular. It could have been useful to work more closely with organisations whose mandates are to improve basic needs coverage in order to overcome this challenge of needs prioritisation. However, while the Alliance coordinated and collaborated with other organisations working under the Dutch MoFA policy framework, this occurred less with non-Dutch entities.

The programme was nonetheless relatively successful in achieving their intended outcomes. The most important changes include:

- An increased ability for young people to speak up and make their own decisions;
- An overall decrease in harmful practices such as child marriage, teenage pregnancy, and FGM/C;
- The ability for young people to gain new skills and increase their employability, and for some of them to go back to school after dropping out;
- An increased access to SRHR information and services for young people in target communities; and
- A more open dialogue among young people and adults around SRHR issues.

While achieving the intended results was more challenging for certain pathways than others, the evaluation found that the Alliance and programme made significant progress on all of them. The evaluation also found that the programme design and operational model were overall a contributing factor to achieving results. While some stakeholders found the ToC to be too complex, especially when trying to measure results, almost all the underlying assumptions held true, and the combination of the different pathways and cross-cutting issues were seen as valuable. Partners at country level would have however liked to have had more decision-making power, especially in relation to programme design. This perhaps would have allowed the programmes to be better contextualised to the areas of implementation.

Furthermore, the different partners and pathways often functioned in silos, and there were missed opportunities for sharing learning and collaborating across the Alliance. These opportunities could have helped fine tune the programmes' targeting, delivery, and sustainability (e.g. networking for advocacy at country level). This would have further increased the effect the programme had on the target groups, but also on partner organisations through cross-learning.

Considering the scope of the programme and its different pathways of change, working in a strategic alliance was a sensible way to cover various thematic areas and join forces in advocacy. Working as an alliance also has its downsides, including challenges in time spent to set up the structure at country level, communication, reaching agreements, and standardising approaches and tools. The length of the programme however allowed it to amortise those costs over a significant amount of time. Working collaboratively also has its benefits, such as the ability for the different partners to learn from each other's experience and expertise, and to foster a stronger voice in terms of advocacy and awareness raising. In the case of the YIDA, the benefits were greater than the costs and inconveniences.

The end of the programme was marked by an important challenge: the COVID-19 pandemic. While the last year of implementation was meant to be dedicated to ensuring the sustainability of the programme results, partners were unable to visit target communities for months in some countries. As such, the exit strategy could not always be rolled-out as planned. In some countries, the evaluators found encouraging

signs of sustainability, but without further support, the impact of the pandemic is likely to lead affected households in deprived communities to fall back into harmful practices as negative coping strategies.

The YIDA has certainly been able to induce a momentum in the targeted communities and countries and sow the seeds for an increased awareness around child marriage, teenage pregnancy, and FGM/C among many of the programme's participants. There is however a need to pay attention to the follow-up post-YIDA. The awareness and skills that have been created or improved are at risk of becoming dormant if people are not offered continued engagement or incentives. This will have to be monitored closely and hopefully YIDA partners, either independently or in another form of collaboration, will be able to continue working with the target communities to do so.

VI. Recommendations

The following recommendations were drawn from the evaluation findings. They are articulated as recommendations for the programme teams, organised as per the different steps of the programme cycle, and then as recommendations for senior managers and MoFA.

VI.1. Programme level recommendations

Programme design

- Make sure to undertake a **comprehensive situation analysis** before the start of the programme and the baseline to highlight any important gaps in the target groups' priorities. The situation analysis should also focus on understanding the barriers to behaviour change to try and find out what kind of support would be necessary, in addition to awareness raising, to create a change in practice (both for young people to access SRH services but also for gatekeepers to take action against child marriage, teenage pregnancy, and FGM/C).

- The inclusion of SADD data and **SADD gender and barrier analysis** should be a systematic part of the situation analysis. From the start of the programme, pay particular attention to out-of-school children, and design strategies to reach out to them by, for instance, engaging more with work associations where youth are highly represented (such as boda boda drivers in Kenya), and with peer ambassadors.

- Within the same country, **select implementing areas that are geographically close to each other** and where all partners already have a physical presence (or have sufficient funding to establish a physical presence), in order to avoid silo working and having the ToC be only partly implemented in some areas.

- In such a large programme implemented across multiple countries, the geographical coverage of any one country is likely to be relatively small as a result of limited resources. To prevent this risk from directly limiting the programme's effects on boys and girls, focus on **leveraging these local level changes to advocate for more macro-type changes**.

- **Include in-country teams in the global ToC design** to ensure ownership of the framework at country level and to draft the assumptions based on field experiences. This will also help ensure the programme's appropriate level of contextualisation, and thus relevance to the areas of implementation. It however requires having flexibility from the donor to have sufficient time between the funding decision and the start of a programme. More time also needs to be invested in familiarising all staff with the ToC's rationale, and to include reflections (and adaptations when and where needed based on an analysis of the social, economic, and cultural situation in each country) throughout the programme cycle. This learning role could be taken on by the research partner who has more familiarity with the PMEL framework and can get insights from the field through the various data collection exercises.

- **The livelihood components should play a preventive role and not only a reactive role.** The livelihood activities should be considered a way to prevent negative coping mechanisms, as a safety net that can contribute to preventing girls from falling into child marriage and teenage pregnancy. They should not only be a means to improve the lives of those girls who already are in these situations.

- **Make sure that the cross-cutting themes are embedded in each programme component,** and that a share of the programme budget is dedicated to each. This could be done by including specific tracking indicators for each issue per pathway in the annual reports. As such, the partners

responsible for each pathway will have to think about how to address the issues in their pathway. Considering that barriers for online meetings have become much lower, partners could also organise learning sessions every six months around each cross-cutting issue to share lessons learnt and challenges to get inputs from partners with more expertise and experience on the topics.

Implementation

- Provide more guidance on the implementation of the cross-cutting themes and develop a **learning framework** to be rolled out throughout the programme. This should help to ensure that staff from different organisations acquire the necessary knowledge and skills to implement the cross-cutting issues adequately and to become trainers for other staff in their organisations.

- In a programme with children/youth related outcomes, **adopt a "youth plus" approach** where the whole household is deliberately engaged in activities, and the role of parents is fully maximised in supporting intended changes.

- When most of the focus of economic empowerment activities are on girls, young men can feel left out, despite the fact that the YIDA aimed to include boys to the extent possible. This issue cannot only be traced back to the YIDA, but is also linked to girls-focused activities undertaken by other NGOs in the areas. As such, in the future, partners should **liaise more closely with other NGOs, including non-Dutch organisations operating in the implementation areas** and assess the combined impact of all programmes on communities. Another option would be to adopt a household approach to the livelihood component of the programme (as was the case in Kenya and Zambia) so that the whole family can benefit from the programme rather than only the girls, especially in areas where economic opportunities are lacking for both genders.

- **Make the sustainability and exit strategy prominent** from the start of the programme, to ensure that all partners are working towards this strategy from early-on in the implementation phase. This could be done for instance by keeping it on the agenda during Annual Learning and Reflection meetings throughout the programme life cycle.

- Ensure youth groups and other community organisations are **connected to the proper government resources** to receive further assistance after the project, as needed, as well as to other key structures (such as local radio stations) who will be able to relay their messages and keep the social movement going.

- Working through **bylaws** can be an effective way to reduce child marriage and teenage pregnancy cases, as well as school dropouts. **Capacity strengthening efforts with local chiefs and gatekeepers** are nonetheless required on child rights protection and the 'do no harm' principle to ensure that those bylaws do not lead to childs rights violations.

Monitoring, evaluation and learning

- Focus from the start on a **set of core indicators** that all programme countries should be measuring and leave space for **country-specific indicators**. It is important that the core indicators are developed together with the countries, and they may need to be reviewed after the first year. The number of mandatory indicators should be kept to the minimum of what the Alliance needs to make evidence-based decisions and to use as inputs for advocacy.

- Make sure to sufficiently **train the team on data collection** and interpreting those core indicators to ensure comparability of results. This could be done by developing and sharing the core indicator guide at the start of the programme and by providing regular guidance on measuring outcomes.

- Build a stronger system to monitor and **follow-up on the programme's negative unintended effects**. While unintended effects were noted during the MTR process, a mitigation plan was not always in place to reflect on and indicate how the team should deal with them. The plan should

include clear recommendations on what follow-ups are necessary to mitigate those effects, who is responsible, and how they will be monitored during the rest of the implementation period.

- Include **SADD indicators** in the monitoring framework. Pre-existing tools such as the Washington Group questions (available [here](#)) can be used in future programmes.

- **Various methods of outcome measurement** should be introduced so that implementing partners do not solely focus on the outputs, but rather on the relationship between outputs and outcomes. This could also be achieved through facilitating a remote training-of-trainers on the Alliance's key PMEL system, which could also strengthen the capacity and engagement of all M&E staff vis-a-vis the PMEL system.

- **Clarify** from the start of the programme **who should coordinate the learning agenda** and how this agenda, including (operational) research and monitoring data, should be used to support advocacy efforts.

Operational model and ways of working

- Increase **documenting decisions and sharing the Alliance's decisions at various levels** (among the different Alliance bodies but also between the Netherlands and the country teams). Ensure that budget and reports are available to the in-country coordinators and are not only shared within the same organisation to ensure more collaborative planning and to reduce silos. This will however imply that the coordinators (and potentially in-country M&E coordinators) take on a stronger role in making sure that activities do not overlap and are fully integrated into a common approach.

- **Document lessons learned**/sharing for institutional memory and cross-organisation sharing.

- **Mitigate the risks of programme staff turnover** to maintain enthusiasm and ambition in achieving output and outcome targets. This is linked to a previous mid term recommendation on building a common identity and set of values. It also implies the need for refresher trainings (on cross-cutting issues, YIDA values, and the monitoring frameworks, etc.) are regularly organised to onboard new staff and to allow current staff to professionally grow and keep learning.

VI.2. Higher level recommendations

While the previous recommendations are intended for the YIDA partners, the recommendations below are specifically targeted at higher management levels:

- In order to break silos, **ensure that all partners have a presence in the selected implementation areas**, report in a common manner on higher level outcome indicators, and invest more time in familiarising all staff with the ToC's rationale, and include reflections and adaptations throughout the programme cycle. This learning role could be taken on by the research partner who has more familiarity with the PMEL framework and can get insights from the field through the various data collection exercises.

- In such a large programme implemented across multiple countries, the geographical coverage in any given country is likely to be relatively small as a result of limited resources. To prevent this risk from directly limiting the programme's effects on boys and girls, focus on **leveraging these local level changes to advocate for more macro-type changes**.

- Consider having a more **bottom-up approach to programme design** and further build a consultative process with in-country representatives to ensure the programme design has a more tailored and granular approach. The global ToC could be framed as a set of ambitions, rather than a framework that needs to be delivered upon.

- Consider linking and **collaborating** with both Dutch and non-Dutch **organisations focusing on basic need coverage** in areas where there are important gaps. If this is not feasible, then strengthen the component of the programme aiming at offering alternatives to child marriages through economic empowerment.

- If possible, **start the process of in-country alliance building before the intended implementation start date.** Coordination and building the trust among members that allows for an alliance to work effectively takes time. This could be done through non resource intensive activities such as informal meetings among in-country Alliance members and information sharing, before the official funding start date.

- **Give more space for in-country programme teams in the governance of the Alliance**. Merging the pool of in-country coordinators and the Programme Committee could help the Alliance management be closer to the field and its realities. It could also make the Alliance more agile by removing one body in the decision-making process.

Lastly, the following recommendations are targeted at the MoFA:

- When funding partnerships, **ensure sufficient time and resources** for partners to build a common identity, undertake situation analyses in each of the targeted countries, and develop the final ToC based on these analyses.

- Open the door to the inclusion of other components such as WaSH provision or **basic needs support in areas where needed** in order to further strengthen the integrated approach of such programmes. If this is not possible, link the partners with organisations in charge of basic needs coverage to strengthen collaboration.

Case studies

As part of this evaluation, the team developed four case studies in order to further explore topics or trends specific to a few countries. Those countries were mostly selected based on their geographic location (representing the different continents or geographic areas covered by the programme), as well as the availability of staff to support the data collection process, the fact that all partner organisations were well represented in those countries and each had different lead organisations, and the achievements of the programme. The evaluators organised preliminary calls with each country team to discuss potential case study topics and appropriate data collection methods. The methodology used for each case study is available in *annex 3: In the case study* countries.

Indonesia

This case study explores the impact of social media and the internet on the programme, both as a constraining factor to reach the programme's objectives, and as a tool to reach young people and spread messages.

First of all, KIT's study on the Causes and Consequences of Divorce after Child Marriage in Sukabumi, Rembang and West Lombok Regencies revealed that the ease of access to social media was one of the starting points of child marriage. Social media have become one of the spaces used by teenagers to meet friends or partners. In some cases, marriage was the culmination of getting acquainted on a social media platform, such as Facebook.[163]

During the MTR process in Indonesia, the country team noted that conservatism related to SRHR was on the rise. For example, the team became aware of an intolerant and fundamentalist Islamic group supporting child marriage on social media, who interprets the Quran from a patriarchal perspective that does not favour women and girls. The group specifically promotes early marriage as the solution to pre-marital sex (called Zina) and as a form of devotion to Allah, by using the story of Muhammad marrying Aisha at six years old.[164] The pro-early-marriage messages are spread widely on social media.[165] [166]

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 also more likely to support their children's decision to get married before the age of 18.[167]

> " *In today's world, the social media can lead to different impacts, both favourable and unfavourable. Parents should supervise their children intensively in using social media*
>
> **– Boy respondent in Sukabumi (18 years old)** "

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[163] Gabriella Devi Benedicta, 'A Qualitative Study on the Causes and Consequences of Divorce after Child Marriage in Sukabumi, Rembang and West Lombok Regencies', January 2019.

[164] Yes I Do Alliance, 'Midterm Review 2016 to June 2018 - Synthesis Report'. Yes I Do Alliance.

[165] Including by Gerakan Nikah Muda (Instagram ID: @gerakannikahmuda with more than 435.000 followers), a movement that encourages getting married at a young age, and Indonesia Tanpa Pacaran (Instagram ID: @indonesiatanpapacaran with more than 990,000 followers), a movement that encourages eradicating dating and promotes directly getting married instead.

[166] Yes I Do Alliance, 'Midterm Review 2016 to June 2018 - Synthesis Report'. Yes I Do Alliance.

[167] Ibid.

Key informants also mentioned that WhatsApp groups are spreading conservative messages in the villages. Generally, YIDA partners considered these groups to be very influential, as they have a larger number of followers than the average NGO audience, and thus are seen as being hard to fight against. As such, the programme team viewed these groups and pages as a threat but did not precisely know the impact they had on the programme.

Some key informants however noted that this threat was pushing the programme team to be more strategic on the language and methods used to spread their messages.

When talking to young people in the programme, the consultants tried to assess the importance of the Islamist group mentioned in the MTR. Most young people in all three regions only referred to seeing the messages and information from YIDA partners on topics such as child marriage, teenage pregnancy, and FGM/C on social media. Only a few of them mentioned seeing any pro- child marriage messages. While this could be linked to a sampling bias (the evaluation only consulted young people who were involved in the programme), it seems that in the programme areas, YIDA messages had more influence than other groups' communications. Some young people also talked about preventative messages against child marriage from other organisations, including government bodies. Most young people also explained that they did not trust everything they see on the internet and social media, and showed a certain awareness on how to check and triangulate information. They however also mentioned that this depended on the person and factors such as the level of education.

It thus seems that young people were not too influenced by the spread of fundamentalist messages as they received information from other sources, including the YIDA. But in other areas, where the programme is not present, key informants believed that those messages coming from fundamentalist groups have a larger influence, as young people have no other information on the topics.

The YIDA also used social media as part of its advocacy strategy. Before the COVID_19 pandemic, a social media campaign was delivered throughout 2018 via Instagram and Facebook page to share a series of messages on child marriage prevention. It also included a series of infographic presenting child marriage cases data. In 2018, 5.9 million people were reached through social media campaigns at the national and local levels. Youth groups in three districts also developed short movies and vlogs and published them on YouTube to promote child marriage prevention.[168]

The YIDAteam also produced a short movie that was released online in May 2020 and shared through a link with the young people who were part of the programme. According to the team, the movie reached 755,000 people (figure from February 2021) and received very positive feedback from young people. It was also mentioned as a good and engaging source of information by some of the youth respondents consulted as part of this evaluation. The movie told the story of an urban legend in one area, depicting a schoolgirl who had gone missing. While village members believed that she was kidnapped by a legendary creature, they discovered that she got pregnant and married, and missed her teenage years.

The team also tried to reach young people on the internet and WhatsApp to deliver sexual education lessons during the COVID-19 pandemic. According to some key informants however, this was not particularly successful, as boys and girls often did not have their own phone. Internet connectivity was also quite limited in some of the areas. As such, it seems that social media and WhatsApp can

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[168] 'YIDA Indonesia Country Annual Report 2018'.

be an effective way to reach young people for short and regular communications, but not to deliver a dense curriculum that requires more time using the device and roaming data.

Lastly, towards the end of the programme, some partners held online events to talk about child marriage and gender equality, and reportedly received a large number of positive reactions from the young people who attended from all over Indonesia. For instance, one event (https://youtu.be/NSflZG8MhtM) had around 11,000 viewers. The event was organised by Rutgers Indonesia on October 17th, 2020 as a closing event and included a debate, a presentation of achieved results with testimonies, a message from the Dutch Ambassador, and also a performance from a famous music band. Generally, bringing influencers onboard seemed to be key to reaching a broad audience of young people with such events, as mixing music and more serious topics appears to better attract young people's attention. Overall, and as noted by some key informants in relation to MYP, working with young people requires always looking for creative ways to attract and retain their attention.

According to the consulted young people, since the COVID-19 pandemic started, the programme used social media as part of its communications to share information on ongoing activities and events, as well as to make announcements on family planning and share information on reproductive health, rights of the child (including on child marriage), and micro-small-medium business and training opportunities for youth. Young people mentioned seeing information coming from YIDA on Facebook, Instagram, YouTube and WhatsApp, which - according to most of respondents - was an effective way to share information and reach a wide variety of individuals. Young people however described it as a one-way communication channel to receive information, but not as much a way to share their inputs on the programme. They did not however question the credibility of the information received, as trust was built with YIDA partners prior to these communications.

Overall, consulted young people seemed receptive to getting information through these channels, especially during times like the COVID-19 pandemic. Most of them also believed that this type of communication could be very impactful and, in this day and age, necessary to engage young people. Some of them however mentioned that communication cannot only be limited to social media and WhatsApp, and that in-person communication remains necessary as, according to them, most of the posts on social media are fake/hoaxes, and so the content can raise doubts. Others explained that persuasive and creative ways of communicating are attractive to young people, but that direct socialisation remains the best way to raise awareness and knowledge about these issues among young people.

> 66 *I think this [reaching young people through social media] is effective because it is very flexible and accessible any time. And it is very easy to be disseminated. The information included educational materials and knowledge about various issues on reproductive health, etc. And they had very good way of communicating.*
> *I often use social media to campaign on certain issues and many peers commented and even shared their own stories and feelings (about their boyfriend/girlfriend). I often find also that campaign on social media at village up to the international level receive many responses and I hope that many will follow* 99
> **- Girl respondent in West Lombok (18 years old)**

The team also trained some young people on how to use social media to create campaigns. Plan Indonesia's communication unit for instance instructed girls on how to engage others about the impact of child marriage-related issues in a safe manner, following Plan International Safeguarding Guidelines. Following this, a few of the trained girls started posting messages, short videos, and created YouTube channels. Some consulted young people also explained that they hosted talk shows on Facebook (e.g. the adjacent photo shared by a female respondent in West Lombok) and live Instagram sessions with friends and other participants of the programme to discuss the impacts of child

marriage, how to deal with cases of child marriage at village level, or on access to youth-friendly SRH services. As such, it seems that the training was very fruitful, and that young people were eager to use online platforms for campaigning and becoming change agents.

While this is a positive development, it could also lead to potential risks for young people engaging in online campaigns or responding publicly to posts from the programme, as they can become the targets of fundamentalist groups or individuals that disagree with the messages they disseminate. Some key informants also mentioned data protection risks when engaging with young people through digital channels. The internet and social media present specific challenges and risks that organisations need to be aware of in order to protect young people from any potential harm. This was a real concern among the team, as one of YIDA staff members had to take his social media accounts offline because of the online attacks he received after being present at a child marriage press conference. Some mitigation strategies were put in place; for instance, in some of the online communication products developed (such as the movie), the team recruited actors instead of using the testimonies of young people that were part of the programme. But, while the team, both at country and Netherlands levels, seemed very aware of the risks, the evaluators felt that capacities were sometimes lacking on how to concretely mitigate those risks.

Lastly, in order for NGOs like the members of the YIDA to be effective in their social media communications, they need to build their image and have the dedicated resources to do so. Hosting events like Rutgers' closing event can be a good way to generate visibility, but it requires time and efforts to be successful. Encouraging young people in the programme to share content can also be a way to increase visibility, but it however must be done in a safe manner that ensures that no harm is done to the young people. In order to do this, it seems important to consult the young people about the messages they would be willing to share, both in terms of content and format. Some young people for instance mentioned that they felt that the programme's communications on social media often lacked clarity.

It could also be interesting to see how the fundamentalist groups such as Indonesia Tanpa Pacaran manage to attract such a large number of followers, especially in terms of frequency of posting and how the content is marketed (easily shareable quotes, catchy slogans, etc.). Some pages, such as tabu.id that covers SRHR issues, have also managed to attract a lot of attention, as shown in the picture below. It could be advantageous to explore potential collaboration for future programmes.

Instagram

Log In   Open App

tabu.id

Follow

Tabu.id
Ruang belajar tentang kesehatan seksual & reproduksi untuk orang muda Indonesia. 🇮🇩 👏
—
#TidakLagiTabu
📧 Email utk kolaborasi
linktr.ee/tabu.id

| Lambe | Vulva gel... | Mens 🩸 ... | ODHIV | IG Guide | Dok |

1,061	**99.9k**	**176**
posts	followers	following

Malawi

In Malawi, the document review and key informants highlighted the importance of the work done by the YIDA surrounding the bylaws in order to prevent child marriage and teenage pregnancy, and to support girls' education. As such, the consultants chose to explore this topic in more depth in a country-specific case study. This case study was developed based on key informant interviews with YIDA partners staff; focus group discussions with parents, teachers and local authorities; and consultations with young people through the PEER review process.

Findings from key informant interviews indicate that communities in Traditional Authority (TA) Liwonde, Machinga took the lead in developing the community bylaws in relation to child marriage and teenage pregnancy. The chiefs (Government Social Welfare, Police, Gender, Youth Officers and representatives of the courts) reviewed and made inputs before the document was signed by the District Commissioner (DC). This was achieved thanks to the collaboration and support from the YIDA partners and various stakeholders such as the district council offices, local leaders, community structures such as community policing, and representatives of community members through parents.

The programme encouraged the creation of community bylaws against child marriage and teenage pregnancy specifying, for instance, parental responsibility to send children to school and to prevent cases of child marriage and teenage pregnancy. In the areas visited, the bylaws were enacted by community structures through the traditional leaders and their subjects. They were then presented to the district councils and presented for review in a full District Council meeting, with the Alliance stakeholders and lawyers to ensure they were aligned with national laws. The bylaws were then sent to the Ministry of Local Government (MoLG) to be endorsed by the Minister, although they are yet to be endorsed at the time of this report. The DC agreed to the bylaws and they are hence applicable in TA Liwonde while waiting for the Minister's endorsement.

However, key informants often described the content of the bylaws as rather punitive. Consulted young people explained for instance that if parents marry off a young girl, they have to pay a fine of two goats to the chief. In all targeted areas, a chief that allowed a child marriage to take place in his village could see his chieftaincy withdrawn, or he had to pay huge sums of money and risked being imprisoned if he failed to pay the fine. This was however not always enforced.

The TA Liwonde is the main custodian of these bylaws, ensuring they are being followed and that they are understood within the community, including the implications for breaking the rules. The communities have an obligation to follow what the bylaws stipulate and ensure they are used. Through the project, there was demonstration of passion within the consulted community members to use these as a tool for change in the community on issues such as child marriages and sending young people back to school. Through the same bylaws, chiefs are also summoned if they concealed a child marriage in their area.

The Alliance partners were active in ensuring the smooth rollout of the bylaws. This included taking the lead in community mobilisation through the different community structures to ensure that all community members understood them well, including child rights aspects. CYECE (one of the Alliance partners) for instance facilitated discussions about penalties, offenses etc., and increased the communities' understanding and ownership of the bylaws, but chiefs remained the overall custodians for influencing change within their jurisdictions. CYECE also provided further monitoring of adherence to the bylaws and contributed to ensuring their enforcement in their role as the Alliance partner leading on community mobilisation.

As a consortium, Alliance partners (Plan Malawi for instance) with interventions in other areas, such as Lilongwe, helped scale up these bylaws beyond TA Liwonde. Other communities are also trying to emulate and borrow the same idea from Plan Malawi in Lilongwe. The District Social Welfare Officer mentioned that other TAs such as Nyambi and Kawinga in the same district – Machinga - are also interested in the concept and are developing their own bylaws, which if enacted by the Minister can be applicable on the larger district level scale.

Results also indicate there were many unmarried young girls that returned to school thanks to the programme, as captured in programme reports. More than 10 such cases were reported by young people in their own communities. This could however also be linked to the back-to-school national policy implemented in the country.

> *We report through the mother groups if a certain girl is not attending school to follow up and find out whether the girl is pregnant or has been married. The mother groups come from different group village headmen. They track girls missing in school and follow up with them. Examples include group village headman Chilala who ended two child marriages in the area. The by-laws are really helping. Learners are also complying. –*
>
> **Head teacher**

Reports indicated that teachers have allowed girls with babies to bring their children to school in order to continue their studies. Special arrangements were made to allow them to breastfeed during break times within the school premises. FGD participants also gave the example of a girl in Matsidi school, Machinga who was pregnant. The Child Protection Workers helped the girl return to school and the mother group supported her with a uniform and books. However, girls who returned to school after a cancelled child marriage or after giving birth reported having to support themselves, making it difficult for them to adjust to the school environment and learn. They reported getting frustrated and considering dropping out indefinitely.

