

**GET UP
SPEAK
OUT** for
youth
rights

ANNUAL REPORT 2017

GET UP SPEAK OUT
PROGRAMME

1 MAY 2018 / PROJECT NR 28432

 **aidsfonds**

CHOICE FOR
YOUTH &
SEXUALITY

dance  life

 **IPPF**

Rutgers

Simavi

INDEX

LIST OF ABBREVIATIONS AND ACRONYMS	3
SUMMARY	4
INTRODUCTION	7
1 CONTEXT ANALYSIS: IMPLEMENTING GUSO IN AN INCREASING CONSERVATIVE ENVIRONMENT?	9
1.1 Restrictive factors	9
1.2 Positive enabling factors	10
2 PROGRAMMATIC RESULTS IN 2017	12
2.1 Overall GUSO programme performance – outputs	12
2.2 Outcome 1 Strengthened and sustainable alliances	15
2.3 Outcome 2 Empowered young people voice their rights	16
2.4 Outcome 3 Increased use of SRHR information and education	18
2.5 Outcome 4 Increased use of youth-friendly SRHR services	19
2.6 Outcome 5 Improved socio-cultural, political and legal environment	21
2.7 Financial results	23
3 ANALYSIS OF SRHR PARTNERSHIP	26
3.1 Reflection on the SRHR partnership by MoFA	26
3.2 Reflection on the SRHR partnership by the NL/UK consortium members	26
3.3 The role of embassies	27
3.4 Cooperation between the GUSO Consortium and the country alliances	28
3.5 Alignment between SRHR partnerships and other stakeholders	30
4 GUSO'S CORE PRINCIPLES	31
4.1 Gender Transformative Approach	31
4.2 Rights-based Approach	31
4.3 Inclusiveness	32
4.4 Sustainability	32
5 REFLECTION ON THE THEORY OF CHANGE	34
6 LESSONS LEARNED	37
7 CHALLENGES AND OPPORTUNITIES	40
ANNEX 1 OVERVIEW OF CURRENT AND FORMER INDICATOR FRAMEWORK	42
ANNEX 2 ETHIOPIA	43
ANNEX 3 GHANA	45
ANNEX 4 INDONESIA	47
ANNEX 5 KENYA	49
ANNEX 6 MALAWI	51
ANNEX 7 PAKISTAN	53
ANNEX 8 UGANDA	55
ANNEX I AUDITED CONSOLIDATED FINANCIAL REPORT	
ANNEX II AUDITED REPORTS CONSORTIUM MEMBERS	
ANNEX III BUDGET VERSUS ACTUALS TO DATE PER OUTCOME	

LIST OF ABBREVIATIONS AND ACRONYMS

AIDS	Acquired Immune Deficiency Syndrome
ASK	Access, Services and Knowledge (SRHR Alliance Programme 2013-2015, SRHR Fund)
CBO	Community Based Organisation
CSE	Comprehensive Sexuality Education
CSO	Civil Society Organisation
EKN	Embassy of the Kingdom of the Netherlands
EP	Essential Packages
FGD	Focus Group Discussion(s)
GTA	Gender Transformative Approach
GUSO	Get Up Speak Out (SRHR Consortium Programme)
HIV	Human Immunodeficiency Virus
IATI	International Aid Transparency Initiative
IPPF	International Planned Parenthood Federation
LGBT(Q)I	Lesbian, Gay, Bisexual, Transgender (Queer) and Intersex
LSBE	Life Skills Based Education
LTO	Long Term Objective
M&E	Monitoring and Evaluation
MoFA	Ministry of Foreign Affairs
MoH	Ministry of Health
MYP	Meaningful Youth Participation
NGO	Non-Governmental Organisation
NL/UK	Netherlands/United Kingdom
NPC	National Programme Coordinator
NSC/NGB	National Steering Committee / National Governing Board
OR	Operational Research
PIASCY	The Presidential Initiative on AIDS Strategy for Communication to Youth (Government guidelines in Uganda)
PME(L)	Planning, Monitoring, Evaluation (and Learning)
PPA	Pakistan Parwan Alliance
RBA	Rights Based Approach
RHRN	Right Here Right Now
SGBV	Sexual and Gender-Based Violence
SRH	Sexual and Reproductive Health
SRHR	Sexual and Reproductive Health and Rights
STI	Sexually Transmitted Infection
ToC	Theory of Change
ToR	Terms of Reference
ToT	Training of Trainers
UFBR	Unite for Body Rights (SRHR Alliance Programme 2011-2015, MFS II)
UNFPA	United Nations Population Fund
UPR	Universal Periodic Review
VCT	Voluntary Counselling and Testing
VHT	Village Health Team
WSWM	World Starts With Me (CSE curriculum)
YAC	Youth Advisory Committee
YAP	Youth-Adult Partnership
YCC	Youth Country Coordinator
YF	Youth-friendly
YFS	Youth-friendly services
(Y)PLHIV	(Young) People Living with HIV

SUMMARY

The Get Up Speak Out (GUSO) programme works towards the empowerment of all young people, especially girls and young women, in supporting them to realise their sexual and reproductive health and rights (SRHR), including HIV/AIDS, in societies that are positive towards young people's sexuality. The programme runs from 2016-2020 with partners in Ethiopia, Ghana, Indonesia, Kenya, Malawi, Pakistan and Uganda. GUSO aims to continue or consolidate what was started by the Unite for Body Rights (UFBR) and Access, Services, Knowledge (ASK) programmes with the overall ambition to create country ownership for SRHR interventions under the lead of a country SRHR alliance that will be able to continue when the GUSO programme comes to an end.

In this 2017 annual report, we proudly present the efforts of all GUSO implementing partners, showing the scope, reach and strength of the GUSO programme. The writing of this report has been an inclusive, insightful and exciting process. Inclusive, since all countries and all consortium partners actively contributed to this report. This helped to better understand the complexity of reporting and to hear the real stories behind the numbers. Insightful and exciting, since it showed good progress of all the work that has been realized so far.

To support the country GUSO programmes, the consortium members in the Netherlands and United Kingdom have joined forces to strengthen the capacity of partners and in-country alliances. The NL/UK consortium members collaborated in the technical expertise they provided on crosscutting themes within the GUSO programme. Regarding capacity building, a specific working group of both NL/UK and implementing-country representatives have developed strategies to build a pool of master trainers within the South, to establish a platform for knowledge sharing and increasing visibility of these master trainers in order to increase South-South capacity building and sharing and learning which can be sustainable beyond the GUSO programme. In 2017, NL/UK consortium members strengthened the capacity of partners, helped to develop and implement comprehensive sexuality education (CSE) curricula, and facilitated South-South learning to improve the quality of CSE. Moreover, technical support was provided by NL/UK members to ensure quality of care, youth friendliness and inclusiveness of service provision. To respond to the rise of conservatism and opposition, a learning trajectory was started in 2017 on working on SRHR and specifically CSE in times of opposition.

During the second year of the GUSO programme, the implementation was in full swing; guided by the Theory of Change regarding the five areas we work in:

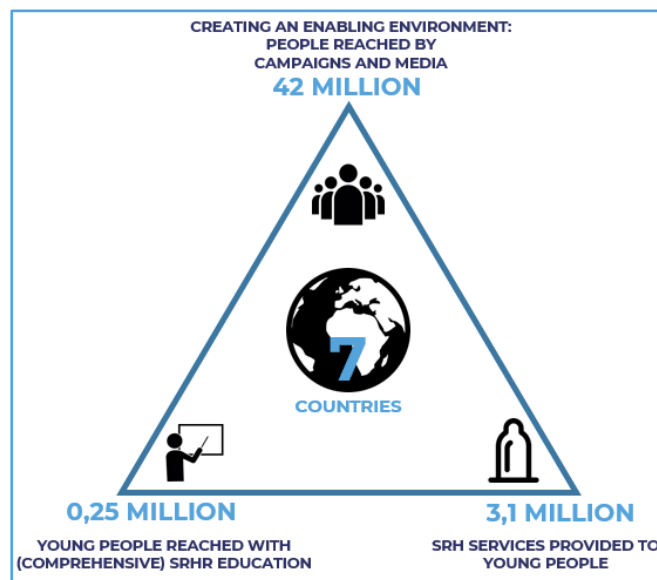
Outcome 1 Strengthened and sustainable alliances

In 2017, a framework for strengthened sustainable alliances for use by all seven countries was developed by the NL/UK Consortium to guide the process of alliance strengthening. All seven countries endorsed and adopted the framework, during Outcome 1 Reflection Workshops that took place in all the countries in 2017. The framework was used to identify and prioritise three components (e.g. financial sustainability, increasing visibility and favourable reputation, shared ambition) to focus on for building a stronger and more sustainable alliance. All countries identified three priorities to focus on until 2020 and developed an action plan. Joint activities provided the opportunity for country alliances to meet more regularly, work and plan together, and to foster a culture of collaboration. Countries are ahead on their targets with over 1,100 persons from alliance organisations being trained.

Outcome 2 Empowered young people voice their rights

Looking at the four strategies chosen (capacity building of young people; youth-adult partnerships; networking and youth-movement building; and youth-involvement in advocacy), it can be concluded that mainstreaming meaningful youth participation (MYP) is progressing in all GUSO countries. Efforts are made to include more young people in individual organizations as well as at alliance level, and five alliances were trained on MYP. Countries are well on track with over 30% of young people under 25 being represented in the partner organisations structures. Similarly, all countries made considerable investment in capacity strengthening of young people, which is shown by the diverse range of trainings

that young people received. While youth-adult partnerships are progressing as well, for example by appointing a Youth Country Coordinator in all GUSO countries (in 2017, four countries (Ethiopia, Ghana, Malawi and Uganda) recruited a (new) Youth Country Coordinator (YCC) and Indonesia plans on appointing a YCC in April 2018) - more focus should be devoted to this strategy in the coming years. Surveys and focus-group discussions (FGDs) conducted in 2017, to assess how meaningfully young people are involved in the GUSO programme, showed that young people do not always feel trusted by adults, and are sometimes hesitant to ask questions to adults. They also highlighted that GUSO needs clearer strategies to ensure that youth engagement goes beyond implementation and advocacy, to include (financial) planning and M&E. Strong examples of youth-led advocacy were not only found but also reported to be effective, which should be continued. Youth-movement building exists but countries are lagging behind on this indicator and this strategy needs more investment in the coming years.



Achievements of GUSO's Multi-component Approach in 2016/2017, linking education (demand) and services (supply) and creating an enabling environment.

Outcome 3 Increased use of SRHR information and education

Most countries are ahead or on track with their activities under Outcome 3, almost 6,500 educators were trained in 2017 and over 260,000 young people were reached with SRHR education. However, Ethiopia and Uganda face difficulties in reaching their targets on the number of young people reached with SRHR education because of a restricting environment for programme roll-out. Since August 2017, the state of emergency has been lifted in Ethiopia which created some space for implementation; however, it was reinstated in March 2018. In Uganda, the political context is challenging with the ban on CSE restricting the implementation of comprehensive in-school sexuality education. Partners in Uganda were forced by the Ministry of Education to implement sexuality education only by using the government materials (PIASCY). As a consequence partners have reviewed the extent to which they can still implement the GUSO programme according to its standards. Some partners took on additional strategies to engage with young people in other settings, besides schools. Moreover also in Kenya, although ahead of most targets, the restricting political context is hampering implementation. In Indonesia, the implementation of SRHR education had a slow start but was pushed in the second half of 2017. To be able to deal with the restricting space, partners have adopted other approaches, such as the Whole School Approach (Ethiopia, Indonesia, Kenya, Uganda, Pakistan), in order to engage with stakeholders like parents and community leaders, to ensure support for sexuality education in school.

Outcome 4 Increased use of youth-friendly services

In all GUSO countries health care workers have been trained on Youth Friendly Services. The work is targeted towards increased access to services among youth. During the reporting period, the programme provided over three million SRH services to young people. Services were provided in public and private health facilities, in mobile clinics, during special events (e.g. World AIDS Day, International Youth Day), and at community level by peer providers/counsellors and community health workers. Some peer educators, among others young peers living with HIV, were trained as peer counsellors and/or peer providers to enable them to provide specific services to their peers. Other peer educators

were placed in health facilities to create a friendly environment and ensure that young people felt comfortable accessing SRH services. To link all these delivery channels, a strong referral system was established in each country. For countries like Indonesia and Pakistan this is challenging since it is not allowed for unmarried young people to access SRH services, resulting in a lower number of services. And although very much ahead in achieving the targets, Kenya is facing challenges with service provision for other reasons, because of stock out and continuing strikes by health personal. In addition the consequences of the Global Gag Rule are starting to have a hampering effect on GUSO programme implementation, in particular Outcome 4. It is expected that more countries will experience a drawback in programme roll out due to the Global Gag Rule. In 2017, the Uganda SRHR Alliance was granted MoFA's flexible fund, an integrated SRHR/HIV community service delivery project. Preparations started in 2017, and implementation will commence in 2018.

Outcome 5 Improved socio-cultural, political and legal environment for young people's SRHR

In 2017, over 42 million people were reached by campaigns and (social) media under the GUSO programme. At the end of 2017, over 11,000 people, parents, religious/community leaders and teachers, were structurally involved in the implementation of the programme, intending to increase acceptance and support for young people's SRHR. The NL/UK consortium worked closely with country alliances to ensure collective evidence-based advocacy to influence (development, implementation and adaptation of) SRHR policies and laws at local and national level. One of the main outputs in 2017 was the development of advocacy strategies by the different country Alliances. Moreover, alignment took place with other platforms/alliances, in particular RHRN, in the area of advocacy. This resulted in joint advocacy efforts, especially in Indonesia where 12 different advocacy agendas were initiated.

In conclusion, impressive results were realized in 2017 and GUSO programme implementation is well on track. The implementing partners and in-country alliances have worked hard and sometimes under difficult circumstances to reach their goals. In 2017, the space to work in became more restricted, and opposition increased. These challenges have resulted in finding creative ways to work on increasing demand and, supply and, enabling the environment under the GUSO's overarching multi-component approach.

INTRODUCTION

In this report, the results of the 2017 Get Up Speak Out (GUSO) Programme are presented. GUSO is a five-year programme (2016-2020) implemented by a consortium consisting of Rutgers, Aidsfonds, CHOICE for Youth and Sexuality, dance4life, the International Planned Parenthood Federation and Simavi.

The GUSO programme has the following Long-Term Objective: All young people, especially girls and young women, are empowered to realise their SRHR in societies that are positive towards young people's sexuality. The programme runs in seven countries: Ethiopia, Ghana, Kenya, Indonesia, Malawi, Pakistan and Uganda. The consortium and the in-country alliance partners aim to continue or consolidate what was started by the Unite for Body Rights (UFBR) and Access, Services, Knowledge (ASK) programmes with the overall ambition of creating country ownership for SRHR interventions under the lead of a country SRHR alliance that will be able to continue when the GUSO programme expires.

The Theory of Change describes five interrelated outcomes that will contribute towards the long-term objective. These interrelated outcomes are:

- 1 Strengthened and sustainable in-country SRHR alliances.
- 2 Empowered young people voice their rights.
- 3 Increased use of SRHR information and education.
- 4 Increased use of youth-friendly SRH services.
- 5 Improved socio-cultural, political and legal environment for SRHR.

The writing of this 2017 GUSO Annual Report has been an inclusive, challenging and insightful process. Inclusive, since all countries and all consortium partners actively contributed to this report. The process started with "in-country Write-shops" in February 2018, with all the implementing partners present to discuss their 2017 progress reports with their country alliance partners. This workshop devoted to the process and quality of writing, served as an opportunity to finalise good quality partner reports and to start up the consolidation process for the Country Reports. The Write-shops took place in five out of seven GUSO countries and were facilitated by the National Programme Coordinator (NPC) and the Youth Country Coordinator (YCC), with support from the NL/UK PMEL Advisor. In addition, a Write-shop was organised on 20 March where NL/UK PMEL Advisors, programme officers and technical advisors finalised chapters with a synthesis on progress of the various outcome areas and GUSO principles. Both the in-country and the NL/UK Write-shop were valued to better comprehend the programme progress in-country and per outcome area. Moreover, it helped to better understand the complexity of reporting and to hear the real stories behind the numbers. The content of this Annual Report is based on the country Annual Reports and these synthesis chapters. It has been challenging as the process has served as a reality check for the (re)defined indicators, the targets and the reporting system. After the 2016 Annual Report, the indicator framework was adjusted in order to present a more accurate picture of the programme implementation. However, the targets for 2016-2017 remained unchanged. As a result, the full effect of this fine-tuning will only become apparent when reporting over 2018 with new targets set according to the redefined framework. For this annual report, this means that for some indicators it is difficult to judge whether the programme is on track. Therefore, the narrative reports, in which the programme performance is explained, are of added value. Moreover, it was an insightful and exciting process as it showed that good progress was made in all GUSO countries.

The year 2017 was the second implementation year of the programme. In this progress report we will not repeat the information shared in the inception and the baseline reports, but will attempt to provide a reflective exercise on our progress in the second year.

How to read this document

This report consists of seven chapters and eight annexes. Chapter 1 provides a context analysis of the GUSO programme in 2017. Chapter 2 describes the 2017 programmatic results, including a financial

progress paragraph. First, an overview of all output results of the overall programme is presented. Since the targets were set for 2016-2017, the outputs are presented for the same period and cover the achievements from July 2016 until December 2017. Secondly, the progress is presented per outcome area. In Annexes 2-8, an output indicator table is provided for every country. Chapter 3 covers an analysis of the partnership by reflecting on the MoFA partnership, the NL/UK Consortium, the Embassies and the in-country alliances. Chapter 4 describes progress on the GUSO principles of the GUSO programme. In Chapter 5, the Theory of Change is reflected upon. Chapter 6 summarizes the lessons learned and, finally, in Chapter 7 the challenges and opportunities for 2018 are presented. In Annex I and Annex II, financial results are provided.

IATI

In this report partner organisations are mentioned by name. Please take note that this report can and only be uploaded in IATI when not mentioning partner organisations. This is part of the IATI exclusion policy of consortium members.

1 CONTEXT ANALYSIS: IMPLEMENTING GUSO IN AN INCREASING CONSERVATIVE ENVIRONMENT?

Conservatism is on the rise, nationally and internationally, limiting the space for our work. Conservative campaigns and policies have generally increased, affecting the implementation of the GUSO programme in various ways in the different countries.

In January 2017, US President Trump reinstated and expanded the Global Gag Rule, which had a hampering impact on SRHR work in the GUSO countries. Moreover, countries have experienced growing opposition by government and religious leaders. Nevertheless, most countries could report favourable changes as well.

1.1 Restrictive factors

In this second year of the GUSO programme, restricting conditions (of different nature) hampering the implementation of the GUSO programme were experienced in almost every GUSO country, except for Ghana.

