ANNUAL REPORT 2018

GET UP SPEAK OUT PROGRAMME

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Ministry of Foreign Affairs aidsfonds CHOICE FOR YOUTH & SEXUALITY dance4life IPPF Rutgers Simavi

CONTENTS

LIST OF ABBREVIATIONS

AIDS	Acquired Immune Deficiency Syndrome
ASK	Access, Services and Knowledge (SRHR Alliance Programme 2013-2015, SRHR Fund)
AYSRHR	Adolescent Youth Sexual and Reproductive Health and Rights
CBO	Community-Based Organisation
CSE	Comprehensive Sexuality Education
CSO	Civil Society Organisation
EKN	Embassy of the Kingdom of the Netherlands
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	Lesbian, Gay, Bisexual, Transgender
LSBE	Life Skills Based Education
LTO	Long Term Objective
M&E	Monitoring and Evaluation
MoFA	Ministry of Foreign Affairs
MoE(C)	Ministry of Education (and Culture)
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)
PITCH	Partnership to Inspire, Transform and Connect the HIV response
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
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, 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 build on 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.

All partners involved in joint report-writing process

In this 2018 report, we proudly present the efforts of all GUSO partners, showing the scope, reach and strength of our programme. The writing has been an inclusive, insightful and rewarding process. Inclusive, since all countries and all consortium partners actively contributed to this report, which led to better understanding the complexity of reporting and to hearing the real stories behind the numbers. Insightful and rewarding, since it demonstrated good progress in all of the work that has been realised so far.

Midterm review: progress towards long-term objective and preparation for post-2020

For GUSO, 2018 marked the halfway point of the programme. While the implementation continued full steam, there was also a moment of reflection to measure the progress on the programme's Theory of Change. The results of the midterm were validated by in-country workshops in May 2018. In July 2018, results were reviewed during the Strategic Learning Days, an event in Utrecht where the National Programme Coordinators, the Youth Country Coordinators, and the Alliance Chairs had a strategic discussion around the midterm results with the NL/UK Programme Team and Steering Committee. The midterm evaluation showed promising results in all countries in GUSO's five outcome areas. Moreover, it *showed progress towards its long-term objective.* It also flagged some points that require extra attention in the remaining years of the programme, such as the quality of the implementation of CSE, the referral systems to services and enhancing alignment and collaboration with other partnerships and the Embassy. These recommendations provided valuable input for the annual in-country Planning and Review meetings, where the 2019-2020 workplans were made. Another topic that was discussed during this event is how the alliances will transition to prepare for the end of the GUSO and the post-2020 period. This discussion was continued by the Chairs and the international steering committee in Kigali during the International Conference on Family Planning (ICFP). Here it was explained that while, in line with GUSO's post-programme strategy, the NL/UK Consortium will end in its current form in 2020, at the same time the aim is that sustainable country alliances will continue to work under the ToC. The discussion on transitioning was continued by the NPCs with the NL/UK Programme Team during the Coordinators' Week in November 2018. This last event was organised in Kisumu, Kenya and was characterised by a mixture of content sessions and field visits to members of the Kenyan SRHR Alliance.

Support of NL/UK members

To support the country alliances in 2018, 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 providing technical expertise on crosscutting themes within the GUSO programme. In 2018, the final training sessions on Meaningful Youth Participation (MYP) and Gender Transformative Approach (GTA) were provided to the pool of master trainers within the South. Work continued on the establishment of Trainers Lab, a platform for knowledge sharing and increasing visibility of these master trainers in order to increase South-South capacity building and also sharing and learning beyond the GUSO programme. In 2018, NL/UK consortium members also strengthened the capacity of partners, organised an MYP Summer school, enabled the development and implementation of comprehensive sexuality education (CSE) curriculums, and facilitated South-South learning to improve the quality of implementation of CSE.

Moreover, technical support was provided by NL/UK members to ensure quality of care and youth friendliness by supporting social-accountability mechanisms and by (online) support for safe abortion services. To respond to the rise of conservatism and opposition, the learning trajectory on working on SRHR in times of opposition was continued in 2018.

Outcome 1 Strengthened and sustainable alliances

In 2018, alliances mainly worked on enhancing their capacities and strengthening their position in the countries using the framework for sustainable alliances as a key pathway for addressing the chosen priorities. We have a predominant focus on four common components, as numerous activities were conducted towards ensuring:

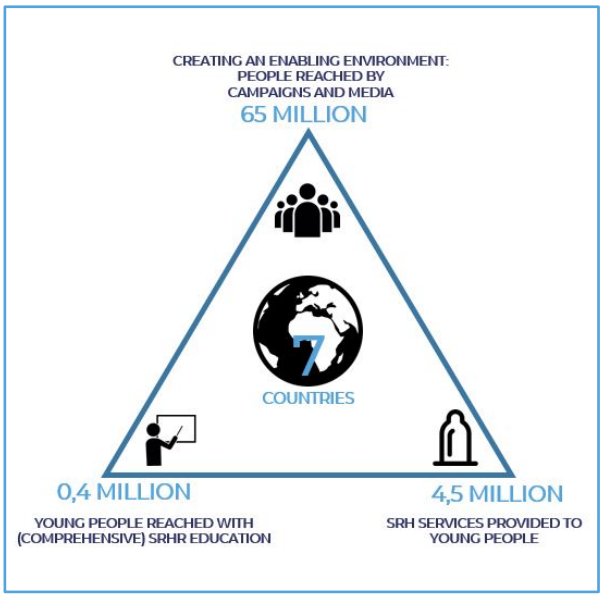
i financial sustainability
ii visibility and favourable reputation
iii organisational capability
iv the improved quality of content and delivery of services

Joint activities were a critical component in supporting alliance collaboration as they provided a much-needed platform for alliances to continue collaborations with their members and key stakeholders. Alliance visibility, recognition and credibility have improved substantially within a wider network of government and other external stakeholders. Moreover, showcasing GUSO's results during international conferences (AIDS2018 and ICFP2018) has led to increased visibility and may create opportunities for diversifying funding.

Outcome 2 Empowered young people voice their rights

When we look at the four strategies chosen (capacity building of young people; youth-adult partnerships; networking and youth-movement building; and youth-involvement in advocacy), we can conclude that mainstreaming MYP has continued to progress in all GUSO countries. Countries are well on track, with young people under 25 constituting 33% of the partner organisations structures. Similarly, all countries made considerable investment in capacity strengthening of young people, which is shown by the diverse range of training that young people received. A key and distinguishing aspect of the GUSO programme is the YCC model, which combines several of the strategies (MYP, YAPs and capacity strengthening). Distinct advantages of the model were identified by an OR track, such as providing a role model for other young people and the YCC being a visible reminder of the importance of MYP. Youth-led advocacy has become a stronger component of the programme, capable of bringing about important outcomes. The fourth strategy, "networking and youth movement building", has been renamed "youth-led collaborations". This change of terminology was important to capture the work actually being done. By 2018, almost 400 youth-led collaborations have been established with the aim of young people joining forces to improve youth SRHR.

Outcome 3 Increased use of SRHR information and education



Most countries are ahead or on track with their activities, with over 7,000 educators trained since the start of the programme and over 400,000 young people reached with SRHR education. The alliances did well in delivering CSE education to young people both in and out of school. All alliances are trying very hard to align their activities with the three main strategies under this outcome (capacity building, quality delivery and referral systems). Referral systems between SRHR information and services have been improved in all countries, by inviting health workers to CSE sessions and outreach sessions. However, the quality of CSE is still hampered by social norms: in many contexts it is very difficult to provide comprehensive sexuality education and information due to political and normative dynamics.

Sensitive topics like sexual reproductive rights, sexual diversity, safe abortion, contraception and pleasure are challenging to include in formal education settings due to a requirement for government approval or the resistance of teachers. Out-of-school settings make it much more feasible to address sensitive issues. The different alliances used many strategies to cope with these limitations, for example: awareness campaigns and sensitisation sessions in- and out of school help to get teachers, parents and community members on board; value clarification and additional training on sensitive topics were also used. The use of ICT tools (like help-lines or text messages) and learner-centred participatory methods helped to address sensitive issues in other ways.

Outcome 4 Increased use of youth-friendly services

In all GUSO countries health care workers have been trained on youth-friendly services, reaching over 3,500 health workers so far. This work aims to increase access to services among youth. The programme has so far provided over 5,5 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 were trained as peer providers to enable them to provide specific services to their peers. Other peer educators were placed in health facilities to create a youth-friendly environment and ensure that young people felt comfortable accessing SRH services. In April 2018, the Uganda SRHR Alliance started working with the Flexibility Fund, adopting a sustainable community service delivery model with 762 Community Health Entrepreneurs. To link youth to all these various means of delivery, a stronger referral system was established in each country. For countries like Indonesia and Pakistan this remained challenging since unmarried young people are not permitted to access SRH services. The consequences of the Global Gag Rule continued to have a hampering effect on GUSO programme implementation and caused more commodity stock-outs. Advocacy continues to be necessary to increase national commitment to avoiding stock-outs. In Malawi, Kenya and Pakistan, working with the private sector, such as pharmacies or private clinics, reduced shortages of particular contraceptives. Comprehensive abortion care was provided directly by our partners where possible, or partners referred young people for appropriate abortion services. However, abortion stigma has remained a challenge. Not all partners share the same values and some service providers are worried about the potential legal consequences of offering abortion-related services in their restrictive environment. 2018 was the first year in which most countries started using social accountability as a key mechanism, empowering young people to hold duty bearers accountable. It proved to be successful in improving the quality and utilisation of SRHR services.