Key informants and FGD participants however also stressed that the impact of the bylaws will be realised after project implementation is completed, as the bylaws were rolled out and scaled up during most of the project's lifespan.

Challenges relating to the development and implementation of those bylaws also still persist. Findings from key informant interviews indicate for instance that some fines are higher than those in the national laws, hence making the punishments stiffer than usual. There was resistance to the amounts of the fines at the beginning of the project. As such, some didn't see these bylaws as tools for change, but rather simply as punitive actions. Sometimes, the bylaws were also found to be punitive for the young people, forcing boys for instance to leave school for a few months when they got a girl pregnant as a punishment, instead of 'doing-no-harm-principles' and respecting child rights.

In the early phases of the project, chiefs were also perpetrators of child marriage. As such, making them responsible for the enforcement of the bylaws was particularly sensitive. The programme however trained these chiefs, leading to many of them dutifully enforcing the new bylaws.

However, some leaders were reportedly not enforcing the bylaws. This mostly came down to the willingness of the chief in the area to ensure compliance. It was sometimes described by key informants as 'a business venture,' especially when fines were paid directly to the chiefs. Some young people also reported that bylaws were sometimes enforced differently based on the perpetrators' closeness and relations to the chief. However, thanks to the programme, community structures and youth are now aware of the bylaws, and they all contribute to monitoring their enforcement.

In general, there is widespread acceptance, use, and interpretation of the bylaws. One of the chiefs in TA Liwonde area even introduced a penalty fund, where the money received from fines were put into a community fund to buy uniforms for young people to attend school.

When such efforts are deployed to encourage girls and boys to stay in school, and avoid child marriage and teenage pregnancy, there is need to ensure that community members understand

why it is important for their children; it was often found that parents were following the bylaws in order to not to be fined, rather than because they really understood the value of those laws.

Lastly, there were also observations that perpetrators easily relocated to another TA that did not have such bylaws, thus avoiding any penalties for continuing such practices.

Overall, working through bylaws can be an effective way to reduce child marriage and teenage pregnancy cases, as well as school dropouts. Capacity building efforts of local chiefs and gatekeepers are nonetheless required to ensure that those bylaws do not lead to child rights violations. Despite some notable achievements in the rollout, monitoring, and scale-up of local bylaws as part of the programme, important challenges remain. The COVID-19 pandemic and upcoming elections also highlight the need for stronger structures to respond to unexpected shocks, as observed with the resurfacing of teenage pregnancy when schools closed, for instance.

Ethiopia

The Amhara region has some of the highest rates of child marriage and FGM/C in Ethiopia, at 44.8% and 61.7% respectively.[169] The Yes I Do programme was implemented in two districts of the region: Kewet and Bahir Dar Zuria, where these practices are prevalent due to poverty, gender inequality, social and cultural norms, and low education levels.[170] Since 2016, the Yes I Do programme has been working to change the consequences of these harmful traditional practices for young girls, including by training selected gatekeepers. Such gatekeepers can include representatives of village advisory committees, youth ambassadors, teachers, religious leaders, parents/elders, and government officials. The evaluation revealed that an increased number of gatekeepers, including mothers, fathers, and religious leaders, changed their attitudes towards child marriage and FGM/C and were taking actions to stop these practices. Teachers and school principals had also become catalysts to stop child marriage among their students.[171]

The following stories illustrate good examples of change, for instance when child marriages were cancelled and former FGM/C perpetrators were transformed into champions fighting against FGM/C following their participation in the programme. These cases also demonstrate some of the remaining challenges with the Yes I Do programme that should be addressed in future programmes. The stories have been collected through FGDs with adults and through the PEER review process, which entails training a group of 10 young people (five girls and five boys) to collect stories from their peers and to tell these stories to the facilitator and the rest of the group during a feedback workshop. Following those examples, this case study then discusses the overall effectiveness of front-line gatekeepers in preventing child marriages and FGM/C.

The role of the Ethiopian Youth Council for Higher Opportunities

The Ethiopian Youth Council for Higher Opportunities (ECHO) is a youth council that comprises youth members between the ages of 15-24 years, and which is designed to develop youth leaders in the areas of international family planning, sexual reproductive health, and global HIV and AIDS. This structure has been organised by YIDA in 18 kebeles. These youth groups were provided with various trainings that contributed to the empowerment of adolescent girls and boys to raise their voice and engage to claim their SRH rights in the form of capacity building trainings, mentoring and experience sharing and learning opportunities. As a result, boys and girls negotiated and convinced parents to cancel attempted child marriage & FGM/C. The following case illustrates how ECHO helped to cancel a child marriage.

Woynoa, who lived in Abay Atir Kebele, was 14 years old and a seventh grade student, when her parents decided that she should get married and started preparing for the wedding ceremony. When the Kewet ECHO group found out that her parents were planning a wedding for her, they sent one of their members to talk to her about it. Woynoa was told, but hoped that her parents were preparing for St. Michael holiday, not her wedding. That same day, Woynoa went to her house and told her parents that she did not want to get married, but could not convince them. She decided to go to the ECHO group members the next day. The members agreed to send one person to her home to talk to her parents. Having been trained on topics such as MYP and communication, the ECHO members was able to explain the psychological, physical, and social consequences of child marriage to the parents. They gave them real life examples of girls who got married before the age

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[169] Kassegne et al., 2018.
[170] Ibid.
[171] KIT Royal Tropical Institute, 'End-Line Report Yes I Do Ethiopia'.

of 18, whose lives were full of hardships and of other girls who refused to get married and were able to complete their education and get a high-level public service job. After a long discussion, the parents decided to cancel the wedding.

The Meharebe clubs

"Meharebe" is the Amharic version of Comprehensive Sexuality Education package, which includes 14 lessons on life, SRHR information, and skills. It is cascaded down to adolescent girls and boys through CSE/Meharebe clubs, which were established in 10 targeted schools in Bahirdar zuria and six in Kewet. The CSE programme has empowered more than 50,000 young people (both in- and out-of-school) [172] to develop different life skills and have better self-esteem and image about themselves, which can be seen from the following example.

Fitfit, a 15-year-old girl and seventh grade student in Bahir Dar Zuria District, told us the story of Meharebe. She aspired to a bright future after accomplishing her education to become a doctor. As part of the Yes I Do programme, she joined a youth club called the Meharebe Club. She was trained on the 14 lessons of Meharebe, which reportedly built her confidence to take action against child marriage. She explains that, after successfully accomplishing Meharebe training, one of her friends named Fitfit told her that her (Fitfit's) parents, uncle and other relatives arranged for her to marry someone who was 30 years old. Fitfit originally did not know anything about this plan, and asked her mother, who told her that she had to stop her education and marry the man. After long discussions with her mother on the negative consequences of child marriage, her mother still refused to change her mind. Fitfit thus decided to inform one of the Meharebe facilitators (a teacher), who immediately called her parents to tell them to cancel the marriage. Following this conversation, the parents decided to cancel the marriage and their attitudes changed, leading them to be more supporting of Fitfit's education. According to Fitfit, she was able to say no to the marriage due to the Meharebe training and the gatekeepers in the community on who she was able to rely.

The role of religious leaders ending child marriage & FGM

Habtewold, 60, is a priest in an Orthodox Christian church in Kewet District who has been serving in the church for the past 42 years. He is also a spiritual father for 90 households in the surrounding communities. He is supposed to provide religious education and do all the required religious ceremonies for his fellow faith followers. As in many Ethiopian villages, harmful traditional practices in the locality have been taken place for many years. Despite a general decline, deeply rooted social and gender norms have affected community life in general, and children and women in particular through child marriage and FGM/C. Since 2016, Priest Habtewold has been acting as a gatekeeper with the YIDA programme and has received various trainings on FGM, child marriage and teenage pregnancy related subjects. Since then, he has been working as an advocate to end FGM and child marriage in the community. Priest Habtewold noted that in previous years, the practice of FGM and child marriage were highly prevalent; despite the government and other stakeholders informing the communities about their negative consequences, the practices were seen as part of the local culture and community members, including the priests (and himself), didn't act on it. However, Habtewold noted a recent change in attitude among the communities and his fellow religious leaders in the region. Habtewold explained for instance that, in the Orthodox religion, priests are expected to visit the households and bless them with holly water during wedding ceremonies and when women give birth. In the past, it was also common to perform circumcision ceremonies for both male and female children during these visits. However, Habtewold stated that following his engagement in the YIDA programme, he decided not to conduct any more ceremonies for FGM or child marriage. He also

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[172] KIT Royal Tropical Institute.

educated his fellow believers at church and through door-to-door visits. He even started informing the State's justice bodies whenever he suspected a child marriage case. Priest Habtewold explained a case he recently faced: "*Last year I was asked to attend one promise making ceremony by a fellow father who wanted to marry off his 16-year-old girl. I was informed when elders in the families came to ask for a blessing once the agreement was made between the boy's and girl's families. I however refused to attend as I knew the wedding wouldn't happen without a priest attending. But then, I heard that the father contacted another priest who accepted to bless the ceremony and the girl was married.*" Habtewold stressed that, despite the fact that some trained priests are working on banning child marriage, there are still a few who support the practice, and that parents who want to marry their children early have found a way to get around the issue by simply changing the spiritual father they follow. Priest Habtewold recommended that all religious fathers should receive the same training so that they can all stand together to end child marriage and other harmful practices. At the end of the conversation, he noted that he would love to see an empowered young generation who can responsibly decide whom and when to marry.

Harmful Traditional Practitioner Decides Not to Practice Anymore

Kibebew, 62, is a well-known farmer in the Bahir Dar Zuria District. He is the father of eight children (five boys and three girls) who was a FGM/C practitioner for more than 35 years. The tradition was passed onto him by his uncle. During those 35 years of practice, Kibebew was unaware of the negative consequences FGM/C on young people. As a result, his three daughters were circumcised. He used to practice for free, without accepting any payment for the service rendered. When the YIDA programme reached his community, he participated in a training on the causes and effects of harmful traditional practices. During the training, Kibebew realised that he might have been responsible for the deaths of many mothers due to the FGM/C he performed on them when they were younger and the pregnancy complications the practice can cause. He further explained: "*I attended the harmful traditional practice and SRH training entitlement sessions organised by the YIDA. It was the first time that I received such well-tailored and detailed training. I did not have the appropriate knowledge and attitude about harmful traditional practices before that.*" At the end of the training all participants promised not to practice such harmful traditional practices in their respective kebeles, and Kibebew has since kept his promise. As a result, he refused to circumcise eight young girls who were presented to him by community members. In addition, he brought the eight girls' mothers to the health post for more counselling regarding harmful traditional practices. Lastly, Kibebew also spoke about the consequences of FGM/C in two orthodox churches and during community meetings to convince parents to protect their children against those practices. The story of Kibebew is one example of a practitioner who, following his involvement in the programme, not only stopped performing harmful practices, but also took action to prevent them from happening.

A determined mother stops FGM

Jemanesh, 26, is a married woman who lives in Kewet District. She is the mother of one boy and two girls, aged eight years, five years and four months old. Her husband is a farmer. She is illiterate and got married when she was 17 years old. She was among the many women who participated in the YIDA activities in the area, where she received information and education on the consequences of FGM/C, child marriage and teenage pregnancy. Jemanesh also attended awareness raising sessions on health education campaigns and community conversations facilitated by YIDA partners. Previously, she did not have information on the consequences of harmful traditional practices, particularly FGM and child marriage, which have been regularly exercised in the local community where she lives. As such, her five years old girl was circumcised when she was an infant. She, however, refused to do the same for her four-month-old baby girl. The community conversation sessions

have reportedly changed her opinion about FGM, but she sees that many community members still follow the wrong reasons to circumcise FGM/C. She explained, "*We have a long belief that non-circumcised women become 'Chincha' if they are not married. Chincha is a word to depict a situation where men may face challenges when they have first sexual intercourse with a non-circumcised partner as their virginity is seen as being stronger and more difficult to take. This thought is very deeply rooted in my kebele as this has been taught for many years. As a result, we have been practicing FGM for a long time.*" Despite trying to raise awareness among her community members, Jemanesh has significant resistance, as too few people seemed as determined as her to not circumcise their daughters anymore. As such, the story of Jemanesh shows that despite the fact that the YIDA programme managed to change the attitudes of some individuals, in certain areas, a real social movement, mobilising a wide range of stakeholders to end harmful practices, could not be created. This may not only deflate the motivation of those individuals who changed their attitudes, but also have consequences on the way they are seen in the community and their social inclusion.

Committed Women Development Army

Worknesh, 25, is a women development army member in Birbera Kebele, Kewet District. She leads a network of 30 women and is responsible for teaching and following up with mothers to ensure they use basic health packages. She is married to a religious authority figure and has two children. Worknesh got married when she was 15 because her family requested the assistance of the priest and gave her to him in return. Workinesh explained: "*It was really difficult to lead my family life during the first few years. I didn't feel good during sexual intercourse. It was painful. When I gave birth to my first child, I went through three days of labour. It was a home delivery. I also used to feel sad whenever I met some elementary school friends who completed higher education.*" Currently, Workinesh is working closely with the YIDA programme to accompany women who recently gave birth to ensure FGM/C is not carried out, to try to prevent other girls from having to face the same challenges as she did. She received trainings on FGM/C and child marriage, and now teaches mothers in her network about the consequences of those practices. In the past two years, none of her fellow mothers practiced FGM/C or child marriage, and only one mother delivered her baby at home due to an emergency labour. Workinesh sees this as a great success and source of pride. She is also actively working to see a village where no child marriage takes place. At the end of the conversation, she advocated for the deeper involvement of religious leaders in programmes such as YIDA, and shared her dream to see her children becoming scientists.

These examples depict how different gatekeepers (youth clubs, religious figures, parents) have been actively involved in preventing child marriage and FGM/C cases after attending some of the Yes I Do activities. The YIDA has for instance utilised community conversation sessions to achieve its objectives, specially in terms of avoiding the practice of FGM/C and child marriage and in creating a social movement against those practices. As a result, the programme regularly conducted dialogues with different segments of the community in the intervention areas. The YIDA also established and capacitated networks, such as community conversation and change agents. which connected groups that conduct dialogue sessions with groups of community members from all walks of life. The Community Conversation sessions, peer-to-peer discussions, and parents' dialogue sessions were organised by trained facilitators to enhance dialogue with men, women, girls, and boys. The programme has also engaged youths to facilitate discussions with in and out-of-school, and peer-to-peer groups. For instance, after the youths gained knowledge and skills on SRH, life skills, and facilitation skills, they conducted discussion sessions on ASRH and child marriage, teen pregnancy, and FGM/C for out-of-school youths. The various trainings provided to gatekeepers,

community leaders, and government actors have contributed to improve their understanding and equipped them with the skills needed to facilitate dialogue sessions. Likewise, the dialogue and community conversation sessions supported by the awareness raising events contributed to changes in knowledge, behaviour, and practices among traditional healers and community members. The programme has also established networks of gatekeepers and change agents at kebele (lowest administrative unit) and woreda (district) level. These networks link community-level structures such as health development armies, youth groups, health extension workers, Iddirs (types of community-based organisations, CBOs), and parents' groups to each other, and also connects them with anti-harmful traditional practice committees, which were described by health workers as decisive in shaping the attitudes of community members.[173]

Through those different activities, many gatekeepers, including mothers and religious leaders, have changed their attitudes towards child marriage and are raising awareness about its harm. Teachers and a few community members are reporting child marriage cases to the authorities.[174] The police and kebele officials are working to stop arranged child marriages. At the same time, there are corruption cases among health workers and police, some religious leaders are neutral on child marriage, and not all community members report child marriage cases to the authorities.[175] This resulted in a decline in the proportion of girls and women aged 18-24 who were married or in a union before the age of 18 by 30 pp, compared to baseline in Kewet, but only a 1.7 pp decline in Bahidar Zuirya.

By the end of the programme, the majority of the population was also aware that FGM/C is prohibited under law. Health workers and teachers were working against the practice and raising awareness. Most circumcisers have stopped the practice after participating in trainings on awareness raising and income generating alternatives. While FGM/C is perceived to have significantly declined, some mothers and circumcisers have not completely abandoned it.[176] Community and religious leaders are not taking many actions on FGM/C and youth actions seemed more focused on preventing child marriage than FGM/C. Nonetheless, the proportion of girls between the age of 15-24 who underwent FGM/C also decreased compared to baseline in both areas (by 8 pp in Kewet and 15 pp in Bahidar Zuirya)

As such, the work of the programme in mobilising and capacitating targeted gatekeepers in the selected areas has been effective in preventing child marriage and FGM/C. It seems that the programme targeted and connected the right stakeholders who had sufficient influence to take action. Some challenges remain however, particularly the corruption cases among health workers and police, but also the possibility for unconvinced parents to go to other woredas to have FGM/C performed on their children or child marriages approved.

More attention could have also been paid to what happens to the girls when a child marriage is cancelled (as highlighted by a research study written by KIT), or when they are a small minority in the community who did not go through FGM/C.

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[173] KIT Royal Tropical Institute.
[174] Ibid.
[175] Ibid
[176] Ibid

The operationalisation of the concept of Meaningful Youth Participation (MYP)

Meaningful Youth Participation (MYP) constituted one of the four cross-cutting strategies of the YIDA ToC. This case study explores if and how MYP was effectively integrated into the programme and in the implementation of activities across the programme countries.

During the MTR process, it was noted that YIDA partners had been trained on MYP and had subsequently trained other community actors and local authorities to meaningfully engage youth, but that the engagement of youth needed to go further "by giving young people a true voice."[177] According to the MTR report, YIDA's vision of MYP needed to be clarified and invigorated.[178]

Understanding MYP

MYP is defined by one of the YIDA partners (CHOICE) as a situation in which young people are involved in all stages of decision-making in organisations and can participate on equal terms with adults at a number of levels, or alternatively work independently from adults and make decisions solely with the involvement of youth voices.[179] The evaluation process showed that this definition was not clear to all implementing partners, and that a proper discussion involving all stakeholders about the meaning and implication of MYP within the YID programme was lacking, at both the Alliance and country levels.

Interviews with key informants in the involved programme countries showed that ensuring MYP was more challenging than many would have expected. Especially in the beginning of the programme, MYP was not fully understood by all implementing partners, and it was not always clear who would do what. As one key informant pointed out, "*It is one thing to get youth involved in the programme, but another to bring that involvement to a deeper and more significant level of participation.*" Many key informants felt that MYP had been included to a certain extent, although not as fully as desired, and a few were critical of the lack of a sufficient level of MYP throughout the programme. There was a feeling among some of the key informants that although more youth were informed through the programme, the creation of a youth-led movement could not be said to exist. It was felt that the strategy may have been insufficient to really spark that kind of movement, which could have led the youth to mobilise in a sustainable and independent manner.

When asked about MYP, several key informants pointed specifically to Pathway 2 of the YID Programme, which focused on achieving "adolescent girls and boys are meaningfully engaged to claim their SRH rights." They did not necessarily consider other pathways of the programme to have also included MYP. A couple of key informants did however state that MYP is a "cross-cutting issue" and that it was their "core objective to make sure that young people are not only recipients but also the main actors of change." One key informant stated that, "*MYP requires you to engage young people from designing process to decision-making levels.*"

In some instances, there appears to have been confusion related to the definition of MYP, and in certain cases the concept seems to have been implemented in a limited manner, whereby "child-

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[177] Yes I Do Alliance, 'Midterm Review 2016 to June 2018 - Synthesis Report'. Yes I Do Alliance.
[178] Ibid.
[179] https://www.youthdoit.org/themes/meaningful-youth-participation/#:~:text=Meaningful%20Youth%20Participation%20(MYP)%20means,the%20involvement%20of%20youth%20voices.

friendly messages" were developed by the partners, and children and youth were the recipients of those messages, rather than the co-creators. Nevertheless, a positive aspect in those cases was that the youth participants have subsequently taken ownership of those messages and disseminated them further on their own.
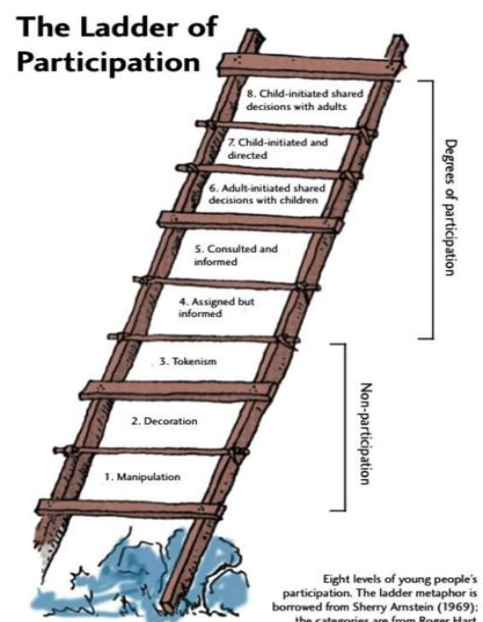
Regarding the definition of MYP, there were also some remarks regarding the difficulty in identifying a homogenous group of "youths." The question was raised as to who the youth are, and a few key informants felt the need to underscore the vast diversity that exists within youth in the programme implementing areas, for instance in terms of age, religion, ethnic groups, physical ability, or sexuality. It was questioned whether the programme had been able to be inclusive of all these different intersecting identities.

One key informant stated that the definition of "youth" in the YID programme covered persons up to 35 years of age. This is broader than, for instance, the United Nations' definition of youth, which includes persons in the age range of 15-24 years,[180] while persons aged 25-34 are more commonly referred to as "young adults." Such a broad definition of youth without room for contextual nuances (e.g. depending on the country, region, and composition of the population) could, according to the evaluators, dilute the sense of MYP. By extending the age range, there is a risk that objectives appear fulfilled when they are not (e.g. number or percentage of youth actively involved in decision-making processes/management/board positions). In addition, a broad age range further increases the diversity (and hence the diverse needs) of the group members/target group and may make it more difficult to respond to the needs and wishes of "youth" in a certain area or context.

An important aspect with MYP, which was raised by a few key informants, is that it is not sufficient to sensitise youth about MYP and mobilise them to act. It was felt that adults need to be sensitised too, in order to avoid clashes or conflict and to make sure that they are ready for the youth to stand up and raise their voices. The risk otherwise is that they will see it as young people being rude, impolite, or disrespectful.

A model for MYP

In Hart's "ladder of participation" (see picture to the right), the first three levels are referred to by Hart as "non-participation." Levels 4-5 represent basic forms of participation, with the 4th one referring to when youth are assigned a task by adults, but informed about it, and the 5th implying that youth have been not only informed but also consulted about the task. Levels 6-8 represent what could be referred to as meaningful youth participation. Level 6 refers to adult-initiated activities/tasks where subsequent decisions are shared with youth. Level 7 implies that the activities are completely youth-initiated and directed, while level 8 refers to youth-initiated activities in which subsequent decisions are shared with adults.

The Ladder of Participation

8. Child-initiated shared decisions with adults
7. Child-initiated and directed
6. Adult-initiated shared decisions with children
5. Consulted and informed
4. Assigned but informed

Degrees of participation

3. Tokenism
2. Decoration
1. Manipulation

Non-participation

Eight levels of young people's participation. The ladder metaphor is borrowed from Sherry Arnstein (1969); the categories are from Roger Hart.

In the YID programme, a variant of Hart's ladder developed by the YIDA member CHOICE was used as a tool for MYP: the flower of participation (see picture below).

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[180] https://www.un.org/en/sections/issues-depth/youth-0/
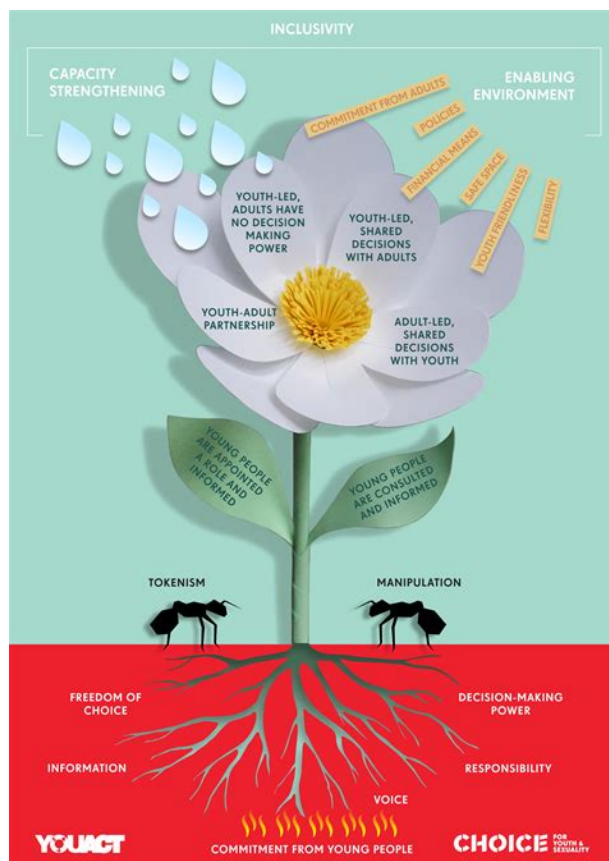
Like Hart's ladder, on which it is based, the flower of participation shows how manipulation and tokenism are forms of "non-participation." Hart's "basic" or "low responsibility" participation forms can be found in the green leaves on the stem of the flower, such as when youth are assigned a task by adults and are either informed, or informed and consulted by adults. In the petals of the flower are the forms of meaningful youth participation, such as adult-initiated activities in which subsequent decisions are shared with youth (Hart's level 6), entirely youth-initiated and directed activities (Hart's level 7) and youth-initiated activities in which subsequent decisions are shared with adults (Hart's level 8, also referred to as "youth-adult equity"). In the flower of participation pictured here, there is also the "youth-adult partnership," which could be considered part of levels 6 and 8 of Hart's ladder, implying shared decision-making, whether the activity is initiated by young people or by adults. As is beautifully illustrated in this picture, even when activities are youth- initiated, -led and -directed, they require inclusivity (the air), capacity strengthening (water), and an enabling environment (sunlight).