In **Ethiopia**, the implementation of the GUSO programme was hindered because of the state of emergency declared in October 2016 after an uprising by different ethnic groups. This hampered the implementation of the GUSO programme in the first half of the year since it prohibited mass sensitization, and imposed restrictions on the freedom of speech and access to information including the temporary shutting down of the internet. The state of emergency was lifted in August 2017, which had a positive impact on implementation in the second half of 2017. Unfortunately, at the time of reporting the state of emergency was reinstated in March 2018. In addition, the Alliance in Ethiopia faces many challenges and oppositions regarding SRH information and education delivery from different stakeholders including government ministries such as the Ministry of Education that has prohibited the inclusion of Comprehensive Sexuality Education in the formal school curricula. Moreover, conservative values and norms existing in the community impede SRH issues being openly discussed. Also civil society organizations are barred from operating on rights and advocacy related issues.

In **Indonesia**, growing conservatism is being experienced at national level. In December 2017, Indonesia constitutional court rejected a petition by a conservative group, Family Love Alliance (AILA) to make extramarital sex including same-sex relations a crime. Although this was seen as a victory in terms of SRHR advocacy, it received a counter-reaction from conservative groups as well as the general public. This public pressure prompted the Parliament to incorporate the issues into a draft of the Penal Code which is expected to be passed in early 2018. The draft of the Penal Code will also further limit information on contraception and the sale of contraceptives. In addition, abortion services cannot be provided to rape victims as this is against the Health Law. At local level, the national political situation has implications for the education sector where SRHR education is hindered because of reluctance among teachers to discuss sensitive topics (LGBTI, contraceptives for unmarried people, abortion).

In **Kenya** there were several limiting factors such as the extended election process from June-Oct 2017 that delayed GUSO implementation because it resulted in difficulties in the mobilization of young people and uptake of services was low in this period. Furthermore, strikes among health care workers were prolonged and affected service provision and the supply of drugs and commodities. Thirdly the Ministry of Education barred NGOs from implementing CSE in schools prior to approval. Overall growing conservatism also resulted in opposition from religious groups.

Malawi faced a backlash on sensitive issues by the general public under the influence of the Catholic Church (pastoral letters discouraging condom use by young people and promoting natural family planning methods) and the Blantyre Synod of Central African Presbyterian Churches (launch of church health policy that openly advocates against family planning for unmarried youth and openly discourages LGBTQI).

The overall political situation for SRHR in **Pakistan** did not improve in 2017. Moreover, the ongoing re-registration process of several international NGOs is a challenge. During the last quarter of 2017, the Federal Government ordered many INGOs, including Rutgers, to shut down operations in the country, without explaining the grounds. However, most of these organizations have filed an appeal to review the decision. This review is in progress. This negatively affected the activities planned for December 2017 and planning for the year 2018.

Over the years, the environment for access to Sexual and Reproductive Health and Rights has been shrinking in **Uganda**. In 2017, the political situation remained relatively stable but highly restricted and limited for SRHR-oriented work. The Global Gag Rule has partly affected youth access to Sexual and Reproductive Health and Rights given the trend that the government of Uganda has taken today. The continued “Ban on CSE” by the parliament affected timely implementation of in-school activities and resulted in a shift towards using the “Presidential Initiative on AIDS Strategy for Communication to Youth” (PIASCY) materials at schools as requested by the government. This has had a negative impact on the quality of content because PIASCY does not comprehensively cover rights and positive based sexuality education. Secondly, the Ministry of Gender, Labour and Social Development went ahead in banning CSE for out-of-school youth, although this did not affect implementation of SE for those youth in the GUSO target districts, support is still seen for work on SRHR and CSE with out-of-school youth. This is not restricted, at least not until the Adolescent Health Policy has been reviewed. Thirdly, the Ministry of Health recalled Services and Standards Guidelines since these were seen as too progressive regarding the age limit of provision of contraceptives. In combination with the expired National Adolescents Health guidelines this leaves a policy vacuum regarding SRHR service provision for all age groups. The debate on developing a framework for Comprehensive Sexuality Education for in- and out-of-school youth is still on-going. Alliance partners and other likeminded organisations have organised key policy level activities targeted towards a supportive policy environment for the delivery of rights-based sexuality education programmes and youth responsive SRHR services.

1.2 Positive enabling factors

Fortunately, most countries also experienced enabling changes in their environment, some as a result of (advocacy) efforts by the GUSO programme.

In **Ethiopia**, a new national Adolescent Youth Health Strategy (2016-2020) was issued by the government which shows strong political backing for implementing GUSO (CSE as the major approach).

In **Ghana**, there has been a growing safe and flexible space for prioritising and promoting young people's SRHR issues. The Adolescent Reproductive Health Policy was strengthened in 2017 to provide guidance to NGOs. Secondly, the Adolescent Health Service Policy and Strategy was launched and CSE eventually gained the desired national attention resulting in the development of National Guidelines for CSE delivery in Ghana.

In **Indonesia** a new school policy was launched that aims to refocus education around “character building” resulting in a flexible five-six days school week. This may open opportunities for CSE at schools. At local/district level there were some positive developments with respect to allocation of some funds by local governments.

In **Kenya**, the Health Act was signed in June 2017 resulting in a unified health system for aligning national and county government health systems. Moreover, the visit of Minister Lilianne Ploumen (May

2017) led to the positive engagement of local and national government on commodity security in public and private health facilities.

Malawi experienced several positive changes with respect to SRHR-oriented work. First, the government scaled up youth friendly health service corners from 32 to 69 across all regions in the country. Secondly, the revised National Health Strategy by the MoH had positive consequences for SRHR programmes for rural and urban youth. Thirdly, the launch of the HIV/AIDS Management Act served as a blue print for HIV/AIDS programmes targeting youth and the general public. Moreover, the revision of the Post-Exposure Prophylaxis guidelines by the government recognises and prioritizes LGBT people. In addition, the termination of Pregnancy Bill was resubmitted to the Cabinet after a public inquiry by the Law Commission. Once it is passed, it will have a positive impact on youth access to (safe abortion) SRH services. Lastly, the CSE Manual for out-of-school youth was revised by the government and is now improved on its comprehensiveness and covers LGBTIQ issues.

In **Pakistan**, a very horrifying situation during the reporting period, the rape and murder of seven-year old girl Zainab, started a nationwide debate and led to some positive changes such as the initiative to provide Life Skills Based Education (LSBE) to young people in public schools launched in the Sindh province. The Punjab province will launch an initiative for the prevention of child abuse, while in the long-term LSBE will be considered for public and private schools. In 2017, in the Sindh province, the Early Marriage Act was amended to include minorities. Another positive development was the establishment of the Sindh Commission on the Status of Women in the Sindh Province.

In **Uganda**, considerable progress has been made towards passing the National Sexuality Education Framework (final draft validated end 2017), a process that the Alliance is advocating for. Moreover, an anti-stigma and discrimination policy was drafted by alliance members to be adopted by the government.

2 PROGRAMMATIC RESULTS IN 2017

Reporting and reflection on 2017 provides insight into the status of GUSO programme implementation. In this chapter, results are presented on output and outcome level for all the five outcome areas.

After the first reporting round (Annual Report 2016), the Planning, Monitoring, Evaluation and Learning Working Group (PMEL WG) thoroughly reviewed the result chain. Some adjustments were made in the definitions of the indicators (Annex 1), in order to present a more accurate picture of the programme implementation. For output indicator 2a the age range was clarified: under 2a1 the proportion of young people under 25 years (the GUSO definition) represented within the programme structures is reported, whereas under indicator 2a2 the proportion of young people aged between 25 and 30 years is reported. In addition, this adaptation entails the disentanglement of output indicator 3b into 3b1 on SRHR education and 3b2 on SRHR information to present meaningful numbers in future reporting. Furthermore, the definition of the output indicator on SRHR information is restricted towards “personalised interactive SRHR information provision”. Therefore, the achievements on 3b2 are adjusted downwards, whereas the achievements on output indicator 5a on awareness raising might have increased to cover all activities under this indicator. Furthermore, direct SRH service provision (indicator 4b1) is reported separately from indirect SRH service provision (indicator 4b2). Both these indicators no longer include the number of condoms distributed, resulting in lower numbers for 2017 compared to 2016.

The targets for 2016-2017 remained unchanged and, as a result the full effect of this fine-tuning will only become apparent when reporting over 2018 with new targets set according to the redefined framework. For this annual report this means that the coverage of the achievements under the adjusted definitions might differ from the target under the former definition. This is especially the case for target 3b2 on SRHR Information, where the target cannot be compared to the achievements and therefore we did not include a justification on the progress of this indicator. Some of the activities reported in 2016 under 3b (former indicator), are now covered under indicator 5a (awareness raising). An example of this is the Inspire Step from the dance4life approach. Several webinars for the (bi-)annual reports were organised in June 2017 and again in January 2018 to explain these adjustments and the consequences for reporting before the reporting forms were shared with in-country alliances and partners. In this chapter the progress on output indicators is included (overall and per country) as well as an overview of progress under each of the five outcome areas.

2.1 Overall GUSO programme performance – outputs

In Table 1, the overall progress of the GUSO programme is presented, adding up all targets and results of the seven GUSO countries. The corresponding Result Areas of the SRHR Result Chain (MoFA) are indicated. This table shows whether the programme is ahead/on track/ behind per outcome area by comparing the actual achievements with the 2016/2017 target (on track = within 20% range of the target set). For some indicators no judgement can be given because of the adjusted framework. Overall, the programme is on track or even ahead of schedule. Only indicator 2b on youth collaboration is lagging behind, since the work under this indicator had a slow start and in some countries the target was too ambitious. This overall progress table should however be interpreted with caution. Since targets have been set at country level, it is challenging to present “overall GUSO targets”. No consolidation has taken place at overarching level. Countries differ with respect to target setting and available budget, and also with respect to practice and programme implementation. For example, providing 100 contraception services in Indonesia to unmarried young women may be a hard objective to reach, whereas this might be easier in Kenya with outreach services.

Table 1 Overall programme performance

OUTPUT INDICATOR		CUMULATIVE TARGETS 2016-2017	CUMULATIVE TO DATE TOTAL	AHEAD/ON TRACK/BEHIND	SRHR RESULTS CHAIN MoFA
OUTCOME AREA 1					
Strong and sustainable alliances					
1a.	Number of people from the alliance (related) organisations that have received training from the country alliance	712	1,109	Ahead	
OUTCOME AREA 2					
Young people increasingly voice their rights					
2a1.	% of young people (under 25) representation in the partner organisations' structures and decision making processes	26%	33%	Ahead	Result area 1 Objective A
2a2.	% of young adults (aged 25-30) representation in the partner organisations' structures and decision making processes		17%	*	Result area 1 Objective A
2a1.	% of young people (under 25) representation in the alliance structures and decision making processes	25%	32%	Ahead	Result area 1 Objective A
2a2.	% of young adults (aged 25-30) representation in the alliance structures and decision making processes		11%	*	Result area 1 Objective A
2b.	Number of collaborations among young people from different alliance related organisations/ networks that represent the youth constituency	195	154	Behind	Result area 1 Objective A
OUTCOME AREA 3					
Increased utilisation of comprehensive SRHR information and education by all people					
3a.	Number of educators trained	4,352	6,497	Ahead	Result area 1 Objective B
3b1.	Number of young people reached with (comprehensive) SRHR education	1,177,042	261,381	On track	Result area 1 Objective B
3b2.	Number of young people reached with (comprehensive) SRHR information		560,436	*	Result area 1 Objective B
OUTCOME AREA 4					
Increased utilisation of high-quality SRH services that respond to the needs and rights of by all young people					
4a.	Number of service providers who have been trained in YFS	1,016	2,308	Ahead	Result area 1 Objective C
4b.1	Number of direct SRH services provided to young people	168,455	1,662,775	Ahead	Result area 1 Objective C
4b.2	Number of indirect SRH services provided to young people		1,438,872	*	Result area 1 Objective C
4b.3	Number of condoms provided directly to young people	n/a	3,315,824	*	Result area 1 Objective E
4b.4	Number of condoms provided indirectly to young people	n/a	2,048,479	*	Result area 1 Objective E
OUTCOME AREA 5					
Improved socio-cultural, political and legal environment for young people's SRHR					
5a.	Number of people reached by campaigns and (social) media.	5,658,698	42,036,051	Ahead	Result area 4 Objective B
5b.	Number of people structurally involved in the implementation of the programme at community level	8,888	11,260	Ahead	Result area 4 Objective B

n/a= not applicable, no targets set.

*no justification on programme progress can be made since no targets were set (2a2 & 4b2, 4b3 and 4b4) or in the case of 3b2 it is difficult to compare the achievements of redefined indicator on SRHR information with the former indicator 3b.

Table 2 presents the overall picture for programme performance by country. This table shows whether the programme is ahead/on track/behind per outcome area by comparing the actual achievements from 2016 and 2017 with the 2016/2017 target.

Table 2 Programme progress per country

OUTPUT INDICATOR		Ethiopia	Ghana	Indonesia	Kenya	Malawi	Pakistan	Uganda
OUTCOME AREA 1								
Strong and sustainable alliances								
1a.	Number of people from the alliance (related) organisations that have received training from the country alliance	Behind	Ahead	Ahead	Ahead	On track	Ahead	Ahead
OUTCOME AREA 2								
Young people increasingly voice their rights								
2a1.	% of young people (under 25) representation in the partner organisations' structures and decision making processes	On track	Ahead	Ahead	On track	On track	Ahead	Ahead
2a2.	% of young adults (aged 25-30) representation in the partner organisations' structures and decision making processes	*	*	*	*	*	*	*
2a1.	% of young people (under 25) representation in the alliance structures and decision making processes	On track	Behind	Ahead	Ahead	*	On track	Ahead
2a2.	% of young adults (aged 25-30) representation in the alliance structures and decision making processes	*	*	*	*	*	*	*
2b.	Number of collaborations among young people from different alliance related organisations/ networks that represent the youth constituency	Behind	Behind	Ahead	Behind	Ahead	*	Behind
OUTCOME AREA 3								
Increased utilisation of comprehensive SRHR information and education by all people								
3a.	Number of educators trained	Ahead	Behind	Ahead	Ahead	On track	Ahead	Ahead
3b1.	Number of young people reached with (comprehensive) SRHR education	Behind	On track	Behind	Ahead	Behind	Ahead	Behind
3b2.	Number of young people reached with (comprehensive) SRHR information	*	*	*	*	*	*	*
OUTCOME AREA 4								
Increased utilisation of high-quality SRH services that respond to the needs and rights of by all young people								
4a.	Number of service providers who have been trained in YFS	Behind	On track	Ahead	Ahead	Ahead	Ahead	Ahead
4b1.	Number of direct SRH services provided to young people	On track	Ahead	Behind	Ahead	On track	Ahead	Ahead
4b2.	Number of indirect SRH services provided to young people	*	*	*	*	*	*	*
OUTCOME AREA 5								
Improved socio-cultural, political and legal environment for young people's SRHR								
5a.	Number of people reached by campaigns and (social) media.	Ahead	Ahead	Ahead	Ahead	On track	Ahead	Ahead
5b.	Number of people structurally involved in the implementation of the programme at community level	Ahead	Ahead	Ahead	Ahead	Behind	*	Ahead

*No justification on programme progress can be made since no targets were set (2a2 & 4b2, 4b3 and 4b4) or in the case of 3b2 it is difficult to compare the achievements of redefined indicator on SRHR information with the former indicator 3b. For Pakistan, no alliance targets were set on indicator 2b and 5b.

Under Outcome 1, the target set at output level concerns the number of people that have received trainings from the country alliances. To date, five (Ghana, Indonesia, Kenya, Pakistan, Uganda) out of the seven countries are ahead on implementation in terms of their set targets at output level. Ethiopia is behind and Malawi is on track.

At organisational level, target 2A1 (under 25's representation) was surpassed by most countries, except Ethiopia, Kenya and Malawi (all on track). Indonesia is noticeably positive and Malawi seems modest, though not negligible. Each organisation progresses from a different base and at their own pace, so further progress is expected in future years. Outputs for 2A2 (25-30's representation) is not GUSO's focus; it exists for monitoring purposes, but we emphasize efforts for 2a1. Consequently, aggregate country results concerning 25-30's representation at organisational level are more modest (from 9% in Pakistan to 28% in Uganda). We also expect 2A2 results to increase in coming years, as representatives under-25 become older. Under 25's representation in the country alliance is remarkable in Indonesia (46%). Ghana had the lowest results and missed their target (19% compared to the expected 30%), though representation is still notable. Apart from Malawi (which had not set a target at alliance level) and Ethiopia and Pakistan (both on track), the other countries surpassed the target.

Two countries managed to surpass the expected outputs for 2B (Indonesia, Malawi). Examples of successful youth collaboration are the celebration of International Youth Day (organised in Indonesia by the youth at ASV, ARI and Youth Force in seven cities); both Malawi and Pakistan organised youth exchange visits across cities. Moreover, a youth camp in Kenya brought together 170 young people from more than 11 different counties to advocate for ending teenage pregnancy through CSE. Participants designed an action plan to participate together in the public hearing forums in 2018, especially the County Integrated Development Plans. These strategies can be adopted in other countries. Conversely, Ethiopia, Ghana, Kenya and Uganda concluded that their target was

overestimated, especially because funding had not been properly allocated to reach them and there was still lack of clarity on how to solve this. All countries are working to strengthen youth collaborations in 2018.

Results from the country reports show that a lot of good work was done in 2017. Most countries are on track or ahead with the implementation of Outcome Areas 3, 4 and 5, that are directly targeted at the end-beneficiaries. Outcome Area 3 covers the provision of SRHR education and SRHR information. For output indicator 3a (number of educators trained) all countries are ahead or on track (except for Ghana); this is a positive picture of GUSO implementation. However, Ethiopia and Uganda faced difficulties in reaching their targets on the number of young people reached with SRHR education (3b1) because of an unconducive environment for programme roll-out. In August 2017, the state of emergency was lifted in Ethiopia; however it was imposed again in March 2018. In Uganda, the political context is challenging with the ban on CSE restricting the implementation of Comprehensive in-school Sexuality Education. Partners in Uganda had to shift towards the implementation of government materials (PIASCY) for in-school education. In Indonesia, the implementation of SRHR education had a slow start in 2017 but in the second half implementation was pushed. Most countries report to be on track with their activities under output indicator 3b2 (SRHR Information). The picture on progress of indicator 3b2 is not complete as some of the achievements were reported under 5a according to the adjusted definition. As a result, most countries are ahead of targets on output indicator 5a, with in total over 42 million people reached by campaigns and (social) media. With respect to output indicator 5b, over 11,000 people have been structurally involved in the GUSO programme in the seven countries since the start of the programme.