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

Over 65 million people have been reached by campaigns and (social) media under the GUSO programme so far. At the end of 2018, over 20,000 people, parents, religious/community leaders and teachers, were structurally involved in the implementation of the programme, with the aim of increasing acceptance and support for young people's SRHR. The focus in 2018 lay on implementation of the joint advocacy strategies. Even though the higher advocacy goals have not been reached yet, through Outcome Harvesting in Uganda, Malawi and Kenya we do see that some significant intermediate and smaller outcomes have been reached. In Uganda, Sexuality Education sessions were incorporated in the academic timetable and in Kenya religious leaders signed an accord to support AYSRHR in Kisumu County. In Indonesia we have also seen some concrete outcomes, like the commitment of local government to support CSE using local government budget. And in Malawi we have seen some progress of the alliance in their advocacy goal to get the Termination of Pregnancy Bill tabled and passed by Parliament. In 2018, progress was made in youth-led advocacy. This has been instrumental both in holding duty bearers accountable for implementation of set commitments from the social accountability processes, and also in sharing young people's reflective views on SRHR issues with other stakeholders. Another observation is that in 2018 the alliances have created stronger relations with important stakeholders and programmes such as Right Here Right Now (RHRN) and the Partnership to Inspire, Transform and Connect the HIV response (PITCH) which will help in their advocacy activities in the remaining two years of the GUSO programme, but most probably also in their work beyond the GUSO programme.

Good programme progress despite challenging environments

In conclusion, impressive results were realised in 2018 and GUSO programme implementation is well on track. The midterm evaluation of the GUSO programme showed promising progress towards its long-term objective. Hopeful results are presented with respect to increasing empowerment of young people, despite the fact that the programme countries face (growing) opposition in various ways. Unfortunately, the limiting of space for NGOs led to the closure of the Rutgers Pakistan Office at the end of November 2018. As a consequence, the GUSO programme in Pakistan will now be implemented by only three organisations. With the Global Gag Rule in place, which limits the space for SRHR and hampers the work of civil society organisations, it becomes even more imperative for the Dutch government to continue its leadership role and investments in the SRHR sector beyond 2020. Successes achieved during previous programmes (ASK/UFBR) and by the GUSO programme should be sustained after the programme comes to an end. The results so far provide important input for further shaping the policy framework of the Ministry of Foreign Affairs when it comes to young people's SRHR.

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INTRODUCTION

In this report, we present the results of the Get Up Speak Out (GUSO) Programme for 2018. GUSO is a five-year programme (2016-2020), implemented by a consortium consisting of Rutgers (lead), Aidsfonds, CHOICE for Youth and Sexuality, Dance4Life, the International Planned Parenthood Federation and Simavi.

The GUSO programme has the following long-term objective: that 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 Theory of Change (ToC) describes five interrelated outcomes that will contribute to 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 programme runs in seven countries: Ethiopia, Ghana, Kenya, Indonesia, Malawi, Pakistan and Uganda. The NL/UK 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 writing of this 2018 GUSO Annual Report has been an inclusive and rewarding process. Inclusive, since all countries and all consortium partners actively contributed to this report, in line with the 2017 reporting. The process started with in-country "writeshops" in February 2019, with all the implementing partners present to discuss their 2018 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 writeshops took place in six 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. Moreover, in Kenya, Malawi and Uganda, we used the writeshops to pilot the Outcome Harvesting methodology to monitor and report on the progress of the GUSO Advocacy Strategy. This was in line with the recommendation from the Midterm to be able to better monitor progress of GUSO's advocacy work. In addition to the in-country workshops, a writeshop was organised on 19th March 2019 in Utrecht where NL/UK PMEL Advisors, programme officers and technical advisors finalised chapters with a synthesis of the progress in the various outcome areas and GUSO principles. Both the in-country and the NL/UK write-shops were valued for enabling better comprehension of the programme progress in-country and per outcome area. Moreover, they helped participants 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. Moreover, some reflection on the Midterm findings are integrated within the Chapters (especially in Chapter 4), since the Midterm was a huge accomplishment in 2018, feeding into improvement of programme implementation for 2019-2020.

This was a rewarding and exciting process: it showed that good progress was made in all GUSO countries in 2018 and that there is a wealth of information and programme impact to report to our donor, but also to share and disseminate beyond our own stakeholders. For the first time, we collected promising practices from all country alliances and implementing partners, to capture stories of change from the GUSO programme. Some are included as promising examples in this Annual Report, many others will be used for other communication purposes, such as the development of a GUSO booklet and for showcasing impact at conferences and meetings in 2019 and 2020.

2018 was the third implementation year of the programme. In this progress report we will not repeat the information shared in the midterm report but will include a reflection on the midterm results when relevant for the progress review of 2018.

How to read this report

This report consists of six chapters and ten annexes. Chapter 1 provides a context analysis of the GUSO programme in 2018. Chapter 2 describes the 2018 programmatic results, including a paragraph on financial progress. First, an overview of all output results of the whole programme is presented. Since the targets were set for 2018, the outputs are presented for the same period. Next, the progress is presented per outcome area, including an overview of the achievements of the Flexibility Fund Project in Uganda. Chapter 3 covers progress on the GUSO principles of the GUSO programme. In Chapter 4, the Multi-component Approach as an overarching strategy within the Theory of Change is reflected on and this Chapter includes a short summary of the midterm findings. Chapter 5 summarises the challenges and lessons learned and, finally, in Chapter 6 the process of Transitioning is considered and the process on the way forward is presented. Country paragraphs are included in Annexes 1-7, in Annexe 8 results from the Flexibility Fund in Uganda are presented and in Annexe 9 and Annexe 10, financial results are provided.

IATI

In this report partner organisations are not mentioned by name; only in the Annexe is the composition of the Alliance described and partner names are included in the Promising Practices. Please take note that this report can only be uploaded in IATI when the names of partner organisations are omitted. This is part of the IATI exclusion policy of consortium members. The partner names will therefore be excluded in the version that is uploaded in IATI.

1 CONTEXT ANALYSIS: IMPLEMENTING GUSO IN TIMES OF GROWING OPPOSITION

Conservatism is on the rise, nationally and internationally, limiting the space for our work and affecting the implementation of the GUSO programme in various ways. The sociological and political context in which GUSO is being implemented varies by country, but most countries face restricting conditions of one kind or another that challenge their implementation of the GUSO programme. In this Chapter, an overview of the programme context is presented by country.

In Ethiopia, the GUSO programme is implemented by the SRHR Alliance in three sub-cities of Addis Ababa. There was political unrest and public uprisings in the first quarter of 2018. The government of Ethiopia declared a state of emergency in January 2018. This affected the operation of the GUSO programme in the first quarter of 2018, as it imposed restrictions on mass gatherings and governmental permission had to be sought for implementing activities. Because of this, some activities such as organising intergenerational dialogue and the heart connection tour were delayed. In the second quarter, the political situation completely changed: in March 2018, Ethiopia got new political leadership. The state of emergency was lifted and things changed for the better. As of April 2018, the leadership in the ruling coalition made a series of reforms and changes in the country. The most important one for the GUSO programme is the complete change of the CSO law. The law, ratified in 2019, allows civil society organisations to work on the area of human rights. The GUSO Alliance provided input for this ratification in a consultative meeting. The alliance is now allowed to work legally on advocacy and the rights-based approach. Moreover, the Ministry of Education's decision to integrate CSE in the new national curriculum is a major opportunity. A team of NGOs working on SRHR under the lead of UNESCO and UNFPA was established to provide technical assistance to the MoE in the process of integration; two alliance members are part of this technical working group. A The draft national volunteer policy of 2017 remains encouraging since it specifies how volunteers should be engaged in the project advisory committee and the technical and financial support young volunteers receive. Lastly, the government also paid a great deal of attention to MYP and is planning to revitalise the country's existing youth centres.

In Ghana, the SRHR Alliance can implement the programme in an enabling political environment. There has been a growing safe and flexible space for prioritising and promoting young people's SRHR issues. In 2018, the SRHR work witnessed some improvements in the political, policy and regulatory environments. The launch of The National CSE Guidelines for In and Out of School presents a significant opportunity to further strengthen the delivery of CSE to young people in both settings. There is also an ongoing review of the operational guidelines and standards for adolescent and youth-friendly health services, for which some partners of the Alliance are technical working group members. The inclusion of FP services in the National Health Insurance Scheme (NHIS) which is piloted in seven districts across the country is a major and positive step towards eliminating cost as a barrier to FP uptake by young people, especially when it is scaled up to cover the whole country. Civil spaces continue to improve with growing recognition and activism for the rights of young people to non-discriminatory SRH services. Despite all the positive changes, the rights of sexual minorities still remain problematic in the country. The population is conservative and still frowns on sexual minorities and the law still bans same sex relationships. Due to political changes, the Northern district (the GUSO implementation area) now has two additional regions. Thus, GUSO is now implemented in three regions (Northern, North-Eastern (new) and Upper East Regions). There is the need to engage officials in the new region for their buy-in and support.