Despite the existence of this tool, which was accompanied by a 15-page guide, only one interviewed key informant mentioned the flower of participation as a model for MYP. The evaluation showed that the tool was insufficiently known among implementing partners, which may have hampered the possibility to effectively implement MYP.

Challenges to implementing MYP

External challenges

One challenge identified by key informants to implementing MYP successfully is the hierarchical structure of society in (at least some of) the programme implementing areas. It was pointed out by one key informant that adults tend to see youth mostly as people who are "wild" or "not wise enough," and who need to be "controlled" and who "cannot make their own decisions." In relation to this, several other key informants mentioned the need for the "government to recognise that youth should have a role" as a major challenge, and explained that the concept of MYP is very new and it takes time to convince the authorities about it.

In that regard, although many key informants felt that MYP "has worked," it was recognised that it is a long process and that time and follow-up is needed to ensure that MYP remains and becomes integrated into existing structures.

In addition, another external factor that played a significant role in some of the programme countries was the fact that youth have been brought up with completely different norms and customs, and that many of them were new to the terminology or the topics at the heart of the YIDA programme. This made it more difficult for them to be proactive and to participate in a meaningful manner, because they simply lacked the values and knowledge of their rights before the programme started. For those youth, it was necessary to start a dialogue on these issues in a more delicate way, firstly to

overcome the shame and discomfort of speaking about issues related to sexuality, which are generally taboo, and secondly to make the youth feel that they are allowed to raise their voices and speak out about their own rights. Some of the key informants explained how challenging this was at the start of the programme, because it felt like "fighting a culture" and often the youth themselves were convinced that they did not have what it takes to make their own decisions or stand up for their own ideas.

Some key informants also mentioned that handing over responsibility and independence to the youth to truly foster MYP was challenging because it was so new to the youth that they were not always sufficiently prepared for it. There was a sense of a lack of much needed guidance for the youth participants in how to make a decision for oneself.

A concrete example of this was provided from Ethiopia, where a group of youth supported on economic empowerment had the choice of engaging in a business, and all chose to go into hairdressing. The rural area in which they lived could not sustain a large number of hairdressers, and most of the businesses failed. The key informant who shared this experience explained that they (project partners) learned from this mistake and repaired it, not by removing their choice but by providing the youth with more information and guidance about the different issues they would face, so that they would be able to make better choices for themselves.

This shows that in order for MYP to be effective and make sense, some basic guidance is needed and should be provided by responsible adults or by peers with relevant experience. At the same time, when adults are guiding the process, it can be a fine line between providing guidance and information which lead to MYP on the one hand, and "token participation" or manipulation, on the other hand.

Some key informants also noted the need with young people to be constantly innovative to hold their attention, while others reported that young people are a particularly mobile group, moving from area to area for job opportunities or during school breaks. It was therefore challenging to hold regular meetings with the same participants.

Internal challenges

A more internal challenge to MYP appears to have concerned specific activities of the programme. For instance, some key informants explained that there was no youth participation foreseen for the research activities and reports, and felt that this would have been a good idea. Moreover, some key informants did not feel that youth had been sufficiently involved in the communication, and stated that more efforts could have been done to be youth-friendly and to include them better.

One key informant explained the lack of MYP was in turn due to the lack of experience in implementing such a programme, and felt that more support was needed in this regard. As mentioned above, the flower of participation as a tool for MYP does not appear to have been sufficiently integrated into the programme, or may have been insufficient to provide implementing partners with the necessary knowledge and preparedness.

Some key informants were of the view that MYP belonged to certain specific pathways but not to others, or that different pathways could accommodate different degrees of MYP. In other words, for certain activities YIDA partners would "allow" the youth to participate in the planning, organisation, and implementation phases, while in others they would only be part of the implementation, or not at all. This may be linked to how the strategy was drawn up and explained to, or interpreted by, partners, or it may relate to different understandings of the concept of MYP.

It was pointed out by a couple of key informants that the beginning of the programme had been difficult, in particular because MYP was not taken seriously by all partners and external relations. However, they expressed that this gradually changed for the better as the programme unfolded and MYP turned into a more rich experience.

Positive experiences of MYP

In some instances, key informants were of the view that MYP had been successful and that youth were developing key messages, and sharing their ideas and feelings about the issues at stake. They felt that enough opportunity had been provided for youth to develop and conduct activities in their own way. In those cases, the YIDA staff was there more to provide guidance when needed and to support the youth technically, but not to micromanage the activities or messages that the youth were developing and disseminating. Some key informants felt that it was necessary to organise, or at least support the organisation of youth groups and to provide training, in order for them to come together and be able to develop messages that would reflect their own views.

One key aspect of providing support and training, which was raised by one key informant, is the need to be on an equal footing with the youth they were interacting with, especially in terms of communication.

Another key informant mentioned that youth had a big role in rolling out interventions by working with their peers, acting as peer trainers, and raising their voices. Some of them who were particularly involved in the programme were even recruited by YIDA partners to work on similar programmes, which was described as great success stories.

Several key informants were of the opinion that using already existing youth structures (for instance local youth-led partner organisations or local partners with a youth network) significantly helped creating MYP in the YIDA programme because they could build on something that already existed. In those places, the youth already had some capacity and they could take on the topics of child marriage and teenage pregnancy (and, where relevant, FGM), and contribute to disseminating important messages to peers and to their communities at large.

According to some key informants, the youth participants directly involved in the programme activities did participate in a meaningful manner and made a significant difference in terms of results achieved. This mainly concerned their "own" youth participants, i.e. those who took part in all aspects, including the planning of project activities. For instance, some partners' offices opened a space specific for young people where they could plan their activities. On the other hand, engaging a broader set of young participants proved more challenging and it was felt that other young people, who were not directly involved in the programme activities but who were nevertheless reached by them, did not have a chance to give their opinions.

Key informants working for youth-led organisations also observed changes in the YIDA partners' organisational cultures. They explained that at the beginning they were facing issues in having their voices heard and to be seen as equal partners. However, as the programme progressed, they noted a positive change, as more attention was given to young people and youth-led organisations as implementers.

Lastly, young people consulted in Ethiopia, Malawi and Indonesia mentioned the communication from the programme as a positive factor to foster their participation in the programme. They often felt that communication from YIDA partners was appropriate to their age, culture and areas of interest.

Sustainable impact of MYP

In several of the programme implementing areas, key informants mentioned that youth have been successfully integrated into community councils (or similar bodies depending on the country, e.g. village development committees, youth-friendly health centre committees), which previously used to only include older adults. This was seen by several key informants from different countries as a particularly important achievement, which is expected to grant some sustainability to active and meaningful youth involvement. At the same time, some key informants cautioned that although this was indeed an important success, follow-up action is essential to make sure that this change is really institutionalised, and not just temporary. One factor that might mitigate the success of involving youth in community councils and similar bodies relates to their actual participation once there. As pointed out by one key informant, some youth expressed their concerns with the fact that they were invited to sit at the table, but not necessarily to speak.

In terms of economic empowerment, several key informants expressed their satisfaction with how resourceful and creative many of the youth had proven to be once they got the opportunity. It was mentioned that youth had sometimes taken the activities further than foreseen by the YIDA partners, by really taking ownership of the issue. Several key informants expressed pride of the youth participants for these achievements and it gave them hope that, with the small financial and technical contributions provided through the YIDA programme, these youth would continue to manage to make a difference in their own lives, and the lives of others.

On the other hand, it was also indicated that sustainability is not necessarily linked to youth seeing MYP as an income generating activity, for which they receive allowances. They rather need to start seeing it as an "empowering mechanism" for them to use. This is a goal that can remain for the long-run.

In conclusion, it was agreed by most key informants that there had been some degree of MYP in the YIDA programme. In some countries, particularly in Ethiopia and Indonesia, key informants appeared to generally be more positive about MYP, whereas key informants in the other programme countries were somewhat more mitigated in their assessments. This may depend on to what extent MYP was a novelty for the implementing partners and in the programme implementation areas, since increased knowledge about the concept may also raise the expectations of what it should bring.

There was some degree of confusion as to the scope of MYP within the YIDA programme, in particular whether or not it was limited to Pathway 2. Some key informants provided examples limited to this pathway, whereas others took a broader view and referred to examples also from other pathways, in particular Pathways 3 and 4. This shows the need for a clear understanding of MYP as a transversal issue, which cuts across all activities that have an impact on youth.

Most key informants seemed to agree that more is needed to institutionalise MYP into societal structures and make sure it remains part of system. A key factor is to work on convincing adults of the need and usefulness of MYP, and that youth are capable of making a meaningful contribution to decision-making processes.

Lastly, it was mentioned that MYP should be scaled up and promoted also at higher levels (e.g. district, regional, and national levels).

Annexes

Annex 1: Global Programme Theory of Change (ToC)
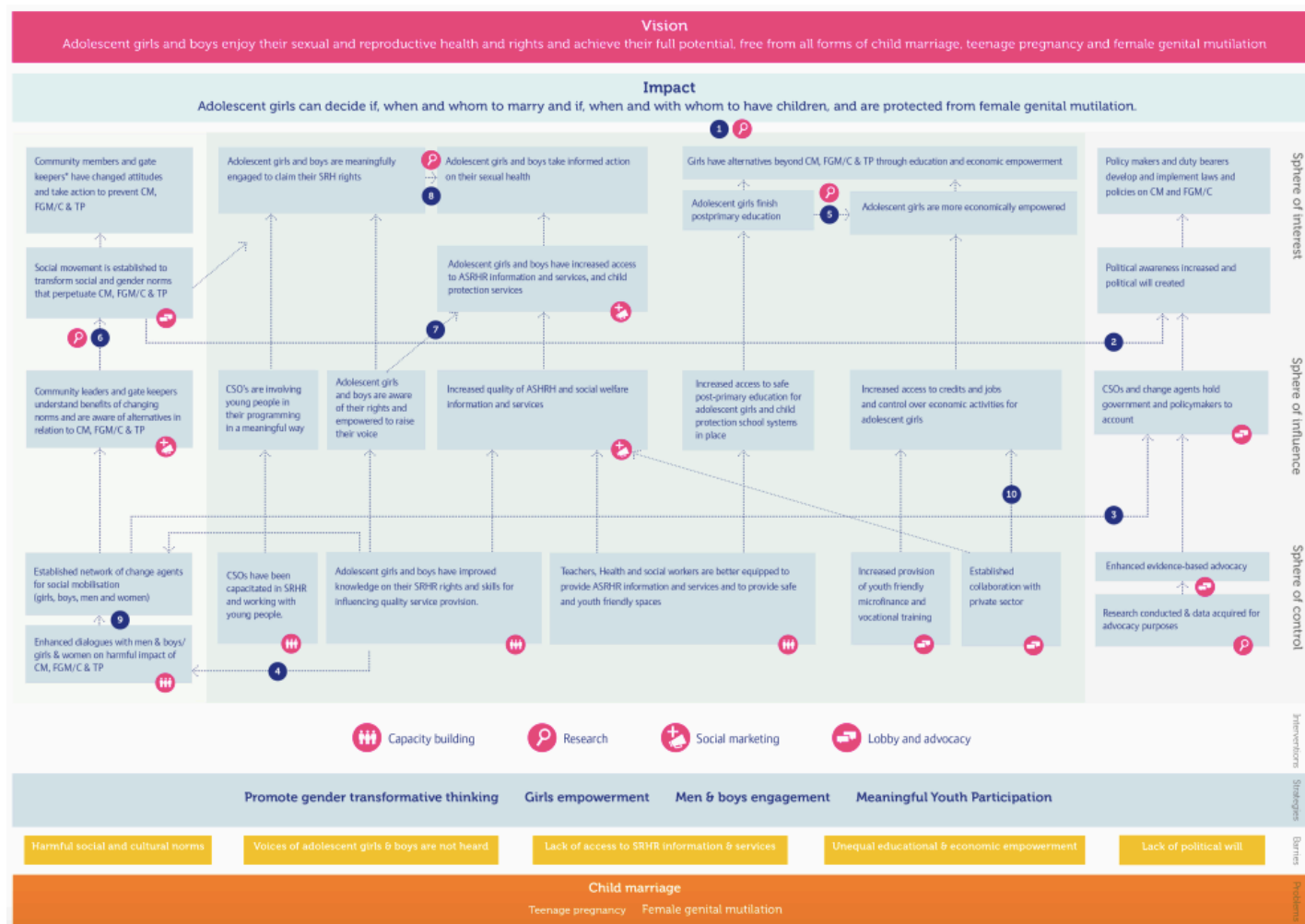
Annex 2: Analysis of end-line quantitative results

The following section is based on the baseline and end-line data collected by KIT and shared by the YIDA with the consultants, who undertook the analysis.

Ethiopia

Indicators relating to child marriage showed an improvement over the course of the programme. In Bahidar Zuirya, the percentage of women aged 18-24 who were married or in a union before the ages of 18 and 16 is 1.7 percentage points (pp) lower relative to the baseline, while they are 30 pp and 9.1 pp lower respectively relative to the baseline in Kewet.

Child Marriage Indicators, Baseline vs Endline
Ethiopia (Bahidar Zuirya)

Child Marriage Indicators, Baseline vs Endline
Ethiopia (Kewet)
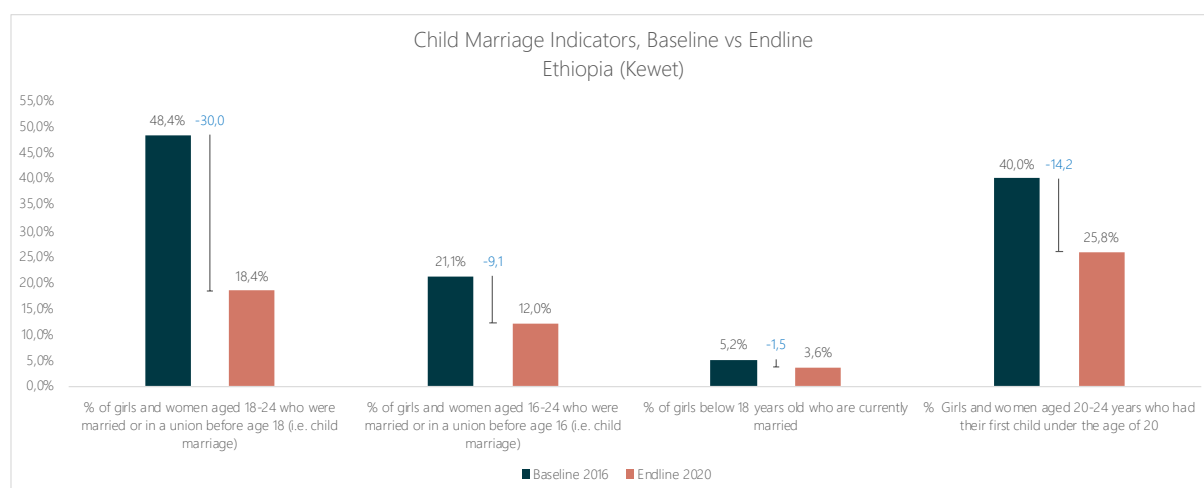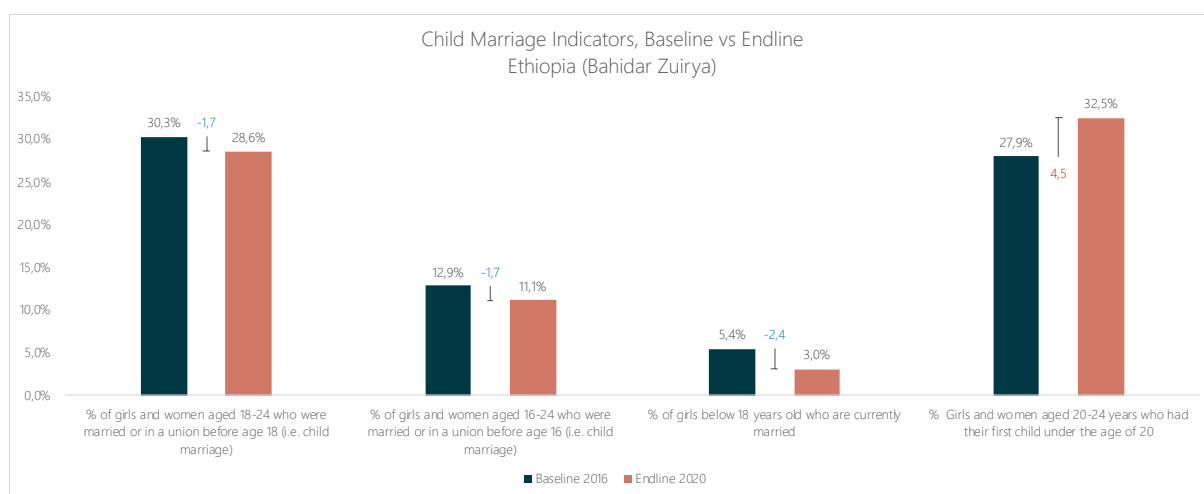
In Kewet, the percentage of women aged 20-24 that had their first child before turning 20 decreased by 14.2 pp over the course of the programme. However, in Bahidar Zuirya, this percentage increased over time, from 27.9% at baseline to 32.5% at end-line.

In Bahidar Zuirya, the percentage of young women that underwent FMG/C decreased from 54.3% at baseline to 39.1% at end-line whereas, in Kewet, it decreased from 53.3% to 45.3%.

FGM/C Indicators, Baseline vs Endline
Ethiopia (Bahidar Zuirya)

FGM/C Indicators, Baseline vs Endline
Ethiopia (Kewet)
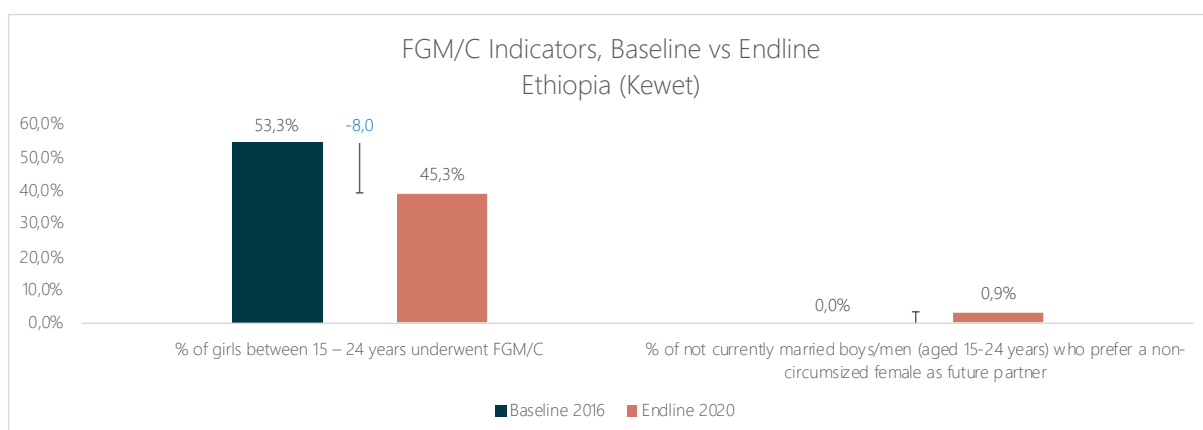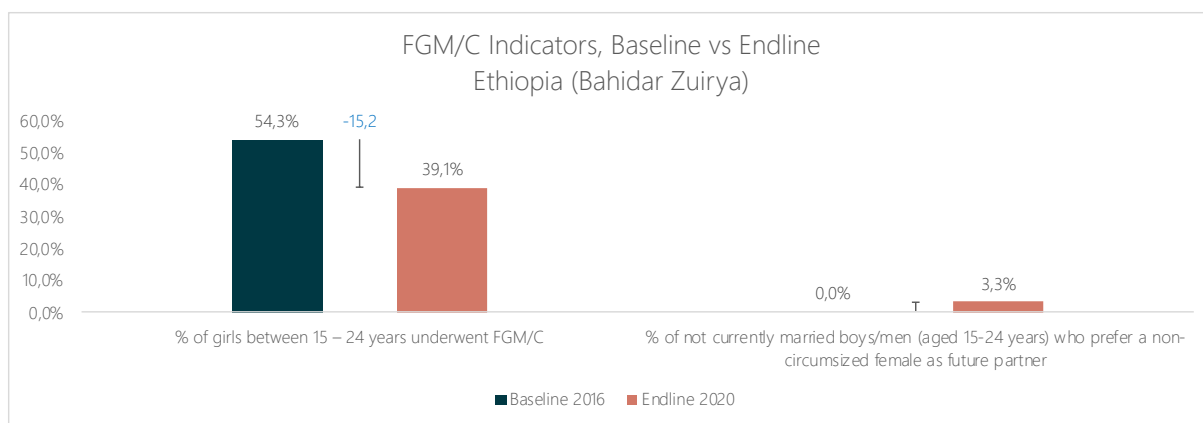
In terms of access to education, in Bahidar Zuirya, the percentage of girls below 18 who dropped out of school increased by 8.8 pp compared to the baseline. Similarly, in Kewet, the percentage of girls who dropped out of school increased by 3.6 pp. At the same time, there was an increase in the share of girls (15-18) currently attending secondary school in both areas. This difference may be explained by differences in the samples. In the end-line there were no girls (15-18) that had a child and were still in school, compared to approximately 70% at the baseline. This may be explained by a drop in the number of girls getting pregnant, or by a decrease in the number of girls with a child dropping out of school.

School Indicators, Baseline vs Endline
Ethiopia (Bahidar Zuirya)

School Indicators, Baseline vs Endline
Ethiopia (Kewet)
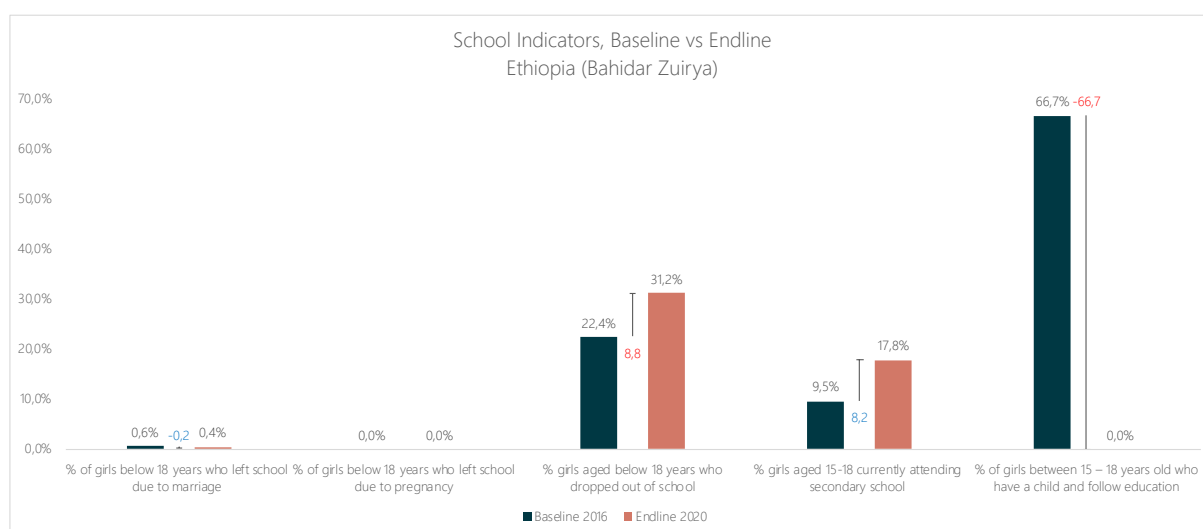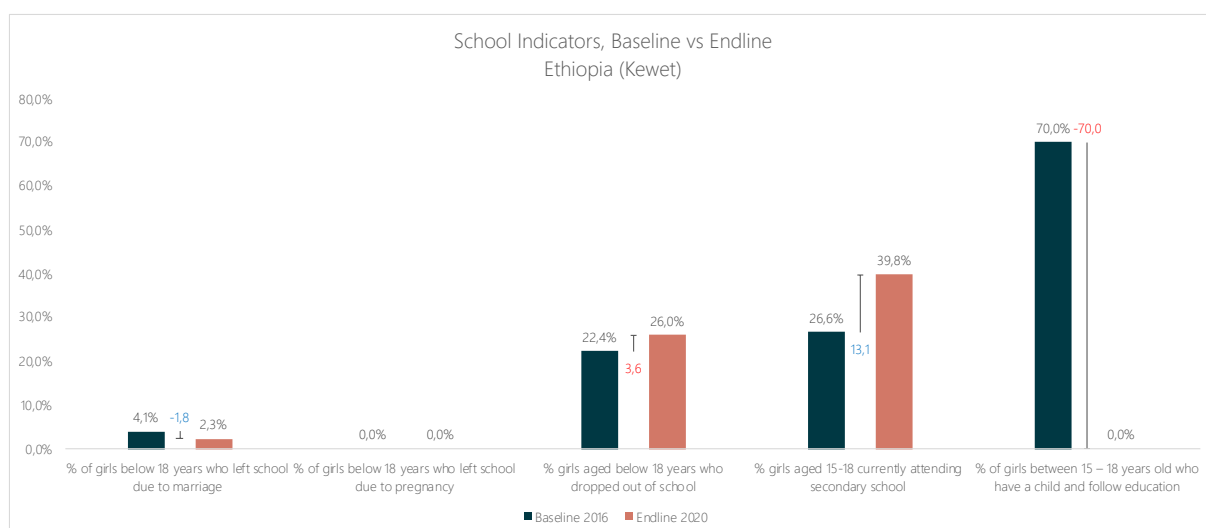
Regarding young women's economic empowerment, all indicators worsened in both areas. This is likely explained by the impact of the COVID-19 pandemic.