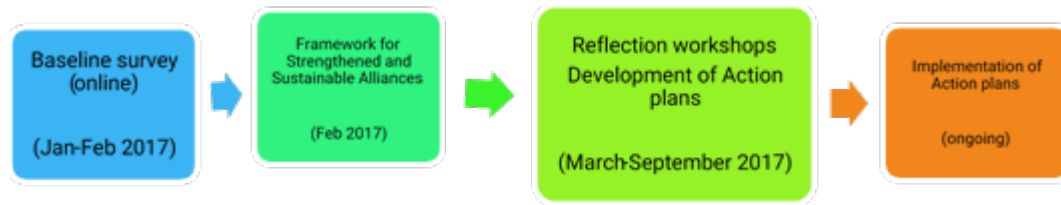
In general, implementing partners work hard and sometimes under difficult circumstances to reach their goals. A positive note is that these challenges result in creative ways of increasing the involvement of parents, peers and health workers for the provision of SRHR education and information. In all GUSO countries healthcare workers were trained on Youth Friendly Services. The work is targeted towards increased access to services among youth. For countries like Indonesia and Pakistan, this is challenging since it is not allowed for unmarried young people to access SRH services, resulting in a lower number of services (4b1 and 4b2), in particular for Indonesia and to some extent Pakistan in comparison with most other countries. And although very much ahead in reaching the targets, Kenya is facing challenges with the service provision for other reasons: stock out and continuing strikes by health personnel. In addition, the consequences of the Global Gag Rule are starting to have a hampering effect on the GUSO programme implementation, in particular Outcome 4. It is expected that more countries will experience a decline in programme outputs due to the Global Gag Rule, since it is difficult to increase Youth Friendly service uptake when there are stock-outs. For output indicator 4b2, it is difficult to present a picture, since countries cannot really set targets on "indirect" services (government clinics, private clinics). We only monitor the number of indirect services provided but do not set targets for this indicator.

The baseline was conducted by the Royal Tropical Institute in collaboration with the country alliances at the start of 2017, reflecting the starting point of the GUSO programme in each country. The findings of the baseline have been validated in-country, and in NL/UK a validation workshop was also organised. Recommendations were integrated in the work plans for 2018. The results were published in two reports that were shared with MoFA.

2.2 Outcome 1 Strengthened and sustainable alliances

In 2017, activities for Outcome Area 1 focused on ensuring a clear roadmap per country for guidance in working as an alliance (see Figure 1). Joint activities provided the opportunity for country alliances to meet more regularly, work and plan together and to foster a culture of collaboration.

Figure 1 Process Outcome 1 in-country



The baseline survey specific to Outcome Area 1 was carried out to determine the status of in-country alliances and the willingness of countries to strengthen the Alliance. The survey revealed that ambitions shared by many alliances include: increase in membership of other relevant NGOs in the Alliance, increased visibility/recognition, better internal governance structures, increased (influence of) advocacy efforts, legal registration, and resource mobilization. Some alliances aim to have an independent secretariat (currently, secretariats are based within one of the alliance's member organizations). Although ambitions and planning horizons for most alliances do not go beyond the duration of the GUSO programme, they all intend to continue with the Alliance after GUSO in 2020.

A framework for strengthened sustainable alliances for use by all seven countries was developed by the NL/UK Consortium to guide the process of alliance strengthening. The framework was structured along nine components of alliance building as shown in the Figure below.

Figure 2 Nine components of a strengthened and sustainable Alliance

The SRHR Alliance Framework



All seven countries endorsed and adopted the framework in 2017, during Outcome 1 Reflection Workshops that took place in all the countries in 2017 (between May and September). They used the framework to identify and prioritise three components to focus on for building a stronger and more sustainable alliance. All countries identified three priorities to focus on until 2020 and developed an action plan (see Chapter 3 for an overview of the priorities). In 2017, various joint activities were conducted in countries to build up capacity amongst the alliance members such as strengthening SRHR capacity with trainings on the gender transformative approach (GTA), meaningful youth participation, the Rights Based Approach and advocacy. More information on alliance strengthening is included in Chapter 3 (Analysis on partnership).

"No one organisation could have reached the number of people reached by all six partners together" (Ghana).

2.3 Outcome 2 Empowered young people voice their rights

In 2017, in addition to regular monitoring, the status of OA2 was assessed in each GUSO country through a survey and a series of FGDs, carried out by a youth-adult partnership between the YCC and the NL/UK PMEL advisor. The survey focused on which ways young people felt supported by adults in their organizations, and the FGDs on if and how young people felt empowered to contribute to

changes for the target group and in the socio-political environment. The results from this study showed that young people in GUSO, in general, perceive their participation to be (very) meaningful, mostly because they feel they are able to make a change in their community and they feel they can contribute to better SRHR outcomes for young people. They feel their participation is empowering, and mention a wide range of other personal benefits, including improved skills (e.g. on presentation, discussion), and an increased network. Participants also gave recommendations on areas for improvement, such as increasing the level of trust between young people and adults and the need to discuss the level of responsibilities with young people. Most countries incorporated recommendations in their planning for 2018.

In 2017, four countries (Ethiopia, Ghana, Malawi and Uganda) recruited a (new) YCC, who promotes effective youth participation in the GUSO programme. The YCC in Pakistan stepped up as interim NPC and was replaced by an interim YCC. The Indonesia NSC recently decided to recruit a YCC as well; therefore in 2018 all seven GUSO Alliances will have a YCC. The Uganda Alliance established a Youth Advisory Committee (YAC), and three countries (Ethiopia, Ghana and Kenya) agreed to do so in 2018. This is a structure joining youth representatives from each partner organisation, working in tandem with the YCC and NSC/NGB. A lesson learnt was the need to allocate funding for activities planned by the alliance's YAC. New Youth Advisory Boards (YAB) were also created at organisational level (e.g. AYARHEP in Kenya and IHAP in Indonesia) to connect youth from different intervention areas or programmes.

In five countries (Ethiopia, Ghana, Indonesia, Kenya and Malawi) the Alliance was trained on MYP by trainers from the local youth-led organization. In this training, alliance members learned about the theory behind MYP, how to integrate and assess MYP in their organization and programme, and they created an action plan to better integrate MYP in their organizations and programming. In addition to young people's important role in implementing GUSO in their communities, they are represented by voting power in all NGB/NSC, except Malawi (who have started considering this option). Young people also participated in the GUSO annual planning and review workshop in all the countries, which enabled them to share insights and suggestions for 2018 planning.

In multiple countries, strong examples of youth-led advocacy were found. In Ethiopia, TaYA promoted meaningful youth engagement with the national youth policy amendment and revision of the Adolescent and Youth Health Strategy. In Indonesia, the Youth Health Celebration was a good example of youth-led advocacy and youth collaboration [see country example page 17-18]. In Kenya, the SRHR Alliance engaged and supported 30 youth champions who advocated for the young people's SRH in their specific counties. 21 Youth Advocates from NAYA Kenya led community forums and participated in budget advocacy forums with members of the County Assembly in Siaya, Homabay and Kisumu Counties.

In addition, a youth advocate from AYARHEP was part of the committee on SRHR-related issues in the Kenya Coordinating Mechanism for the Global Fund. In Uganda, young people led community research on peers' SRHR experiences and discussed this with school administrators, sub-county and district officials. This led to commitments by both the district and school administrators to improve the SRHR environment.

"LET'S END SEXUAL VIOLENCE, AND DANCE"

INDONESIA

How can young people play a part in ending sexual violence? During the Youth Health Celebration in December 2017, young people were invited to Jakarta to voice their opinions in creative ways.

In the run-up to the main event, young Indonesians were challenged to design posters on subjects such as 'effective reporting mechanisms' and 'stop cat-calling'. They were also encouraged to record vlogs of 60 to 90 seconds in which they talked about these themes.

“Let’s end sexual violence, and dance” was the slogan of the main event. While the participants enjoyed the entertainment on stage, the message was clear: let’s work together to end sexual violence.

“The Youth Health Celebration is the embodiment of our commitment to promote the issue of SRHR and to support the government to achieve the Sustainable Development Goals”, says Ishan, a project officer for ARI, an organisation that is part of the ASV Alliance and GUSO programme.



NL/UK Consortium members established an Outcome 2 Coordination Group in 2017 to align efforts on this area. In April 2017, the consortium analysed OA2 country plans, which showed that most activities related to MYP and capacity strengthening. Youth movement building seemed underrepresented, as did youth-adult partnerships. The Outcome 2 Group hosted a webinar about these findings and developed a two-pager on youth movement building that was disseminated to all YCCs. Further support on movement building and youth-adult partnerships is necessary in 2018.

CHOICE further developed GUSO’s MYP theory, including a training manual (with input from alliance partners in the North and South, used for the five MYP trainings for country alliances). IPPF provided its partners with TA on MYP strategies and Rutgers supported some partners with their MYP policy and guidelines. Additionally, IPPF supported a youth-led documentation pilot in Uganda, equipping young people with basic skills in story-writing and photography. Dance4life set up the ‘Trainers4Life pool’: trainers who can teach the Journey4life curriculum and train other peer educators to do the same. Under the capacity strengthening trajectory, dance4life and CHOICE jointly trained a pool of 16 trainers (coming from all GUSO countries) on MYP and youth empowerment. CHOICE hosted a Connector-week for youth-led organizations and re-developed the YOU(TH) Do IT! platform with assistance from Rutgers and dance4life.

Looking at the four strategies chosen (capacity building of young people; youth-adult partnerships; networking and youth movement building; and youth-involvement in advocacy), it can be concluded that mainstreaming meaningful youth participation is progressing in all GUSO countries. In all countries, efforts are being made to include more young people in individual organizations as well as at alliance level. Similarly, all countries made considerable investment in capacity strengthening of young people, which is shown by the diverse range of trainings that young people received. While youth-adult partnerships are progressing as well, for example, by appointing a YCC in all GUSO countries, more focus should be devoted to this strategy in the coming years by expanding its implementation at partner level. The surveys and FGDs showed that young people do not always feel trusted by adults, and are sometimes hesitant to ask questions to adults. They also highlighted that GUSO needs clearer strategies to ensure that youth engagement goes beyond implementation and advocacy, to include (financial) planning and M&E. Strong examples of youth-led advocacy were not only found but also reported to be effective and these should be continued. In April 2017, Aidsfonds, the International HIV/AIDS Alliance, PATA and Y+, organised the first joint harmonization meeting of Y+ networks from twelve African countries. UNYPA from Uganda participated in this meeting that was focused on strengthening capacity and joint efforts of the YPLHIV movement in Africa. While this is a good example of youth movement building, this strategy also needs more investment in the coming years.

2.4 Outcome 3 Increased use of SRHR information and education

Comprehensive and non-judgemental SRHR information and education is fundamental to achieve the goal of increasing young people’s skills and knowledge to make safe and informed decisions on their SRHR, and to be better prepared to prevent sexual health issues, seek health services when needed, and be able to have safe, equal and pleasurable (sexual) relationships. The GUSO programme supports

country alliances achieving Outcome 3 “Increased utilization of comprehensive SRHR information and education by all young people” using three main strategies:

- 1 Capacity development to provide quality SRHR information and education.
- 2 Provision of quality SRHR information and education to young people.
- 3 Strengthening of referral systems between SRHR information and services under the Multi-component Approach.

The number of educators trained and the number of young people reached with (comprehensive) SRHR education and information have been identified as main outputs for this outcome.

In line with Outcome 3 outputs, Trainings of Trainers (ToT) were provided to teachers, peer educators and service providers. In most cases the trainings have been calibrated to the needs of the beneficiaries and customized to the country contexts, in line with the essential packages developed under the ASK programme. For instance, in Ghana service providers were trained on Youth Friendly Services, while in Kenya a sensitization workshop on safe abortion was provided to peer educators. Notably, Malawi involved government personnel with expertise on SRHR when conducting CSE trainings. Despite efforts and progress, quality is still challenged by social norms influencing educators who may not know how to deal with specific sensitive topics or may feel uncomfortable during the delivery of SRHR information and education. Alliances are trying to cope using ToTs and monitoring systems which allow strengthening of specific educators’ skills. Rutgers WPF Indonesia, for instance, will launch a monitoring toolkit to capture teachers’ reluctance to address certain topics in 2018.

All alliances are also doing their best to deliver SRHR education and information which is comprehensive. Gender and power dynamics are often addressed, and a positive approach is used. However, in several countries political and normative constraints make it difficult to address sensitive topics such as sexual and reproductive rights, pleasure, sexual diversity and safe abortion. Contraception is a debated topic in some schools in Ethiopia and abstinence is still a focus in many contexts. In many countries, a huge difference exists between topics that can be covered in- and out-of-school. In Kenya for example, safe abortion cannot be covered in school, but it can be covered out of school. The alliances are using several strategies to deal with these limitations in order to address sensitive issues. Awareness campaigns are organized where young people also receive information individually. In Ghana and Pakistan, help-lines and text messages are used to inform young people. The use of ICT tools (Ethiopia, Kenya, Malawi, Pakistan) helps to address sensitive issues. Another strategy to address these issues in school is the learner-centred participatory methodology. Good facilitation skills help educators in several countries to deal with uncomfortable situations as they leave the discussion open to young people who may be less reticent to address specific topics.

NL/UK consortium members are strengthening the capacity of partners and helping to develop and implement CSE curricula. IPPF provided technical support for the development of CSE National Guidelines in Uganda and Ghana, aiming to make them as comprehensive and inclusive as possible. Dance4life started implementing a new Youth Empowerment Model based on curriculum-building Socio Emotional Learning competencies as a foundation for positive sexual health behaviours; the curriculum has a strong focus on delivery methodology and the use of experiential learning. Rutgers supported partners with the implementation of the Whole School Approach for Sexuality Education to make CSE more sustainable, supporting them with contextualizing CSE curricula and facilitating South-South learning to improve the quality of CSE. Simavi assisted partners in Ghana in increasing the quality of their SRHR content for outreach and trainings by provision of the ‘Handbook for Effective SRHR Programmes’ developed in 2017. It also supported partners in Ghana, Kenya and Malawi in the provision of quality SRHR information through helplines, text messages, ICTs and social media.

2.5 Outcome 4 Increased use of youth-friendly SRHR services

Service delivery is one of the main outcomes of the theory of change and it is one of the pillars of the Multi-component Approach. It enables young people to act upon the information and education they have received, and it is strengthened through advocacy strategies for a more supportive environment. Under this outcome area, the main objective is to improve access to and quality of SRH services provided to young people.

With regards to service delivery, various channels are established or developed. Beyond static and mobile clinics, the programme works with peer providers and community health workers to reach out to young people at community level. This is done through service-providing organisations that are part of the GUSO programme, or through their public or private partners. To make sure that these services meet the programme's quality standards, regular assessments are necessary. The quality of services provided by the GUSO implementing organisations and their partners can be assessed with Provide, a self-assessment tool for youth-friendly services developed by IPPF.

Overall during the reporting period, the programme provided over 3 million SRH services to young people. Most countries have surpassed the targets they set. In some countries, targets were set rather conservatively as a result of overambitious targets under the previous ASK/UFBR programme. Moreover, the programme could not support the actual provision of services and procurement of commodities. However, results were also achieved through the unexpected success of joint outreaches and by effectively making use of social media.

Services were provided in public and private health facilities, in mobile clinics, during special events (e.g. World AIDS Day, International Youth Day), and at community level by peer providers/counsellors and community health workers.

As evidenced by the detailed service statistics, all the services listed in the Essential Packages Manual (including comprehensive abortion care, long-acting and reversible contraceptives, STI testing and treatment, etc.) were provided in each country, through at least one delivery channel. In all the countries outreach activities were identified as a successful strategy for reaching young people, especially when they are linked to information/education sessions in schools or supported by influential community members.

Some peer educators were trained as peer counsellors and/or peer providers to enable them to provide specific services to their peers. Other peer educators were placed in health facilities to create a friendly environment and ensure that young people felt comfortable accessing SRH services. To link all these delivery channels, a strong referral system was established in each country. In many cases the system built on the existing network established under ASK and UFBR (the start of the multi-component approach), and improved thanks to close follow-up on referrals made and a stronger feedback loop.

Family Health Options Kenya
 Serial Number: **0094801**
 To be filled out by Peer Educators / C.H.W's.
 Date Issued: _____
 Client Name: _____
 Contact: _____
 Referred by: _____
 Signature: _____

Across the GUSO programme, there are exciting examples of referral systems working well.

Quality of care, youth friendliness and inclusiveness are important aspects of service provision that were regularly monitored by the partners themselves, the Consortium members and external stakeholders. For instance, IPPF trained its partners to use Provide, a self-assessment tool for youth-friendly services. Social accountability was another key mechanism disseminated in most countries to empower community members and young people to hold duty bearers and service providers accountable for the delivery of youth friendly services as per the national or local guidelines and policies. It was particularly innovative in instances where young people were trained to facilitate the process at community level.

Young people's involvement in quality of care and ASRHR standards is another key strategy to ensure that services meet the needs of young people. This can be done through client-exit interviews, young

members of County Health Management Teams, young people involved in assessment of youth friendly services, or peer educators available in clinics. Tools such as the Youth Friendly Score Card (used in Ghana, Kenya and Uganda) can provide a basis of evidence for young people to discuss what improvements are needed to make services increasingly youth friendly among authorities, service providers and other duty bearers.

In 2017, the Flexibility Fund Project “Integrated SRHR-HIV community service delivery” was awarded to the GUSO Alliance by MoFA. Through an innovative business model and by combining different peer-provider models, the GUSO consortium aims to create an effective and efficient community service delivery model under this project in Uganda. The project consists of six components: 1. Community services via Healthy Entrepreneurs; 2. Joint Training CSE/HIV-SRHR integration to upgrade peer providers and peer educators for an improved community-service delivery; 3. Demand creation, through community mobilization and awareness raising; 4. Social accountability - Rating of Services; 5. Referral System; and 6. Operational research. First preparations for the set-up of this project started in 2017, facilitated by Aidsfonds, and implementation will commence in 2018.

2.6 Outcome 5 Improved socio-cultural, political and legal environment

The assumption underlying Outcome 5 is that to improve SRHR, a supportive socio-cultural, political and legal environment, which protects young people’s rights, and enables them to access SRHR information, education and services, free from stigma and discrimination, is essential. Two strategies to work towards such an environment are implemented. The first is awareness raising campaigns and (youth-led) community awareness activities as reported under output indicator 5a. As a result of this strategy (young) key influencers will act as SRHR ambassadors and bring SRHR to the forefront, and communities and key gatekeepers (religious leaders, parents, teachers, peers) will increasingly accept and support young people’s SRHR. An example of youth-led community awareness was the Breaking the Silence forums in Ghana [see Country Example page 21]. Reaching out to large numbers of people by campaigns and (social) media lies in the strategy of awareness raising. We also aim at creating an enabling environment by structurally involving people -like parents, religious/community leaders and teachers - in the implementation of the programme (output indicator 5b). With both interventions we intend to increase acceptance and support for young people’s SRHR.

“BREAKING THE SILENCE ON SRHR IN GHANA” GHANA

Across Ghana, ‘breaking the silence’ forums were held as part of the GUSO programme to encourage communities to talk about their Sexual Reproductive Health and Rights issues. An important aspect of these forums was that young people from the communities organise the meetings themselves and facilitate them in their own languages. Community leaders, such as chiefs, assembly members, parents and opinion leaders, were also included.

In Zaayure, a small community on the outskirts of Tamale, the conversation centred on contraceptives, focusing on men as partners in the uptake of family planning by their wives and daughters. The event was organised by five young people from the town, and a midwife from the Ghana Health Facility led the discussions. Around 100 people participated.

SRHR issues are seldom discussed in Northern Ghana, but these forums really did ‘break the silence’. As one assembly man of the village said: *“We don’t talk about these issues, because we feel it will not help us. It’s good that you have time to let us talk. Because, if you listen to us, you can help us.”*

“Even though our peers didn’t talk very much, it’s good. It is a start and, gradually, people will open up”, said one of the young organisers of the forum.