In Indonesia, the Aliansi Satu Visi (ASV) implements the GUSO programme in five districts across the country: Lampung, Jakarta and Semarang (Java), Bali and Kupang. In Indonesia, growing conservatism is being experienced at the national level, whereas at the local/district level the environment to implement is generally supportive. The MoH, MoEC, and Ministry of Religious Affairs have completed a guideline for teachers in elementary school, middle and high school to deliver reproductive health information. This is good progress that comes with opportunities and challenges. First, it requires that all teachers have certain knowledge, attitude and skills to deliver the information. Second, the curriculum diversification policy gives local government the final say in approving educational materials. This is an opportunity for advocacy by the alliance's members to the local government using evidence that has been collected through the GUSO programme. Third, in order to find the most suitable implementation model, the MoH will conduct module piloting in 2019. Kupang is added as a pilot area, in addition to DI Yogyakarta and Jakarta.

YFS assessment tools have been developed by MoH with the help of alliance partners. It is important that all alliance members use these in the implementation of social accountability mechanism for Puskesmas (Primary Health Care/PHC). At the beginning of 2018, the MoH issued Technical Guidelines for the Implementation of the Youth Posyandu (an Integrated Service Post in the community) which is an opportunity for the alliance's members to integrate the GUSO programme into government programmes beyond the YFS at Puskesmas.

After a long, tough discussion on the Draft of the Revised Criminal Code (RUU-KUHP) between the Government, Parliament and civil society, the Government decided to postpone the discussion until 2019. This was a small victory for civil society advocacy, because the latest draft of RKUHP was not in favour of human rights enforcement. On the other hand, the Bill on the Elimination of Sexual Violence that had been expected by civil society to be passed immediately was also delayed. This bill has had a negative response from the opposition, resulting in rejection from the public.

The most noticeable effect of the unfavourable national political situation on GUSO areas is in the education sector where teachers have been more reluctant to discuss sensitive issues such as LGBT, abortion, and access to FP for unmarried people. In general, the political situation at the local level provides a conducive environment. Some alliance members received formal support in the form of MoUs from the city government to implement GUSO. Moreover, in Bali and Semarang there have been discussions about the sustainability of the programme post-2020 with the support of local government funds.

In Kenya, the GUSO programme is implemented by the Kenya SRHR Alliance in six counties: Bungoma, Homa Bay, Kakamega, Kisumu, Nairobi and Siaya. In March 2018, the opposition leader and the President committed to work together through the famous "handshake", the nine-point agenda that created a better environment for programme implementation. The President launched the big four agenda with Universal Health Coverage (UHC) being one of his key pillars. The UHC aims to increase access to health care services and to reduce the financial burden for all Kenyans. Kisumu County, a GUSO area, has been selected for piloting of the UHC, after which it will be rolled out in the rest of the Counties. The NPC participates in UHC training by PITCH, which enables the GUSO partnership to take stock of whether adolescents and young people are adequately included. Another positive development in 2018 is the progress in the development of post-abortion care services guidelines that are expected to be launched in 2019. Moreover, the Kenya Government through the Kenya Institute of Curriculum Development has incorporated human sexuality as one of the cross-cutting issues mainstreamed in the Basic Education Curriculum Framework. The guidelines on the Use of Antiretroviral Drugs for Treating and Preventing HIV in Kenya were introduced, calling for education on the rights - especially of women – of patients to make their own decisions in choosing the most optimal treatment available.

Conversely, civil society space experienced continuous attacks, such as the case of Marie Stopes Kenya that had been temporarily barred from offering certain reproductive health services and advocacy such as safe and legal abortion services. The ban was lifted by the Minister of Health, but Citizen Go Africa has appealed in the High Court. This group has continuously opposed organisations working and advocating for the full implementation of CSE in the country, especially under the SRHR Alliance. The SRHR alliance has been under constant attack from the government's opposition and conservative groups such as Concerned Parents and Citizen Go who oppose any comprehensiveness in approach or content of SRHR in Kenya, where the alliance and other organisations are perceived to be championing a 'western' agenda. However, with the increases in teen pregnancy and HIV prevalence in the country among young people, the alliance has had continued opportunities to engage and partner with ministries of education and health and Kenya Institute of Curriculum Development regarding the inclusion of comprehensive sexuality in the school curriculum. During 2018, when there was a proposal to table a bill in the County Assembly of Kisumu a bill outlawing registration of organisations working on LGBT, the bill was not enacted into law due to lobbying and advocacy by members of the SRHR Alliance and PITCH Alliance.

In Malawi, the GUSO programme is being implemented by the SRHR Alliance in two areas, the Chikwawa and the Mangochi districts. In 2018, there were some changes in the political context affecting SRHR work at the community and national levels. The Ministry of Health and Population started providing free lubricant and condoms to LGBT through district health offices in line with the National HIV/AIDS Prevention Strategy. The Ministry of Gender, Disability, Women, Children and Welfare developed an Adolescent Girls and Young Women National Strategy and launched it in August 2018. The strategy demonstrates the government's commitment to girls' and women's empowerment and is aligned with the GUSO strategy on MYP. At community level there is an improvement in the environment for young people to access SRH services: chiefs in the districts are being engaged as SRHR and gender agents of change to call the youth and community members to access SRHR services. Although, in 2018, there was a prolonged condom stock out which adversely affected GUSO, the government also passed the new HIV Prevention and Management Act to ensure that all Malawians have access to quality HIV/AIDS services. The government of Malawi conducted an NGO mapping exercise in all districts and that has helped the SRHR Alliance to establish links with other partners working on SRHR in the areas where it is implementing GUSO. Conversely, the government took steps to further shrink the NGO space, pushing for implementation of a punitive new NGO bill imposing high annual affiliation fees, and attempting to silence NGOs through calls for undue accountability. The Council for Non-Governmental Organisation has taken the NGO board to court to prevent implementation of the new laws. To the dismay of the alliance, there were reports in 2018 that police continue to arrest LGBT people, even though there is officially a moratorium on LGBT legal rights in Malawi.

In Pakistan, the year was full of changes with regards to working space for INGOs, severely impacting the GUSO implementation. In October 18 INGOs, including Rutgers, were asked to close down their operations and leave Pakistan within two months. This has hugely impacted the GUSO programme implementation and the membership of the Alliance. Implementation by Rutgers and Rutgers Pakistan has ceased since the office was shut down; IPPF and Dance4Life will continue to work in Pakistan with three partners. The roles of the NPC and YCC in the alliance will need some further analysis around tasks and responsibilities due to the changes now only two consortium partners remain in Pakistan. The work of the Consortium Team, IPPF and Dance4Life will continue.

The political context was deeply affected by an incident of abduction, rape and murder of a minor girl in the Kasur district in January 2018. This case, and its rigorous follow up by media, provided an opportunity for further advocacy by civil society and NGOs to realise the inclusion of life skills-based education (LSBE) in the curriculum, a programme objective. Both the Sindh and Punjab governments responded well: the Sindh government has launched a Sindh youth policy stating the importance of LSBE and including advocacy for a LSBE school programme as a long-term strategy; groups of policy makers from Punjab and Sindh have agreed to table a resolution in favour of youth-friendly health services budget allocation in costed implementation plans. The media covered other cases related to child abuse and governments had to respond, coming up with documents related to child safety.

Punjab government drafted three pamphlets on child safety for children, parents and teachers providing guidance for the protection of children from abuse. Members of the Punjab Education Initiative Management Authority (PEIMA) showed interest in teaching the alliance partners' LSBE curriculum across the province. We expect a major development in 2019 if the PEIMA and alliance partners sign a MoU for LSBE; PEIMA runs 4,700 schools across Punjab. Government completed its tenure in June 2018 so for the first six months the focus was not on legislation; as a result, advocacy efforts for SRH suffered during this period. However, thanks in part to the 2017 campaign "Youth Not Out" engaging community members, young people and district and provincial departments, the Sindh Youth Policy was approved in 2018.

In Uganda, GUSO is being implemented by the SRHR Alliance in four districts in the Busoga Region. The political environment in relation to SRHR remained generally stable during 2018. As a result, we saw a number of strides towards improving SRHR programming including the launch of the National Sexuality Education Framework by the Ministry of Education and Sports together with our Implementing Partners to streamline sexuality education in schools. The SRHR Alliance Uganda was part of this process from its inception right up to the launch. There has been significant movement in HIV policy formulation and implementation across the ministries that led to the roll out of a differentiated services delivery model. The Test & Treat Policy was rolled out in most public health care facilities in an effort to meet the 90-90-90 targets. In addition, significant progress was made in the formulation of Adolescent Health (ADH) policy and school health policy with both now awaiting cabinet approval. Overall, the political situation for SRHR oriented work was equally stable and supportive at the district level. Throughout the implementing period of 2018, alliance partners had the support of both the district political wing and technical wing.

Despite the progress highlighted above, obstacles to SRHR programming still prevailed in the political sphere during 2018, such as delays in developing the guidelines for the sexuality framework. Schools are supposed to continue using PIASCY guidelines for implementation of SE programmes until the government comes up with final guidelines. The alliance partners' operation in schools is still restricted, requiring approval by the line ministries and the signing of a MoU. The global gag rule affected both the Education and Health Ministries in Uganda. The Ministry of Health drastically backpedalled on the development of and finally recalled the 2015 standards and guidelines for reduction of maternal mortality and morbidity due to unsafe abortions and the 2017 sexual reproductive health and rights guidelines. Yet more policies that would have been launched by now, including the Adolescent Health Policy, are having a very slow development process. Cultural and religious leaders remained a critical opposition for a progressive SRHR legal and policy environment in 2018. This constituency has a major effect on policy and material development since they attract a large following and are connected to the political leaders. Cultural and religious institutions own several communication platforms in Uganda which affects SRHR messaging for young people. The GUSO programme has also been challenged by political moves to create a new district within Iganga district which would take two of the currently targeted sub-counties.