Empowerment Indicators, Baseline vs Endline
Ethiopia (Bahidar Zuirya)

Empowerment Indicators, Baseline vs Endline
Ethiopia (Kewet)
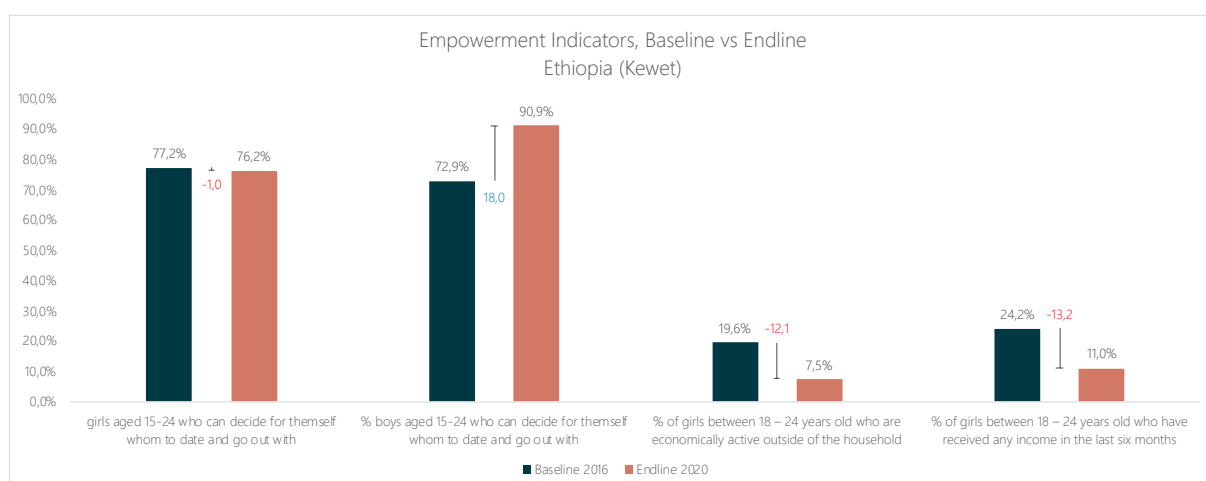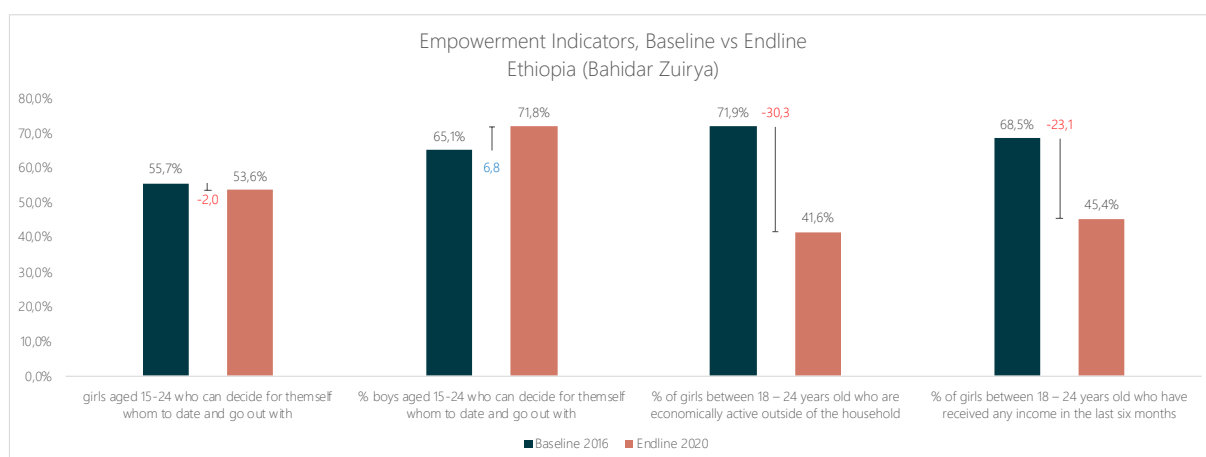
The percentage of young men who could decide for themselves whom to date increased by 6.8 pp in Bahidar Zuirya and by 18 pp in Kewet by the end of the programme.

In terms of girls' access to SRH services in Bahidar Zuriya, all indicators seemed to have worsened relative to the baseline.

Sexual and Reproductive Health Indicators GIRLS, Baseline vs Endline
Ethiopia (Bahidar Zuirya)
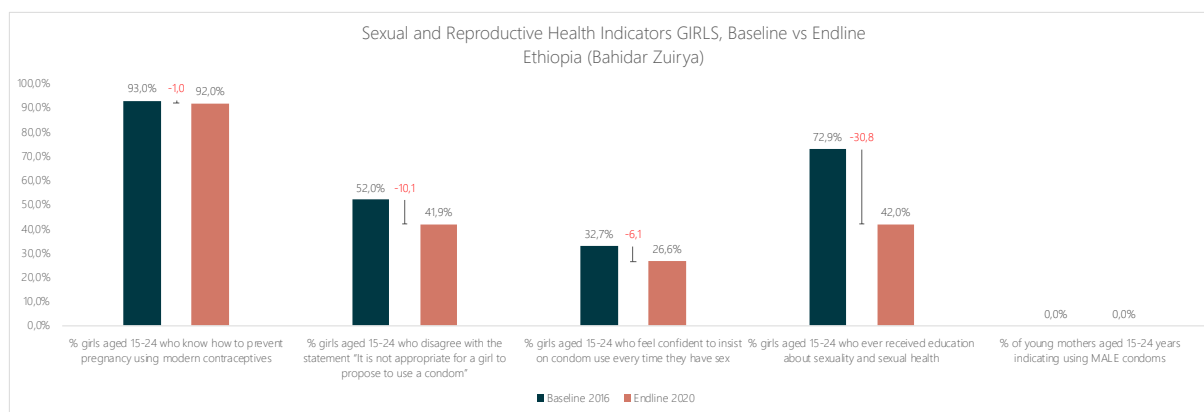
A similar evolution can be observed in the young men's group.

Sexual and Reproductive Health Indicators BOYS, Baseline vs Endline
Ethiopia (Bahidar Zuirya)
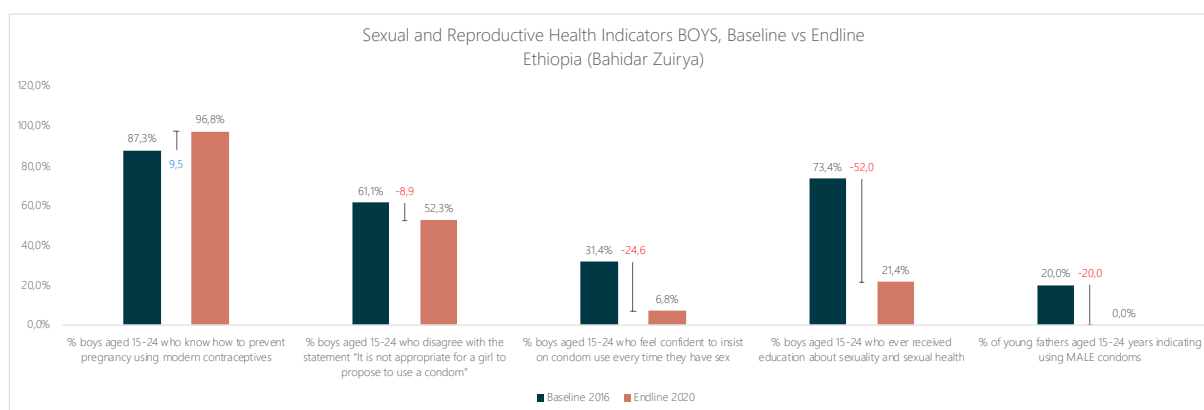
In Kewet, however, some indicators improved, including the percentage of young women who felt confident to insist on the use of a condom, which improved by 15.5 pp.

Sexual and Reproductive Health Indicators GIRLS, Baseline vs Endline
Ethiopia (Kewet)

Sexual and Reproductive Health Indicators BOYS, Baseline vs Endline
Ethiopia (Kewet)
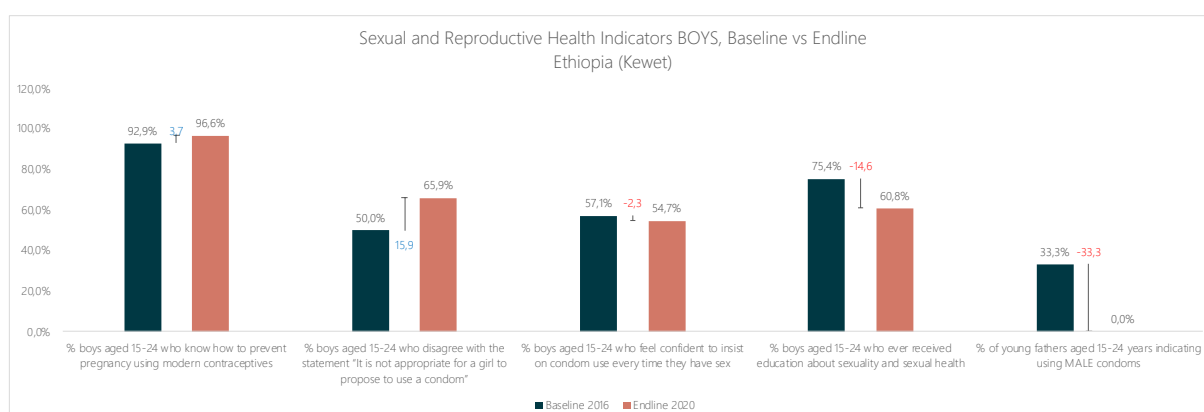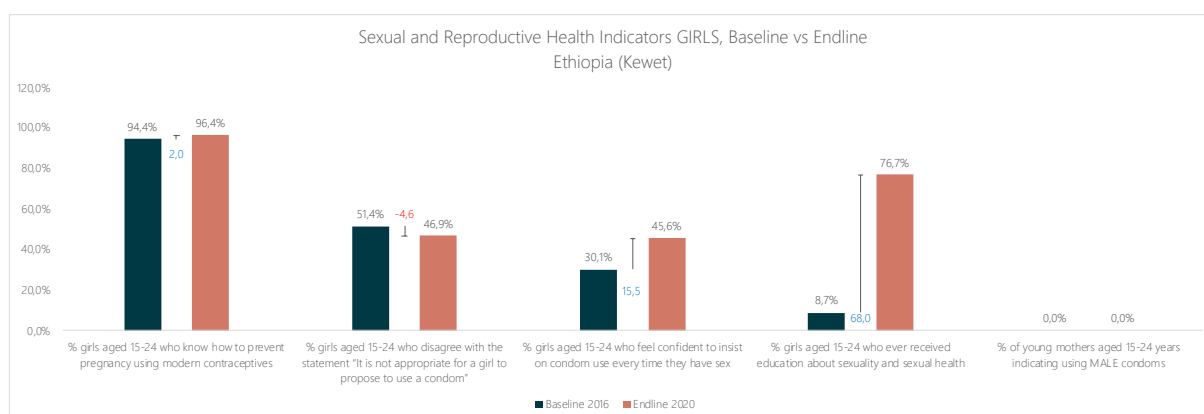
Indonesia

In Sukabumi, there were improvements in all child marriage indicators. Comparing the end-line to the baseline, the percentage of young women (18-24) who were married or in a union before reaching 18 and 16 decreased by 8.4 pp and 1.7 pp respectively. The percentage of girls below 18 currently married also decreased, while the share of them who had their first child before the age of 20 was 36.5 pp lower at the end-line.
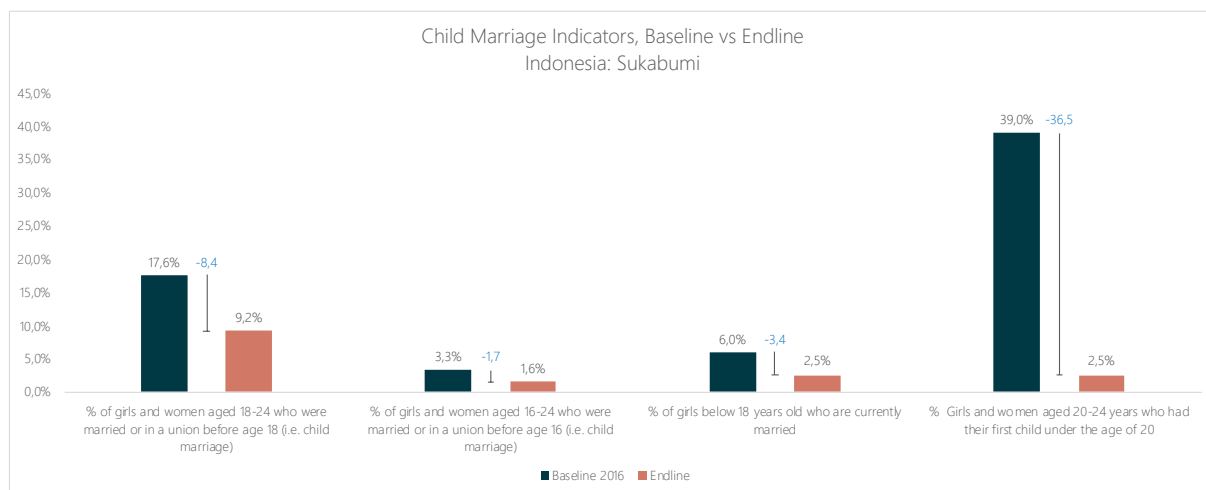
In West Lombok however, the data does not indicate that there were similar improvements.
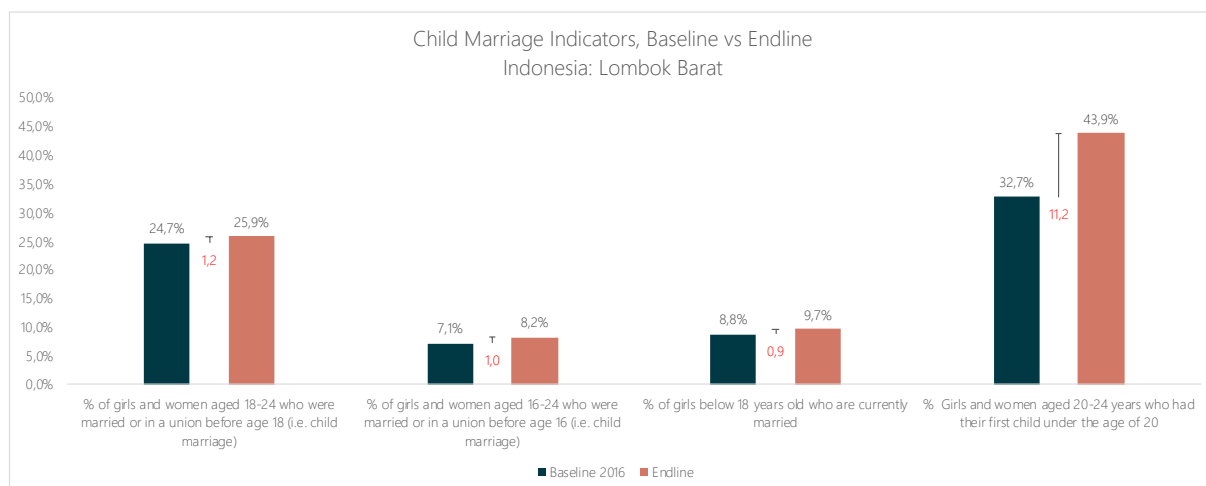
In Sukabumi, the percentage of young women who underwent FGM/C decreased drastically between the baseline and the end-line. In Lombok however, it increased by 6.5 pp.

FGM/C Indicators, Baseline vs Endline
Indonesia: Lombok Barat
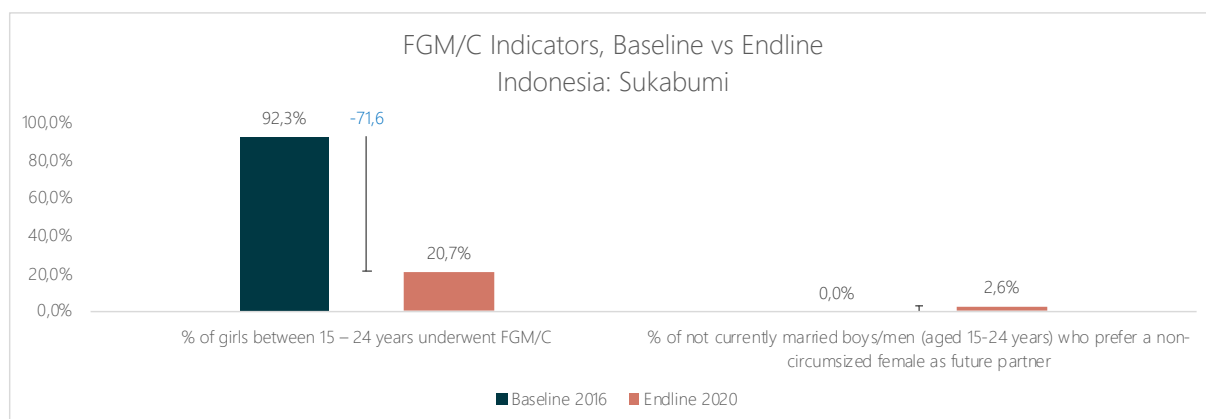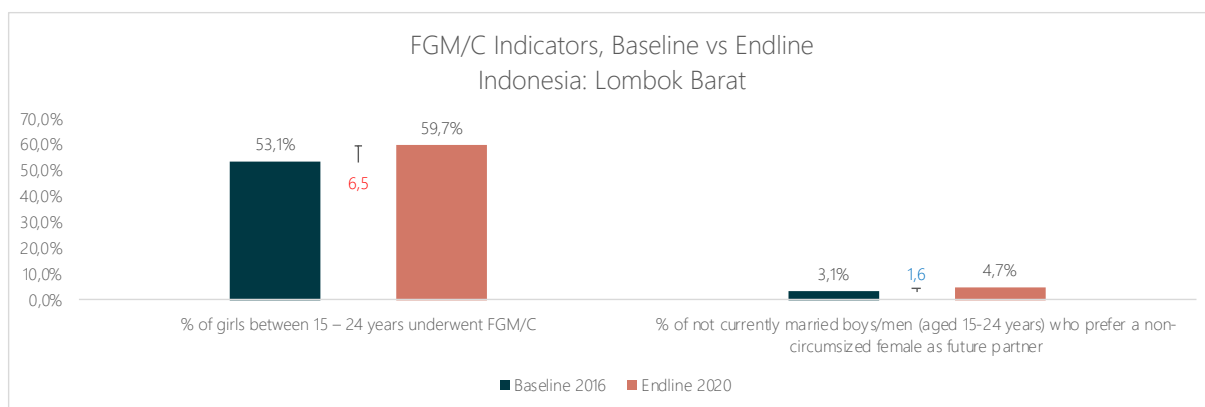
In both regions, there was an improvement in girls' attendance at secondary school, which increase by approximately 8 pp between the baseline and end-line.

School Indicators, Baseline vs Endline
Indonesia: Sukabumi

School Indicators, Baseline vs Endline
Indonesia: Lombok Barat
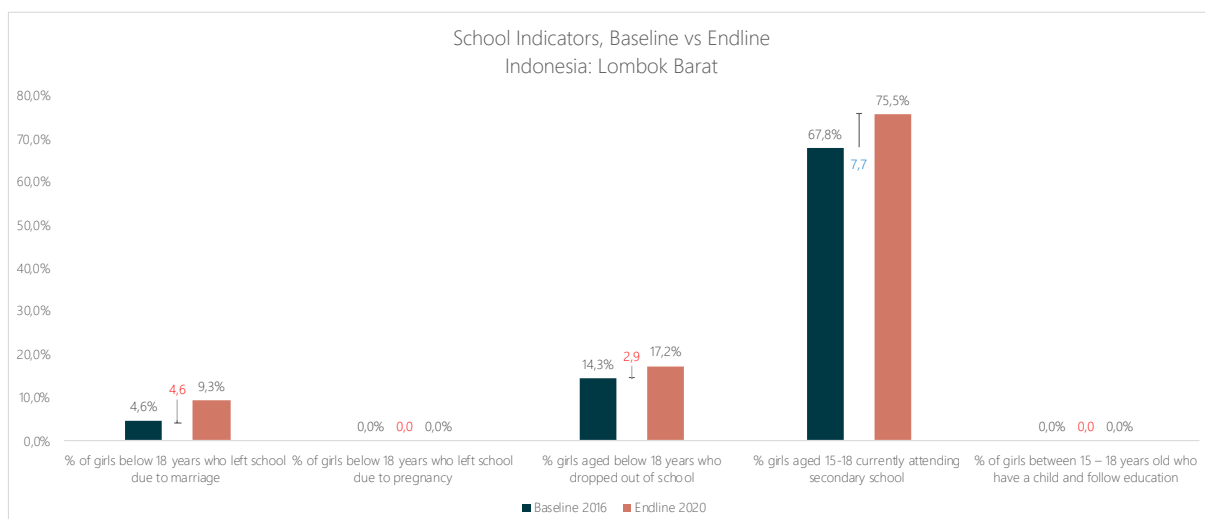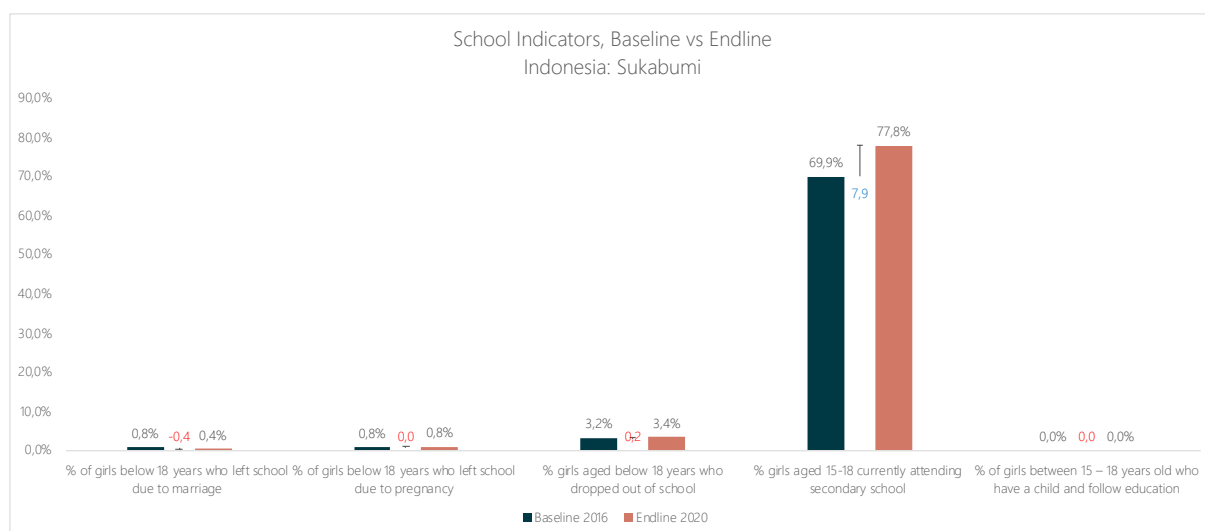
Most empowerment indicators in both regions improved over the course of the programme, in some cases significantly. The percentages of young women and young men (15-24) who could decide who to date were 84.3 pp and 90.5 pp higher than the baseline in Sukabumi, and were 71.3 pp and 78.9 pp higher respectively compared to the baseline in West Lombok.

The percentage of young women who are economically active also increased from 22.5% in the baseline to 30.5% in the end-line in Sukabumi, but decreased by 26% in West Lombok. However, also in West Lombok, the share of young women who have receive income in the past six months jumped by 26 pp.