The second strategy is evidence-based advocacy: Working closely with country alliances to ensure collective evidence-based advocacy to influence (development, implementation and adaptation of) SRHR policies and laws at local, national and international level. One of the main outputs for 2017 was the development of advocacy strategies by the different country alliances.

In March 2017 the advocacy capacity strengthening advisors of the NL/UK consortium and the NPCs discussed the relevance of developing a joint advocacy plan/strategy by each alliance. Advice was given to the NPCs to consider focusing their advocacy strategy on implementation of legislation and policies, which could also include advocacy for budget allocation, considering the formulation of Outcome 5a: 'Progress towards quality implementation of (country-specific) SRHR policies and legislation'. A focus on implementation also implies attention for local levels (community and district/provincial levels). Other pieces of advice included exploring what other platforms/alliances - and in particular Right Here Right Now (RHRN) - were doing around advocacy and what would be the added value of the GUSO Alliance.

"I CAN WALK, TALK AND EXPRESS MYSELF"

UGANDA

In Uganda, fighting stigma is as much a priority as improving treatment for people living with HIV. 7.2 Percent of the Ugandan population lives with HIV and, unfortunately, discrimination continues to be a major concern. In a glamorous way, the Y+ Beauty Pageant aimed to tackle the prejudice young people living with HIV face.

In 2014 a young contestant was barred from a beauty pageant due to her HIV status. This sparked the idea for the Y+ Beauty Pageant. Here, the competition isn't won by the prettiest face or the most dazzling bikini. Mr and Miss Y+ are crowned because of their knowledge about HIV and AIDS and for taking the brave step of showing their beauty despite the stigma that still exists. In this way, young people are able to advocate for their needs and help to increase acceptance and understanding of young people living with HIV in Ugandan society.

"Sexual health and rights are the most important above all," says 21-year-old Nyazni, Mr. Y+ 2017. "As a young person I have the right to understand what it means. Our elders refuse to understand. A very, very big mistake. They don't want us to know about family planning and having sex; yet these are things we do in reality."

Gloria, also 21, was crowned Miss Y. *"When I came here, I wasn't very confident. But due to the trainings, I can walk, I can talk and I can express myself. I want to use my new skills to sensitise young people, especially those who live with HIV, to believe in themselves. They can achieve so much more than what other people believe."*

150 Young people living with HIV from across Uganda participated in the Y+ Beauty Pageant. Only those already open about their status were encouraged to participate. Winners received a one-year scholarship and became life-long ambassadors of the network organisation UNYPA, one of the seven partners in the SRHR Alliance in Uganda. This activity was part of the GUSO programme in Uganda.

All the country alliances that requested support from the NL/UK consortium in the development of their advocacy strategy received this technical assistance. The following alliances received support in the development or revision of their advocacy strategies during workshops (which often included advocacy skill-building components) in 2017: Ethiopia, Malawi and Uganda received support from Rutgers, and Ghana from Simavi. Alliances also received advice through email/skype concerning the finalisation and operationalization of their strategies and on implementation of these strategies. This will continue in 2018, to support the implementation of the developed strategies and to support in strengthening advocacy skills.

Regarding dealing with the growing opposition in countries, Rutgers started in 2017 a learning trajectory on working on SRHR and specifically CSE in times of opposition (in the framework of both GUSO and RHRN). A learning meeting was organized –in cooperation with IPPF Africa Region- in July

2017 in Nairobi for participants from both Kenya and Uganda, including representatives of GUSO Alliances. This meeting provided valuable insights and lessons learned on effective strategies for preventing and dealing with backlash when working on SRHR/ CSE through advocacy. In follow-up of the learning meeting, Rutgers worked on the development of a facilitator's guide for capacity strengthening (a working draft will be finalized in Q1 2018).

Table 3 Overview of themes and focus of advocacy strategies in the GUSO countries

Country	Theme(s)	Focus
Ethiopia	Youth Friendly Services	Quality implementation of YFS in health facilities
Ghana	Youth Friendly Services	Quality implementation of YFS in public health facilities
Indonesia	1 Comprehensive Sexuality Education 2 Youth Friendly Services 3 Comprehensive Sexuality Protection	4 Support implementation of CSE by 2020. 5 Implementation of revised guideline for YFS to improve the quality. 6 Adapt legislation Law on Elimination of Sexual Violence and adjust draft Penal Code to not criminalize rape victims and health care providers.
Kenya	1 Finance and SRHR 2 Youth Friendly Services 3 Meaningful Youth Participation	1 Increased finance and human resources for SRHR. 2 Improved access to quality and comprehensive SRH information services. 3 Increased meaningful youth participation in decision making.
Malawi	1 Youth Friendly Services 2 Safe Abortion 3 Sexual Gender Based Violence	1 Youth access to YFS in rural communities 2 Access to safe abortion 3 Sexual Gender Based Violence
Pakistan	1 Youth policy 2 Life Skills Based Education	1 Implementation of Youth Policy at provincial level 2 Integration of Life Skills Based Education in school curriculum at provincial level.
Uganda	1 Information and Education 2 Youth Friendly Services	Focus on district and national level, amongst others, on resource allocation for youth friendly services at district level.

As can be seen in the table, several advocacy strategies focus - at least partly - on advocacy for implementation of existing legislations and policies, which is in consonance with the advice given during the March 2017 meeting. Correspondingly, several of these GUSO Alliances focus (partly) on local (such as community and district/provincial) levels, often in combination with advocacy at national level.

2.7 Financial results

The total available budget subsidized by the Ministry of Foreign Affairs was k€ 3.776 in 2017. In 2016 the available budget was k€ 10.723, which included the partner contracts for the period 2016-2017. The total reported expenditure amounts to k€ 5.525 (2016: k€7.601, which means that in 2017 146% is spent of the total budget (in 2016; 71%). This percentage is high as a result of the fact that the unspent of 2016 was almost completely absorbed in 2017. Comparing both years the cumulative budget amounts to k€14.508 and expenditures to k€ 13.126, which means 90% is spent in 2016/2017.

Planned and realised budget in 2017 by country and in total

For the GUSO programme two financial reporting formats are in place:

- The audited Consolidated Financial Report Consortium members (see annex I), which is compliant with the renewed SRHR Fund Audit Protocol.
- The audited Consolidated Annex A1 Accounted expenditures (see annex II), which fulfils a separate demand in renewed SRHR Fund Audit Protocol.

In order to also be compliant with the requirements mentioned in the Grant Agreement we also report on the consolidated actual expenditure of the partners and consortium members per outcome in annex III.

2.7.1 Financial Report Consortium Members (a)

NL/UK Consortium member budget 2016-2017

Total project implementation budget excluding joint PMEL/OR was k€ 3.468 (2016; k€ 2.961) of which k€ 3.380 (2016: k€ € 2.271) was spent in 2017, which is 97%. Comparing both years the cumulative budget amounts to k€ 6.430 of which k€ 5.651 is spent, which means 88% of the NL/UK consortium member budget is spent overall at the end of 2017 (Rutgers 93%, CHOICE 76%, dance4Life 97%, IPPF 78%, Aidsfonds 75% and Simavi 87%). In general, the unspent for consortium members is the result of postponing planned activities towards 2018. Aidsfonds has allocated additional budget to the country budgets of their partners. Plans for the unspent budgets will be developed in the first half of 2018.

Country budgets 2016-2017

In 2016, every country designed a country plan, which was appraised and approved in the summer of 2016 for a budget period of 18 months until the end of 2017. The total country budget including joint PMEL/OR amounted to k€ 6.332 of which € 5.780 is spent, which is 91%. In Pakistan, Uganda and Kenya some contracts with partners were phased out and, as a result, implementation delayed compared with the original developed planning in 2016. As a consequence, part of the budget 2016-2017 is not contracted. The country alliances took the unspent amounts into account while developing the work plans for 2018.

During the first half of 2018 and taking into account the results of the midterm evaluation, there will be a decision on the process of determining the goals of spending the remaining balance from the inception phase amounting to k€ 173.

Preliminary expected expenditures per outcome in the GUSO programme 2016-2017

We explained in the 2016 report that an audit of this report is not feasible at the moment. In order to give more information on the actual spending in the countries the Financial Working Group has developed a partner report database which contained the information per partner on the actual reported expenditure per outcome 2016-2017. This information is not yet approved according to the applicable procedures for all partners and therefore strictly preliminary. An initial review of the information was done by programme officers and the project controllers to provide a certain degree of certainty, so significant deviations are not foreseen.

In Annex III the full table can be found with expenses per outcome per country from which the following summaries are derived. In the 2018 report, a final financial 2016-2017 will be included that complies with the accounted for expenditures.

Summary expenses on outcome in the countries in k€

	Outcome 1	Outcome 2	Outcome 3	Outcome 4	Outcome 5	PMEL /OR	Total
Budget per outcome	894	1.120	1.781	1.036	924	577	6.332
Actuals* per outcome	664	1.055	1.594	989	756	420	5.433
Balance	-30	-65	-232	-47	-168	-157	-899
Assumptions GUSO	15%	20%	30%	20%	15%		
Budget proportions	16%	19%	31%	18%	16%		
Actual* proportions	13%	21%	31%	20%	15%		

** unaudited preliminary actuals based on partner reports*

Summary expenses on outcome in the countries in %

	Uganda	Kenya	Indonesia	Malawi	Pakistan	Ethiopia	Ghana
Outcome 1 budget %	8%	13%	10%	12%	14%	18%	13%
Outcome 1 actuals* %	12%	17%	13%	11%	12%	21%	8%
Outcome 2 budget %	22%	20%	18%	23%	20%	22%	30%
Outcome 2 actuals* %	22%	19%	16%	20%	20%	19%	24%
Outcome 3 budget %	30%	31%	40%	24%	34%	29%	28%
Outcome 3 actuals* %	34%	28%	36%	28%	33%	27%	33%
Outcome 4 budget %	22%	22%	15%	28%	16%	19%	19%
Outcome 4 actuals* %	15%	21%	17%	24%	18%	19%	19%
Outcome 5 budget %	19%	14%	16%	14%	16%	13%	11%
Outcome 5 actuals* %	17%	16%	18%	17%	17%	14%	16%

* unaudited preliminary actuals based on partner reports.

Planned and realised budget in the reporting period GUSO Flexibility Fund

The decision by MoFA on the flexibility fund was received on 21 September 2017. The budget period proposed concerned two years. Because of the preparation time and request of MoFA to integrate the report for the flexibility fund into the existing GUSO programme this proposed budget is interpreted in such a way, that year 1 is considered 2018 and year 2019 under the restriction that the flexibility fund cannot be spent after the 30th of August in 2019. Workplans and contracts were developed for a 19 months period from January 2018 until August, 2019. Early 2018 contracts with the partners were finalized. As agreed the development of the final workplans was also financed from the GUSO programme. As a result no expenditures have been declared in 2017.

2.7.2 Accounted for expenditure (b)

The consortium members have different policies in place regarding the partner contracts and the recognition of expenses. In their yearly financial statements, each consortium member is required to explain their policy which is also audited by the individual auditors. Accounted for expenditure is separately disclosed in the annex A1 of the financial report for each consortium member. For more information we refer to the annexes with the individual reports and the accompanying auditor's reports in the annexes.

The total amounted "accounted for" expenditure is € 3.096.090. This amount seems low compared to the commitments reported of € 6.348.214. Reason is that the contracts with partners were agreed from mid-2016 until the end of 2017. Reports on actual expenditure 2016-2017 contracts were received in 2018. Due to time constraints and the process time needed to review and approve the (audited) reports of partners, the accounted for expenditure is not complete yet, the full overview of accounted for expenditures 2016-2017 will be included in the report on 2018.

3 ANALYSIS OF SRHR PARTNERSHIP

GUSO is executed in a strategic SRHR Partnership with the Ministry of Foreign Affairs. As the order states, the SRHR partnership is more than just a relationship between grant provider and grant recipient. Both partners aim to achieve a shared long-term goal together in the field of SRHR. In this chapter, we reflect on the SRHR Partnership in 2017, in which the views of the MoFA, the NL/UK Consortium members, the in-county alliances and the embassies are presented.

3.1 Reflection on the SRHR partnership by MoFA

In the SRHR partnership, the position as both donor and partner is new, and one in which MoFA must find its way, together with all the other partners involved. An important consideration is that of working towards and achieving results, creating impact. That is why MoFA funds the partnership as a donor, and that is also why MoFA engages as a partner. As a donor, MoFA checks to make sure funds are spent well and progress is being made. As a partner, MoFA works together with all partners on making progress; by openly discussing the progress of the partnership MoFA can also think of strategies, solutions and opportunities for the partnership together. MoFA acknowledges that balancing these roles can be challenging for all parties involved, and as a ministry, it continues assessing how to best operationalise the position as both donor and partner. In 2018, MoFA will have internal discussions on this topic. Moreover, partners will be invited to add to this discussion. In February 2017, the NL/UK Steering committee visited the GUSO programme in Uganda. This field trip helped to improve a joint vision on the programme and it facilitated a comprehensive approach. In 2017, the contact point for the GUSO partnership at MoFA changed. The GUSO complex governance structure was a challenge at the start to fully understand how it exactly works. The open and constructive meetings with consortium members were perceived positively. Other positive impressions and experiences were that the GUSO partnership is well organised, has a good overview and is responsive. During a field visit to Uganda in November 2017, several questions were raised by MoFA, such as what can the partnership do to really create sustainable in-country ownership and alliances? What actions are taken when it becomes apparent that partners in the field in practice do not really work together? Identifying such challenges on the ground and putting these kinds of questions on the table is important within the partnership, as it helps to identify challenges and how to best address them. Working in a partnership, as partners, but also working in and with (local) alliances can be further assessed and improved according to MoFA. Communication should be further improved, for example, aligning communication more strategically and amplifying messages.

3.2 Reflection on the SRHR partnership by the NL/UK consortium members

All NL/UK consortium partners see an **added value** of working in this SRHR Partnership. Working in a partnership means creating synergies, learning from each other and building on each member's strengths. Each consortium member brings different knowledge and expertise to the table. Moreover, every consortium member has a different network of collaborating partners at country level, which creates a bigger SRHR network. Because of the diversity in expertise between NL/UK members and local partners, we could implement and evaluate a multicomponent approach, where education, services and community interventions targeted young people from various angles, making the impact of our work stronger and more sustainable. Together the different components are more effective than as single actors. Moreover, together our voice for change is stronger.

Working with MoFA, not only as a donor, but also as a partner, is beneficial to the whole programme according to the Consortium Members. This expresses MoFA's involvement and absolute willingness to operate as a partner as well, in order to achieve the objectives of the programme. The **added value of**

MoFA in this partnership is the joining of forces in countering the growing conservatism in some countries, keeping SRHR as a priority of Dutch development cooperation and leading by example to other governments on how civil society and government can collaborate together, especially in times of increased opposition. The GUSO Partnership is very aligned in terms of inclusiveness and a rights based SRHR agenda, which can mutually reinforce all members. Through this partnership, MoFA is better informed on how its SRHR policy and priorities play out at community level in the implementing countries and what key challenges there are. The other way around, the consortium members are informed and up to date on developments at the ministry and can operate in alignment with the policy of the ministry. Also, because of more frequent interaction with the ministry and working in a partnership, a level of trust is created in which the consortium feels confident in raising concerns, for example in 2017 when it was discussed delaying the deadline for the annual work plan in order to have the necessary time for setting realistic targets at partner and country level.

Local and international GUSO Steering Committee members during an International Steering Committee visit meeting at Straight Talk Foundation offices in Kampala, Uganda, February, 2017



Working in a partnership can also be **challenging** at times. Collaboration takes time. Aligning the six organisations, MoFA, and 50 local organisations is time-consuming and requires significant financial and human resources. The heavy governance structure in this partnership is being perceived as a challenge. With so many partners involved in NL/UK and seven implementing countries, communicating about plans and decisions made is key for all staff to be on the same page. It also means that it can take several months to make a decision, especially if it has to be approved by both the Programme Team and the Steering Committee. Access to the latest versions of relevant documents is also mentioned as a challenge. Building a strong partnership requires true understanding of each other's strengths and accepting differences in ways of working. One of the challenges members face is that although all work on SRHR, this does not automatically imply that there is a common language. This challenge was partly overcome by creating common understanding on key concepts of our SRHR work like 'inclusiveness' and 'sustainable alliances'. However, continuous dialogue and unpacking of key concepts remains a challenge. Maintaining trust in the partnership is another challenge. All organisations in the partnership have to balance between their organisational stakes and the aims of the programme, and this can create distrust when there is a lack of openness. Moreover, some members have overlapping areas of expertise and interests. We have to continuously be sensitive to the level of trust in order to maintain good working relations. This not only applies to the NL/UK consortium but also to the countries, where power dynamics in country alliances are present.

3.3 The role of embassies

The NL/UK consortium members and MoFA highly value the role of the embassies within this partnership. Through this partnership with MoFA, the links with the embassies have been strengthened but more importantly, the country alliances and the partners are in closer contact with the embassies. Embassies decide on their own role and activities regarding partnerships in-country. MoFA expressed that input from embassies, and their in-country experiences, help in shaping the broader perspective on the partnership. Several embassies invest a lot of time and energy in aligning/coordinating and harmonising partnerships at country level. In 2017, the embassies in Ethiopia, Ghana, Indonesia, Kenya, and Uganda played a key role in facilitating country-level alignment between Dutch-funded SRHR programmes by organising meeting(s) for in-country partners. This has opened doors for advocacy in-country. With regard to advocacy, embassies remarked that they could be engaged more strategically, also for policy-level dialogue. They have an added value in bilateral communication with the national governments on specific advocacy topics. In the coming years, this role (silent advocacy) may be further

strengthened. Therefore, embassies need to be updated regularly by in-country partners on the progress of the programme, as well as by the NL/UK consortium members when they visit the country.

In-country alliances reported that the initiatives of the embassy in 2017 helped them in networking and sharing and learning among in-country partnerships (ETH, GHA, KEN, IND, UG). The Ghana Alliance stated that they appreciated the embassy helping to open “challenging” doors at national level for advocacy and resource mobilisation. In Kenya, through the partnership with the Embassy on a number of issues, such as resolving the health workers strike, the Embassy was able to follow up with the Director of Medical Services at the Ministry of Health to ensure continued service delivery. In Indonesia, the Embassy facilitated a meeting with diplomats from other like-minded countries to discuss the UPR reports submitted by civil society. In 2017, both Kenya and Indonesia hosted a visit with delegates from the Ministry of Foreign Affairs. On 15 May 2017, the Dutch Minister of Foreign Trade and Development Cooperation, Lilianne Ploumen, visited Kenya where she called attention to the She Decides initiative, an initiative in response to the Mexico City Policy. Her visit generated positive engagements in the counties and the national government on commodity security in both public and private health facilities and reproductive health services including family planning and safe abortion. In October 2017, delegates from the Embassy and Ministry of Foreign Affairs visited Semarang in Indonesia, and had a fruitful meeting with PKBI Central Java and Mayor of Semarang.

Malawi does not have a Dutch Embassy. The Malawian SRHR Alliance has expressed a need for the NL/UK consortium to engage the Embassy in Zimbabwe, and to officially introduce the GUSO programme and keep the office in the loop. In Pakistan, the embassy did not play a very active role in alignment but it attended some stakeholder dialogues. During the time of reporting (end 2017, start of 2018) when Rutgers Pakistan was issued an order to close its operations, the Embassy was actively engaged and offered complete support.