Promising Practice

GET UP SPEAK OUT for youth rights

PAKISTAN

BREAKING DOWN TABOOS AND IMPROVING SRH

"We have never had such a training before, it has provided me with new perspectives and I look forward to provide youth friendly SRH services to young people in my clinic."
- Doctor Ali

Young people account for more than 60% of the population in Pakistan. However, most have limited knowledge regarding the sexual and reproductive health (SRH) needs of young people. This is linked to societal taboos that are associated with young people's sexuality. Poor infrastructure coupled with the unsupportive behaviour of family and community members, discourages young people from accessing SRH services.

Challenging harmful beliefs of young people

How can complex, integrated problems in society be addressed? The Family Planning Association of Pakistan, Rahnuma FPAP, used the Value Clarification technique to challenge dominant belief systems. This technique helps to increase awareness of the values that have a bearing on life decisions and actions.

Rahnuma FPAP developed Value Clarification Training to reach health care professionals, aimed at teaching them compassion for young people. Rahnuma FPAP conducted training sessions with 322 service providers and focused on challenging the beliefs of service providers on young people's SRH. With the help of multiple case scenarios, the training clarified that a person's values can, indeed, affect service provision in negative ways.

Increased access for young people

However, the training not only clarified the values of service providers on youth SRH services. The training also resulted in increased access by young people to these services.

After the training, service providers acknowledged how they could now better empathise with young clients. This helps them to understand the needs of young people better, consequently improving their services and thus increasing access to these vital services for young people.

Exceeding expectations

The outcome and reach of the Value Clarification trainings has been nothing short of a huge success in Pakistan, with the exceeded target more than doubling expectations. The provision of indirect services up to 2018 was 4200, while the achieved target is 9325. In addition to increased access and utilisation of SRH services, it has also contributed to a high satisfaction level for both service providers and young people.

2 PROGRAMMATIC RESULTS 2018

Reporting and reflection on 2018 provides insight into the status of GUSO programme implementation. In this chapter, we present results on output and outcome levels for all five of the GUSO outcome areas.

2.1 Overall GUSO programme performance – outputs

In Table 1, the overall progress of the GUSO programme is presented, adding up all of the 2018 targets and 2018 results of the seven GUSO countries. It includes the results of the Flexibility Fund project in Uganda. Moreover, the cumulative results so far are also included and the corresponding Result Areas of the SRHR Result Chain (MoFA) are indicated. This table shows whether the programme is ahead/on track/behind per output indicator by comparing the 2018 achievements with the 2018 target (on track = within 20% range of the target set). In line with last year, the programme is on track or even ahead of schedule for most of the indicators. In total, 235 youth collaborations were reported, indicating the programme is ahead whereas last year this was the only indicator that was behind. With respect to SRHR Education, almost 5,000 educators have been trained in 2018 and over 150,000 young people have been reached with comprehensive SRHR education in school or out of school settings. Around 1.200 service providers have been trained last year almost 1.5 million young people reached with SRH services. In the seven GUSO countries, almost 9,000 people are structurally involved in the programme at community level, and more than 23 million people were reached last year with (social) media campaigns and awareness raising activities, reaching way more than the targets set.

Table 1 Overall programme performance

	OUTPUT INDICATOR	TOTAL TARGETS 2018	TOTAL REALISED 2018	AHEAD/ON TRACK/BEHIND	CUMULATIVE TARGETS	CUMULATIVE REALISED	SRHR Result 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	754	1,478	Ahead	1,141	2,219	
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	26%	34%	RESULT AREA 1 objective A
2a2.	% of young adults (aged 25-30) representation in the **partner** organisations' structures and decision making processes	25%	21%	Behind	25%	21%	RESULT AREA 1 objective A
2b.	Number of collaborations among young people from different alliance related organisations/ networks that represent the youth constituency	113	235	Ahead	308	389	RESULT AREA 1 objective A
OUTCOME AREA 3 Increased utilisation of comprehensive SRHR information and education by all people							
3a.	Number of educators trained	2,735	4,859	Ahead	7,009	11,356	RESULT AREA 1 objective B
3b1.	Number of young people reached with (comprehensive) SRHR education	151,901	157,303	On Track	1,626,284	418,664	RESULT AREA 1 objective B
3b2.	Number of young people reached with (comprehensive) SRHR information	299,061	476,802	Ahead		1,037,258	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	920	1,284	Ahead	1,746	3,590	RESULT AREA 1 objective C
4b.1	Number of direct SRH services provided to young people	398,760	575,564	Ahead	1,100,657	2,238,339	RESULT AREA 1 objective C
4b.2	Number of indirect SRH services provided to young people	577,442	865,374	Ahead		2,304,246	RESULT AREA 1 objective C
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.	6,476,095	23,381,851	Ahead	12,127,533	65,417,902	RESULT AREA 4 objective B
5b.	programme at community level (for example young people groups, CBOs, peer educators)	4,430	8,776	Ahead	13,318	20,036	RESULT AREA 4 objective B
UGANDA FLEXIBILITY FUND PROJECT Integrating HIV/SRHR community service delivery and enabling economic empowerment of Community Healthy Entrepreneurs							
FLEX1	Number of Community Healthy Entrepreneurs Trained	750	762	On Track	750	762	RESULT AREA 1 objective C
FLEX2	Number of views of SHRH videos	97,000	NO INFO	NA	97,000	NO INFO	RESULT AREA 1 objective C
FLEX3	Number of condoms distributed	1,300,000	524,616	Behind	1,300,000	524,616	RESULT AREA 1 objective C
FLEX4	Average monthly income of Community Healthy Entrepeneur	$5,50	$6,80	Ahead	$5,50	$6,80	

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 some African countries where they provide outreach services. Moreover, to understand better the progress and the impact of the GUSO programme, we should not only focus on short-term targets and outputs, but rather look at the long-term impact on the outcome level. The Midterm Evaluation showed that the GUSO programme has made significant impact in all five outcomes areas. Moreover, it showed promising results with respect to progress towards the long-term objective [more information is included in Chapter 4].

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 2018 with the 2018 target. The country reports show that a lot of progress was made in 2018, resulting in an overachievement against the targets. It also shows again that is it very difficult to set meaningful targets. The fact that the overachievement is less than last year does show that targets are getting more realistic, but it remains a work in progress. In general, we notice that targets are overachieved for various reasons. Some targets have been set too cautiously, for example for services (4b1). Whereas others, for example 5a (awareness raising), were overachieved because the space for campaigning positively changed over the year (Ethiopia) or the reach was calculated at national level as opposed to a district level target.

Table 2 Programme progress per country

	OUTPUT INDICATOR	ETH	GHA	IND	KEN	MAL	PAK	UGA
OUTCOME AREA 1 Strong and sustainable alliances								
1a.	Number of people from the alliance (related) organisations that have received training from the country alliance	Ahead	Ahead	Ahead	Ahead	Ahead	Behind	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	Ahead	Ahead	Ahead	Ahead	Behind	Behind	Behind
2b.	Number of collaborations among young people from different alliance related organisations/ networks that represent the youth constituency	Ahead	Ahead	Ahead	Ahead	Ahead	Behind	Ahead
OUTCOME AREA 3 Increased utilisation of comprehensive SRHR information and education by all pe								
3a.	Number of educators trained	Ahead	Ahead	Ahead	Ahead	Ahead	On Track	Ahead
3b1.	Number of young people reached with (comprehensive) SRHR education	Ahead	On Track	Ahead	On Track	Behind	On Track	Ahead
3b2.	Number of young people reached with (comprehensive) SRHR information	On Track	Ahead	Ahead	Ahead	On Track	Ahead	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	Ahead	On Track	Ahead	Ahead	Ahead	Ahead	Ahead
4b.1	Number of direct SRH services provided to young people	Ahead	Ahead	Ahead	On Track	Behind	Ahead	Ahead
4b.2	Number of indirect SRH services provided to young people	Ahead	Ahead	Ahead	On Track	Ahead	Ahead	Ahead
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	Behind	Ahead
5b.	programme at community level (for example young people groups, CBOs, peer educators)	On Track	Ahead	Ahead	Ahead	Ahead	On Track	Ahead

Under Outcome 1, the target set at output level concerns the number of people that have received training from the country alliances. To date, six out of the seven countries are ahead on implementation in terms of their set targets at output level. Pakistan is behind also in some other areas, since Pakistan's performance suffered from the fact that in the first quarter delays were incurred as a result of Rutgers Pakistan's registration being rejected and in the last quarter the Rutgers field office was forced to close down, which hampered the overall implementation.

2018 marks the first year where we have set separate targets for young people under the age of 25 (2A1). Outputs for 2A2 (25-30's representation) is not GUSO's focus; it exists for monitoring purposes. At organisational level, target 2A1 (under 25's representation) was surpassed by some countries, whereas others are behind. Notably the countries that were behind (Malawi, Pakistan, Uganda) had set higher targets and still have achieved around 23-27% youth representation. Indonesia's performance under 2A1 is particularly striking with 67% youth representation. Each organisation progresses from a different base and at their own pace, so further progress is expected in future years.