Empowerment Indicators, Baseline vs Endline
Indonesia: Sukabumi

Empowerment Indicators, Baseline vs Endline
Indonesia: Lombok Barat
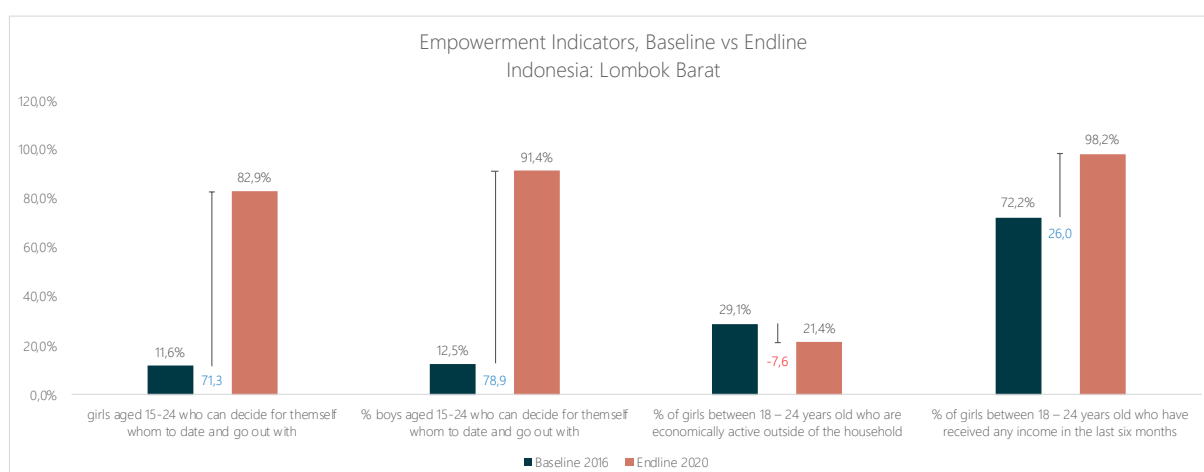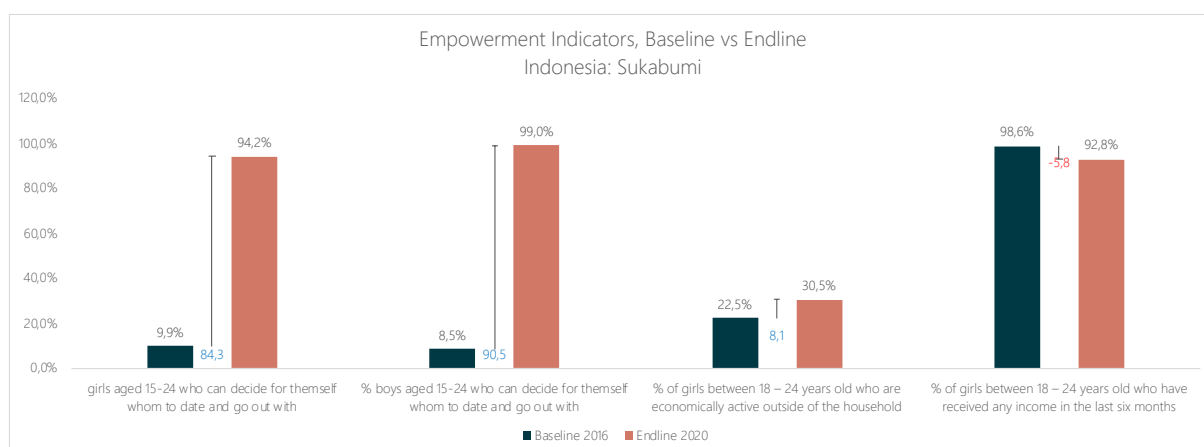
Lastly in terms of access to SRH services in Sukabumi, end-line data shows an improvement in the percentage of boys and girls who knew how to prevent pregnancy through modern contraceptives. However, there was an important decrease in the percentage of young people thinking it is appropriate for a girl to propose to use a condom. The percentage of young women and men who were confident in insisting on the use of a condom also decreased by 51.7 pp and 24.1 pp respectively relative to the baseline in Sukabumi.

Sexual and Reproductive Health Indicators GIRLS, Baseline vs Endline
Indonesia: Sukabumi

Sexual and Reproductive Health Indicators BOYS, Baseline vs Endline
Indonesia: Sukabumi
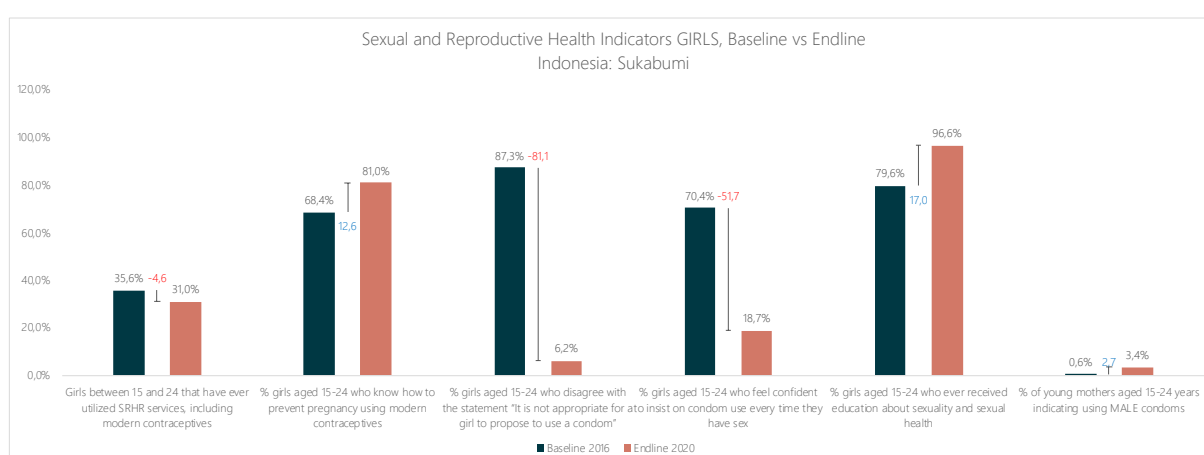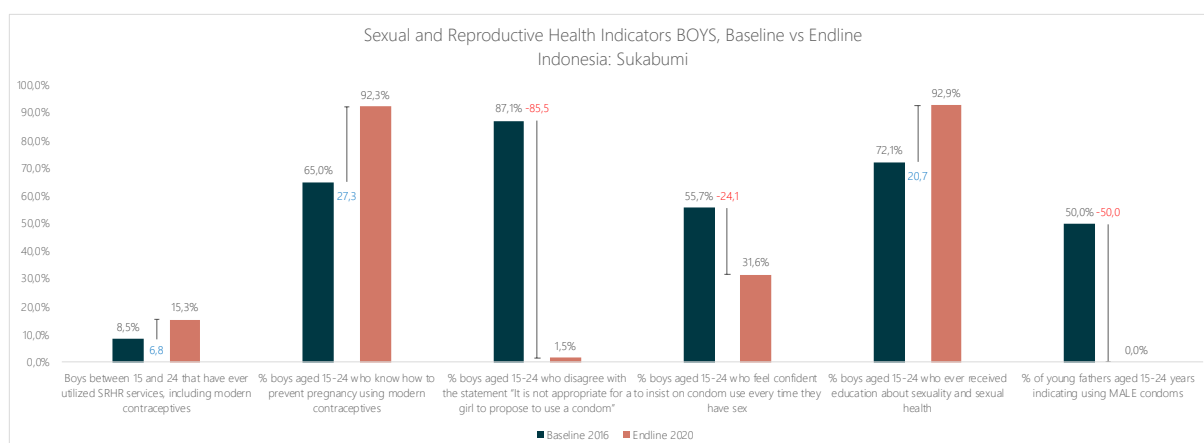
Similar evolutions are noted in West Lombok, except there was a decrease in the share of young men who received sexual health education and who knew how to prevent pregnancies.

Sexual and Reproductive Health Indicators GIRLS, Baseline vs Endline
Indonesia: Lombok Barat

Sexual and Reproductive Health Indicators BOYS, Baseline vs Endline
Indonesia: Lombok Barat
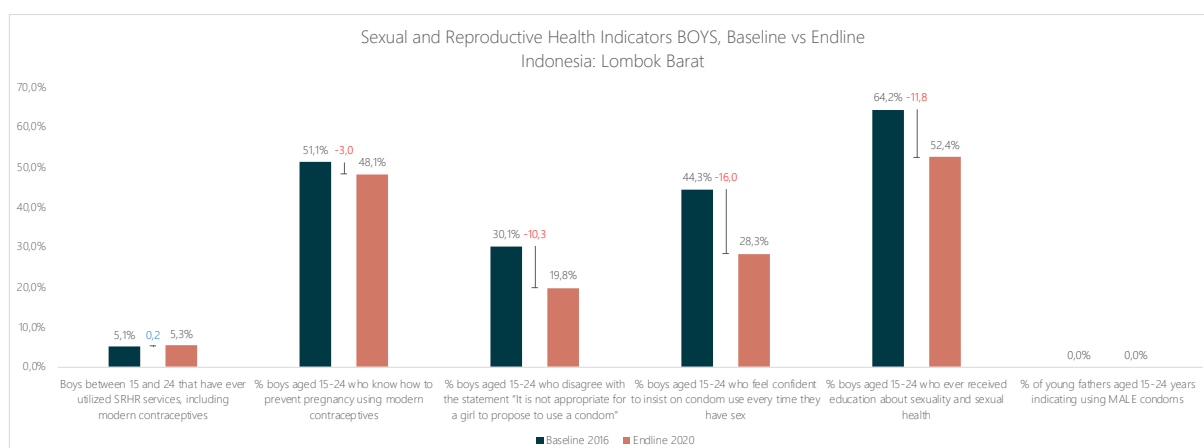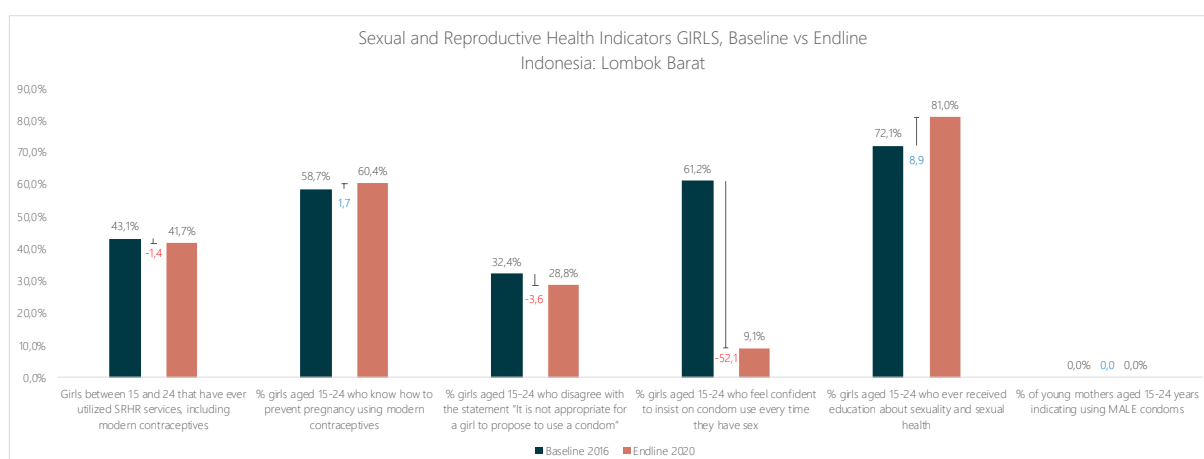
Kenya

In Kenya, most of the indicators related to child marriage showed an improvement over the course of the programme. Relative to the baseline, the percentage of women (18-24) and (16-24) who were married or in a union before the age of 18 and 16 decreased by 13.9 pp and 12.4 pp respectively. The percentage of girls under 18 who were married also decreased by 11.8 pp. However, there was an increase in the share of women aged 20-24 who had their first child under the age of 20.

Child Marriage Indicators, Baseline vs Endline
Kenya (Ilodokilani & Ewanso Kedong)
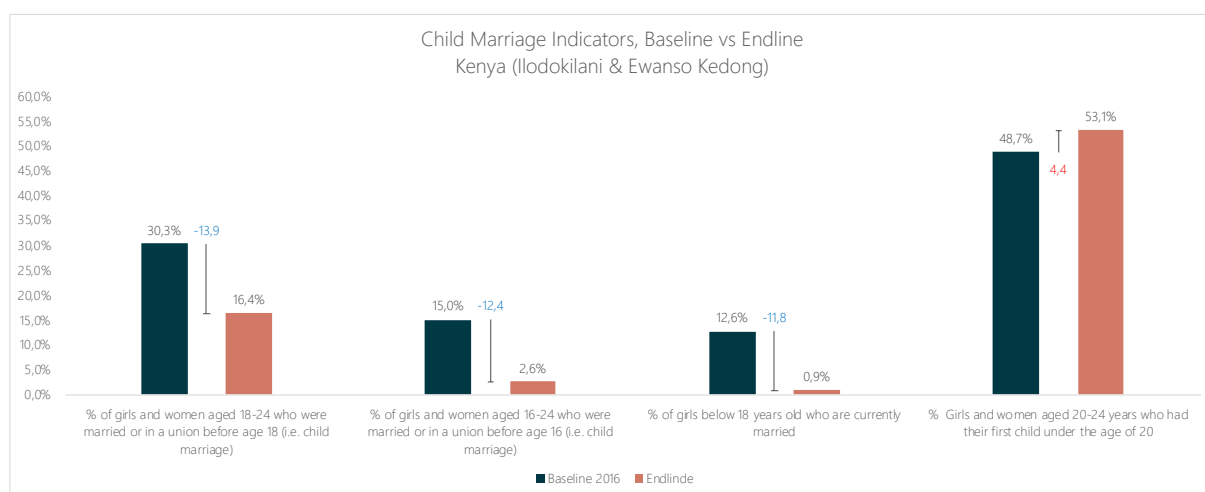
The percentage of young women (15-24) that underwent FGM/C was slightly higher (by 1 pp) in the end-line compared to baseline. However, the share of single men who reportedly preferred a non-circumcised female partner decreased at end-line by 5.6 pp, showing that attitudes have started to change.

FGM/C Indicators, Baseline vs Endline
Kenya (Ilodokilani & Ewanso Kedong)
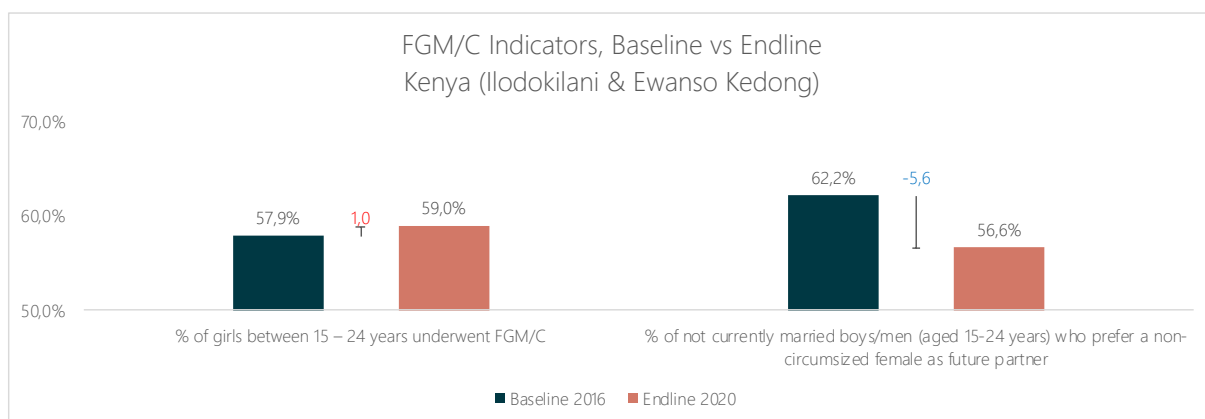
In terms of access to education, end-line data reports that there were no girls who left school because of marriage (compared to 3.2% at baseline). The percentage of girls that left school because of pregnancy was also 4.4 pp lower at end-line, and the percentage of girls who dropped out of school decreased by 7.1 pp.

School Indicators, Baseline vs Endline
Kenya (Ilodokilani & Ewanso Kedong)
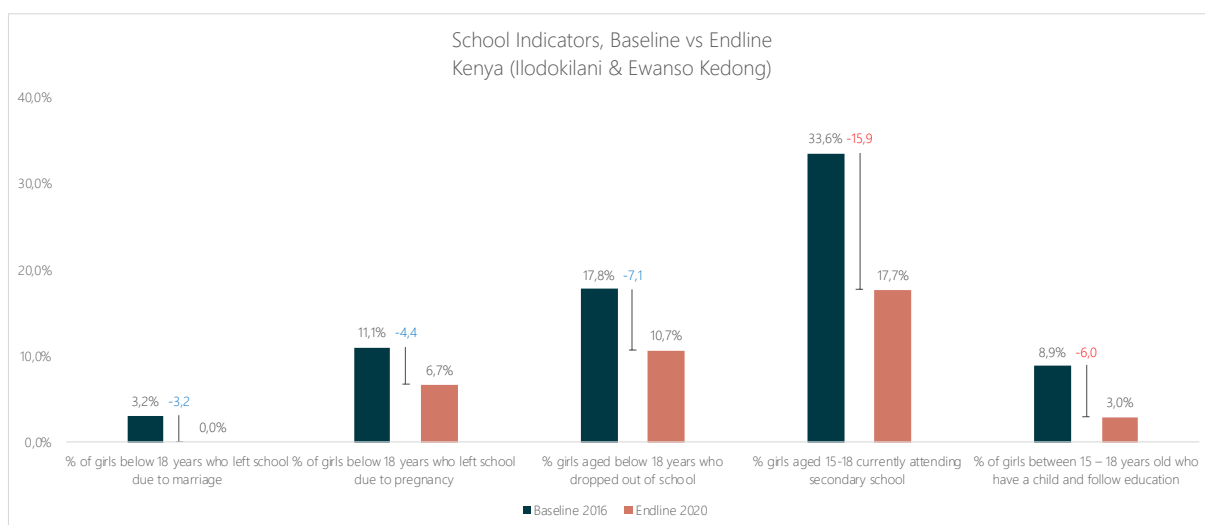
However, the share of girls currently attending school and the share of girls (15-18) that have a child and are still in school were 15.9 and 6 pp lower at end-line.

In terms of empowerment, the percentage of young women who can decide for themselves who they want to date improved by 6.2 pp by the end-line, but it decreased for young men by 3.9 pp. Regarding young women's economic empowerment, the percentage of 18-24 years old who were economically active outside the household increased by 3.5 pp over the course of the programme. As a result, the data also shows an increase in the number of them receiving an income. This could however be at the expense of their studies, as the previous graph seems to indicate.
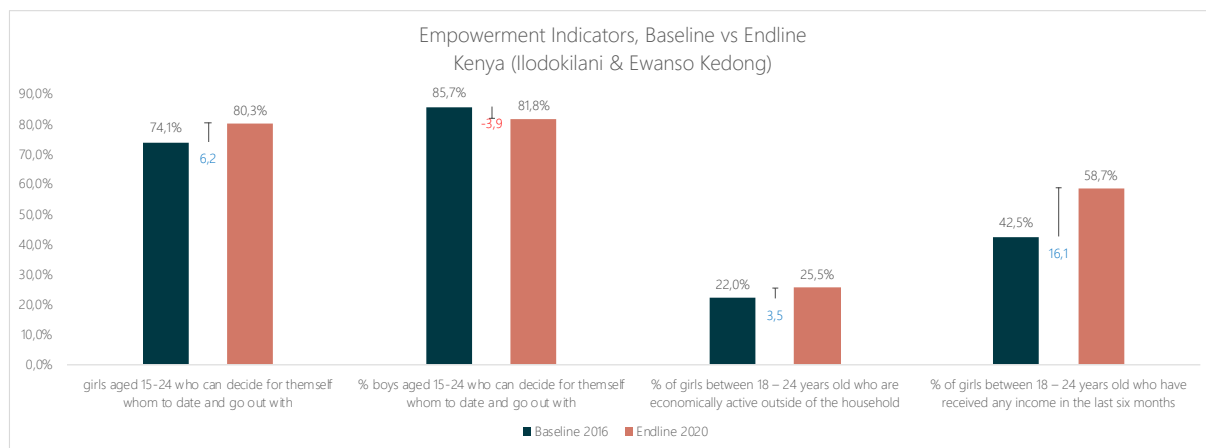
Lastly, regarding access to SRH services for young women, and the percentage of them having used those services decreased by 10.6 pp between the baseline and end-line. The percentage of young mothers indicating that they use male condoms also decreased by 4.4 pp. There was however an improvement of young women indicating that it is appropriate for a girl to propose to use a condom by 6,1 pp, while the percentage of them receiving sexual education also improved by 16.2 pp.
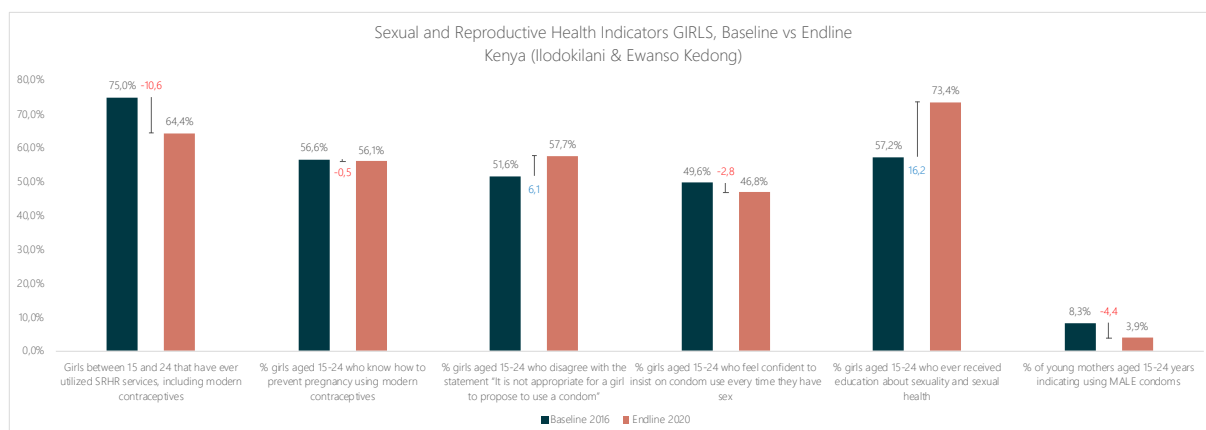
For young men, there were improvements in the percentage of them who knew how to prevent pregnancies using modern contraceptives (an increase of 6.6 pp), received sexual education (an increase of 10.3 pp), and in the share of young fathers indicating that they use male condoms (an increase of 24.6 pp). However, the percentage of them who reported using SRH services, who considered that it was not appropriate for a girl to propose the use of a condom, and who felt confident on insisting using a condom decreased.

Sexual and Reproductive Health Indicators BOYS, Baseline vs Endline
Kenya (Ilodokilani & Ewanso Kedong)
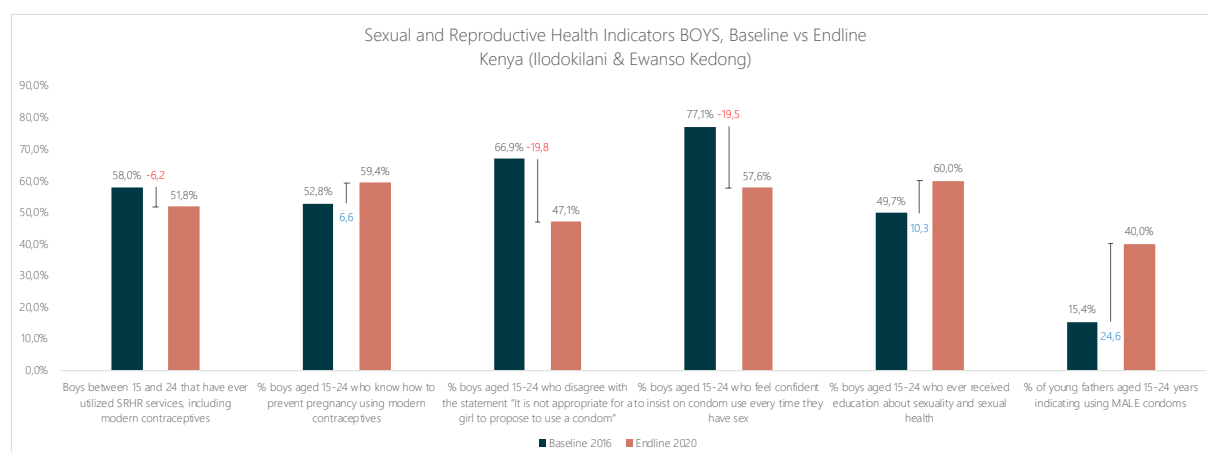
Malawi

In terms of child marriage in Malawi (TA Liwonde), end-line data shows an improvement in the portion of young women (16-24) that were married before the age of 16 (5.8% at baseline vs 2.9% at end-line), and in the percentage of girls below 18 who are currently married (from 8.6% to 3%). However, the percentage of young women (18-24) who were married before the age of 18 and of women (20-24) who had their first child before the age of 20 both increased over the course of the programme.

Child Marriage Indicators, Baseline vs Endline
Malawi (TA Liwonde)
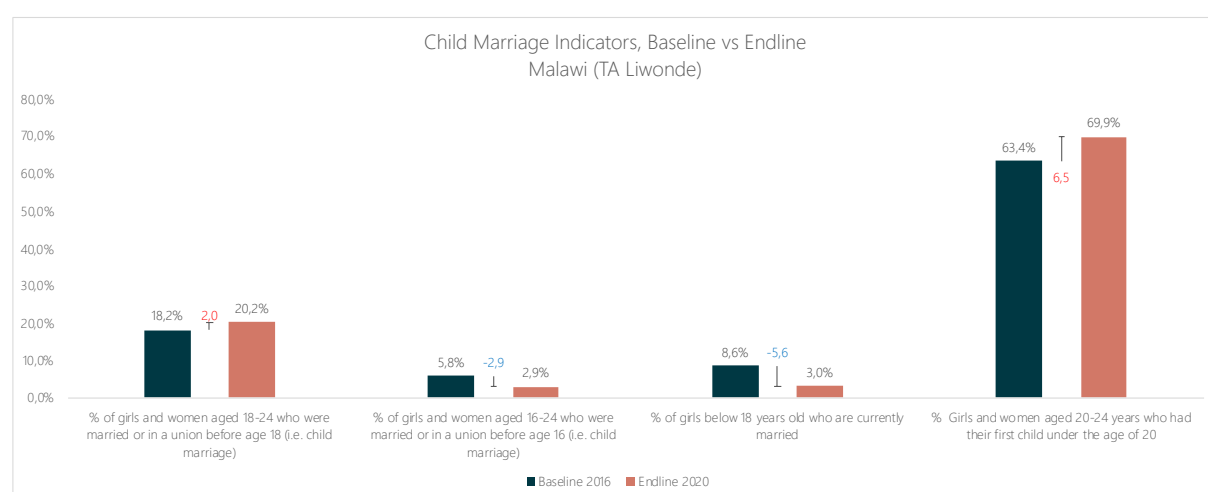
Regarding access to school indicators, the percentage of young women who dropped out of school decreased from 38.7% to 27.9%. However, the percentage of girls (15-18) currently attending school also decreased by 2.2 pp.