3.4 Cooperation between the GUSO Consortium and the country alliances

At the start of the previous programme (UFBR programme in 2011), the in-country implementing partners founded local alliances in order to achieve coordination and synergy. These in-country SRHR alliances continue developing under GUSO. In some country alliances, not all partners take part in GUSO, as the annual budget for GUSO is smaller than the budget for UFBR and ASK. However, in some countries the local SRHR alliances also receive funds beyond the GUSO programme. In Table 4, an overview of the composition of the seven country alliances is shown:

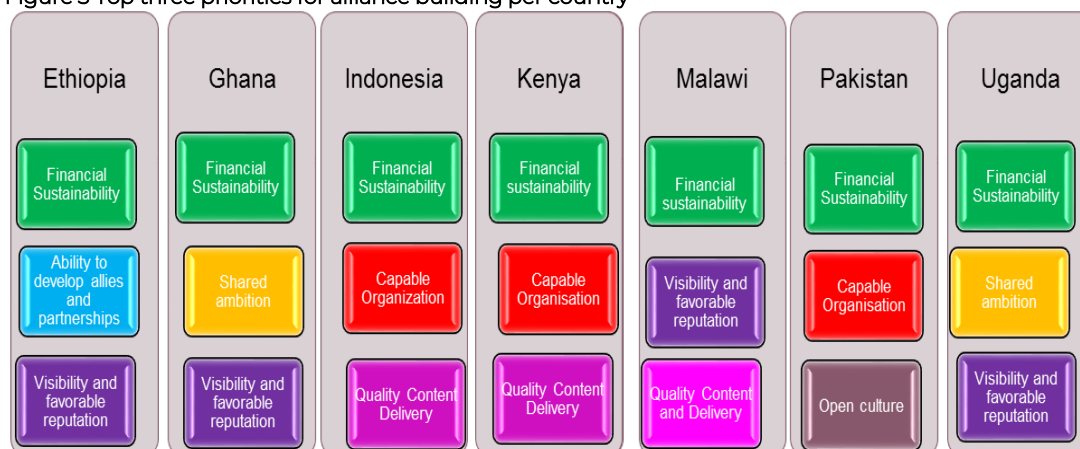
Table 4 Structure of in-country alliance

Country	SRHR = GUSO?*	Alliance Name	Number of organisations in Alliance	Number of GUSO partners in Alliance	Start as an alliance
Ethiopia	SRHR = GUSO	GUSO Alliance	4	4	2011
Ghana	SRHR > GUSO	Ghana SRHR Alliance	8	6	2013
Indonesia	SRHR > GUSO	Aliansi Satu Visi (ASV)-One Vision Alliance	22	10	2011
Kenya	SRHR > GUSO	Kenya SRHR Alliance	17	10	2011
Malawi	SRHR = GUSO	Malawi SRHR Alliance	6	6	2011
Pakistan	SRHR > GUSO	Pakistan Parwan Alliance (PPA)	17	6	2011
Uganda	SRHR = GUSO	Uganda SRHR Alliance	7	7	2011

*In some countries, more SRHR organisations are included in the SRHR Alliance, other than the GUSO implementing organisations.

The in-country alliances play an important role within international GUSO collaboration. In 2016, the GUSO consortium started a process to gradually shift ownership and decision-making power from the North to the in-country alliances. In 2017, this process progressed further during the Outcome 1 Reflection Workshops in which the Framework on Alliance Strengthening was endorsed and used for prioritization. These priorities will help strengthen and ensure that the Alliance is more sustainable post-GUSO. The figure below shows the three priorities for each country.

Figure 3 Top three priorities for alliance building per country



In all GUSO countries, the NPC and YCC, played a crucial role in the coordination of the in-county alliance. The NPCs brought together all implementing partners several times and coordinated the joint activities and facilitated the country reporting processes. Moreover, a youth-adult partnership was established with the YCC. Both positions were important in collaboration and were at times challenging when power dynamics were present within the alliance.

Stronger collaboration through working as an alliance

In 2017, joint activities brought members together to discuss and agree on the Alliance's strategic direction. As stated in the Ghana report: "The strategic direction has been clarified; visibility has been increased at local, regional and national levels through our work on the GUSO programme."

Furthermore, joint activities provided the platform for alliance members to build trust and discuss different programmatic issues and this helped to create understanding and strong partnership, as open discussion and decisions were made jointly. These meetings resulted in action plans and adjustments to improve the implementation of the GUSO programme, and to facilitate the identification of possible areas of collaboration among partners.

Stronger visibility in the political context and in the public domain through working as an alliance

Working as an alliance resulted in having a stronger voice and platform for SRHR issues in the political context. Ghana report: "We have learnt that working in the Alliance presents a more viable framework for resource mobilisation. Also, partners together have a bigger and louder voice and influence national and international advocacy." Four out of seven alliances have websites specifically for the Alliance: Kenya, Indonesia, Pakistan and Malawi. The alliances in Indonesia, Pakistan and Malawi also developed several IEC materials, namely banners, T-shirts, business cards, brochures and back-bags bearing the alliance logo for publicity of the Alliance and its work.

Alliances are moving more and more towards becoming formal bodies

In 2017, Kenya, Ghana, Indonesia and Pakistan made positive steps towards formalisation of the Alliance. In Kenya, registration is expected to be completed in 2018. The Ghana SRHR Alliance is now registered and formalised to increase its credibility and appeal to stakeholders. In Uganda, the Alliance more and more operates as one entity, and several local government departments at both district and sub-county level have embraced the Alliance and are knowledgeable about GUSO programmes and activities.

In Pakistan, MOUs have been signed by the country alliance with district local governments for most of the partners. The One Vision Alliance of Indonesia, in 2017, managed to develop key documents to guide and inform alliance working, for example, by drafting the alliance manual (Standard Operational Procedure/SOP), as well as a finance manual, organizational manuals and a code of conduct. In Malawi, the Alliance drafted an MoU to guide its operations in the absence of a constitution.

Financial sustainability through working as an alliance.

In 2017, some alliances attracted funds from other donors (Indonesia, Malawi, Kenya, Uganda). In Indonesia, they secured a small project to support the development of the SRHR database and annual report from Global Action Canada. In Malawi, the Alliance signed a contract with Amplify Change to implement an 18-month project on SGBV targeting young women. Funding from the Canadian government was also contracted to implement a SGBV project targeting girls in schools and young women in Mangochi. In Kenya, the Alliance and its partners participated in the Amplify Change renewal of the two-year network grant which was successful. Though these grants are relatively small and more project-specific, they show that a stronger alliance is well positioned. In Uganda, the Flexibility Fund of the MoFA was granted for two years as an add-on to the GUSO programme, an integrated SRHR/HIV community service-delivery project.

3.5 Alignment between SRHR partnerships and other stakeholders

MoFA keeps an overview of partnerships that are active in the GUSO-implementing countries and they look for possibilities and opportunities to connect. It is important to take the context into consideration before the process of alignment can start, as was experienced by MoFA in a visit to Uganda. For this specific context it became apparent that programmes first had to start up their own implementation before alignment with other programmes could be initiated.

Within MoFA, colleagues who manage the partnerships share experiences, exchange views and have discussions. MoFA looks for complementarity where possible and for ways in which the work of partnerships can strengthen each other, for example, where the advocacy efforts of Right Here Right Now can strengthen the work that is being done under GUSO or how GUSO can inform Right Here Right Now on advocacy. In practice, this could be done in a more consistent way and this is a point of attention for MoFA in the coming years. Again, embassies also play an important role here, as several embassies invest a lot in aligning/coordinating and harmonising partnerships at country level.

Rutgers has actively sought and stimulated alignment between relevant strategic partnerships, in particular between GUSO and RHRN. Through programme management and capacity-strengthening support, Rutgers has encouraged platforms/alliances to seek this alignment at country level. In Indonesia, for instance, the national RHRN platform and GUSO Alliance organized a joint strategizing meeting where the platforms aligned their advocacy strategies and messages. Another example was the July 2017 learning meeting on working on SRHR and specifically CSE in times of opposition, which was organized by Rutgers in collaboration with the IPPF Africa Region in the context of both the GUSO and RHRN programmes and focused on Kenya and Uganda. More country-specific examples on alignment are included in the Country Annexes.

4 GUSO'S CORE PRINCIPLES

The five overarching principles for the GUSO programme are the following:

- 1 Meaningful youth participation [see Chapter 1].
- 2 Gender Transformative Approach.
- 3 Rights-based Approach.
- 4 Inclusiveness.
- 5 Sustainability.

4.1 Gender Transformative Approach

During 2017 the emphasis was on the capacity strengthening of counterpart organisations regarding the GTA. The development of a GTA toolkit and the various trainings on GTA (Uganda, Malawi, Kenya, Indonesia and Pakistan) delivered with it have been rated very positive by the receiving counterpart organisations/alliances. The trainings of master trainers (facilitated by Rutgers and Aidsfonds) allowed organisations to filter trainings down to local trainers. This resulted, for instance, in step-down trainings such as in Pakistan with other CSO staff members (both internal and external to GUSO) and 20 young people from both public and private universities.

Many country *alliances* worked on incorporating the GTA into CSE curricula as a separate topic. Reviews were conducted in **Ethiopia, Kenya, Pakistan** and **Uganda** to improve the materials, adapting them to local contexts and in some cases translating them into national/local languages. The implementation of the GTA has trickled down to *community* level, where in the end the positive transformation of gender norms and relationships should be achieved. For instance, in **Pakistan**, gender sensitisation revolved around challenging family roles and decision-making within the family. These sessions were conducted with parents (both mothers and fathers) as well as politicians. Also TV talk shows were held to discuss gender norms. **Chana** has taken another approach in this. Firstly, a session is directed at young people to discuss gender norms and after this, the young people talk to their parents and other community members to challenge gender norms at community level. They are guided and supported by GUSO staff. And in **Uganda** FLEP is using different GTA tools in community sensitisation meetings e.g. Gender Synchronization, Father's Legacy and the Power Walk. Several "champions" are selected from these meetings to take the work forward. *Organisations* have worked hard to get their gender policies in place. This results in more attention to gender equality in the workplace.

In line with the planning of GTA as a new approach, the results achieved so far are mainly in the area of awareness raising about what the GTA entails. The next step is to translate it further to both the organizational level of the counterpart organisations and the programmatic level.

4.2 Rights-based Approach

GUSO is a rights-based programme and all alliances take this into account to a great extent. However, it depends on the context if a rights based approach can be promoted. LGBTI rights and access to safe abortion, for example, are in many countries difficult topics to address, from a political and cultural point of view. Alliances use many creative strategies to overcome these challenges, like changing the discourse or using different information channels to be able to address sensitive issues. For example, the **Ethiopian** GUSO Alliance cannot engage directly on rights issues or advocacy because of the constraints imposed on CSOs. However, the Alliance rephrased sensitive words like 'rights' to 'entitlement' and worked on the issues indirectly by empowering and organizing target groups to discuss and approach concerned government bodies accordingly. The **Chanaian** Alliance is proceeding cautiously in embracing the Rights-based approach to avoid misinterpretation with promoting sexual diversity in the conservative Chanaian environment. This notwithstanding, the Alliance sees for instance access to and utilisation of CSE as a matter of right to young people. In **Indonesia**, in every training, there are always value clarification sessions that will address human rights, especially SRHR of young

people. Furthermore, the implementing organizations adopted the CSE and YFS indicators listed in the Essential Package Manual to measure whether the approach is addressed in the programme. At the alliance level, the ASV statute specifies that the work of the alliance is based on human rights. To effectively implement the Rights Based Approach in **Kenya**, the implementing partners always conducted Value Clarification and Attitude Training (VCAT) to peer educators TOTs before a training to ensure that sensitive topics are not neglected and are well understood. In **Malawi**, Alliance members are part of the abortion law review process on the basis of Rights Based Approach. In a few countries, (members of) the Alliance were trained in the RBA (**Malawi, Uganda**). Partners will re-think the strategies in their 2018 work plans and employ a Human Rights Based Approach in all their engagements. Service providers in **Uganda** were introduced to rights based programming as a key component of Youth Friendly services. Moreover, training guides used by peer educators are centred on core RBA principles like positive view of sexuality, non-discrimination, participation, equality, and accountability. In **Pakistan**, the Rights-based approach is the core value of all the alliance member organizations and it ensures that this approach is reflected in the trainings provided to master trainers and young people. Beneficiaries are not only informed and educated on their rights, but also encouraged to practice them for advocacy and policy change.

4.3 Inclusiveness

Inclusiveness is about human rights, a guiding principle approach of the GUSO Consortium. Inclusiveness means that the GUSO Consortium equally respects and meaningfully involves people who are vulnerable and marginalised, including young people, women, LGBT, young people living with HIV (YPLHIV), disabled youth, out-of-school youth and young people living in remote rural or high-density urban settings. In 2017, the GUSO Programme Team defined Inclusiveness as follows: "The GUSO consortium equally respects and meaningfully involves young people regardless of their age, culture, gender, marital status, sexual orientation, gender identity, religion and physical and mental state, (at least (but not limited to) through inclusion of youth-led organizations and organisations for/with YPLHIV)". In Kenya, Malawi and Uganda, organisations of YPLHIV are represented in the governance structure of the in-country alliance. The principle of inclusiveness is highly valued by alliances which also include marginalized groups in the delivery of SRHR information and education and service delivery, such as YPLHIV (**Ghana, Malawi, Ethiopia, Kenya, Uganda**), people with hearing impairment (**Ghana**), people with learning disabilities (**Indonesia, Ethiopia, Kenya, Uganda**), young female sex workers (**Ethiopia, Ghana, Malawi**) and LGBTQs (**Kenya, Malawi**).

In **Ethiopia**, an action plan was developed in 2017 on how to incorporate inclusiveness in existing projects and future programmes as staff members went on a training on disability inclusion. The **Indonesian** alliance (ASV) worked on the development of a CSE module for young people with different mental abilities. Furthermore, the discussion of sexual diversity is included in the CSE modules. Inclusiveness is also included in the manual of staff recruitment and code of conduct of the alliance and its members. In **Kenya** GUSO partners have taken deliberate steps in planning and implementation of GUSO to meaningfully involve young people both male and female especially hard to reach and marginalized like young people living with HIV, LGBTQ and young people living with disabilities. In **Pakistan**, young people from different social, cultural, regional, religious backgrounds were engaged in programming. To ensure inclusiveness a complete chapter Culture, values and Diversity have been added to the curriculum of FPAP in Pakistan. This specially focuses on educating the young people to respect diversity in values and cultures.

4.4 Sustainability

The GUSO programme includes sustainability strategies at different levels, starting with the in-country programme development and ownership by the alliance partners. Within the ToC of the GUSO programme, outcome 1 and 2 fall within the sphere of civil society strengthening, which is a sustainability strategy in itself. Outcome 3, 4 and 5 support sustainable changes in SRHR, and strategies to ensure sustainability of the SRHR interventions. Moreover, the budget shift from 60% to 70% in the final two years of the programme is an effort to stimulate country ownership and financial sustainability.

In 2017, a Capacity Strengthening Working Group within GUSO, led by Aidsfonds and consisting of representatives all NL/UK consortium partners and country representatives, was established to enhance collaboration and strengthen capacity strengthening approaches, to become more efficient, effective, and sustainable. Three sub-working groups were established, working on different aspects of a long-term capacity strengthening strategy. In 2017, Working Group 1 established a database with training materials, strategies and trainers within our network. Working Group 2 organized several trainings to further strengthen the skills of our Southern trainers on GTA and MYP and supported the trainers to provide training to local CSOs and NGOs. Working Group 3 worked on the requirements for an online platform, explored different options and conducted a market analysis. Towards the end of the year, it was agreed to explore the possibilities work with the Sex Rights Africa Network. This Network has the tools, technology and willingness to host an online platform in which our trainers can link and learn and offer their services to others.

All country alliances intend to continue with the alliance after 2020. The alliances showed commitment during the alliance building workshop that took place in all countries in 2017 [see Chapter 3 for more information]. For example, the **Ethiopian** alliance believes that established partnership with the programme advisory committee (at City Administration level) will ensure the sustainability of the programme in the long run. And in **Indonesia**, in order to ensure the sustainability, several efforts have been done by implementing organizations, including: developing exit strategy, establishing a resource mobilization working group, increasing visibility to governments, networks and donors, an applying for other funding sources/donors.

All countries take care to ensure the sustainability of the programme implementation. Alliances engage with local authorities, religious leaders, health offices and school staff in order to create ownership. Stakeholder working groups and dedicated committees are also created, and partnerships with the Ministry of Education and the Ministry of Health are built where possible at local or national level. All these stakeholders help promote the delivery of SRHR education and information among young people. Young people themselves are also highly involved as key actors to ensure sustainability.

5 REFLECTION ON THE THEORY OF CHANGE

The following problem statement is addressed by GUSO: “Young people do not claim their sexual rights and their right to participation because of restrictions at community, societal, institutional and political levels. This hinders their access to comprehensive Sexual and Reproductive Health and Rights (SRHR) education and services that match their needs, and ability to make their own informed SRHR decisions.”

The way toward realising the Long Term Objective (LTO) “All young people, especially girls and young women, are empowered to realise their SRHR in societies that are positive towards young people’s sexuality” is envisioned in the Theory of Change. The programme will contribute towards the LTO through one overarching strategy (multi-component approach), the operationalization of GUSO’s five core principles and the five interrelated outcomes:

- 1 Strengthened and sustainable in-country SRHR alliances.
- 2 Empowered young people voice their rights.
- 3 Increased use of SRHR information and education.
- 4 Increased use of youth-friendly SRH services.
- 5 Improved socio-cultural, political and legal environment for SRHR.

Overarching strategy – Multi-component Approach

Since the start of the previous programmes in 2011, the NL/UK consortium adopted the Multi-component Approach as an overarching principle in the Theory of Change. More specifically, the partners have ‘found’ each other on the basis of complementarity and the ability to jointly cover all aspects of the Multi-component Approach in one programme. The Multi-component Approach is operationalised towards SRHR in the seven countries, linking the provision of youth-friendly sexuality education (OA3) with sexual and reproductive health (SRH) services (OA4), and combining this with building community awareness, acceptance, and support for SRH education and services in a society where policymakers support and prioritise adolescent SRHR (OA5).

As part of a multi-component approach CSE and SRHR information are not provided in silo. Alliances have different strategies to link OA3 and OA4: referral to services is an integral part of CSE and SRHR information, and health experts may be invited during CSE sessions, conduct outreach activities including the provision of information or may take part as trainers in ToT activities. Health providers can also be trained in the delivery of quality SRHR information. The Whole School Approach for Sexuality Education (WSA) – used in Ethiopia, Indonesia, Kenya, Uganda and Pakistan – provides a scaling up model to ensure more sustainable sexuality education by including everyone in and out of the school settings to create an enabling, safe and healthy learning environment in the school. This approach was, for example, used in Uganda, to make sure the SRHR information given to students is more comprehensive and other sources of information (like information from health centres) complement the PIASCY guidelines. In the same way, alliances also ensure the linkage between OA3 and OA5 embedding SRHR information in broader campaigns. Some young people are mobilised through CSE to advocate for youth sexual rights; others advocate for including CSE in schools. In Uganda, the Alliance week is a good example of how the multi-component approach can link demand, supply and the environment [see Country example, page 36].