With the exception of Pakistan, all countries are ahead on output indicator 2B (number of youth-led collaborations) with the numbers ranging between eight and 80 collaborations this year. Some countries have even quadrupled the 2018 target, showing that setting realistic targets remains a challenge. This was also due to the fact that in 2017, countries were quite unclear about the indicator, hence really low results were achieved. When setting targets for 2018, there was more clarity, but because of the low results countries didn't dare to set very high targets. Now that the strategy is understood better, a lot of progress is seen.

All country alliances report being ahead regarding the trained educators (3A). In Malawi, for example, more peer educators were trained to cover for the re-located educators and in Ghana more teachers and peer educators were trained due to the efficiency and diligence of partners and because they started a cooperation with the Ghana Education Service. The alliances faced several challenges relating to this output area. In Pakistan one of the partners faced restrictions from the Economic Affairs Department, while in Uganda some of the guardians/parents would not let their daughters participate in training due to the fear of kidnap cases across Uganda. In Uganda it was also mentioned that the training was too short to cover all topics in the curriculum. We believe this is a challenge in all countries, to plan training as efficiently as possible, while covering all topics. The targets for the number of young people reached with CSE education are met by Kenya, Ghana and Pakistan. Indonesia, Uganda and Ethiopia exceeded their targets, for several reasons. In Indonesia, for example, more schools were added to the programme due to the cooperation with the Explore4Action programme.

Most countries surpassed targets they set on output indicator 4a and 4b1-2. Good results were achieved in almost all GUSO countries through joint outreach activity, effective social media use and social accountability mechanisms allowing increasing youth friendliness of services and resulting in a higher uptake of services. Indicator 4B1 is only not met in Malawi. This is caused by the fact that Youth Community Distribution Agents used to report to alliance partners but following new health sector guidelines they now report to the government. This means that their services now count as indirect services, falling under indicator 4B2. This explains both the underachievement under indicator 4B1 and the overachievement under 4B2.

With respect to output indicators 5A, many more people were reached by campaigns and (social) media than anticipated at the time of target setting. Campaigns around international celebrations also boosted the numbers under indicator 5A in many countries. Other reasons can be found in the fact that partners have all established structures to run social media-based campaigns and invested in strong partnerships with the local and national TV and radio channels. Moreover, for 5A targets are sometimes set for the implementation district areas, whereas with social media campaigns, many more people are reached outside the implementation areas. The progress under 5B shows that more and more people at community level are structurally involved in the programme implementation, a promising development for future sustainability.

2.2 Outcome 1 Strengthened and sustainable alliances

Alliances continued to work on their chosen priority areas towards becoming sustainable. A lot of activities took place in and between GUSO countries as well as with support from NL/UK partners. This was also a milestone year in showing how country ownership is the key ingredient to strengthening alliances.

Joint activities were a critical component to supporting alliance collaboration as they provided a much-needed platform for alliances to continue collaborations with their members, and key stakeholders. In Uganda, Kenya, Malawi and Indonesia joint activities where used by the alliances to bring together members and stakeholders, and proved to be useful in showcasing the work of the alliance to the beneficiaries and key stakeholders. In all countries, joint activities gave alliances the opportunity to meet, reflect and discuss on programme progress and other issues affecting their alliance. Uganda, Ghana, Malawi and Ethiopia showed how joint activities provided young people with opportunities to meaningfully participate in the alliance steering committee meetings, another step towards sustainability. However, we observed that some countries had challenges in absorbing Joint activity funds. In Indonesia a the shift to a new host resulted in delays in implementation of some activities. Effective and also realistic planning remains a challenge.

In 2018, alliances mainly worked on enhancing their capacities and strengthening their position in the countries. In doing so, the framework for sustainable alliances was a key pathway for addressing the chosen priorities. Activities undertaken were informed and guided by the specific country action plans and joint activities. We notice a predominant focus on four common components (Figure 1), as numerous activities were conducted towards ensuring: financial sustainability, visibility and favourable reputation, organisational capability, and the improved quality of content and delivery of services.

Figure 1 Four key components of the Sustainable Alliances Framework

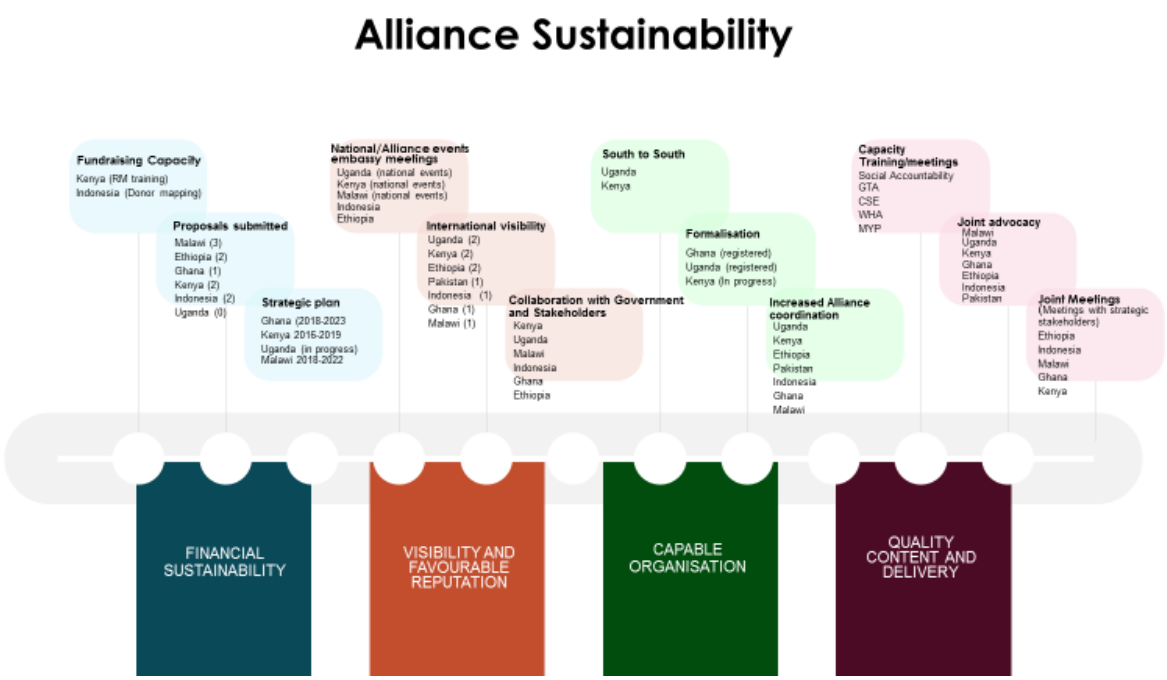
Towards financial sustainability, alliances conducted capacity building activities, introduced alliance members fees and made more efforts in fundraising. In Ethiopia, the alliance worked to increase their capacity to implement GUSO, diversify funding and become more financially secure. They received training on resource mobilisation to improve their capacity to diversify their funding base. This also led to the submission of proposals for funding (a proposal to Amplify Change was granted March 2019). For future efforts, a guideline on proposal writing is being developed. In Indonesia, the alliance conducted a donor mapping exercise in order to gain insight into their potential funders. In total, they have sought financial sustainability through donor mapping, membership fees and obtaining two new (smaller-scale) grants. The Kenyan alliance has also progressed in this domain by introducing a membership fee and by organising a resource mobilisation strategy workshop and responding to numerous calls for proposals. In Ghana, the alliance has worked on submitting project proposals to donors like Amplify Change but as these efforts were so far unsuccessful, a resource mobilisation working group was established, donor mapping has been conducted and the introduction of membership fees was agreed. In Malawi, alliance efforts included the submission of three funding proposals (one was successful), preparation of resource mobilisation capacity building and inter-sector partnership building with the purpose of jointly fundraising for research projects. Meanwhile in Uganda, financial sustainability was promoted by providing guidance as a basis for resource mobilisation and by the Bugiri District's commitment to allocate 1% of its budget towards sustainability of GUSO activities.

Alliances also worked together towards **stronger visibility**, even where this is not their selected priority. The International Conference on Family Planning (ICFP) 2018 was a great flagship for cross-alliance cooperation and exchange, as six alliances came together (excluding Pakistan since NPC and YCC were not allowed to travel due to the unforeseen closure of the host office and temporary pause in programme implementation) and successfully exhibited their work via a GUSO-funded booth. ICFP 2018 was also an opportunity for exchange at regional and international level with stakeholders. When it comes to country-specific efforts, in **Indonesia** visibility is enhanced through cross-sector collaboration with governmental bodies and participation in policy processes. In **Kenya**, initiatives under this priority included the development of a booklet disseminated to relevant stakeholders from various sectors, the organisation of a joint workshop and participation in the SRHR learning day organised by the EKN; efforts were also put towards stronger partnerships and closer cooperation with governmental bodies. Meanwhile in **Ethiopia**, visibility was enhanced through a development of partnerships with media and the activities of its communication and advocacy technical working groups.

Further capacity development specifically related to building **capable organisations** included training on leadership and management, training on PMEL and training towards strengthening referral links and enabling access to SRH services for young people with disabilities. Further, linking and learning was a central theme in 2018 as there was increased cooperation and exchange. This was done within and between alliances, as well as with other programmes such as RHRN in **Kenya** and **Uganda**. Furthermore, alliances in **Kenya** and **Uganda** underwent the registration process as well as the preparation of strategic plan.