School Indicators, Baseline vs Endline
Malawi (TA Liwonde)
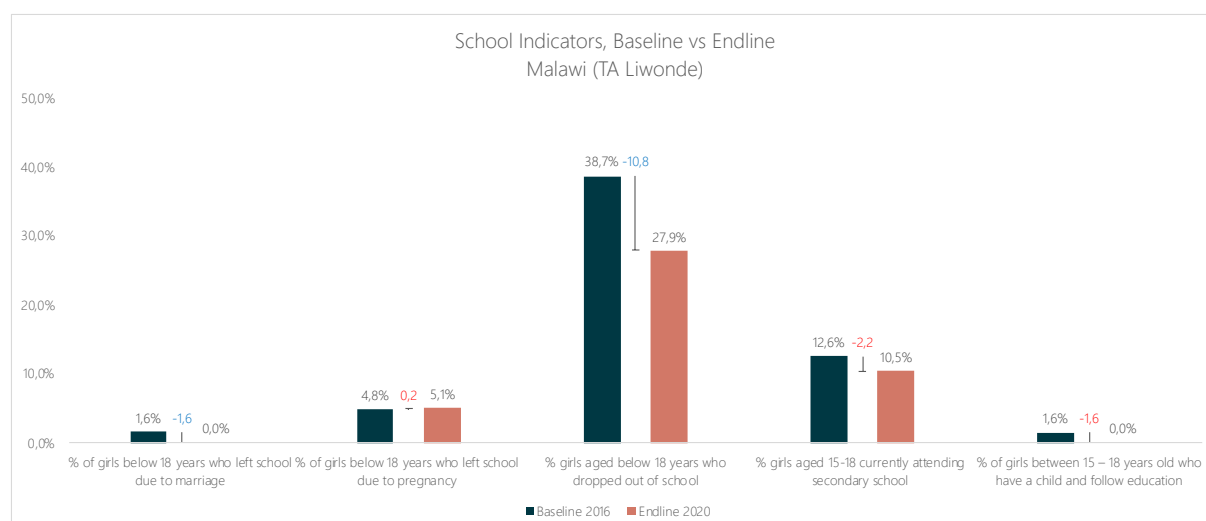
The percentage of young women (18-24) who were economically active outside of the household increased from 41.3% at the baseline to 52.8% at end-line. However, the percentage of them who received income in the last six months dropped from 65.7% to 40.2%. While this may seem contradictory, it may be related to the effects of COVID-19.

Empowerment Indicators, Baseline vs Endline
Malawi (TA Liwonde)
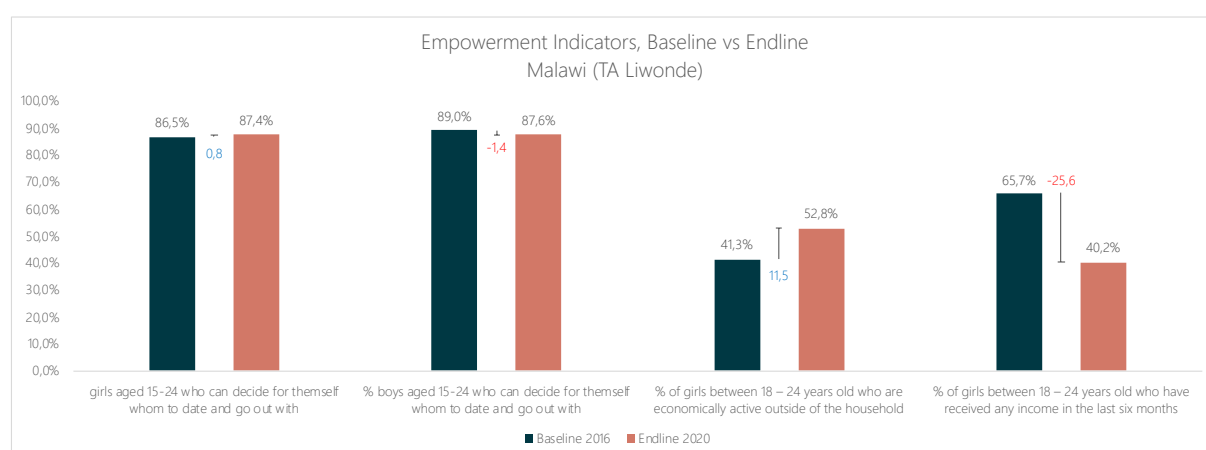
The number of young women and men who reported being able to decide for themselves whom to date seems to have remained stable.

Lastly, in terms of access to SRH services for young men and women, end-line data shows a drop in the percentage of young women (15-24) that have received sexual education from 75.8% to 59%, while it remained stable for young men.

The share of young people who thought it was appropriate for a girl to propose using a condom increased by 12.9 pp relative to the baseline.

Sexual and Reproductive Health Indicators GIRLS, Baseline vs Endline
Malawi (TA Liwonde)

Sexual and Reproductive Health Indicators BOYS, Baseline vs Endline
Malawi (TA Liwonde)
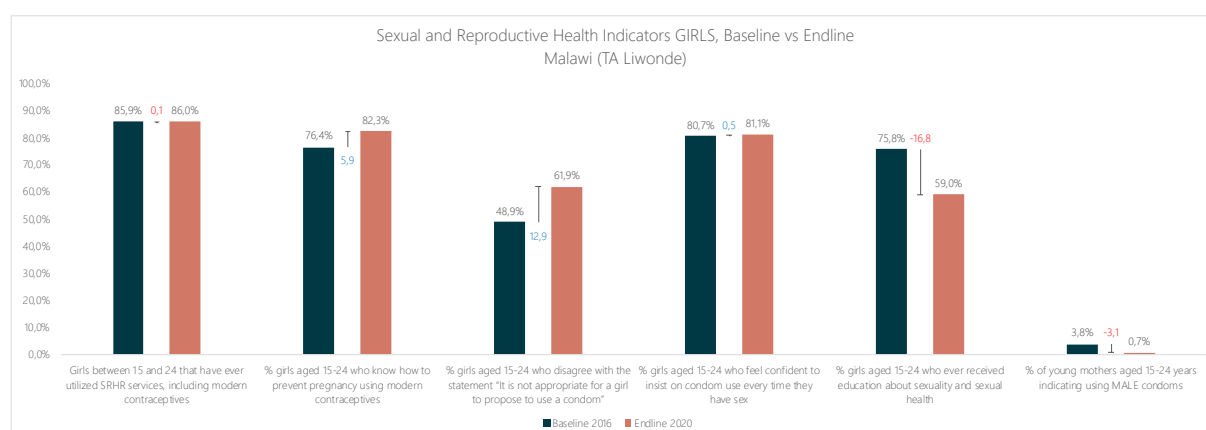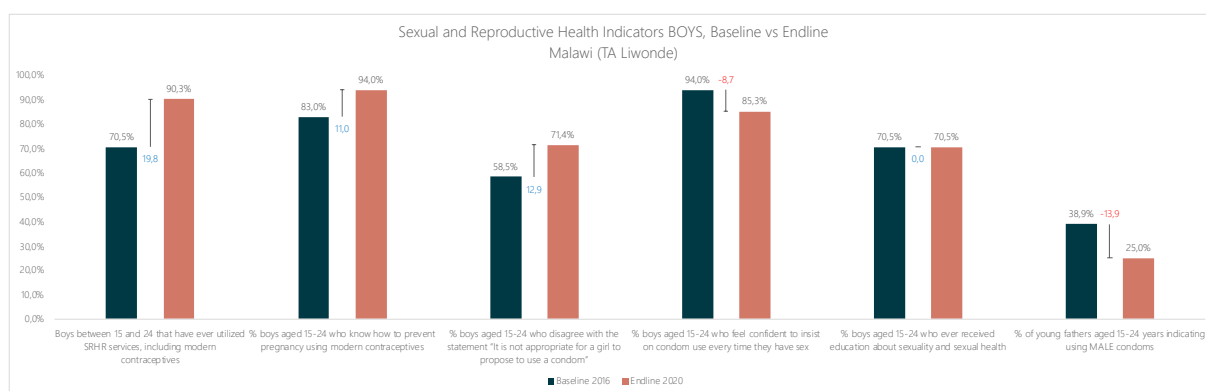
Zambia

The occurrence of child marriages seems to have decreased in Petauke, but not in Chadiza. However, as in other countries, the share of girls and women aged 20-24 years old who had their first child before the age of 20 was higher at end-line.


Child Marriage Indicators, Baseline vs Endline
Zambia (Chadiza)

Child Marriage Indicators, Baseline vs Endline
Zambia (Petauke)
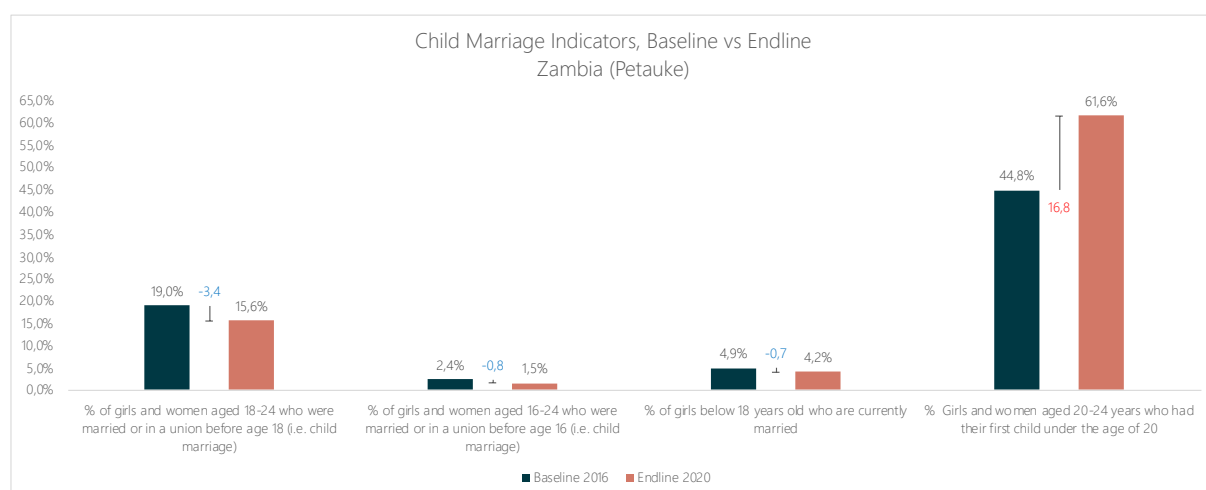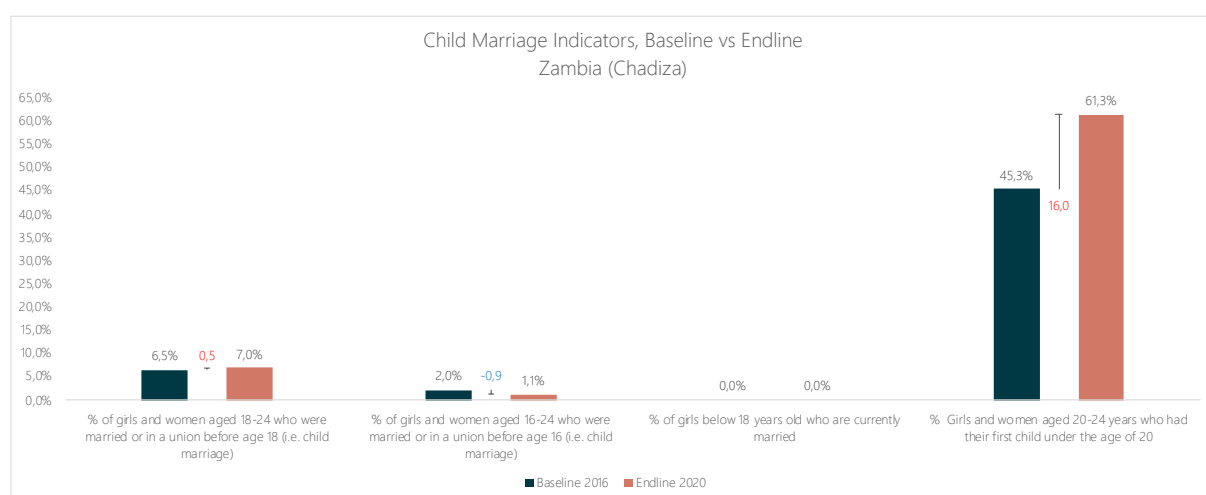
In terms of access to education, in Chadiza the most noticeable difference was in the share of girls aged 15-18 who had a child and continued their education, which was 2.5 pp lower at end-line.

School Indicators, Baseline vs Endline
Zambia (Chadiza)
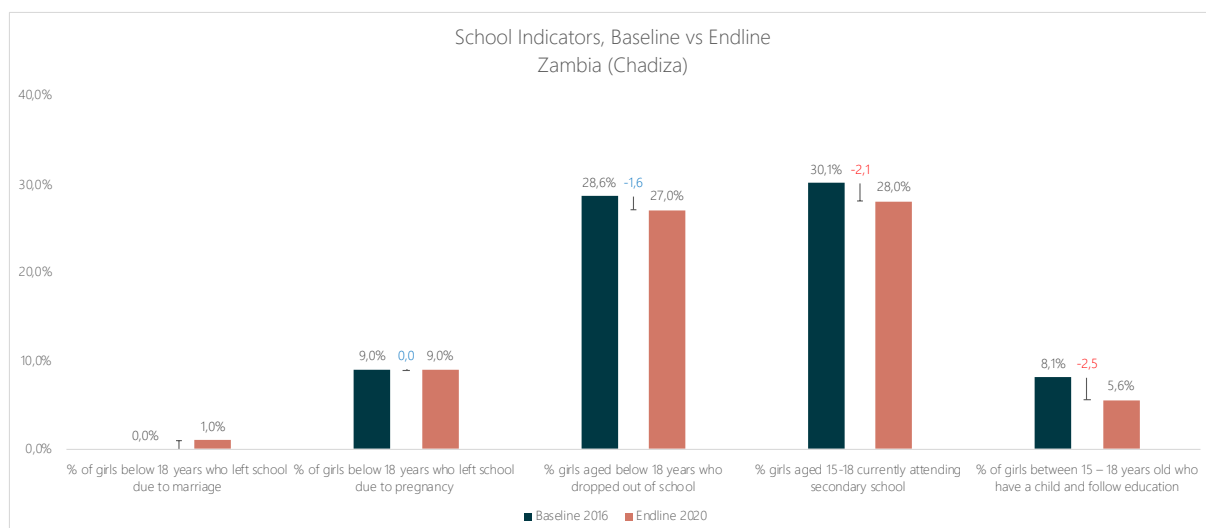
In Petauke, the number of girls below the age of 18 who dropped out of school decreased by 12.1 pp over the course of the programme. This could be explained by the emphasis of the bylaws on keeping young women in schools.


School Indicators, Baseline vs Endline
Zambia (Petauke)
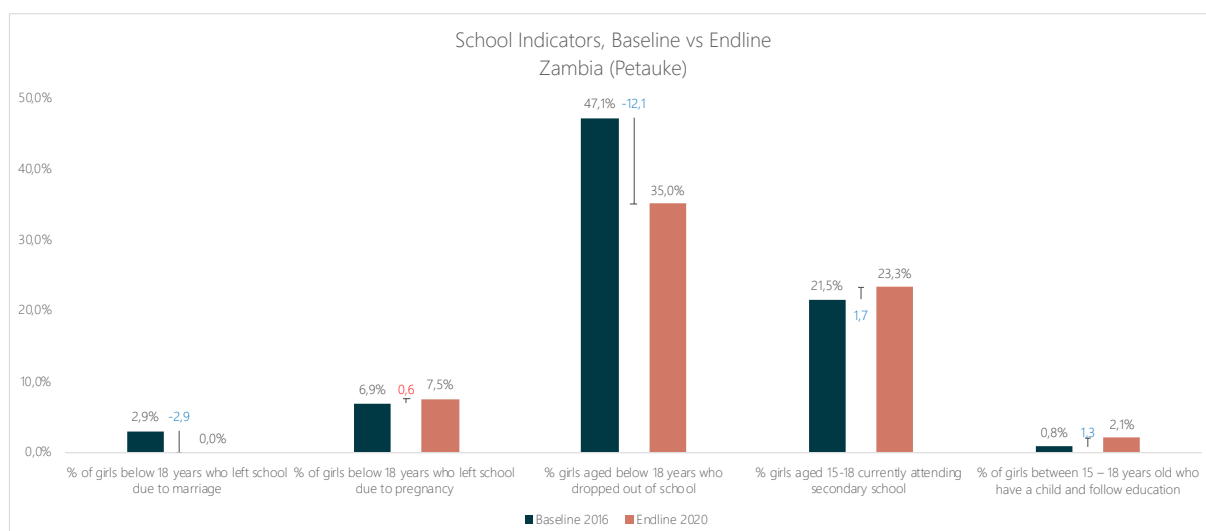
In Chadiza, the percentage of both young women and men aged 15-24 that could decide for themselves whom to date decreased, but this was especially pronounced for women. Although the percentage of economically active women (18-24) significantly increased, the number of them who have received any income in the last six months reduced by 12.3 pp. This is likely linked to the impact of the COVID-19 lockdown measures and their impact of local economies.

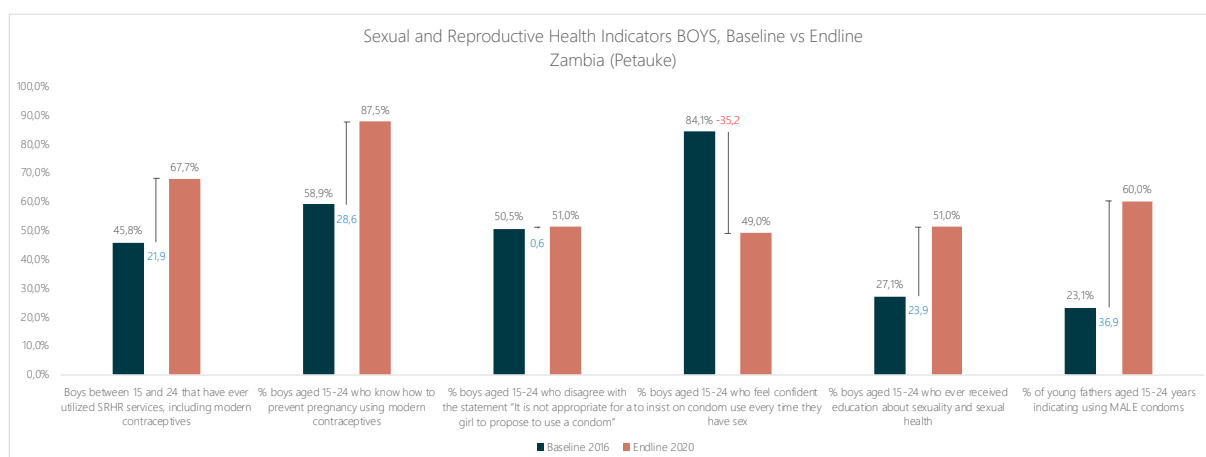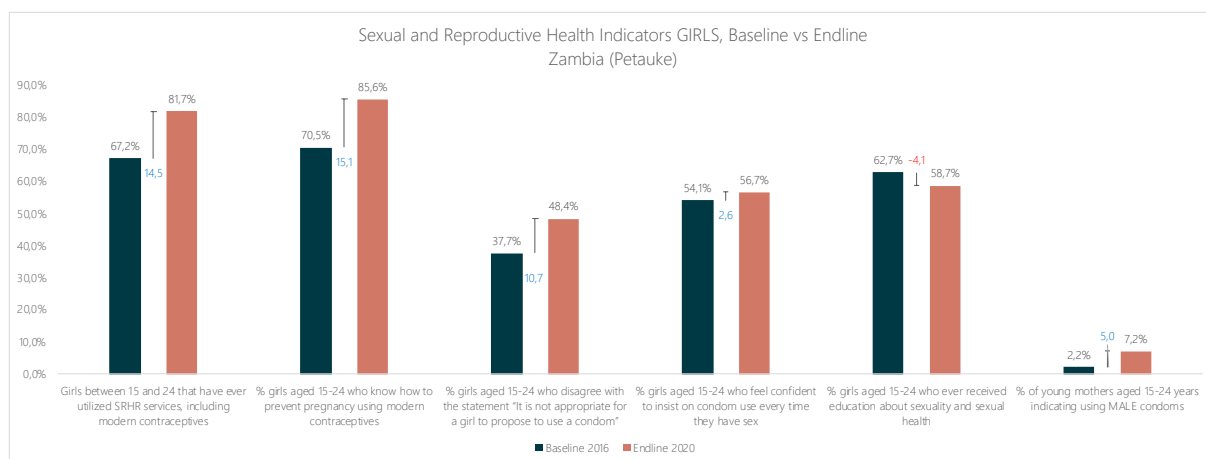Empowerment Indicators, Baseline vs Endline
Zambia (Chadiza)
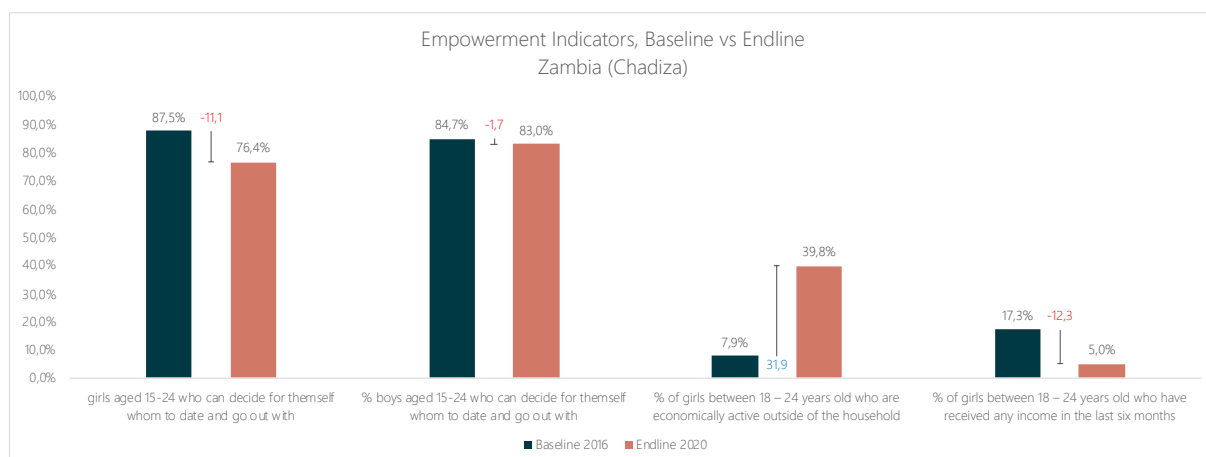
Comparable evolutions were also noted in Petauke.
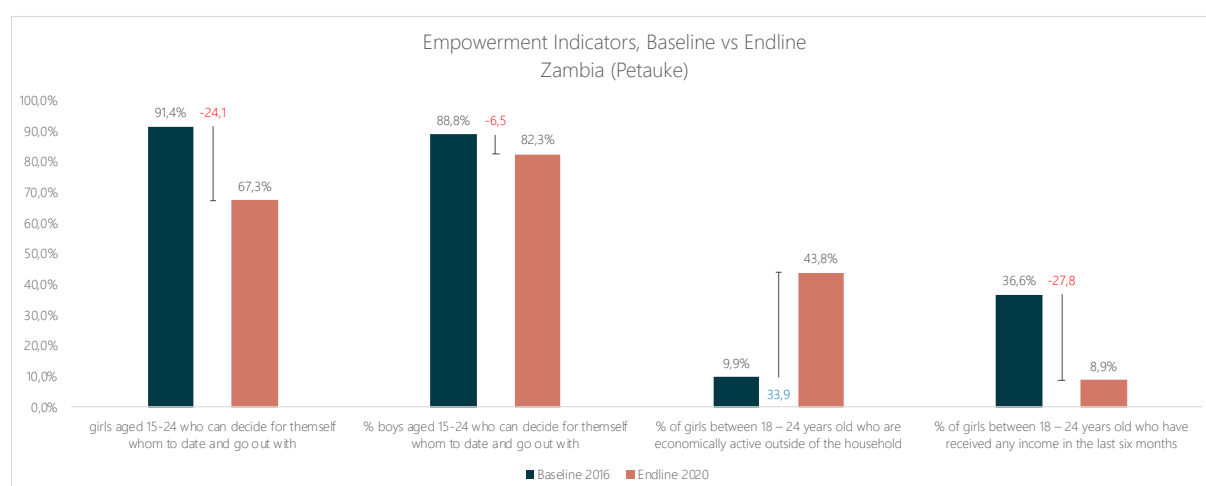
Lastly, access to SRH services and education for young men and women in Chadiza seemed to have significantly increased. As a result, the percentage of young women (15-24) who knew how to prevent pregnancy using modern contraceptives improved by 29.6 pp and the percentage of young mothers (15-24) who indicated that they use male condoms increased by 10.6 pp. However, a smaller percentage of young women thought it was appropriate for them to propose using a condom. Similar evolutions were noted for young men.
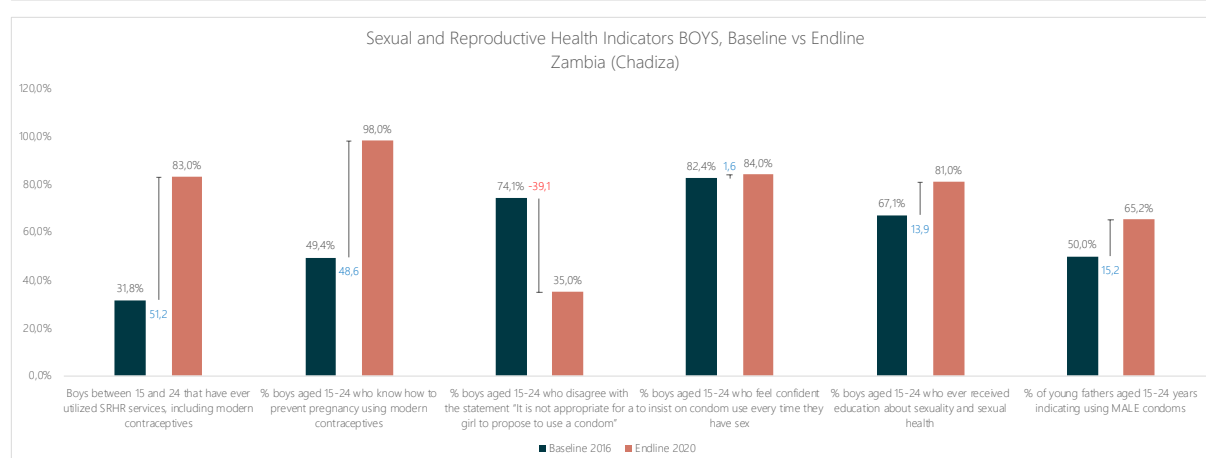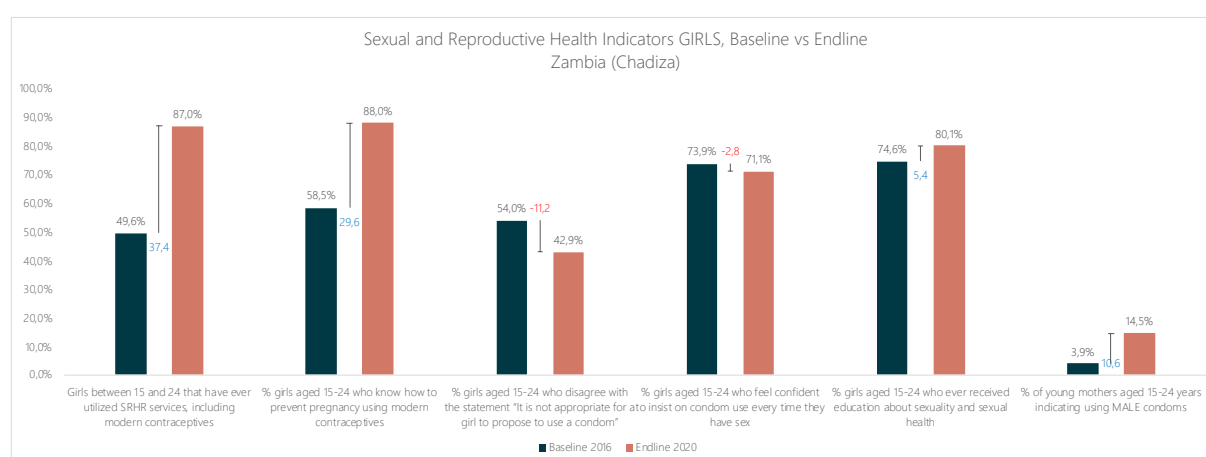
Changes seemed to have happened in similar proportions for young women and men in Petauke, except that a larger number of women thought it was appropriate for them to suggest using a condom and felt confident on insisting on using one every time they had sex at end-line compared to baseline.