ALLIANCE WEEK 2017

UGANDA

Thousands of young people were reached during the Alliance Week in the Ugandan city of Iganga, with events aimed at bringing youth-friendly services closer to communities and holding leaders accountable. Different GUSO Alliance partners actively worked together at schools, hospitals and local meeting places. At the same time, a dialogue was held at the local government offices where alliance members advocated for age-appropriate, culturally-sensitive and scientifically-proven sexuality education. The Alliance Week is a very successful example of the Multi-Component Approach.

SRHR took centre stage in a number of different ways. During the football match between the SRHR Alliance team and youth leaders, peer to peer counsellors gave supporters information about male and female condom use. During another event, the central market was cleaned in an attempt to show local community members the part young people can play in promoting and sustaining peace. In smaller towns and communities, with more at-risks populations, condoms were distributed from boda boda (motorcycle taxi) stages.

Seven days filled with awareness events culminated in a grand closing ceremony at the district hall. Everyone involved in the week, from students and teachers from partner schools to district government officials and civil society organisations, took part, celebrating the week together.



During the inception phase of the programme (2016), the overall ToC was contextualized to the local context. In the current reporting process on 2017, every in-country alliance has reflected on the ToC: Are the key strategies still valid? What has changed since the inception phase? What works well? In general, in every country the key strategies are still valid. Below some reflections per country are presented.

In **Ethiopia**, no major changes were made since the inception phase. However, under Outcome 1 a strategy has been added: Allies and partnership building to strengthen the Alliance's partnership and networking in 2018. What worked in Ethiopia in order to ensure ownership and sustainability of the programme and the Ethiopian GUSO Alliance beyond 2020, is the establishment of a Programme Advisory committee by the Alliance. This Committee at the Addis Ababa City Administration level is comprised of government delegates from different Bureaus (Finance and Economic Development, Women and Children Affairs, Youth and Sports, Health, the Bureau of Education) and the Individual Partner organizations. The purpose of establishing this committee was to realize a supportive environment for SRH need of young people.

In **Ghana** the major key strategies for GUSO are still valid per outcome area except a few that require re-tweaking to be more relevant. For instance, the registration of the Alliance increased its attraction to partners within and outside the Alliance. Other organisations outside the Alliance approached Alliance participants in meetings on different occasions to join mostly after hearing that the Alliance was formalised and what it was doing. The rebranding of the Alliance added to its current attractiveness.

In **Indonesia** the key strategies are still valid. Under the fifth outcome area the ASV Alliance made quite some progress, the strategy of strengthening the relationship with the government and other stakeholders worked well. Through regular collaboration with the government for SRHR-related initiatives/activities, the ASV was requested to provide input for the CSE module being developed by the Ministry of Health and Ministry of Education. Furthermore, the Alliance was also invited by the National Population and Family Planning Board to discuss the revitalization plan of the adolescent programme. Moreover, the Alliance collaborated with the National Commission on Violence against Women in the development of the SRHR database and the annual report which is a follow-up of the UPR process in Indonesia.

In **Kenya**, all strategies planned were utilised in this second year of the GUSO programme. Implementing partners continued to experience the strong partnerships and collaborations through networking and movement building with the county governments and other like-minded stakeholders. A number of religious leaders were identified as SRHR champions in Nairobi, Kisumu and Siaya counties, which will continue to create conducive environment for young people to discuss and share SRHR information especially on gender sensitive topics. Moreover, the Kenyan Alliance continued to play and affirm its key role in adolescent health care especially in programming, policy formulation and advocacy on increased SRH budgetary allocation, safe and legal abortion, FGM, and establishing YFS facilities in the counties and national level through the various strategies and interventions as envisaged in the ToC.

No changes were made in the ToC in **Malawi**. What worked under the resource mobilisation strategy is a partnership with Amplify Change and the Canadian Fund for Local Initiatives. Moreover, a good example under the strategy of alliance profiling is the recognition of the Alliance by the Ministry of Health and other SRHR stakeholders in the country, as a spokesperson on SRHR issues which is a reflection of the fact that the alliance works and its reputation is growing nationally.

In **Pakistan** there is a continuous need of harnessing and synergizing the like-minded organizations working on Sexual and Reproductive Health Rights (SRHR)/ Life Skills Based Education (LSBE). With the help of GUSO and Pakistan Parwan Alliance (PPA) a national movement around SRHR and mutual support for civil society could be established. The other key strategies that included capacity building of PPA members and Young people to get involved in decision making are still valid but did not work in 2017. The implementation of another project "Strengthening SRHR Movement", proved to be difficult for the Alliance as it led to tensions with respect to the distribution of funding and trust deficit. However, the members and SRHR community were resilient in sticking with the Alliance and trying to make it a success. The strategy to capacitate Healthcare providers (HCPs) on youth friendly SRHR services protocols worked well. A mapping assessment was done for the selection of CSOs, public facilities and referral partners. Young people were informed on the referral mechanisms. Capacity building of referral partners, service providers and peer educators formed another successful strategy and helplines were reinforced to provide counselling services. Moreover, capacity building/technical support for policy makers at provincial level started to yield results as Baluchistan, Bureau of Curriculum developed recommendations for inclusion of LSBE in mainstream curricula. Collaboration with CSE task force was ensured.

In **Uganda** key strategies are still valid and relevant, but the restrictive environment affect how these strategies can be implemented. With the limitations regarding the use of government materials in school (PIASCY), the GUSO partners adopted strategies such as the Whole School Approach to ensure comprehensiveness of SRHR education and information provided. With regard to what works youth-led accountability was identified as one of the effective strategies in empowering young people. In 2018, the Midterm Evaluation will provide insights into the realisation of the Theory of Change. The results will be used to evaluate the assumptions and strategies of the ToC. Based on these findings the ToC might be adjusted or fine-tuned for the second part of the programme (2019-2020).

6 LESSONS LEARNED

In this second year of Get Up, Speak Out, the implementation was in full speed in most countries and the programme has developed further with respect to alliance building and country-ownership. For example, the Ghanaian alliance learned that it is more efficient and effective to work together than work as an individual organisation because of the increased access to a greater variety of experiences, ideas, knowledge, expertise and resources through joint activities and engagements among partners.

The NPCs played a very important role in overall coordination and bringing together the collaborating partners. Together with the YCCs, they shared their lessons learned during the first in-country Coordinators week, that took place in November 2017 in Addis Ababa, Ethiopia. With respect to Alliance strengthening (Outcome 1), it turned out that countries were very committed to programme joint activities and that the Steering Committee was well in place to govern the Alliance. However, in many countries there are issues of power dynamics between alliance members and budget allocation discussions were difficult. Another lesson learned was that mutual accountability between NL/UK Consortium and the country alliances can receive more attention. See Table 5 for an overview of lessons learned reported by the coordinators of the GUSO countries.

Table 5 Overview of lessons learned, shared by NPCs during the Coordinators week (Nov 2017)

ASPECT	Rating	What's going well?	What needs attention?
COMMITMENT AND RESPONSIBILITY	62%	<ul style="list-style-type: none"> ▶ Countries are very committed to joint programme development ▶ Steering committee in place to give governance to the Alliance 	<ul style="list-style-type: none"> ▶ Power dynamics between alliance members i.e. issues with host organization ▶ Budget allocation is more driven from the North than the south
CAPACITY	60%	<ul style="list-style-type: none"> ▶ Organizations have technical capacities 	<ul style="list-style-type: none"> ▶ Technical and organizational support for youth led organizations ▶ M& E and reporting in analyzing and using templates for report ▶ SRHR and GTA training for young people to improve their capacities
ACCOUNTABILITY	60%	<ul style="list-style-type: none"> ▶ Accountability between the NL/UK and the implementing partners (contracts make responsibilities of either parties very clear) ▶ Other accountability lines are open for discussion 	<ul style="list-style-type: none"> ▶ Mutual accountability between the GUSO consortium and country alliances
FINANCIAL TRANSITION	30%	<ul style="list-style-type: none"> ▶ Steps are taken by country alliances to set priorities and decide on how much funding partners receive 	<ul style="list-style-type: none"> ▶ Resource mobilization between country alliances and sharing opportunities of government funds- and GUSO consortium ▶ Having a platform where consortium can share knowledge on availability of resources

The field visits during the Coordinators week were inspiring and highly valued, many lessons learned from the Ethiopian Alliance that could be contextualized to other GUSO countries. Moreover, organising the Coordinators week in-country was also beneficial to the NL/UK members, learning directly from the implementing partners. Moreover, participating a full week together with all NPCs and YCCs has strengthened the collaboration.

In 2017, the NL/UK consortium organised a Learning Day to share lessons learned from the previous ASK/UFBR programmes, and from the GUSO Baseline. Moreover, it served as an opportunity to learn more about the work of other consortium partners and to get acquainted with one another. Involving young people in all stages of the programme is an important lesson learned from the previous

programmes. This has resulted in the appointment of a YCC in every GUSO country. The Ethiopian GUSO Alliance learned that the active involvement and engagement of young people in the GUSO programme creates a feeling of ownership and active participation among young people.

Based on the lessons learned during the writing process of 2016, the GUSO consortium adjusted the result chain in 2017. This adaptation did not entail the removal of indicators, but the disentanglement of a few output indicators to present more meaningful numbers. The reporting over the first half of 2017 and over the whole year 2017 was facilitated by several webinars, conducted by the PMEL WG, to explain the indicators and the reporting templates. We learned that this was a very convenient way to connect to around 100 colleagues from all seven GUSO countries. The webinars were highly valued and participation was high. During the year more webinars were organised by the NL/UK Consortium to directly connect to the implementing partners, such as the webinar on MYP.

To facilitate the current reporting on 2017, in addition to webinars, an in-country Writeshop was organised for the first time in five out of seven GUSO countries. This helped the implementing partners to better understand the Joint Indicator Framework. It improved the quality of partner reports and therefore resulted in higher quality country reports.

One lesson learned in the country reports was a reflection on the collaboration with the Embassies. Although the collaboration may differ between countries, in most countries the EKN takes up a role in alignment of the GUSO programme with other Dutch funded programmes/partnerships. The in-country alliances learned that this was very helpful. Moreover, some of the EKNs played a role in advocacy and they expressed their willingness to play a bigger role, if needed. In Indonesia, for example the alliance collaborates well with the EKN. For the future, the Alliance would like the Embassy to facilitate advocacy events. The ASV learned in 2017 that collaboration between implementing organizations and other networks/organizations is beneficial to advocacy, especially on intersectional issues, such as human rights, women's rights and children's rights.

In Kenya, an illustrative lesson learned is that working with Members of County Assembly (MCAs) as champions was a key force in realizing SRH budget allocation and implementation. Given the MCAs are often voted out, there was a need to strategically engage them to maximize gains within their term in office. Besides, partners need to pool resources to engage the MCAs more effectively as alliances for enhanced visibility as opposed to working as an individual organization. A strengthened alliance brings more bargaining power among stakeholders/with duty bearers.

In **Uganda**, different partners used radio and TV to appeal to policy makers on SRH related policies and regulations as a way to deal with opposition. CEHURD appealed to the policy makers to lift the ban on CSE and the judiciary to make a progressive judgment. In Uganda experience showed that policy makers listen in and indeed engage with TV and radio. For example CEHURD in 2017, held a show about the Ministry's failure to launch the SRHR guidelines. The Ministry responded with a press conference in parliament explaining its failure to launch. This showed that media is a key tool in reaching out to target populations. This built momentum in ensuring the CSE framework and school health policy will be finalized by March 2018.

Many lessons were learned in strengthening the overarching strategy of the GUSO programme, the Multi-component Approach. In **Kenya**, for example working in partnerships and collaborations with different stakeholders was felt to be more effective in delivering SRH services to young people. The involvement of more private facilities in the programme was important to improve access to services - especially during industrial actions by public doctors and nurses who are key in service provision. Partnerships such as county-specific RH Technical Working Group reduced duplication and provided bigger advocacy platforms for advocating for SRHR of young people and for sharing best practices and learning new knowledge.

In 2017, in **Malawi** one needed to improve referral systems. The Alliance will, therefore, engage health centres through District Health Officers and will formalise the partnership to create a robust referral

system. Moreover, private health service provider engagement is important. The Alliance in Malawi has relied much on public health centres in terms of referral and collaboration during outreach meetings. It is a challenge that public health centres -though providing free services- are sparsely located and often run out of drugs. The Alliance will explore engaging private clinics in Chikwawa and Mangochi while continuing with the public health centres. For instance, CAVWOC improved its reach on indirect service delivery through working with private clinics.

With respect to increasing demand under the Multi-component approach, **Pakistan** adopted the Whole School Approach which is considered to be more effective and sustainable as it involves and engage a variety of people, students, general community, parents, teachers, and community and religious leaders. This helped to bring and sustain the social change. Moreover, the Whole School Approach was adopted in Kenya, Uganda, Ethiopia and Indonesia.

7 CHALLENGES AND OPPORTUNITIES

A key challenge and opportunity in 2017 and for the coming years, is the further strengthening of SRHR partnership, as well as the in-country alliances and with(in) the NL/UK consortium.

Collaboration takes time and aligning the six organisations, MoFA, and 50 local organisations requires considerable financial and human resources. Keeping the balance between organisational interests and alliance interests remains difficult. However, working in an alliance in the sense of joining forces is one of the major opportunities in this programme. GUSO provides a unique opportunity to really implement the overarching Multi-component approach to work toward the empowerment of young people's SRHR in the seven GUSO countries. More specifically, the partners have 'found' each other on the basis of complementarity and the ability to jointly cover all aspects of the multi-component approach in one program. Moreover, by working in an alliance, joint advocacy on sensitive issues, is an opportunity.

Below some examples of challenges within the country alliances are listed. In Ethiopia, one of the biggest challenges faced during the 2017 implementation period was lack of clarity on the roles and responsibilities of each partner in joint activities as the majority of programme team members were new to the GUSO partnership. In Ghana, in some instances, there was limited commitment on the part of alliance members to showcase the Alliance and have the Alliance represented at platforms they belong. A weak financial and logistical resource base for the Alliance also made working as an alliance difficult. In the case of Kenya, partner organizations expected a lot from the Alliance, especially financially, which was not always met due to the limited budget. In Kenya, during the year, two GUSO partners (Africa Alive and TICH-GLUK) experienced contractual issues. In Indonesia, the alliance faced geographical challenges since members were located wide apart making collaborations difficult and at times costly. This was exacerbated by the colliding priorities between members and limited infrastructure support (such as internet access). In Pakistan, the Alliance faced challenges in coordination among members and there was non-clarity on resource mobilization at alliance level. In addition, there was an ambiguous fund distribution mechanism, urging the alliance members to divert the focus from the main strategies to conflict resolution. The trust deficit by members called for the new election of the PPA secretariat, the elections are still pending. As a result of the trust deficit, the matter was taken to the GUSO NGB and it was decided unanimously that AWAZ would no longer be a part of the GUSO Alliance in the 2018 and onwards. Another challenge linked to the Operating environment of the Alliance was the federal government's verdict on Rutgers having to close their office in December 2017. In Uganda, CSE being banned also presented some delays, a lot of activities were moved to 2018 and these included finalisation of some of the key programme documents such as the strategic plan, communication strategy, resource mobilisation strategy, and risk management.

Opportunities for 2018 will be a better focus on implementing activities from Outcome 1 action plans that were developed in all 7 countries and more focus will be on capacity strengthening for sustainability of the alliances post 2020 based on the priorities. This will require a process to review the Joint Activity plans to ensure proper mainstreaming of the action plan activities. The Technical Assistance support from NL/UK will be mapped and more aligned to ensuring the targets for 2018 are met.

One of the concerns of several alliances with respect to Outcome 3, is Alignment of the content of CSE with different (governmental) stakeholders. In Ghana national guidelines set the benchmarks; in Ethiopia content is aligned with government policies, social and cultural norms; in Uganda in-school Sexuality Education needs to be aligned to the government (PIACSY) guidelines on sexuality education. In pair with alignment, contextualization is also a priority for Alliances. The Ghana Alliance is discussing how to develop an adaptable alliance curriculum in line with the new national guidelines for CSE; in

Pakistan the CSE curriculum used does not fit in the time available at schools. Therefore, the curriculum will be adapted to fit this timeframe. To deal with these challenges, several strategies are used, such as (joint) advocacy at various levels (community - district - national level). Engaging the wider community in out-of-school activities is another strategy.

Over the year the Global Gag Rule has started affecting the availability of services and commodities in most countries. Combined with an increased demand for services created by the programme, it is now clear that referring to existing facilities is not sufficient. Indeed, commodity stock-outs were a frequent occurrence that prevented access to the full range of contraceptives. While advocacy work is essential and needs to be prioritized in 2018 to increase national commitment to health care, additional resources are also needed to provide the necessary commodities and resources. This element shall be taken into consideration when designing the plans and budgets for the next phase of the programme.

Stigma associated to abortion care has remained a challenge for the provision of information and services. Not all partners share the same values and some service providers are worried about the potential legal consequences of offering abortion-related services in a restrictive context. Although abortion care is allowed under certain circumstances in all the GUSO countries, many stakeholders still think that it is illegal. Value clarification workshops in Ethiopia and Pakistan have already contributed to increasing availability of abortion care. Opportunities for next year will be more focused interventions, such as online training for peer educators and exchange visits.

The political situation and the rise of conservatism was and will remain a key challenge in many GUSO countries. It is a challenge to campaign and advocate for SRHR in a shrinking space for civil society and in a growing conservative climate. Partners did experience opposition before, but in 2017 it started to hamper their work more and more. In response, Rutgers started in 2017 a learning trajectory on working on SRHR and specifically CSE in times of opposition (in the framework of both GUSO and RHRN), to stimulate learning and exchange with and between its partners and to equip oneself further to deliver capacity strengthening on this topic in 2018. Moreover, the coming years all countries will continue to operationalise their Advocacy strategies (designed and/or adopted in 2017), advocating for implementation of existing legislation and policies towards a more enabling space for SRHR.

The coming year further alignment efforts will be made between the GUSO and RHRN programmes at country level. An opportunity is to invest in further collaboration with the Embassies of the Kingdom of the Netherlands in each country, that are willing to play a bigger role in supporting SRHR Advocacy.