In **Kenya**, **quality content and delivery** were addressed through several workshops and training sessions, development of MYP guidelines and the establishment of a youth council. In **Malawi**, to enhance the quality of content and delivery, alliance members signed the MoU (addressing management, reporting, transparency and accountability), developed a strategic plan and advocacy strategy, and held numerous coordination meetings dedicated to ensuring quality and aligning interventions. In **Indonesia**, organisational capability as well as quality content and delivery have been addressed through drafting and facilitation of strategic documents and processes, such as an advocacy strategy, code of conduct, members' capacity assessment, division of roles and responsibilities, etc.

Figure 2 Activities under the four key components of the Sustainable Alliances Framework



Key challenges in alliance coordination can be seen in **Indonesia** where alliance members have different capacities and are located in dispersed locations. In addition, a change of organisation that is hosting the alliance in **Indonesia** had caused some turbulence; this was overcome thanks to the shared

vision and focus on organisational capability. On the other hand, key challenges faced in Kenya are related to the opposition to comprehensive SRHR agenda in society and the introduction of stricter rules for CSE in schools. 2018 also saw the alliances evolve and adapt. In Pakistan, with its shrinking space for INGOs, the PPA alliance (the bigger alliance) parted ways with the GUSO implementing members. Consequently, the alliance is now made up of three organisations who are still implementing the GUSO programme.

In 2018, NL/UK consortium worked closely with the Kenya alliance and offered a tailor-made resource mobilisation training. In Malawi, Uganda and Ethiopia capacity training on a whole range of SRHR topics were conducted to increase the capacity of alliances to handle and address the issues. On top of capacity strengthening and Technical assistance the NL/UK worked hand in hand in providing guidance and support , such as peer reviewing the Ghana strategic plan. The NL/UK and Alliances came together to increase visibility of the alliances and share the successes of GUSO at international platforms such at the ICFP in Rwanda. The participation was a huge success and increased country alliance visibility and allies. Moreover, in November 2018, the GUSO Coordinators Week for all NPCs, YCCs and NL/UK GUSO colleagues was co-created with the Kenyan SRHR Alliance in Kisumu.

GUSO Coordinators Week, hosted by the Kenya SRHR Alliance, November 2018

2.3 Outcome 2 Empowered young people voice their rights

Mainstreaming Meaningful Youth Participation (MYP) was identified as a key component in achieving GUSO objectives and was therefore selected as one of the core principles of the programme. In addition to being a core principle, MYP is also one of the main strategies identified for Outcome Area 2. Aside from MYP, building positive and effective youth/adult partnerships (YAPs) was identified as another strategy, since it is a way to achieve shared power relationships. This works in tandem with the third strategy: strengthening the capacity of young people and youth organisations and their programmatic experience. The fourth strategy is youth-led advocacy, in which young people are not only included in creating a supportive environment, but also take the lead. The fifth strategy used to be termed 'networking and youth movement building'.
However, in 2018 it was decided to rename this strategy "youth-led collaborations". The aim of the strategy remains the same: to help young people come together to effectively advocate for SRHR.

The MYP agenda is becoming very visible within the alliances. In line with Uganda, the alliances of Kenya and Ghana prompted the formation of youth councils with representation of all alliance partners with an aim to improve meaningful involvement of young people and take a lead in monitoring of MYP in their organisations. In Kenya and Uganda, the chair and vice chair of the youth council are expected to sit in the alliance's national steering committee. In Ghana they will be involved in daily decision making. Steps have also been taken in individual partner organisations within country alliances to further incorporate the principle of MYP into their organisations. For example, after being exposed to training on MYP, one of the partners in Ghana shortlisted of three proactive young people to serve on their organisational board. In Malawi, a special radio programme called Danga Langa (My Chance) was initiated to give an opportunity to young people to point out challenges and successes in how they are being meaningfully involved in development issues that affect them.

Youth/adult partnerships (YAPs) have been selected as a priority area for GUSO in 2019, since the midterm evaluation showed that more efforts are needed in this area. Despite this, there were still some good practices identified in this area. For example, in Indonesia, a team of both adults and young people was involved in developing and implementing a module for technical assistance on MYP. The module is used to give each implementing partner in the alliance tailored coaching on how to improve MYP in their organisation, and the fact that the team working with the module is a YAP increases its legitimacy. In Ethiopia, each implementing partner submitted a young person to take part in the governing board of the alliance on their behalf, making the governing board of the alliance a true YAP. In Malawi, a youth and adult (living with HIV) coalition was created in Chikwawa. The coalition was trained in MYP and Youth Adult Partnership and there is more openness and effective cohesion now than before. The adults take a mentorship approach to build the capacity of the youth in development issues that are not HIV-specific.

Many activities have taken place under the capacity strengthening strategy in the past year. Some highlights are: in Ethiopia, 20 young people from all alliance members have been sensitised with one of the cross-cutting principles of the GUSO programme, inclusivity. The training was focused on disability inclusion and how young people should push within their respective organisations for integration of the concept in their programmatic activities. In Uganda, out-of-school peer educators were trained in conducting peer-to-peer CSE sessions and on monitoring interventions. In Malawi, young people were trained in the Stepping Stones Methodology and STAR circle; they are now able to identify SRHR challenges including ART adherence in their communities and work collectively on solutions.

Youth-led advocacy has become a stronger component of the programme, capable of bringing about important outcomes. In Kenya, for instance, young people in the Alliance have been trained on various topics including budget advocacy, VCAT on safe abortion and sexual diversity and resource mobilisation, thus improving participation of young people in county processes and national advocacy on GUSO areas. Thanks to this, youth advocates were able to conduct twitter campaigns against the ban placed on Marie Stopes clinics and shed light on the importance of safe and legal abortion for the country. In the case of Malawi, a STAR circle, an approach to engage the community in proposing solutions to issues that concern the community, led by young people, managed to take up two rape cases, and as a result the perpetrators were arrested. Finally, in Ghana, a bi-annual advocacy network meeting with young advocates was held. As a result of this training, one of the young advocates advocated against a plan for a young girl to get married, thereby helping to prevent a child marriage.

Compared to 2017, progress can be seen on the strategy of Youth-led collaborations, and examples of young people joining forces to improve youth SRHR can be found in all countries. In different countries, young people organised celebrations for international days, such as International Youth Day, World AIDS Day and World Health Day, attracting large crowds of young people.

For example, in Kenya the World Health Day 2018 was organised by different groups of young people, including peer educators, youth champions and youth leaders from the community where 250 young people were reached directly with SRHR information, education and SRHR services. Another successful initiative was found in Ethiopia where youth representatives from all GUSO organisations joined forces for community sensitisation and awareness raising about the youth-friendly services provided at the

Akaki youth centre, thereby increasing the flow of young people to the facility. In Malawi, the young people under youth clubs conducted learning and exchange visits that have an agenda on sports, HIV/AIDS, SRHR, MYP, life skills and other youth-related development topics. This initiative is self-sustainable as it does not rely on financial support from GUSO.

Under the capacity strengthening trajectory, support was provided by the NL/UK Consortium, for example the MYP Summer School brought together 10 representatives of the CHOICE partners and 16 GUSO trainers. The Summer School was followed by a co-creation workshop for an e-course on MYP, which will be integrated in the TrainersLab. To strengthen the capacity of youth-led organisations (YLOs), CHOICE developed an organisational capacity assessment specifically for YLOs that was piloted in Indonesia. Simavi tried to foster youth-adult partnerships between adult and youth-led organisations. An example can be found in Indonesia, where the SRHR school was opened to representatives from a youth-led organisation. CHOICE, together with youth-led partners, developed a training of trainers on youth-leadership skills that was piloted in three GUSO countries. Rutgers supported partners on MYP, specifically in organising inter-generational dialogues on building a peer academy for peer educators and on how to set up youth movements. IPPF partners in Kenya, Uganda, Ghana and Ethiopia have all received technical support from the African Regional Office on MYP and youth-centred approach. Aidsfonds worked together with Butterfly Works, a social design studio, to facilitate a co-creation workshop for young people in Malawi to build a prototype of a risk assessment tool. The aim of this tool is to help community health workers support young people living with HIV to adhere to their treatment. This tool will be piloted in Malawi in 2019.

As outlined above, a lot of activities have taken place under each of the strategies under OA2. As previously mentioned, the fifth strategy under OA2, “networking and youth movement building”, has been renamed. This was decided after discussions with the YCCs showed that the term “movement building” was considered quite daunting. YCCs did not know where to begin and as a result not many activities were reported under this strategy and progress seemed to be lacking. After a discussion between the Programme Team and the NPCs and YCCs it was decided to rename this strategy “youth-led collaborations”. This change was simply a matter of terminology. The output indicator - number of collaborations among young people from different alliance related organisations - has not changed. However, for the YCCs this change was important because it provided them with clarity on what was expected of them and what they were supposed to include when reporting under output indicator 2B. Furthermore, it became apparent that much of the work they had been doing could actually be reported under this strategy and output indicator, thereby removing the impression that not much was happening in terms of youth collaborations.