Sexual and Reproductive Health Indicators GIRLS, Baseline vs Endline
Zambia (Petauke)

Sexual and Reproductive Health Indicators BOYS, Baseline vs Endline
Zambia (Petauke)

Mozambique

In Mozambique data collected at baseline and end-line was not comparable and, as such, results cannot be presented in this section.

Annex 3: Detailed methodology of the evaluation

The objectives of the evaluation were met through a participatory approach, which included inputs from relevant stakeholders starting at the inception phase. This helped to increase buy-in of the evaluation findings among key programme stakeholders, and thus increased the likelihood that relevant actors would take the resulting recommendations forward to improve programming.

To achieve the evaluation objectives, the team employed a mixed-methods methodology relying on a wide variety of primary and secondary data sources, and mostly on remote data collection methods. The methodology involved the following steps:

Inception phase and desk review

The evaluation started with two remote briefings via Zoom between the evaluation manager, desk coordinator, and the evaluation team. Beyond fostering a more detailed understanding of the background of the evaluation and the content of the ToR, this briefing was used to select the countries for case studies, assess the level of secondary data available, and to refine an initial list of key informants.

The consultants also organised consultations with the country teams in countries selected for case studies. Those consultations included: the KIT research teams, the M&E Working Group, and the country coordinator and lead. During these remote meetings, the team discussed emerging trends in monitoring data that could be subject to a case study and context-appropriate MYP[181] methods.

Following these briefings, the KAC team undertook an **extensive structured desk review of all available documentation** in order to inform the primary data collection and gather preliminary findings. The desk review harnessed available qualitative and quantitative data (e.g. monitoring data, baseline, midline, and end-line reports and data, thematic research reports, etc.). It included, but was not limited to:

- **Contextual literature:** context-specific research and documentation on FGM/C, child marriage, and teenage pregnancy, National Development Plans for each country, etc.;
- **Programme-related documentation:** ToC, assessments, proposals, operational research studies, annual plans and reports at country and Netherlands levels, GTA Manuals 1 (value clarification) and 2 (GTA in CSE), the Champions of Change Manual of Plan on gender equality, etc.;
- **Process-oriented documentation:** on the Alliance's ways of working such as agreements, sharing of roles and responsibilities, organigramme, partnership survey results, etc.;
- **Existing M&E data:** such as baseline and midline monitoring data and reports, special studies in each context.

A list of all reviewed documents is available in *Annex 6: List of documents reviewed*. In total, the consultants reviewed **81 documents.**

Considering that most data collection had to be done remotely, the consultants aimed at maximising the use of desk research by relying on programme documents and the extensive monitoring data collected by KIT.

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[181] The consultants applied CHOICE's definition of MYP, i.e. "MYP means that young people can participate on equal terms with adults, or work independently, in organisations as well as in all stages of programming and policy-making: design, implementation, monitoring and evaluation. For this reason, mechanisms must be in place for young people to have an active role, in which their voices are heard and respected."

The evaluation team subsequently produced an **inception report**, including key findings from the desk review, a finalised methodology and timeframe, a first draft of the stakeholders mapping, an evaluation matrix, primary data collection tools, a list of key informants to be interviewed, and a finalised criterion for the selection of participants in the data collection exercises. The report was presented to the YIDA Desk including the evaluation manager and PMEL working group on September 29th, 2020. After receiving comments on the report and during the presentation, the consultants produced a revised version of the report.

Primary data collection

In all programme countries

First, the consultants disseminated an **online survey** targeting all YIDA partners staff at Alliance and country levels in all seven countries. The survey focused on the evaluation questions relating to the operational model and the processes implemented, but also covered topics such as how the programme adapted to COVID-19 or country specificities, among others. It aimed at targeting Alliance staff who could not be reached through key informant interviews because of time constraints. The survey was administered online via an ODK web-based technology. The consultants reached a sample of **40 respondents** as per the table below.

	Men	Women	Total
Ethiopia	2		2
Indonesia	11	7	18
Kenya	3		3
Malawi	3	2	5
Mozambique	3	1	4
Zambia	2	1	3
Multiple countries		4	4
Netherlands		1	1
General total	24	16	40

The over-representation of respondents from Indonesia could be linked to the fact that the survey was translated in Bahasa.

Then, the team conducted **remote semi-structured interviews** with approximately eight key informants in each of the countries where the programme was still active (i.e. not in Pakistan), as well as at Netherlands (Alliance) level. In total, the consultants consulted **71 key informants**, as per the table below.

	Men	Women	Total
Ethiopia	7	10	17
Indonesia	2	5	7
Kenya	8	3	11
Malawi	7	4	11
Mozambique	2	6	8
Zambia	4	4	8
Netherlands	1	8	9
General total	31	40	71

The key informants were selected based on their position, their experience within the programme, and the organisation they were representing. They were representative of the different programme stakeholders and included:

- In **Ethiopia**: representatives from Amref (the country coordinator and country lead in the Netherlands), Plan Ethiopia, Rutgers, DEC, TaYA, KIT, the Dutch Embassy, and the University of Addis Ababa;
- In **Indonesia**: representatives from Rutgers (the country coordinator, CEO or the PME advisor and country lead in the Netherlands), Plan Indonesia, KIT, and Rutgers Lombok. Representatives from LPAR, PKBI, and PUPUK contributed through the online survey as they were more comfortable contributing in Bahasa;
- In **Kenya**: representatives from Amref (the country coordinator and country lead in the Netherlands), Plan Kenya, CSA, UJAMAA, NAYA and KIT;
- In **Malawi**: representatives from Plan Malawi (the country coordinator and country lead in the Netherlands), CHRR, FPAM, Amref, YECE, schoolteachers and local authorities;
- In **Mozambique**: representatives from Plan Mozambique (the country coordinator and country lead in the Netherlands), KIT, Coalizão, ROSC, HOPEM, the Girls Not Brides national partnership (CECAP), and the Dutch Embassy;
- In **Zambia**: representatives from Plan Zambia (the country coordinator and country lead in the Netherlands), Generation Alive, KIT, and Afya Mzuri;
- In the **Netherlands**: representatives from the YIDA Board and programme committee, PMEL group, and the communications group, as well as from the MoFA.

In the case study countries

Lastly, in three selected case study countries (Ethiopia, Indonesia, and Malawi), the consultants undertook more extensive primary data collection. Those countries were selected by the YIDA team at global level based on various criteria, such as the fact that all partner organisations were well represented in those countries, with different lead organisations, the willingness of the country offices to explore some trends coming out of the monitoring data in more depth, or the advancement of the programme. Considering that the three countries had been affected differently by the COVID-19 pandemic, presented different levels of restrictions on movement, and had different characteristics in terms of access to technology for the beneficiaries for instance, the consultants organised preliminary calls with each country team to discuss potential case study topics and appropriate data collection methods. In total, the consultants led five preliminary calls (two in Ethiopia, two in Indonesia and one in Malawi), mostly with the programme coordinators and members of the PMEL working groups.

Following those consultations, the consultants decided to propose four case study topics, of which three were country-specific and one was cross-country.

- Cross-country: the team proposed the operationalisation of **mainstreaming of Meaningful Youth Participation (MYP)** as topic that would be covered in all three countries (with potential elements coming from the four other countries through the desk review, the survey, and the key informant interviews). This topic was suggested as it seemed to raise interest during all the preliminary calls undertaken, both at country and Netherlands (Alliance) level. The case study thus highlights good practices and success stories of integrating MYP into programming that could be replicated in the future, but also some of the challenges faced when trying to translate theory into practice.
- Ethiopia: one topic that came out of the call with the Ethiopian team was **the process of child marriage cancelling and the effectiveness of the front-line gatekeepers.** Some call participants also mentioned the fact that former FGM/C perpetrators have been transformed into champions of the fight against FGM/C. As such, the consultants thought it could be interesting to cover those success stories in a case study specific to Ethiopia.

- ▪ <u>Indonesia:</u> after reviewing various documents focusing on the programme implemented in Indonesia and especially the MTR report, the team noted several mentions of the importance of social media in the country and the effects it had on the programme. As such, the evaluators proposed to explore the impact of social media and the internet on the programme, both as a constraining factor to reach the programme's objectives (propaganda and fundamentalist groups on social media encouraging child marriage) and as a tool to reach young people (peer educators who reach their peers through social media, and online campaigns conducted by partners through social media platforms such as Instagram and Twitter).

- ▪ <u>Malawi:</u> during the call with the country team, participants mentioned the **challenges surrounding the completion of education for boys and girls** in the area of implementation, particularly due to the low literacy level of parents (and the lack of understanding of the importance of education), and the dearth of economic opportunities. When reviewing the Malawi-specific literature, the consultants also noted the importance of the community bylaws in the areas covered by the programme. As such, the evaluators proposed to focus on the development, implementation and scale-up of the community bylaws on ending child marriage and supporting young people in going back to school, looking at both successes and challenges.

Those topics were first explored as part of the key informant interviews described above.

In addition, the consultants collected the opinions of programme beneficiaries in the three country case studies using different options, which were selected based on each country's specificities (including access to technology and preferences). It is important however to note that the data collected through those means is not representative of the whole beneficiary population, but rather were used to describe authentic change processes.

- ▪ In **Ethiopia and Malawi**, considering that the use of technology did not seem appropriate to reach beneficiaries according to the country teams, the consultants proposed to do face-to-face data collection. The team members based in Ethiopia and Malawi thus led this part of the data collection and first undertook focus group discussions with relevant community representatives (teachers, parents, health workers, women and youth groups, and local authorities) in person. In Ethiopia, the team consulted 35 participants (22 women and 13 men). In Malawi, the team reached 54 individuals (41 women and 13 men). In order to include the perception of youth, the consultants also relied on the **PEER (Participatory Ethnographic Evaluation and Research) methodology** developed by the International Planned Parenthood Federation.[182] The methodology was drawn from the <u>PEER methodology Handbook</u>. In preparation for the review, the consultants and the country team selected a group of representatives of youth groups who had regular involvement with the project team. **These youth were trained as peer interviewers during a day-long workshop**: they then collected stories from other young people during the review. Those young people were selected based on their willingness to take part in the activity and availability. In Ethiopia (Kewet), 10 young people participated (five girls and five boys) and they consulted two peers each, for a total of 30 young people consulted. In Malawi, nice girls participated and consulted between one and three of their peers, for a total of 32 young people consulted. The peer interviewers were compensated for all costs related to the activities.

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[182] International Planned Parenthood Federation, 'Toolkit for Involving Young People as Researchers in Sexual and Reproductive Health Programme: Rapid PEER Review Handbook', EXPLORE, March 2013, https://www.rutgers.international/sites/rutgersorg/files/pdf/AW_Explore-PEER%20Handbook.pdf.

- **In Indonesia,** the consultants collected young people's perceptions through **WhatsApp,** as it was mentioned as the most appropriate channel to reach young people in the country. The evaluators sent short text messages or voice messages to each of them (based on their preferred way of communication) and adapted the photovoice method in order for young people to share information, visualise, and voice their opinions by photographing scenes relevant to their lives. Young people were explained the objectives of the exercise. They were also given a new sim card with data in order for them to not incur any expenses related to the exercise and to protect their privacy (as the team did not use their personal phone number). They were able to send back their photos and caption directly to the consultants on WhatsApp number.

    In terms of sample, the consultants reached 10 young people per programme area, i.e. a total of **30 young people** (10 boys and 20 girls between 14-23 years old).

These data collection efforts took into account caregiver/parental consent for young people under the age of 18 (as per the Plan International's recommendations) and mandatory reporting laws and require safety protocols in case protection issues come up. The consultants also ensured the confidentiality of the data collected, through a strict protocol in accordance with the GDPR regulation.

As previously mentioned, the data collected through those methods did not aim to be representative and was thus not used to draw general conclusions, but rather to illustrate some of the evaluation findings and to write short case studies. As such, the approach was qualitative and the sample was small.

Data analysis and dissemination

All primary and secondary, qualitative and quantitative data were recorded, coded, and triangulated to analyse emerging trends. The consultants used a **coding matrix** in Microsoft Excel, organised per evaluation question and sub-question, which gathered all primary and secondary qualitative data in one document. Data were disaggregated by country, gender and project theme. The analysis was done iteratively in order to adjust the data collection tools and explore some of the trends more in-depth. The consultants also analysed the secondary quantitative data (e.g. baseline, midline and end-line databases, etc.) using Excel to triangulate information collected through qualitative methods and the desk review.

Using triangulated data, the team then produced the first draft of the **final report**. After submitting the first draft of the report, the consultants led a remote presentation and validation exercise on January 27th, 2020 in order for key stakeholders to provide feedback and to discuss recommendations in a collaborative manner.

Upon receiving comments on the first draft of the report and during the presentation, the consultants produced a final version of the report. This final version is accompanied by a standalone **executive summary** capturing key findings and recommendations to assist with dissemination.

Lastly, the consultants created a four-page **comic strip** summarising the key findings. This document will ensure that the evaluation findings can be disseminated among a wide range of actors, including young people.

Quality Assurance

As part of this consultancy, a reference group has been formed to review the outputs of the consultancy at critical steps (i.e. inception and final reports, sampling strategy, etc.). This group included a few young people selected by the YIDA, based on a suggestion from the consultants.

Furthermore, the consultants ensured an ethical approach to the whole process, adapting the UNEG ethical guidelines for evaluation, including but not limited to:

- Respect for dignity and diversity of the participants;
- A commitment to avoid harm to participants;
- Awareness of data protection sensitivity, as further detailed in the next section; and
- A commitment to an inclusive approach ensuring access and participation of women, men, boys and girls across age groups and disability status.

Lastly, key principles applied throughout data collections were:
- Regular communication between the evaluation team and the YIDA consultancy manager;
- The use of participatory data collection approaches;
- Ensuring that the voices of different categories of stakeholders (including women and girls) are collected to take into account their views;
- Comprehensive triangulation of findings to enhance the validity, consistency and accuracy of collected data; and
- Sufficient and appropriate disaggregation of findings by gender.

The approach was "youth- and gender-sensitive." In particular, with regard to the transversal evaluation topic MYP, the approach was youth-centred and all communication was age-adapted, ensuring that training material, written and oral communication and interaction, and questions aimed at youth participants were mindful of the age and context of the youth participants.

All youth participants were selected based on the principle of voluntary participation. All participants in the evaluation were adequately informed of their rights before being asked to consent to participate. Such rights include for instance being able to walk out/end one's participation at all times, choosing not to answer certain questions, and remaining anonymous/having one's identity protected, (this last point is already well established in the data protection part).

Information about a help line or other means of assistance in the relevant countries (and, if possible, regions) was provided to all youth participants in case the interviews/participation made them want to speak further to someone/seek out help.

For young people under the age of 18, parental consent was collected during the selection process undertaken by the responsible YIDA partners in country.

The consultants also signed Plan International's Child and Safeguarding Policy before starting the assignment.

Lastly, the consultants made sure that all findings were appropriately triangulated across data sources to make sure that the findings were not just the opinions of a handful of individuals, unless strictly specified in the report.

Data Protection

Key Aid Consulting complies with the E.U. General Data Protection Regulation (GDPR) directive that came into force on May 25th, 2018. This directive sets out individuals' rights regarding the processing, handling, treatment and storage of their personal data. The consultants will implement the following data protection measures to ensure that the confidentiality and anonymity of participants were guaranteed.

For **qualitative data collected** the consultants did:

- Present the objective of the project to potential interviewees;

- Not share any raw data collected (audio recordings, transcripts, interview database) from interviewees with the client, unless the client especially asks for it. In this case, only anonymised data will be given i.e. the interviewee's name, organisation as well as any descriptive information that could breach data protection (age, location, etc.) will be omitted;
- Not quote individuals or refer to interviewee by name, position, or organisation in the final report. Individuals will be referred to by their stakeholder group (e.g. lead actors, etc.).

For **quantitative data collected (through the online survey) or shared with the team (existing databases),** the consultants administered the questionnaire using KoBo. Data collected were stored on a secured server within KAC. The consultants took the following measures to secure the data on the server:

- Access to the database associated with the server was restricted to prevent unauthorised access. During the data collection phase, the only authorised users of this database were Key Aid Consulting's server administrator and quantitative data collection team;

- Logical access to the server was restricted only to Key Aid Consulting server administrator during the project;

- Physical access to the server was restricted to prevent unauthorised access to the server that could cause a data breach;

All the data related to this project will be deleted by Key Aid's Data Protection officer a year and a half after the start of the project. This includes project documents, primary data transcripts, data coding matrix or databases (including emails with any documents or database attached).

Annex 4: YIDA's self-assessment of achievements per pathway

The figures below present the results from the survey in response to the question 'please assess the level of achievement of the programme intended outcomes in the country where you work' per pathway. While the data does not allow for a rigorous comparison across countries (due to the sample size in some countries), it gives some indication of how effective the country teams considered themselves to have been for each pathway. As such, the rating per pathways should not be used to compare countries, but rather to see how each country team rated their level of achievement for each pathway. This will help eliminate cultural bias in the way respondents rated their work (as observable in each of the following figure per pathway, some countries tend to always give higher ratings than others).

Figure 9: Survey results 'Please assess the level of achievement of the programme intended outcomes in the country where you work, 0 being no intended outcome achieved and 10 being all intended outcomes achieved' – Pathway 1 (n=39)[183] [184]
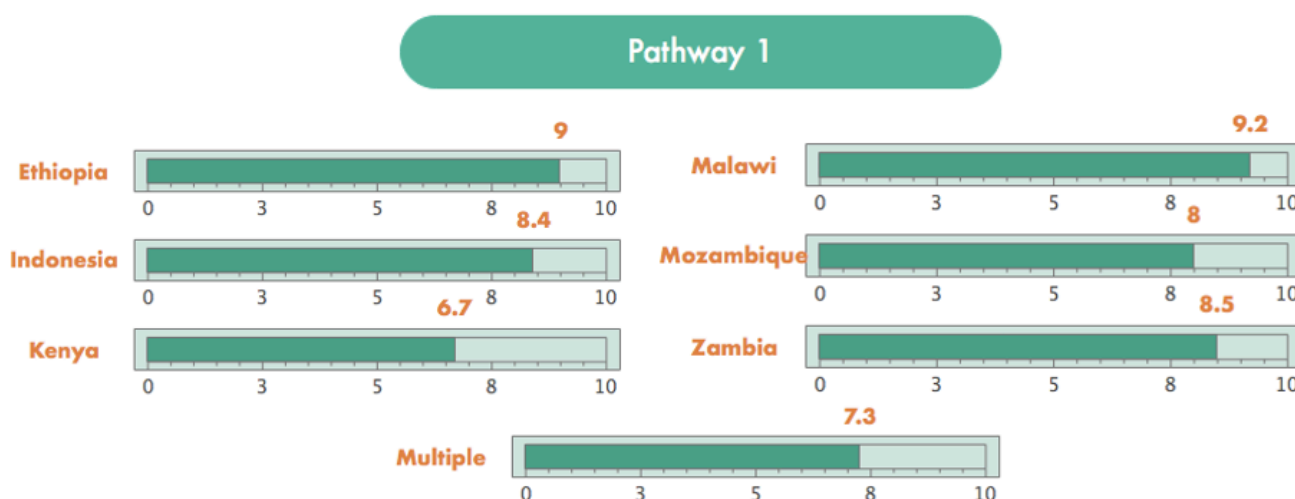
Regarding Pathway 1, survey respondents gave the lowest score in Kenya. This appears to be explained by the fact that while some parents fully changed their attitudes towards child marriage and FGM/C, the team noticed that FGM/C was on the rise again due to the COVID-19 pandemic and its impact on households' access to revenues. According to the team, this demonstrates that attitude changes were not rooted deeply enough.

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[183] Sample sizes per country are available in the Methodology section.
[184] 'Multiple' represents people working across several countries (i.e. mostly staff working at Netherlands (Alliance) level).

Figure 10: Survey results 'Please assess the level of achievement of the programme intended outcomes in the country where you work, 0 being no intended outcome achieved and 10 being all intended outcomes achieved' – Pathway 2 (n=39)
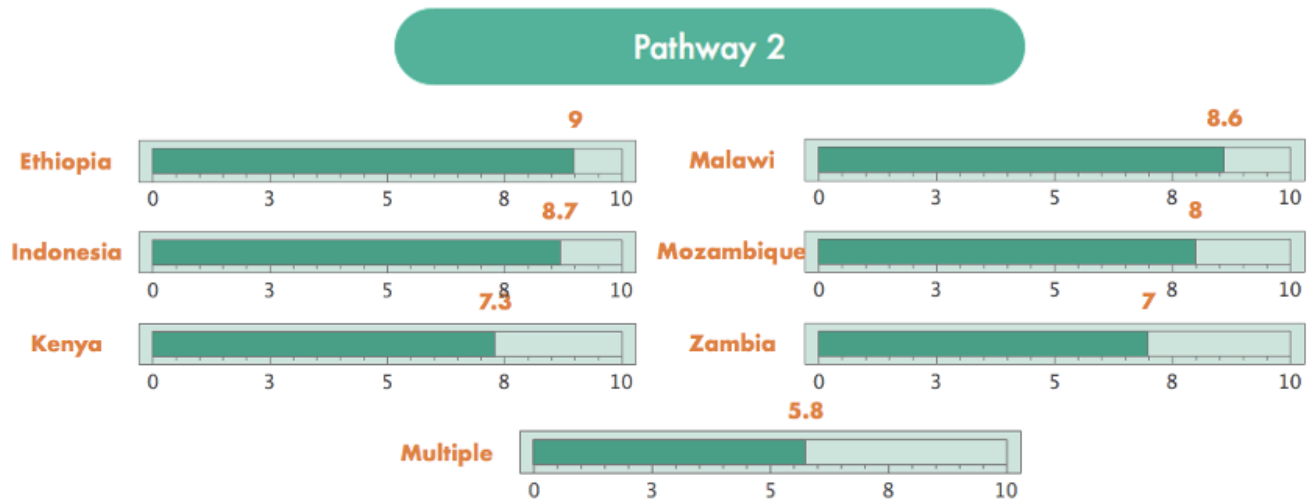

For Pathway 2, it is interesting to note that in most countries, respondents considered that the programme performed better on this pathway than the previous one. This is not the case however in Zambia and for respondents working across several countries.

Multi-country respondents justified their rating by the fact that the MYP tool was sometimes difficult to roll out and to put the theory into practice. This was also mentioned by some key informants who had to translate it into local languages, as it was originally deemed too complex. Other survey respondents mentioned that while young people have been trained, it was still sometimes difficult for them to have a voice at all levels, both in implementing areas and within the Alliance. This latter aspect is further discussed in *section IV.2.2.2*. Survey respondents working in Zambia acknowledged also that adolescents have been trained on how to claim their rights in ASRHR and engaged in meaningful youth participation training, but that few of them were able to do advocacy and lobby because of the lack of support or due to cultural beliefs.

For Pathway 3, in-country YIDA partners on average believed that they performed best on this pathway. This was particularly the case in Ethiopia, Zambia, and Mozambique, compared to the score they gave on other pathways. This is in line with key informant interview data and end-line data. As with Pathway 2, there seems to be a discrepancy between country teams' perceptions, and opinions from staff working at Netherlands level with multiple country teams. Multi-country staff explained their rating by the fact that while youth and service providers, as well as teachers and initiation rite trainers, have received training and demonstrated positive behaviour changes, it remains difficult for many of those stakeholders to take youth SRHR seriously and to provide youth-friendly services. Others mentioned that while youth were better informed, they were not taking action yet.