ANNEX 1 OVERVIEW OF CURRENT AND FORMER INDICATOR FRAMEWORK

OUTPUT INDICATORS (CURRENT FRAMEWORK, adjustment highlighted in RED)		FORMER FRAMEWORK	
OUTCOME AREA 1			
Strong and sustainable alliances			
1a.	Number of people from the organisations that have received training from the country alliance	1a.	Number of people from the organisations that have received training from the country alliance
OUTCOME AREA 2			
Young people increasingly voice their rights			
2a1.	% of youth representation (under 25 years) in the SRHR alliance structures and decision making processes	2a	% of youth representation in the SRHR alliance structures and decision making processes
2a2.	% of youth representation (aged between 25- 30 years) in the SRHR alliance structures and decision making processes		
2b.	Number of collaborations among young people from different alliance related organisations/ networks that represent the youth constituency	2b	Number of collaborations among young people from different alliance related organisations/ networks that represent the youth constituency
OUTCOME AREA 3			
Increased utilisation of comprehensive SRHR information and education by all people			
3a.	Number of educators trained	3a	Number of educators trained
3b1.	Number of young people reached with (comprehensive) SRHR education	3b	Number of young people reached with (comprehensive) SRHR information and education
3b2.	Number of young people reached with (comprehensive) SRHR information		
Outcome AREA 4			
Increased utilisation of high-quality SRH services that respond to the needs and rights of all young people			
4a.	Number of service providers who have been trained in YFS	4a	Number of service providers who have been trained in YFS
4b1.	Number of direct SRH services provided to young people	4b	Number of SRH services provided to young people
4b2.	Number of indirect SRH services provided to young people		
OUTCOME AREA 5			
Improved socio-cultural, political and legal environment for young people's SRHR			
5a.	Number of people reached by campaigns and (social) media by implementing partners	5a	Number of people reached by campaigns and (social) media by implementing partners
5b.	Number of people structurally involved in the implementation of the programme at community level	5b	Number of people structurally involved in the implementation of the programme at community level

After the annual report process over 2016, some adjustments were made in the joint indicator framework. These changes are highlighted in red in the table above. The adjusted framework was used for the bi-annual reporting over Jan-June 2017. In several webinars, hosted by the PMEL Working group, the indicators and the reporting templates were explained.

ANNEX 2 ETHIOPIA

SRHR Alliance = GUSO alliance, 4 organisations

Implementing GUSO partner organisations (4): Development expertise centre (DEC), Family guidance association of Ethiopia (FGAE), Talent Youth Association (TAYA) and Youth network for sustainable development (YNSD).

Ethiopia GUSO alliance				
OUTPUT INDICATOR		TARGETS	REALISED	ON TRACK CUMULATIVE TO DATE VS TARGETS 2016- 2017
		2016-2017	CUMULATIVE TO DATE	
OUTCOME AREA 1				
Strong and sustainable alliances				
1a.	Number of people from the alliance (related) organisations that have received training from the country alliance	325	120	Behind
OUTCOME AREA 2				
Young people increasingly voice their rights				
2a1.	% of young people (under 25) representation in the partner organisations' structures and decision making processes	30%	36%	On Track
2a2.	% of young adults (aged 25-30) representation in the partner organisations' structures and decision making processes		27%	*
2a1.	% of young people (under 25) representation in your alliance structures and decision making processes	30%	30%	On Track
2a2.	% of young adults (aged 25-30) representation in your alliance structures and decision making processes		22%	*
2b.	Number of collaborations among young people from different alliance related organisations/ networks that represent the youth constituency	26	0	Behind
OUTCOME AREA 3				
Increased utilisation of comprehensive SRHR information and education by all people				
3a.	Number of educators trained	78	192	Ahead
3b1.	Number of young people reached with (comprehensive) SRHR education	1.720	1.073	Behind
3b2.	Number of young people reached with (comprehensive) SRHR information		193	*
OUTCOME AREA 4				
Increased utilisation of high-quality SRH services that respond to the needs and rights of by all young people				
4a.	Number of service providers who have been trained in YFS	190	138	Behind
4b.1	Number of direct SRH services provided to young people	44.000	44.133	On Track
4b.2	Number of indirect SRH services provided to young people		104.699	*
4b.3	Number of condoms provided directly to young people	n/a	72.456	*
4b.4	Number of condoms provided indirectly to young people	n/a	51.276	*
OUTCOME AREA 5				
Improved socio-cultural, political and legal environment for young people's SRHR				
5a.	Number of people reached by campaigns and (social) media.	7.260	43.993	Ahead
5b.	Number of people structurally involved in the implementation of the programme at community level (for example young people groups, CBOs, peer educators)	91	163	Ahead

n/a= not applicable, no targets set.

*no justification on programme progress can be made since no targets were set (2a2 & 4b2, 4b3 and 4b4) or in the case of 3b2 it is difficult to compare the achievements of redefined indicator on SRHR information with the former indicator 3b.

Implementation of GUSO in 2017

The Ethiopian GUSO alliance was able to implement most of the planned activities under outcome area 1. Unfortunately the target was not met. This is due to the fact that implementation of joint activities started late, which caused us to forward some joint activities to 2018. Furthermore, the set target by the alliance was too high and ambitious because there was a lack of clear understanding of the indicator.

Indicator 2b is behind schedule because of a misunderstanding of the definition of the indicator which has affected the planning and budget allocation process for activities contributing to the target set. Indicator 3b1 is lagging behind due to several reasons. (1) The flow of young people to youth centres is very low, as youth centres are perceived as a means to imposed political ideology by the government; (2) Young people have expectations for refreshments and per diems since a majority of them are economically poor; (3) there is a language barrier: the ready study manual being in English; (4) a lack of time available because children already have a full day of schooling and numerous co-curricular activities that occupy both teachers and students; (5) national exams and (6) over burdening on the teachers.

Due to the change in the definition of indicator 3b2, YNSD was only able to deliver general SRH information that contributed for outcome area 5. YNSD also set unrealistic and overambitious goals for this indicator the planning phase. That same problem occurred with regard to indicator 4a. The targets for indicator 4b1 and 4b2 have been surpassed.

For the implementation of activities under outcome area 5 in 2017, challenges were faced due to the state of emergency that took place for about 10 months, which impacted the smooth operation of the program and forced Ethiopian GUSO partners to avoid mass mobilization and using social media in all set-ups. However, strong partnerships that were built with the school principals and government actors minimized the effect of this challenge and targets were none the less surpassed.

Alignment with other programmes/partnerships

In 2017, the alliance in Ethiopia became part of the working group of Dutch funded programmes (Yes I Do, Her Choice and GUSO). The alliance also intended to strengthen its partnership with other like-minded organizations that are working with/for young people in Ethiopia such as Packard Foundation and UNFPA.

ANNEX 3 GHANA

SRHR Alliance = Ghana SRHR Alliance, 6 organisations

Implementing GUSO partner organisations (6): Planned Parenthood Association of Ghana (PPAG), Curious Minds, Hope or Future Generations, NORSAAC, Presbyterian Health Services – North, Savana Signatures

GHANA OVERVIEW OF GUSO WIDE OUTPUT INDICATORS				
OUTPUT INDICATOR		TARGETS	REALISED	ON TRACK CUMULATIVE TO DATE VS TARGETS 2016-2017
		2016- 2017	CUMULATIVE TO DATE	
OUTCOME AREA 1				
Strong and sustainable alliances				
1a.	Number of people from the alliance (related) organisations that have received training from the country alliance	15	200	Ahead
OUTCOME AREA 2				
Young people increasingly voice their rights				
2a1.	% of young people (under 25) representation in the partner organisations' structures and decision making processes	30%	39%	Ahead
2a2.	% of young adults (aged 25-30) representation in the partner organisations' structures and decision making processes		18%	*
2a1.	% of young people (under 25) representation in your alliance structures and decision making processes	30%	19%	Behind
2a2.	% of young adults (aged 25-30) representation in your alliance structures and decision making processes		0%	*
2b.	Number of collaborations among young people from different alliance related organisations/ networks that represent the youth constituency	26	13	Behind
OUTCOME AREA 3				
Increased utilisation of comprehensive SRHR information and education by all people				
3a.	Number of educators trained	904	639	Behind
3b1.	Number of young people reached with (comprehensive) SRHR education	4.690	3.322	On Track
3b2.	Number of young people reached with (comprehensive) SRHR information		18.362	*
OUTCOME AREA 4				
Increased utilisation of high-quality SRH services that respond to the needs and rights of by all young people				
4a.	Number of service providers who have been trained in YFS	246	241	On Track
4b.1	Number of direct SRH services provided to young people	5.723	61.854	Ahead
4b.2	Number of indirect SRH services provided to young people		60.229	*
4b.3	Number of condoms provided directly to young people	n/a	152.341	*
4b.4	Number of condoms provided indirectly to young people	n/a	144.426	*
OUTCOME AREA 5				
Improved socio-cultural, political and legal environment for young people's SRHR				
5a.	Number of people reached by campaigns and (social) media.	11.888	3.601.663	Ahead
5b.	Number of people structurally involved in the implementation of the programme at community level (for example young people groups, CBOs, peer educators)	362	1.036	Ahead

n/a= not applicable, no targets set

*no justification on programme progress can be made since no targets were set (2a2 & 4b2, 4b3 and 4b4) or in the case of 3b2 it is difficult to compare the achievements of redefined indicator on SRHR information with the former indicator 3b.

Implementation of GUSO in 2017

The number of people from the country alliance that have received training from the country alliance is ahead of the set target. This is because people who have participated in joint trainings organised by Alliance partners are counted under this outcome.

Indicator 2b is lagging behind because partners understood it as an indicator to be tracked at Alliance level only for it to be clarified during this reporting period as one for partners to track and report on. Also Indicator 2a has been split into 2a1 and 2a2 which initially did not have targets set and therefore it is challenging to track our performance.

Indicator 3a is ahead of the target which can be attributed to the prudence, efficiency and diligence of partners as well as the cooperation and support gained from the Ghana Education Service, which facilitated the participation of teachers in the CSE trainings and supported with the monitoring of these trained teachers. Ghana Health Service also provided service providers from public health facilities to be trained on YFS and provided data on indirect services to partners who had referred young people to such facilities. The Alliance is on track in terms of performance on the number of young people reached with CSE. Performance on indicator 3b1 and 3b2 would have been higher but, the redefinition of this indicator meant that many numbers were shifted to indicator 5a.

The Ghana SRHR Alliance is ahead of its targets under OA4. Partners implementing under this outcome have partnered with GHS facilities and provided YFS training to staff from these facilities. This explains the progress reported. The overachievement on direct services has been a consequence of partners' efforts to inject youth friendliness into their health facilities to attract more young people. The high performance in the delivery of indirect services is because all partners, with the exception of Curious Minds, have had relationships with GHS facilities and tracked referrals made during CSE sessions and information delivery. Most of these referrals have been redeemed and counted by the partners.

Both indicators under outcome area 5 are ahead of the targets set. This is due to the persistent diligence of all the partners in adding fun to most of their campaigns which usually would attract the numbers being reported.

Alignment with other programmes/partnerships

In Ghana, the alliance collaborated with Ghana Health Service, Ghana Education Service, and the social justice institutions to deliver SHRH information and services to young people, alongside advocacy at community level to increase support for young people's SRHR.

ANNEX 4 INDONESIA

SRHR Alliance = Aliansi Satu Visi (ASV), 22 organisations

Implementing GUSO partner organisations (10 organisations): PKBI Lampung; PKBI Jakarta; PKBI Central Java; PKBI Bali; Rutgers WPF; ARI; IHAP; YPI; Red Cross West Jakarta (PMI); Ardhanary Institute.

GUSO INDONESIA				
OUTPUT INDICATOR		TARGETS	REALISED	ON TRACK CUMULATIVE TO DATE VS TARGETS 2016-2017
		2016-2017	CUMULATIVE TO DATE	
OUTCOME AREA 1				
Strong and sustainable alliances				
1a.	Number of people from the alliance (related) organisations that have received training from the country alliance	35	244	Ahead
OUTCOME AREA 2				
Young people increasingly voice their rights				
2a1.	% of young people (under 25) representation in the partner organisations' structures and decision making processes	30%	43%	Ahead
2a2.	% of young adults (aged 25-30) representation in the partner organisations' structures and decision making processes		10%	*
2a1.	% of young people (under 25) representation in your alliance structures and decision making processes	30%	46%	Ahead
2a2.	% of young adults (aged 25-30) representation in your alliance structures and decision making processes		1%	*
2b.	Number of collaborations among young people from different alliance related organisations/ networks that represent the youth constituency	31	61	Ahead
OUTCOME AREA 3				
Increased utilisation of comprehensive SRHR information and education by all people				
3a.	Number of educators trained	387	757	Ahead
3b1.	Number of young people reached with (comprehensive) SRHR education	750.195	12.235	Behind
3b2.	Number of young people reached with (comprehensive) SRHR information		139.387	Behind
OUTCOME AREA 4				
Increased utilisation of high-quality SRH services that respond to the needs and rights of by all young people				
4a.	Number of service providers who have been trained in YFS	25	266	Ahead
4b.1	Number of direct SRH services provided to young people	22.530	6.713	Behind
4b.2	Number of indirect SRH services provided to young people		56.999	*
4b.3	Number of condoms provided directly to young people	n/a	2.502	*
4b.4	Number of condoms provided indirectly to young people	n/a	1.371	*
OUTCOME AREA 5				
Improved socio-cultural, political and legal environment for young people's SRHR				
5a.	Number of people reached by campaigns and (social) media.	1.263.000	4.581.079	Ahead
5b.	Number of people structurally involved in the implementation of the programme at community level (for example young people groups, CBOs, peer educators)	301	574	Ahead

n/a= not applicable, no targets set.

*no justification on programme progress can be made since no targets were set (2a2 & 4b2, 4b3 and 4b4).

Implementation of the GUSO programme in 2017

The alliance has surpassed the targets set for OA1. This is because the targets set for 2016-2017 were unrealistic, due to unclear definition of the indicator. At the beginning of the programme, the alliance thought that only trainings organized under Joint Activities were included. Therefore, for 2018 the alliance has set more realistic targets that can truly measure a strong and sustainable alliance.

Both at the country level and at partner level the percentage of young people represented in the alliance structures and decision-making processes exceeds the target. This shows a real commitment to MYP-YAP because young people are not included only in technical role, such as working group/steering committee but also strategic role which is at the board and advisory level. Although the figures seem convincing, the alliance should work on defining which young people are included, as well as the role of the coordinator/co-coordinators.

The targets under outcome area 3 were not met. RutgersWPF Indonesia and its partners learned that they need to improve their intervention to parents using the Setara module which will be explored in 2018. Several Dance4Life partners require extra monitoring and technical assistance to ensure that the fidelity and quality of the implementation. Another big challenge is faced in Kupang is related to commitment of vocational high schools (SMK) to provide specific hours for counselling sessions to be used for CSE.

For indicator 3a the target was surpassed due to misunderstanding of the definition of peer educators during the program development phase. The targets were set too low compared to the allocated resources. However, for 2018 the target has been adjusted to the correct definition. The underachievement on indicator 3b2 is due to the change in the definition of comprehensive sexuality information which caused the achievements that were thought to fall under target 3b2 to count as awareness raising and therefore fall under 5a instead.

The target for indicator 4a was overachieved because the targets were set too low due to the lesson learned from the ASK programme. The main challenge faced by implementing organizations is the lack of comprehensiveness of YFS provided by the government facilities (Puskesmas) when it comes to contraceptives and unwanted pregnancy services. Most services received by young people, especially in Puskesmas, are limited to counselling in accordance with government policy. In addition, unmarried young people are unable to obtain contraceptive and safe abortion services.

Under outcome area 5 targets are overachieved because targets were set too low compared to the resources allocated and because of the previously mentioned shift from 3b2 to 5a. Despite the overachievement of indicators 5a and 5b, implementing organizations are still working their way to realize their advocacy goal. Because the number represents mainly campaign activities, which do not necessarily represent advocacy progress. Campaign activities are very effective to create/raise public awareness about SRHR issues which create pressure to the government of MPs to act on the issue. However, very often, government and MPs is not very responsive because the public opinion are divided and not very strong as they are also influenced by the opposition groups.

Alignment with other programmes/partnerships

In Indonesia, the ASV alliance has twelve different collaborations with other platforms and organisations for various Advocacy topics. For example, the ASV Alliance works in close collaboration with the Right Here Right Now platform (KiaSama) on the following Advocacy Agenda (1. CSE, 2. Contraception for all and 3. Consensual sex and LGBTQI). Another example is collaboration of ASV with Koalisi Reformasi KUHP on the amendment of the Penal Code. In addition, two ASV members (ARI and RutgersWPF Indonesia) work together with UNFPA to advocate for SRH.

ANNEX 5 KENYA

SRHR Alliance = Kenya SRHR Alliance, 17 organisations

Implementing GUSO partner organisations (9 organisations): ADS Nyanza, Centre for the study of Adolescence (CSA); Family Health Options Kenya (FHOK); Great Lakes University of Kisumu (GLUK); Kisumu Medical Trust (KMET); NAIROBITS TRUST; NAYA; Ambassador for Youth and Adolescent Reproductive Health Program (AYARHEP); Women Fighting AIDS in Kenya (WOFAK).

GUSO KENYA				
OUTPUT INDICATOR		TARGETS	REALISED	ON TRACK CUMULATIVE TO DATE VS TARGETS
		2016-2017	CUMULATIVE TO DATE	
OUTCOME AREA 1				
Strong and sustainable alliances				
1a.	Number of people from the alliance (related) organisations that have received training from the country alliance	200	241	Ahead
OUTCOME AREA 2				
Young people increasingly voice their rights				
2a1.	% of young people (under 25) representation in the partner organisations' structures and decision making processes	38%	37%	On Track
2a2.	% of young adults (aged 25-30) representation in the partner organisations' structures and decision making processes		12%	*
2a1.	% of young people (under 25) representation in your alliance structures and decision making processes	10%	42%	Ahead
2a2.	% of young adults (aged 25-30) representation in your alliance structures and decision making processes		0%	*
2b.	Number of collaborations among young people from different alliance related organisations/ networks that represent the youth constituency	36	23	Behind
OUTCOME AREA 3				
Increased utilisation of comprehensive SRHR information and education by all people				
3a.	Number of educators trained	1.599	2.039	Ahead
3b1.	Number of young people reached with (comprehensive) SRHR education	69.875	188.887	Ahead
3b2.	Number of young people reached with (comprehensive) SRHR information		56.355	On Track
OUTCOME AREA 4				
Increased utilisation of high-quality SRH services that respond to the needs and rights of by all young people				
4a.	Number of service providers who have been trained in YFS	123	583	Ahead
4b.1	Number of direct SRH services provided to young people	5.720	1.040.121	Ahead
4b.2	Number of indirect SRH services provided to young people		567.216	*
4b.3	Number of condoms provided directly to young people	n/a	798.978	*
4b.4	Number of condoms provided indirectly to young people	n/a	102.790	*
OUTCOME AREA 5				
Improved socio-cultural, political and legal environment for young people's SRHR				
5a.	Number of people reached by campaigns and (social) media.	1.576.250	11.544.619	Ahead
5b.	Number of people structurally involved in the implementation of the programme at community level (for example young people groups, CBOs, peer educators)	677	1.564	Ahead

n/a= not applicable, no targets set.

*no justification on programme progress can be made since no targets were set (2a2 & 4b2, 4b3 and 4b4).

Implementation of the GUSO programme in 2017

The Kenya SRHR alliance has surpassed the target for 3a due to the fact that CSA increased the number of PALS to be trained per school from 10 to 25 after they found that the PALS- students' ratio was overwhelming for the 10 PALS.