2.4 Outcome 3 Increased use of SHRH information and education

Comprehensive and non-judgemental SRHR information and education is fundamental to achieve the goal of increasing young people’ 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 to achieve Outcome 3 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

In all countries several internationally developed curriculums and programmes are used for in and out of school education: Journey4life, World Starts With Me, My World My Life, Youth for Youth, Be the Best You Can, Ready Steady. All these curriculums are adapted to the specific context.
Government curriculums are also used like PIASCY in Uganda and the Adolescent Communication Package in Kenya. The alliances did very good jobs in delivering CSE education to young people both in and out of school. In general, the interest of students in the CSE curriculums is very high. In all countries they involved community members, like religious leaders, chiefs, parents, governmental, stakeholders etc. In Uganda, Kenya, Indonesia and Ethiopia the Whole School Approach is used to implement sexuality education. Self-assessments have been done with several school stakeholders involved to give

them a deeper insight into what they can do to increase the effects of CSE. In Kenya they made sure the CSE lessons are included in the timetable and they are monitored like any other topic in the school. Exhibitions at the end of the classes are a way to motivate students and include parents and community stakeholders. Links were also established between health centres and schools.

The alliance used several strategies to reach young people with information. Many (online) media were used like radio programmes, SMS services, WhatsApp services, platforms (like sobatASK in Indonesia and Helpline in Pakistan), television shows and Facebook. Religious leaders were trained as SRHR champions so that they could deliver SRHR information during weekly church sessions (Kenya). In Ghana they used SHE+, where individuals could call to get information; outreach was undertaken by trained peer educators, health workers and counsellors. In Uganda they used famous musicians as role models. One of the biggest lessons learned from Kenya is that it is good to tap into the momentum of internationally celebrated days and to be responsive to what is going on in the life of young people.

The activities that have been implemented under Outcome 3 are very much in line with the principles, strategies and approaches of GUSO. Quality is ensured by skilled trainers, standardised manuals and curriculums, the involvement of trained teachers, the translation of materials to the local languages, putting in place monitoring systems and developing evaluation tools. However, quality is still challenged by social norms influencing educators and health workers and in many contexts it is very difficult to provide comprehensive education and information due to political and normative dynamics. In out-of-school settings it is much more possible to address sensitive issues than in-school settings. The different alliances use many strategies to cope with these limitations, for example: awareness campaigns and sensitisation sessions in and out of schools help to get teachers, parents and community members on board and make them aware of the importance of SRHR information and education; value clarification and additional training sessions on sensitive topics are also helping. The use of ICT tools (like help-lines or text messages) and learner-centred participatory methods help to address sensitive issues in other ways.

The NL/UK consortium members are strengthening the capacity of partners and help developing and implementing CSE curricula. Aidsfonds, CHOICE and Rutgers cooperated in the training of trainers track. The track gained more ground and MYP and GTA trainers have received coaching and support. Experience learning meetings were organised by Dance4Life and Rutgers. Dance4Life organised a best practices and learning meeting between partners around the Youth empowerment curriculum. Rutgers organised a learning experience meeting in Uganda around the WSA. Partners from Uganda, Ethiopia, Indonesia and Kenya participated. Rutgers is providing ongoing support on the WSA, and the OR research in Kenya has been finalised. New (e-) courses, tools and curriculums were also developed in 2018. Dance4Life developed an age-specific curriculum for 10-14 year olds. This curriculum has been rolled out in Kenya and Ghana. Dance4Life developed an online toolkit to make it easier to update and contextualise the Journey4Life. The curriculum has been continuously updated on the latest insights and research. Partners were trained to implement the updated model and new batches of trainers were trained in Kenya, Uganda, Indonesia and Pakistan. IPPF developed a CSE messaging guide and curriculum for 10-14 year olds. A pilot of the materials is currently being undertaken in order to ensure the age appropriateness of the guide. IPPF also launched the online tool, “Abortion matters” on safe abortion in three languages (French, Spanish and English) and disseminated this among partners. Aidsfonds is developing the Trainers Lab were trainers can profile themselves and were e-courses can be offered (see Chapter 3.4). Also CHOICE has developed a resource hub called “Youth Do It!”

GHANA

IMPROVING ACCESS TO SRHR INFORMATION FOR YOUNG PEOPLE

GET UP SPEAK OUT for youth rights

"Pregnancy is not for only girls, it's for both boys and girls."

"The program helps to know about our rights and responsibilities. The right to education, the right to life, the right to attend any health facility."

In Ghanaian society, deep-rooted religious and conservative beliefs have hindered young people's access to sexual and reproductive health services. The cultural and religious attitudes of service providers have predominantly resulted in their refusal to provide adequate youth-friendly services.

Challenges of informing young people

To ensure young people are informed and to improve their access to youth-friendly services, Savana Signatures, part of the Ghana SRHR Alliance, created a series of 14 Comprehensive Sexuality Education (CSE) lessons for young people. This GUSO project focused on both in and out of school young people, with the goal of teaching them about their SRHR while at the same time building a strong linkage between schools and health facilities.

However, as an extra-curricular programme, securing the allocation of time within mainstream school hours to implement club activities was a challenge. The District Ghana Education Service and the school leadership eventually accepted the project and the club activities were allowed to be integrated into the schools timetable.

School-based clubs

Strategically, the intervention was implemented through school-based clubs with the use of child-centred and age-appropriate CSE manuals.

These clubs provided a safe space for young people to feel comfortable and learn. Importantly, the use of peer educators who served as liaisons between beneficiaries and facilitators proved effective: young people were more comfortable discussing their challenges and support needs with these peers than with adults.

Linking youth-friendly health professionals

Between 2016 and 2018, this GUSO project managed to reach 783 young people and trained 36 peer educators. With its innovative, age-appropriate and evidence-based approach, this intervention has improved the access to sexual and reproductive health and rights information, education and services for young people.

A supportive environment allowed young people to access and apply the knowledge and skills they acquired from club activities. The conscious and strategic engagement of stakeholders at local authority level, community level and school level from the start to the end of the project has proved to be successful.

2.5 Outcome 4 Increased use of youth-friendly SRHR services

Although service provision was not the primary focus of the programme, it has become increasingly obvious that it is a crucial pillar in our Theory of Change and its multi-component approach. Service provision enables young people to act upon information and education received and is strengthened through advocacy 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.

The main strategies used to achieve this include service provider capacity strengthening, service delivery through a variety of channels and assessment of services. Capacity strengthening is intended for service providers, both public and private practitioners, managers, peer educators and peer providers and is aimed at building their technical/medical capacity as well as improving their attitudes to young people. With regards to service delivery, various channels were established or developed. Beyond static and mobile clinics, the project works with peer providers and community health workers to reach out to young people at community level. This was done through service-providing organisations that are part of the GUSO programme (direct service provision), or through their public or private partners (indirect services). Additionally, some partners are providing online services and/or running hotlines where counselling and advice on nearby referral services are provided. One of the recommendations of the mid-term review was to strengthen referral systems to address gaps in access to services, so attention has been given to improving referral systems. Having young people escort their peers and follow up on referrals is proving a feasible way of enhancing referrals. Moreover, if communities, especially parents, support children in using services, this can increase uptake.

Services were provided in public and private facilities, mobile clinics, during special events, e.g. World AIDS Day, Alliance Week, and at community level by peer providers and community health workers. In Indonesia and Kenya, services were also provided in schools. The availability of commodities is still an issue in most countries, worsened by the Global Gag rule. Advocacy continues to be necessary to increase national commitment to avoid stock-outs. In Malawi, Kenya and Pakistan, working with the private sector, such as pharmacies or private clinics, reduced shortages of particular contraceptives.

Comprehensive abortion care (including pre- and post-abortion counselling, medical and surgical abortion and treatment for incomplete abortion) was provided directly by our partners where possible, or partners referred young people for appropriate abortion services. However, abortion stigma has remained a challenge. 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 environment. IPPF's "I Decide" campaign complemented the work of four GUSO countries (Pakistan, Uganda, Ethiopia and Ghana) to focus on youth engagement in improving access to safe and legal abortion. For example, in Pakistan, young people received training on abortion stigma and engaged with provincial policy makers and parliamentarians on the issue. Parliamentarians appreciated the concern of young people on the issue of safe abortion and offered their full support.

Under the Flex Fund in Uganda (see 2.7), peers were trained to become "Community Health Entrepreneurs" and received SRHR as well as business training. In Malawi, young people are trained as Community-Based Distributor Agents, which is a government recognised function. Other peer educators were placed in health facilities to create a youth-friendly environment and ensure that young people felt comfortable accessing SRH services. In Ghana, for example in, peer educators accompany survivors of SGBV to the appropriate facilities. Through mapping and linking all delivery channels, a stronger referral system was established in each country.

In 2018, 1,284 public and private providers were trained in topics including youth-friendly services and long-acting contraceptives. They also participated in values clarification workshops on abortion, sexual diversity and other sensitive topics. In Pakistan, providers were trained on abortion stigma. Interestingly, in Indonesia, a self-assessment checklist was developed by one alliance partner, which identified SGBV service gaps.