Figure 11: Survey results 'Please assess the level of achievement of the programme intended outcomes in the country where you work, 0 being no intended outcome achieved and 10 being all intended outcomes achieved' – Pathway 3 (n=39)
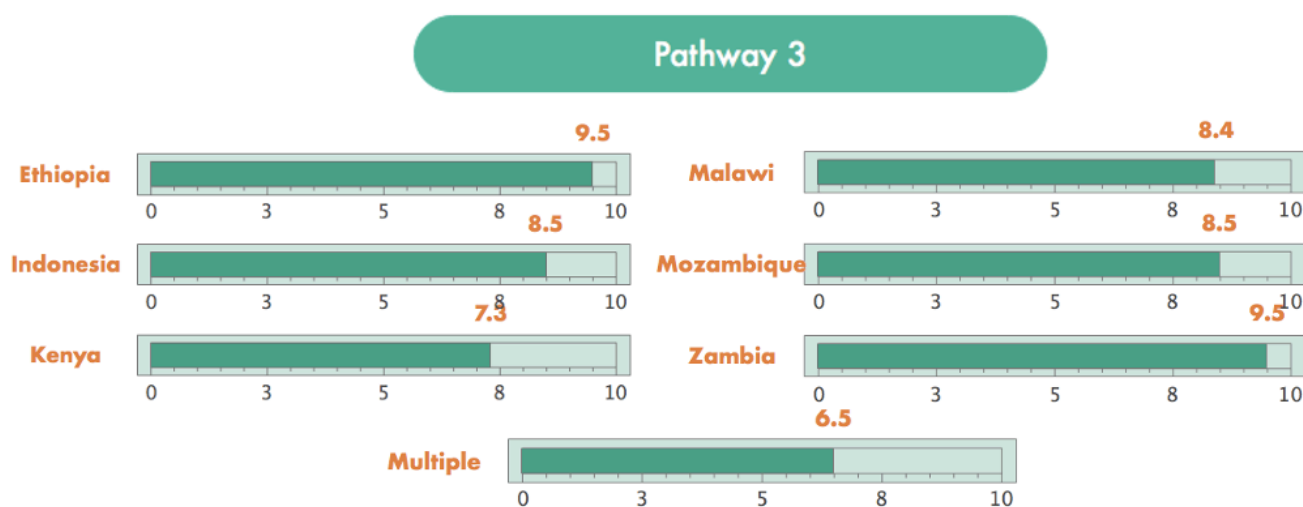

Pathway 4 was on average rated by survey respondents as among the lowest in terms of achieving the intended outcomes. Other factors were also at play. For instance, the ToC included the ambition to engage the private sector and connect young people with those actors. However, the realisation of this ambition was often not feasible due to the local context and the lack of opportunities. This led to a feeling that **this pathway was not fully rolled out as intended**. This is also linked to the fact that the programme was, in some countries, implemented in deprived areas were basic needs could not be fulfilled (access to economic opportunities are often linked to the capacity of households to meet their basic needs), but also to the fact that country-specific situation analyses were not undertaken to assess the feasibility of this component. Considering the important gaps in some targeted areas and the budget available for this component, the programme and Alliance ambitions in this pathway have been slightly too high. One of the options could have been, as for other basic needs coverage, to explore collaborating with other organisations whose mandate is to support livelihoods opportunities and to strengthen local markets.

Figure 12: Survey results 'Please assess the level of achievement of the programme intended outcomes in the country where you work, 0 being no intended outcome achieved and 10 being all intended outcomes achieved' – Pathway 4 (n=39)
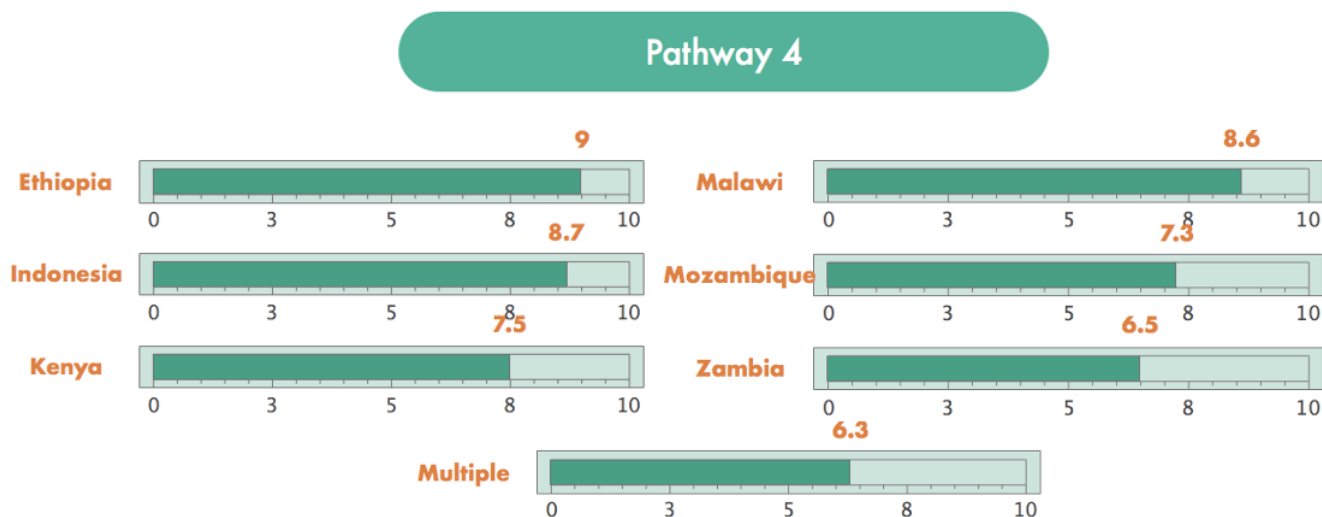
Lastly, regarding Pathway 5, over the course of the programme, policymakers' positions and actions regarding gender equality, child marriage, teenage pregnancy, and FGM/C have shown some positive developments towards meeting the programme's outcomes. As such, this pathway was considered to be rather successful in terms of achieving the planned outcomes, as presented in the figure below.

Figure 13: Survey results 'Please assess the level of achievement of the programme intended outcomes in the country where you work, 0 being no intended outcome achieved and 10 being all intended outcomes achieved' – Pathway 5 (n=39)
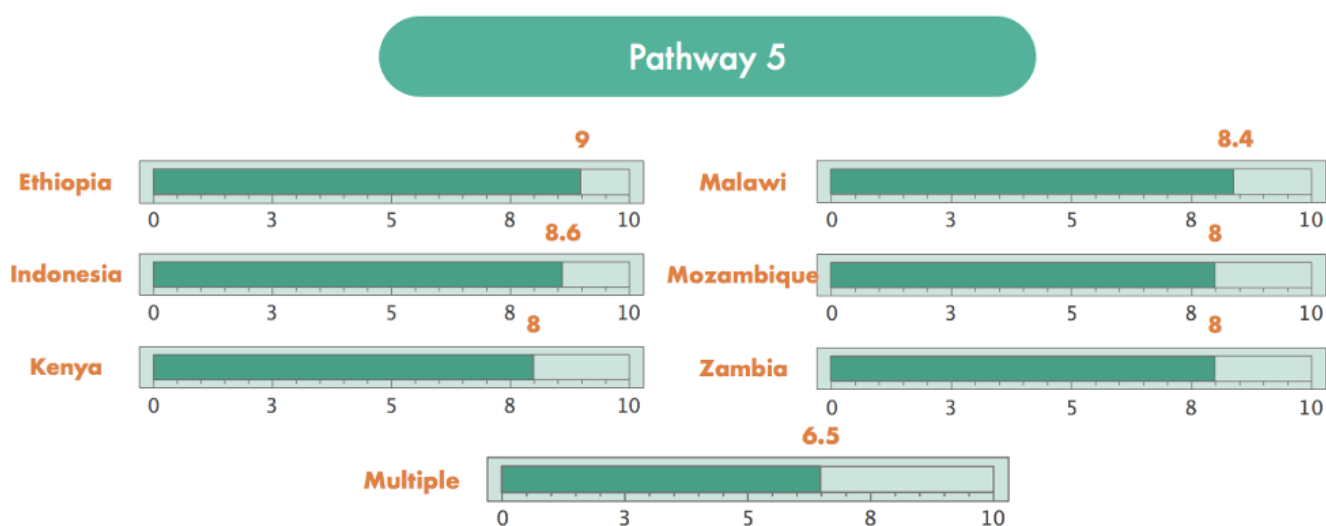
Annex 5: Stakeholder mapping

As this is a multi-country evaluation of an alliance involving multiple partners, the stakeholder analysis is a key step to understand how each stakeholder has been involved in the programme.

The following graph shows the relation between the different organisations involved in the Yes I Do Programme and Alliance.

Figure 14: Relation between the different organisations involved in the Yes I Do Programme and Alliance[185]
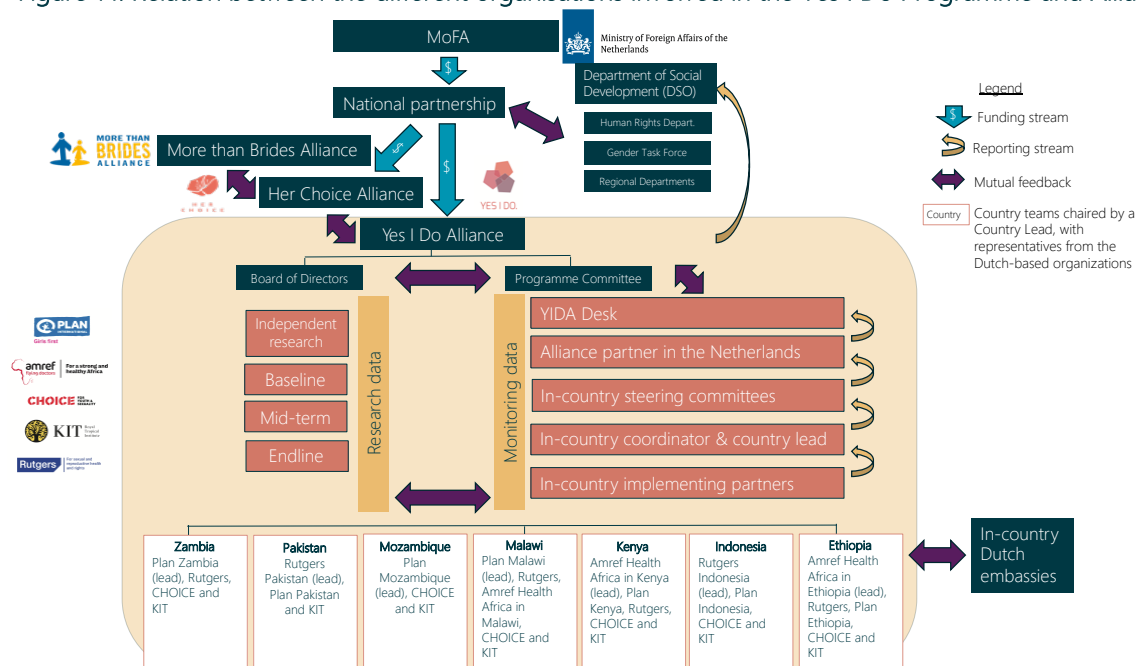
In the Netherlands (MoFA)

The Ministry of Foreign Affairs (MoFA) of Netherlands funds the Dutch Girls Not Brides national partnership. The Partnership now has over twenty member organisations and has two working groups which focus on child marriage in the Global South and advocacy and communications. It comprises of three alliances that collaborate, sharing research results and good practices. One of these alliances is the Yes I Do Alliance (YIDA). Members of the Yes I Do Alliance are Plan International, Rutgers, Amref, KIT, and CHOICE.

MoFA uses the Human Rights Department to bridge MoFA's strategic orientations with technical feedback from the field. It plays roles in both "think tank coordination" and active advocacy, though advocacy efforts can also be relayed in country by Dutch Embassies.

In the Netherlands (YIDA)

The Board of Directors (BoD) is composed of directors and members of the senior management of the five alliance partners. The objective of the BoD is to ensure quality and effectiveness of the YIDA, by giving strategic steer and making sure the programme is implemented in accordance with the requirements of the MoFA and in cooperation with the YIDA partners in the Netherlands, and its positioning towards external actors.[186]

The BoD is the highest decision-making body within the YIDA governance structure. The BoD is responsible for managing the long-term development of the YIDA and of the partnership with the

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[185] Source : the authors
[186] Yes I Do Alliance, BoD ToR (2017).

Ministry of Foreign Affairs. The BoD decides upon strategic issues and manages (high) risk issues (e.g. fraud and corruption).

The Programme Committee (PC) ensures consistent and coordinated implementation of the programme at different levels and in accordance to the financial-administrative regulations attached to the YIDA grant received from the MoFA and in line with the overall objectives of the strategic partnership agreement with the Ministry. It comprises of YIDA desk members (general coordinator and PME advisor) and a senior YIDA staff member from each Dutch-based alliance partner.

One country lead (Netherlands-based) and in-country coordinators are appointed for each country (both from the same organisation) and liaise directly with the in-country teams. There is also a Dutch-based PME advisor appointed for each country (thus each in-country team is supported by a Dutch-based country lead and PME advisor). In most cases, two colleagues perform these roles; in the case of Indonesia, one person holds both positions.

The YIDA Desk is powered by a coordinator, a financial controller, an M&E coordinator, and a communication officer. The desk is responsible for management and governance.

In-country

Since 2018 (when activities had to stop in Pakistan), YIDA partners have been implementing programmes in six countries: Zambia, Mozambique, Malawi, Kenya, Indonesia, and Ethiopia.

Each country has a steering committee consisting of senior Alliance representatives, who is responsible for taking strategic decisions.

Each country has an in-country lead organisation with a coordinator. He/she ensures coherence and progress of implementation and monitoring of the programme.

Each organisation has country teams implementing the programme activities.

YIDA partners engage mainly with authorities, policymakers, Civil Society Organisations, communities, the private sector, other child protection actors, and Dutch Embassies.

Figure 15: The stakeholder's stakes in the Theory of Change of the YIDA programme[187]
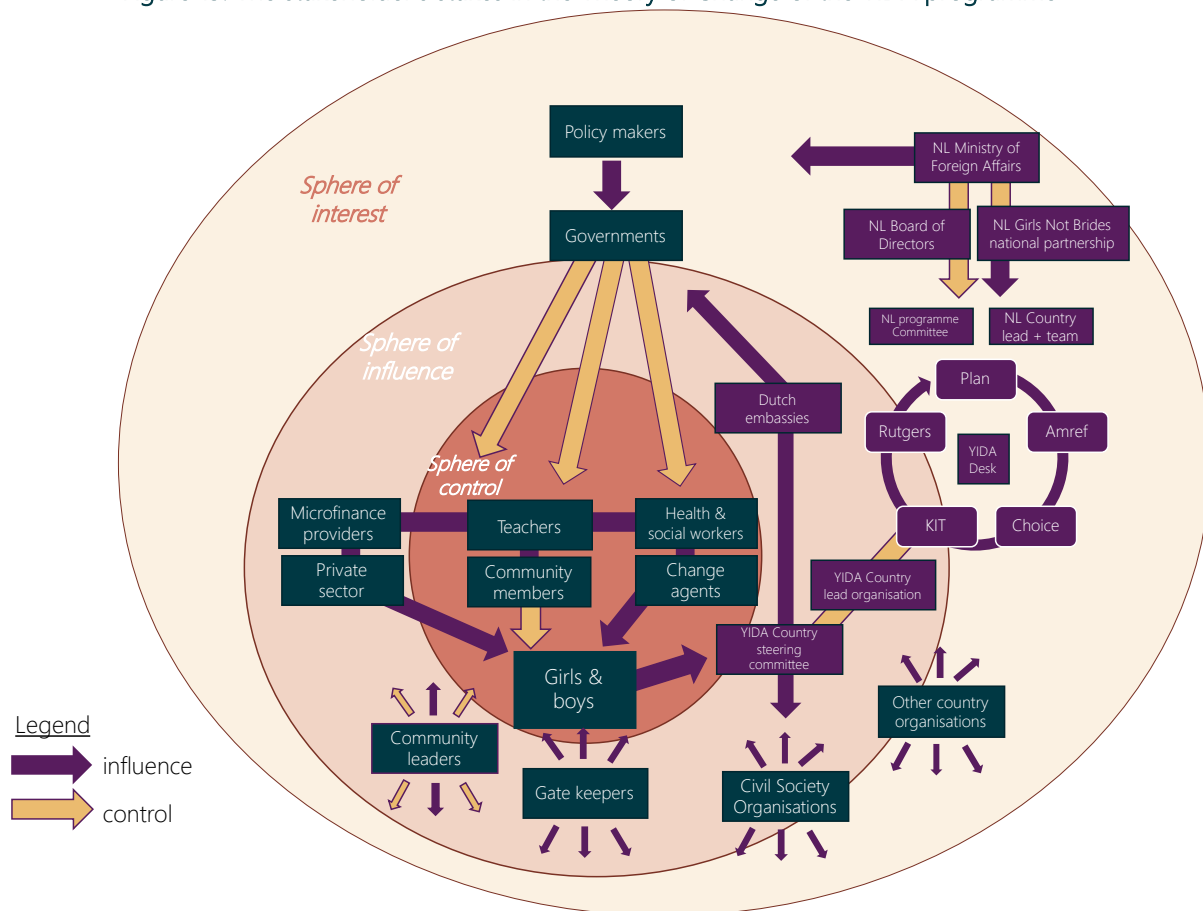
Looking at the representation above, YIDA is positioned as the link between girls and boys and their stakeholders. By being at their service and amplifying their voices, they intended to create loops of interest, influence, and control inclusive of SRHR. To foster change, the programme counts stakeholders far beyond its internal activities, reaching out locally and globally to all sorts of influencers and policymakers.

The convergence of views between different governments cannot be drawn easily. MoFA utilises relatively complex pathways to influence host governments towards mainstreaming SRHR. If one assumes that national governments can only have indirect or limited control over the targeted girls and boys at community level, advocacy efforts to those national governments should therefore be seen as less impactful than community level influencing. Both however appear necessary to be able to create an enabling environment.

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[187] Source : the authors

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Annex 6: Evaluation matrix

Evaluation Question	Sub Questions	Indicators/how judgment will be formed	Source of information
Evaluation criterion: relevance			
1. To what extent were the objectives consistent with beneficiaries' requirements, country needs, global priorities and partners' and donors' policies?	▪ To what extent did the programme in each country correspond to the needs of the target population and respond to the specific needs of boys and girls? To what extent and how did the programme connect to their social environment, wishes and ambitions?	▪ YIDA conducted a needs assessment to understand needs of target population and the context; ▪ According to key informants and survey participants, specific needs of some vulnerable groups have been taken into consideration in the design and the implementation of the programme and the programme reached the people most in need; ▪ The intervention logic was documented formally or informally in a response analysis documents; ▪ Beneficiaries consider that the programme met their needs and was in line with their wishes, ambitions and environment.	▪ Desk review of programme and context documents, including baseline, end-line and monitoring data and needs assessment; ▪ KIIs with YIDA, partners and other humanitarian stakeholders and community representatives; ▪ Data collection with youth.
	▪ To what extent and how did the programme adapt to changes in the context, in particular during the COVID-19 pandemic?	▪ Programme design has been adjusted to respond to changes in the context, and in particular to the current pandemic; ▪ Key informants explain how the programme adapted to changes in the context, how the COVID-19 impacted implementation and what was put in place to mitigate those impacts.	▪ Desk review of project documents; ▪ KIIs with YIDA partners and online survey with YIDA partners.
	▪ How did the YIDA programme contribute to local and national priorities and frameworks?	▪ National development plans show that the programme is in line with the programme's objectives and strategy; ▪ Programme design has been adjusted to each country to match their respective national priorities; ▪ Key informants, including government representatives, confirm that the programme was in line with national priorities and policies.	▪ Desk review of project and context documents ▪ KIIs with YIDA partners and other development stakeholders and community representatives
Evaluation criterion: coherence			
2. To what extent was the programme coherent with other actors'	▪ Was the programme complementary to other interventions in the implementation areas? If so, which ones? And how did the coordination happen?	▪ Documented evidence and key informant interviews show that the alliance consulted other SRHR actors in each implementing countries to ensure complementarity and coherence; ▪ Key informants explain how the coordination happened and identify some potential gaps	▪ Desk review of process-oriented documents ▪ KIIs with YIDA partners in each country.

interventions in the same contexts?	▪ To what extent did the alliance, alongside other organisations, contribute to the outcomes of the MoFA policy framework on SRHR?	▪ The review of MoFA policy framework documents show that the programme was in line with the directions given by the Government of the Netherlands on SRHR; ▪ Key informants explain whether further coordination happen with other Dutch organisations active in SHRH in the implementing countries and what the coordination processes were; ▪ Key informants and survey respondents assess the level of contribution of YIDA to the outcomes of the MoFA policy framework on SRHR	▪ Desk review of process-oriented documents and policy frameworks; ▪ KIIs and online survey with YIDA partners
Evaluation criterion: effectiveness			
3. How effective has the programme and alliance been in reaching intended outcomes?	▪ To what extent did the programme reach its intended outcomes in the different pathways of change and countries of implementation? What have been the main contributing and constraining factors to the achievements of those outcomes?	▪ Monitoring data assess whether the programme has reached its intended outputs and outcomes and allows to identify gaps; ▪ Key informants also explain whether the ToC assumptions held true, or whether some interventions did not lead to the intended outcome.; ▪ Key informants and survey respondents in each country are also able to tell whether there were some shortcomings in specific pathways, if any, and identify the main contributing and constraining factors (internal and external); ▪ Main changes in the communities as a result of the programme identified by beneficiaries (disaggregated by age and gender); ▪ Documented descriptions of the intended targets reached and of changes noticed in the communities covered by the programme; ▪ Case studies allow to shed light on some success stories (selected in consultation with the selected country teams);	▪ Desk review of programme documents, including baseline, end-line and monitoring data; ▪ KIIs and online survey with YIDA partners; ▪ Data collection with youth in Indonesia, Ethiopia and Malawi
	▪ To what extent and how did the cross-cutting issues (gender norms, girls' empowerment, boys' and men's engagement, meaningful youth participation), lead to better outcomes for the girls and boys involved in the YIDA programme? To what extent and how did the use of the cross-cutting issues help the implementing partners and service providers/ duty bearers to improve the quality of their interventions?	▪ Documented evidence and key informants describe how those cross-cutting themes were addressed and operationalised as part of the programme in each country; ▪ Survey participants and key informants assess the extent to which and how those thematic were addressed in each country of implementation as well as whether the use of the cross-cutting issues helped them to improve the quality of their interventions ▪ Case studies allow to shed light on some good practices on how those cross-cutting themes can be applied in programming;	▪ Desk review of programme documents, including monitoring reports, guidelines and strategies, GTA reports, etc.; ▪ KIIs and online survey with YIDA partners ▪ Case studies (data collection methods and participants varying per country – see the methodology section for more details)

	▪ Were there any unintended results (positive or negative), and in which ways did they affect the different target groups and stakeholders?	▪ Monitoring data, key informant interviews and survey participants identify potential unintended effects of programme, whether positive or negative, observed in the communities; ▪ Key informants explain which particular target group were affected by those unintended effects and how; ▪ Programme documents show that when negative effects were identified (if any), they were promptly addressed.	▪ Desk review of programme documents, including monitoring reports and data, complaints reports, etc.; ▪ KII and online survey with YIDA partners.
	▪ What added value, if any, did the operational model chosen bring in terms of effectiveness in reaching intended outcomes?	▪ Documented evidence reveals why the partners decided to work together as an alliance and what the intended added value of this operational model was; ▪ Each partner considers that the programme strategies and logic matched with their organisational priorities and that their role in the alliance was relevant to their areas of expertise and capacities ▪ The review of the alliance's ways of working shows how the different partners intended to maximise results through working as an alliance (through appropriate sharing of roles and responsibilities based on expertise for instance); ▪ Key informants and survey respondents assess whether those intended added value of the operational model materialised or not and identify key success stories that were only possible thanks to the operational model	▪ Desk review of process-oriented documents such as MoU, meeting minutes, Thermometer reports, organigramme, etc.; ▪ KIIs and online survey with YIDA partners
	▪ How important was messaging/ communication in achieving programme outcomes?	▪ Desk review and key informants explain how youth were involved in the development of communication and messaging ▪ Young people give their opinion on how YIDA communicated with them	▪ Desk review; ▪ Key informant interviews ▪ Data collection with youth in Ethiopia and Malawi
Evaluation criterion: sustainability			
4. To what extent can we expect the programme results to be maintained in the longer term (post 2020 after YIDA implementation ends)?	▪ What processes have been put in place to ensure the programme's sustainability? Have local capacities been built and programme ownership transmitted?	▪ Transition ownership plans and/or strategy have been co-developed or are about to be with the organisation(s) taking over; ▪ Community groups and local structures formed to take over the activities after exiting the impact area can demonstrate they have the human and financial resources to carry on activities in the areas.	▪ Desk review of programme documents, including monitoring reports and data, complaints reports, etc.; ▪ KII with YIDA partners
	▪ Do programme stakeholders believe that the programme's positive effect will be sustained? What are the main hampering factors to this sustainability?	▪ YIDA staff and implementing partners perceive that local actors have the capacity to sustain programme outcomes; ▪ Local partners attest that they have the capacity to sustain programme activities after programme exit; ▪ Key informants and survey respondents are confident in the fact the programme's positive outcomes will be sustained after exiting the implementation area;	▪ KII and online survey with YIDA partners

		▪ Key informants and survey respondents identify factors which could influence the sustainability of the programme.	

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