In spite of the fact that election tensions were sometimes a hindering factor, the alliance is ahead under outcome area 3. This is due to the Partnership opportunity with the Ministry of Health by KMET which has enabled leveraging on resources available which enabled us to train more youth providers and health workers in the program, despite the challenges of the Ministry of Education restricting entry into public schools. Due to this restriction some partners adapted to work with privately owned primary schools instead of the pre-selected public schools. Overachievement on 3b1 is also due to CSE provision through social sites such as WhatsApp thus allowing the young CSE facilitators reaching more young people. The enabling environment available for young people in the community has increased access to information and education both at community and facility level.

Despite the closure of government facilities due to doctors and nurses' strikes, which lasted almost five months, the alliance has surpassed targets under outcome area 4. The reason for this overachievement has been the integration of different SRHR services whereby clients receive various SRHR services in one visit. The alliance also participated in various joint outreaches in communities and facilities during international SRH days like World Aids Day and World Contraceptive Day. Another reason is the innovative engagement of young people through facility outreaches, such as youth events (beauty shows, theatre) where service providers provided SRH services such as basic counselling and short-term contraceptives (i.e. condoms and pills) to young people. The Public private partnership through partners like KMET also ensured increased referrals and linkages in the provision of youth friendly services. FHOK in partnership with UNFPA supported the Ministry of Health to carry out some of the outreaches in the hard-to-reach areas. Other approaches, like the use of different social media platforms WhatsApp, Facebook, blog site and Twitter have been used to create demand for SRH services at the linked facilities. In addition, CSA reported the main reasons being, having a designated room with friendly health workers and peer providers who provide a youth friendly environment. Overall, there was an overachievement on outcome area 5 due to the television talk show that the Youth Coordinator attended known as Youth Kenya, several of campaigns, and the involvement of youth advocates.

Alignment with other programmes/partnerships

In Kenya, a number of alliance partners are also members of the other SRHR partnerships such as the Right Here Right Now, PITCH and YIDA. They align national advocacy to increase access to comprehensive sexuality education, and youth-friendly sexual and reproductive health services, including safe abortion and LGBT rights for all young people. In Homabay, Kisumu and Siaya NAYA and KMET collaborate and work closely with other 6 partners in the Closing the Gap project funded by Planned Parenthood Global to advocate for resource allocation towards family planning and other RH services. The Alliance and its partners are also represented in the National Technical Working group on ASRH hosted by the Reproductive Maternal Neonatal Services Unit of the Ministry of Health. The SRHR alliance also participated in the Kenya Coordinating Mechanism (KCM) for Global Fund for the HIV and AIDS, TB and Malaria programmes. Partners in Nairobi like NairoBits, WOFAK and AYARHEP, have also continued to work with Sauti Skika a network of young people living and affected with HIV to promote SRHR and HIV integration.

ANNEX 6 MALAWI

SRHR Alliance = Malawi SRHR Alliance, 6 organisations

Implementing GUSO partner organisations (6 organisations): Centre for Alternatives for Victimized Women and Children (CAVWOC), Centre for Human Rights and Rehabilitation (CHRR), Centre for Youth Empowerment and Civic Education (CYECE), Family Planning Association of Malawi (FPAM), Youth Net and Counselling (YONECO), Coalition of Women Living with HIV and AIDS (COLWHA)

MALAWI GUSO alliance				
OUTPUT INDICATOR		TARGETS	REALISED	ON TRACK CUMULATIVE TO DATE VS TARGETS 2016-2017
		2016-2017	CUMULATIVE TO DATE	
OUTCOME AREA 1				
Strong and sustainable alliances				
1a.	Number of people from the alliance (related) organisations that have received training from the country alliance	87	93	On Track
OUTCOME AREA 2				
Young people increasingly voice their rights				
2a1.	% of young people (under 25) representation in the partner organisations' structures and decision making processes	20%	18%	On Track
2a2.	% of young adults (aged 25-30) representation in the partner organisations' structures and decision making processes		15%	*
2a1.	% of young people (under 25) representation in your alliance structures and decision making processes	n/a	22%	*
2a2.	% of young adults (aged 25-30) representation in your alliance structures and decision making processes		22%	*
2b.	Number of collaborations among young people from different alliance related organisations/ networks that represent the youth constituency	16	26	Ahead
OUTCOME AREA 3				
Increased utilisation of comprehensive SRHR information and education by all people				
3a.	Number of educators trained	665	697	On Track
3b1.	Number of young people reached with (comprehensive) SRHR education	206.165	9.341	Behind
3b2.	Number of young people reached with (comprehensive) SRHR information		87.205	Behind
OUTCOME AREA 4				
Increased utilisation of high-quality SRH services that respond to the needs and rights of by all young people				
4a.	Number of service providers who have been trained in YFS	260	315	Ahead
4b.1	Number of direct SRH services provided to young people	25.000	30.913	On Track
4b.2	Number of indirect SRH services provided to young people		305.382	*
4b.3	Number of condoms provided directly to young people	n/a	283.221	*
4b.4	Number of condoms provided indirectly to young people	n/a	685.287	*
OUTCOME AREA 5				
Improved socio-cultural, political and legal environment for young people's SRHR				
5a.	Number of people reached by campaigns and (social) media .	924.050	970.160	On track
5b.	Number of people structurally involved in the implementation of the programme at community level (for example young people groups, CBOs, peer educators)	6.619	1.647	Behind

n/a= not applicable, no targets set.

*no justification on programme progress can be made since no targets were set (2a2 & 4b2, 4b3 and 4b4).

Implementation of the GUSO programme in 2017

The year had few challenges in general. The 2016/17 budget overlooked some critical activities so the alliance had to squeeze other activity budgets to accommodate these activities. Another complicating factor was the absence of an National Programme Technical Committee.

The training on Meaningful Youth Participation helped all partners make progress to involve young people in their programming. More young interns are employed by all partners every year. Those who were employed earlier on before turning 25 have grown up which still increases the number of young people aged 25-30. On the other hand, young people are empowered and now very active in all implementation of GUSO programme with or without the guidance of the programme officers. Youth are able to organise collaborations on their own with less help from the partner organisation. Which has resulted into having a high number of youth collaborations which surpassed the target for indicator 2b.

The adjusted definitions of indicators 3b1 and 3b2 caused some of the activities to be discounted because they did not meet the definition or were reallocated to indicator 5a. This has led to an underachievement on these indicators. The Data Quality Assessment that preceded in-country writeshop helped the alliance members to analyse the reported data for mutual understanding and proper allocation. In addition to the change in definition for this outcome, no partners implement CSE for in-school young people which might be another contributing factor to underachievement of this outcome.

Under outcome 4b1, CAVWOC overachieved because of HIV/AIDS counselling which was done by their YCBDAs and clients who came directly to their offices for contraceptive and SGBV Counselling. FPAM contributed to the overachievement due to its outreach clinics which provide more services in hard to reach areas.

Initially outcome 4b2 target was being counted per client. Later it was changed to count per service provided indirectly. This caused the number of services provided indirectly to be on the higher side leading to the overachievement on this target.

The alliance is lagging behind on outcome 5b mainly because when setting targets for outcome 5b alliance members did not consider those community members who migrate from one place to another. This has led to lower achievement of the outcome. For example in Chikwawa COWLHA trained a number of peer educators early 2017 but few are actively involved as some have moved to town for a greener pasture instead of working as volunteers in the communities. Furthermore, in 2017 some CBOs had to close down because their funding ran out. These CBOs were included in the community structures on which the estimated reach of the campaigns and therefore the targets were based. The target needs to be revised to make it realistic.

Alignment with other programmes/partnerships

The Malawi SRHR Alliance worked closely with other alliances and coalitions, such as the government National Youth Council of Malawi in raising awareness on youth friendly services. The alliance also participated in strategic advocacy meetings organised by COPUA youth taskforce on safe abortion law review. The alliance also collaborated with the White Ribbon alliance in identifying gaps in Malawi's Health Systems and Human Resource in Malawi. White Ribbon alliance provided technical assistance to SRHR alliance to develop a concept on Health Systems advocacy programme submitted to AMREF in December 2017. The SRHR alliance also held joint trainings (MYP, GTA) and meetings with Yes I Do alliance. Moreover, the alliance engaged the More than Brides Alliance during an ICT training organised by YONECO under GUSO joint activities.

ANNEX 7 PAKISTAN

SRHR Alliance = Pakistan Parwan Alliance, 17 organisations

Implementing GUSO partner organisations (6 organisations): Rutgers Pakistan, Family Planning Association of Pakistan (FPAP), Idara-e-Taleem-o-Agahi (ITA), Blessings Welfare Association (BWA), Participatory Integrated Development Society (PIDS), Visionary Foundation Pakistan (VFP).

PAKISTAN GUSO alliance				
OUTPUT INDICATOR		TARGETS	REALISED	ON TRACK
		2016-2017	CUMULATIVE TO DATE	CUMULATIVE TO DATE VS TARGETS 2016-2017
OUTCOME AREA 1				
Strong and sustainable alliances				
1a.	Number of people from the alliance (related) organisations that have received training from the country alliance	10	69	Ahead
OUTCOME AREA 2				
Young people increasingly voice their rights				
2a1.	% of young people (under 25) representation in the partner organisations' structures and decision making processes	16%	21%	Ahead
2a2.	% of young adults (aged 25-30) representation in the partner organisations' structures and decision making processes		9%	*
2a1.	% of young people (under 25) representation in your alliance structures and decision making processes	30%	33%	On Track
2a2.	% of young adults (aged 25-30) representation in your alliance structures and decision making processes		1%	*
2b.	Number of collaborations among young people from different alliance related organisations/ networks that represent the youth constituency	n/a	5	*
OUTCOME AREA 3				
Increased utilisation of comprehensive SRHR information and education by all people				
3a.	Number of educators trained	242	543	Ahead
3b1.	Number of young people reached with (comprehensive) SRHR education	39.397	23.701	Ahead
3b2.	Number of young people reached with (comprehensive) SRHR information		114.820	Ahead
OUTCOME AREA 4				
Increased utilisation of high-quality SRH services that respond to the needs and rights of by all young people				
4a.	Number of service providers who have been trained in YFS	102	244	Ahead
4b.1	Number of direct SRH services provided to young people	2.482	60.171	Ahead
4b.2	Number of indirect SRH services provided to young people		1.587	*
4b.3	Number of condoms provided directly to young people	n/a	2.640	*
4b.4	Number of condoms provided indirectly to young people	n/a	0	*
OUTCOME AREA 5				
Improved socio-cultural, political and legal environment for young people's SRHR				
5a.	Number of people reached by campaigns and (social) media.	340.000	518.549	Ahead
5b.	Number of people structurally involved in the implementation of the programme at community level (for example young people groups, CBOs, peer educators)	n/a	895	*

n/a= not applicable, no targets set.

*no justification on programme progress can be made since no targets were set (2a2 & 4b2, 4b3 and 4b4).

Implementation of the GUSO programme in 2017

All the GUSO alliance partners strived to meet all the targets, however due to different reasons some of the activities were not performed as per plan. During the year there was a delay in release of funds to partners that caused delay in implementation of project activities. Limited activities were carried out in the first half of the year and there was a load of activities in second half of the year. This resulted in missing some of the targets and activities. Monitoring of the activities could not be done in the first quarter of the year because no major activities were performed due to the delay in contract signing between Rutgers and the Bilateral partners. Improper functioning of Pakistan Parwan Alliance (PPA) was another challenge. The biggest challenge occurred in the last month of the year when the Ministry of Foreign Affairs ordered various INGOs to stop their operation and Rutgers was one of them. This notification resulted in cancellation of a few activities that were planned in December 2017.

The alliance surpassed the target of 2a1 because all the partner organizations are youth focused and committed to engage young people under the age 25 in their organization structures and decision making processes. On the other hand, the target under 2a2 was underachieved. This is because of the unrealistic targets that were set for 2016-2017.

The targets set for outcome areas 3, 4 and 5 were all surpassed. This could partly be explained because FPAP targets were not included in the compilation of targets sent to MoFA for 2016-2017. FPAP did contribute significantly to all three outcome areas.

Another factor contributing to the surpassing of the target for indicator 4b1 is the impact of the work previously done in the ASK programme (e.g. training of providers, referral to private practitioners). The service providers and referral partners have also received trainings on youth friendly services. By integrating what they have learned during these trainings in their service provision, they have managed to win the trust of young people in their respective communities. Although some implementing partners had not set targets for 5A, they have reported significant outputs against it, due to GUSO indicators' redefinition.

Alignment with other programmes/partnerships

Rutgers Pakistan is a member of an alliance "Child Rights Movement". This alliance is the leading alliance to advocate for the rights of children in Pakistan. Rutgers Pakistan and Rahnuma FPAP are a part of "Right Here Right Now" programme. VFP has collaboration with Alliance Against Child Marriage Sindh, Youth Affairs, Committee District Municipal Corporation – Karachi, District Coordination Committee, District Administration Karachi Central (DC Office), Pakistan Youth Alliance and Special Education Department – University of Karachi.

ANNEX 8 UGANDA

SRHR Alliance = SRHR Alliance Uganda, 10 organisations

Implementing GUSO partner organisations (10 organisations): Straight Talk Foundation, Restless Development, Reach A Hand Uganda, Reproductive Health Uganda, Family Life Education Program, UNYPA, NAFOPHANU, Center for Health, Human rights and Development, CEHURD.

UGANDA GUSO alliance				
OUTPUT INDICATOR		TARGETS	REALISED	ON TRACK CUMULATIVE TO DATE VS TARGETS 2016-2017
		2016-2017	CUMULATIVE TO DATE	
OUTCOME AREA 1				
Strong and sustainable alliances				
1a.	Number of people from the alliance (related) organisations that have received training from the country alliance	40	142	Ahead
OUTCOME AREA 2				
Young people increasingly voice their rights				
2a1.	% of young people (under 25) representation in the partner organisations' structures and decision making processes	20%	34%	Ahead
2a2.	% of young adults (aged 25-30) representation in the partner organisations' structures and decision making processes		28%	*
2a1.	% of young people (under 25) representation in your alliance structures and decision making processes	20%	34%	Ahead
2a2.	% of young adults (aged 25-30) representation in your alliance structures and decision making processes		28%	*
2b.	Number of collaborations among young people from different alliance related organisations/ networks that represent the youth constituency	60	26	Behind
OUTCOME AREA 3				
Increased utilisation of comprehensive SRHR information and education by all people				
3a.	Number of educators trained	477	1.630	Ahead
3b1.	Number of young people reached with (comprehensive) SRHR education	105.000	22.802	Behind
3b2.	Number of young people reached with (comprehensive) SRHR information		144.134	Ahead
OUTCOME AREA 4				
Increased utilisation of high-quality SRH services that respond to the needs and rights of by all young people				
4a.	Number of service providers who have been trained in YFS	70	519	Ahead
4b.1	Number of direct SRH services provided to young people	63.000	418.870	Ahead
4b.2	Number of indirect SRH services provided to young people		342.760	*
4b.3	Number of condoms provided directly to young people	n/a	2.003.686	*
4b.4	Number of condoms provided indirectly to young people	n/a	1.063.329	*
OUTCOME AREA 5				
Improved socio-cultural, political and legal environment for young people's SRHR				
5a.	Number of people reached by campaigns and (social) media.	1.536.250	20.775.988	Ahead
5b.	Number of people structurally involved in the implementation of the programme at community level (for example young people groups, CBOs, peer educators)	838	5.381	Ahead

n/a= not applicable, no targets set.

*no justification on programme progress can be made since no targets were set (2a2 & 4b2, 4b3 and 4b4) or in the case of 3b2 it is difficult to compare the achievements of redefined indicator on SRHR information with the former indicator 3b.

Implementation of the GUSO programme in 2017

The target for indicator 1a was set with the definition in mind that each person reached was only counted once. In practice, the achievements were higher because the Alliance organised various different trainings and meetings in which colleagues from the implementing partners. This has resulted in a higher number than anticipated and therefore the target was surpassed. Regarding output indicator 2b initially this output indicator was misunderstood, ambiguous and overestimated. There was also no clear strategy for the GUSO partners in achieving the estimated 60 collaborations for the reporting period 2016-2017. The Alliance has now made plans to increase on Youth collaborations through activities that will be spearheaded by the YCC.

The target for indicator 3b1 has not been achieved. Less young people were reached with CSE due to delays in implementation of GUSO activities in schools and communities as a result of the “ban on CSE” in Uganda. This created lengthy clearance procedures to work in schools for GUSO partners. Initially it was also unclear what was acceptable and unacceptable in terms of the curriculum to be utilized during delivery of SRHR education. It is anticipated that GUSO partners shall be able to conduct more SRHR education activities and subsequently realize increased reach for indicator 3b1 because the necessary structures to support delivery of SRHR education in schools and communities have been established now. Moreover, youth will be reached with out-of-school Education and Information sessions. The Alliance has overachieved the targets under outcome area 4. This is partly because at the time of target setting it was difficult to oversee the practice of programme implementation. Moreover, the targets of one implementing partner working on outcome area 4 were not included in the officially communicated targets. The partners reported high reach of young people partly attributed to the big network of peer educators working within the project that refer Young people to RHU, FLEP and public facilities for services. The existence of past interventions such as the UFBR, the Youth Encourage Project in the nearby sub counties of the district left behind information and structures to facilitate easy access to services by offered by RHU. Integrating service delivery during the sub county level sports gala competitions and performing drama/music for young people attracted many young people for services offered by FLEP.

Outreaches have also been an important aspect in the program as they contribute to reaching the hard-to-reach young people with services. Collaboration with other GUSO partners like Restless development during community health days where FLEP was called upon to offer services to young people boosted the number of young people reached with services.

The alliance has surpassed the target 5a because many partners prioritized online campaigns. The project used face to face methods and mass media platforms such as radio to reach diverse communities both within the rural and urban context. The media were receptive to reporting and accessing SRH information, which was evidenced by stories that have been shared by GUSO educators and programme staff.

In 2017, the Flexibility Fund project “Integrated SRHR-HIV community service delivery” was awarded to the GUSO alliance by MoFA. Through an innovative business model and by combining different peer provider models, the GUSO consortium aims to create an effective and efficient community service delivery model under this project in Uganda. In June 2017, the first preparations for the set-up of this project started. Together with the Uganda GUSO alliance partners, a preparatory Project Start-Up was conducted to introduce the project. In the final quarter of 2017, we specified and finetuned the different components of the project. Furthermore a mapping was conducted of the pool of peer providers and peer educators in the 4 districts to determine the exact geographical roll-out of the Healthy Entrepreneur model. Based on the exact needs on the ground and the roles of the different partners, we slightly adjusted the budget division and finetuned the proposal.

Alignment with other programmes/partnerships

In Uganda, GUSO partners have worked with various networks and organisations to advance and align SRHR advocacy agendas. RHU collaborated with the Uganda Family Planning consortium to advocate for development of an ordinance for Iganga district council to allow free education of secondary school students about family planning. This is still an agenda item within the Iganga district council. Some GUSO partners actively took part in the Right Here Right Now (RHRN) platform working on various advocacy issues. RAHU is part of the Coalition to Stop Maternal Mortality due to unsafe Abortions (CSMMUA). FLEP is implementing the Advocacy for Better Health (ABH) Project. Under the ABH, FLEP built a coalition of 10 likeminded Civil Society Organisations (CSOs) with an aim of building synergies to yield better results. CEHURD and Rotary Club of Wandegaya collaborate on a project entitled "Save a mother campaign".