2018 was the first year in which most countries started using social accountability as a key mechanism to empower young people to hold duty bearers accountable. Simavi developed a manual with social accountability guidelines, which was piloted in Ghana. The intervention was particularly innovative with young people trained to facilitate at community level. The increasing attention to young people's involvement in quality of care and ASRHR standards is a key strategy to ensure services meet the needs of young people. This is implemented through activities such as client exit interviews, ensuring there are young people among the members of County Health Management Teams and young people are involved in assessment of services, e.g. through using mystery clients. Tools such as the Youth Friendly Score Card (used in Ghana, Kenya, Uganda, Malawi) provide evidence for young people to discuss the improvements needed with service providers and other duty bearers. This feedback through dialogue proves to be successful in improving quality and take up of SRHR services. Service quality was also reviewed by the self-assessment tools for youth-friendly services including the Provide tool, developed by IPPF.

Attention was given to groups such as YPLWHA, CSWs and young disabled people. In four countries, there was special attention to the LGBT community. In Malawi and Kenya, health workers were trained to provide services for this specific group. In Indonesia, LGBT counselling guidelines for health professionals and social workers were developed by one alliance partner, however, in the restrictive environment, improved access was not guaranteed. In Ethiopia, a lot of focus was paid to increasing access to SRH services for young disabled people, including building the capacity of service providers to deliver services to young people with disabilities.

Promising Practice

GET UP SPEAK OUT for youth rights

INDONESIA

IMPLEMENTING A ONE-STOP SRH SERVICE FOR ADOLESCENTS

I am happy to visit the Youth Health Care. Besides health checks, I can also have opportunity to volunteer here."
- Luhtu

Adolescents in Indonesia have limited access to SRH services and information, without any significant improvements between 2002 to 2015, research shows. Today, less than 50% of youth receive any information on issues that relate to pregnancy and childbirth such as contraception. Less than 20% of adolescents know where to go for reproductive health information, counselling and services, and only 5 out of 100 have ever accessed these services. Clearly, interest is high and access to information and services is severely constrained.

These results have led to growing concerns among activists and public health practitioners, including the Indonesian Family Planning Association (PKBI) Chapter Bali.

Between stigma and school hours
In 2011, however, the Denpasar City Government had already opened special services for adolescents in 11 primary health care centres. In spite of this, adolescents were still afraid to visit these Puskesmas clinics because of the stigma and fear they would be suspected of being pregnant or infected with HIV. But that was not the only problem. The opening times of Puskesmas services did not match the school hours: youth services were only available until 13.00, while all schools finish between 14.00 and 16.00. Unsurprisingly, the frequency of adolescents' visits remained low, with an average of only two to three people per month per Puskesmas clinic.

A one-stop health service for adolescents
This situation encouraged PKBI Bali, part of Satu Visi, the Indonesian SRHR Alliance, to initiate a one-stop health service for adolescents through the GUSO programme. PKBI Bali in collaboration with Ni Wayan Setiani, a public health activist who is also a Puskesmas nurse, established the Youth Posyandu initiative. Guided by a needs-assessment process, the Youth Posyandu provides youth reproductive and sexual health services that also encourage young people to become involved in their delivery.

Promising Practice

GET UP SPEAK OUT for youth rights

In order to be effective, it was determined that a Youth Posyandu clinic would have to be close to schools or education centres and easily accessible, both for in and out of school young people. It should also provide complete services, including sexual and reproductive health services and not be only limited to medical checks.

Initial success leads to broad uptake

The results were unexpected. During the opening two days of services at the first Youth Posyandu, the one-stop service clinic managed to reach 390 students. This success prompted the other five government-led Puskesmas in Denpasar City to also implement the Youth Posyandu strategy.

Support for Youth Posyandu is now widespread. On the 23rd of November 2018, the Regional Secretary of the Denpasar City Office established the Youth Posyandu as a standard reproductive health service in every Puskesmas. The Denpasar City Government has also committed to reserve funding for the development of the Youth Posyandu in the 2019 Regional Budget.

Luh Putu Sri Armini, Head of the Denpasar City Health Office, has stated that the presence of the Youth Posyandu shows the Government's commitment towards the right to obtain adequate information and sexual health services for all, including young people. Youth Posyandu will help accelerate the ability of Puskesmas to deliver early detection of cases of adolescent reproductive health issues.

Aliansi Satu Visi

Untuk Pemenuhan Hak Kesehatan Seksual & Reproduksi

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

The work on GUSO Outcome 5 is based on the assumption 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. At the start of the programme, we set out two strategies to work towards such an environment that were remained in place in 2018,
(1) 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 and national level. We also see that in the face of growing opposition to youth SRHR, collaboration between progressive CSOs helps counterbalance conservative forces.
(2) Awareness raising campaigns and (youth-led) community awareness activities: 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. We intended to realise this strategy, also in 2018, through organising individual and group meetings on SRHR topics, conduct (street) theatre performances and set up social media, radio and television campaigns. Large-scale awareness raising entails reaching out to big numbers of people through campaigns and (social) media. 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.

With respect to the first strategy, we see that - after developing most advocacy strategies in 2017 - the focus in 2018 lay on implementation of these strategies. In 2018 we see that alliances familiarised themselves even better with the advocacy topics that they are working on, for instance in Ethiopia with an orientation training on the Youth Health Policy by Ministry of Health staff and in Malawi with a training on the Termination of Pregnancy Bill. Even though the higher advocacy goals have not yet been reached, through Outcome Harvesting in Uganda, Malawi and Kenya we do see that some intermediate and smaller outcomes have been reached. For example, in Uganda 65 primary schools in Jinja, Bugiri, Mayuge, and Iganga and 38 secondary schools in Bugiri and Iganga districts incorporated Sexuality Education sessions into the academic timetable. And in Kenya in October 2018, religious leaders signed an accord to support AYSRHR in Kisumu County. In addition, another positive outcome was the increase by 2% of the health budget allocation to 33% by the County Government of Kisumu for the financial years 2018/2019. In Indonesia we also see some concrete outcomes, like the commitment of local government in Bali and Semarang to support CSE using local government budget and the collaboration of alliance partners with the Ministry of Education to implement CSE for young people with intellectual disability.

Young people also have an important role of the advocacy efforts of the alliances. In Uganda a total of 210 young people were trained as community-based advocates. They have been instrumental in holding duty bearer's accountable for implementation of set commitments from the social accountability processes, as well as sharing young people's reflective views on SRHR issues with other stakeholders. This has been successful since some of the engaged young people are youth leaders and counsellors who are part of a recognised governance body within the sub-counties and districts.

Another observation is that in 2018 the alliances have created stronger relations with important stakeholders which will help in their advocacy activities in the last two years of the GUSO programme, but most probably also in their work beyond 2020 and the end of the GUSO programme. In addition, in 2018, the GUSO alliances intensified their work to align the GUSO programme (including the advocacy strategies) with Strategic Partnerships, mainly with Right Here Right Now (RHRN) and PITCH. The coordinators of these programmes in Uganda, Kenya and Indonesia meet regularly to discuss their plans and they invite each other to relevant meetings. The GUSO Kenya NPC joined the PITCH Universal Periodic Review (UPR) training and is now part of the UPR task force that is advancing the UPR agenda in Kenya. Efforts on alignment in Pakistan also took place in 2018, however due to the issues surrounding GUSO in Pakistan this came to a halt. The Northern consortium also tries to link programmes by inviting participants/coordinators from several programmes in their capacity strengthening activities.

This happened, for instance, in the opposition learning meetings in March in Uganda and in December in Malaysia (with both GUSO and RHRN participants) and in the Outcome Harvesting workshop of RHRN in Uganda (to which the GUSO NPC was invited).

Also, in countries without any GUSO-connected Strategic Partnerships, the alliances try to find links with other SRHR Partnership programmes. This happens in Malawi, for instance, where the alliance connects with the Yes I Do and More Than Brides Alliances and in Ethiopia the alliance links with other SRHR Partnerships. Now that there are advocacy strategies in place there is a clear direction for the alliances in their advocacy-related work. This helped them in planning activities for 2018 and 2019 and in working together towards a clear goal. Using the Outcome Harvesting method will enhance their work in 2019 and beyond as it helps alliances steer and reflect on their strategies and workplans.

Regarding the awareness-raising strategy, we see that - now these activities have taken place for a few years - those who are now aware of the importance of SRHR raise awareness on the issues themselves. For instance, in Malawi where young people and health workers create awareness on safe abortion and abortion law reform in (sometimes quite conservative) communities on their own initiative. We also see that alliances keep finding creative and attractive ways to reach audiences with SRHR messages: exhibitions and intergenerational dialogues in Ethiopia; traditional ceremonies (durbars), games and conferences in Ghana; and a film screening and festival in Indonesia, to name a few. In Kenya, alliance partners worked with the media to publish human interest stories and stories of significant change from the GUSO programme; during the implementation period, 132 articles were published in the local newspapers. Moreover, alliances intended to reach and engage with more young people by using social media platforms.

In some instances, alliances received specific support from the NL/UK consortium regarding Outcome 5. Simavi developed a Social Accountability Manual and applied it in Ghana through a workshop (also in support of Outcome 4). Support on this topic was also provided to the alliances in Malawi and Indonesia, and plans are to continue and increase this support in 2019. Rutgers supported the Malawi alliance as well in implementing their strategy, by sharing relevant materials and facilitating sessions in a workshop that focused on their advocacy goal around safe abortion. CHOICE provided capacity strengthening for their own partners, including training on youth leadership and advocacy skills. See more on the support provided regarding the opposition that alliances face in their work under the heading ‘dealing with opposition’.

A continuing key challenge in 2018 towards quality implementation of SRHR policies and legislation is the increased influence of those opposing SRHR and the growing conservative climate regarding SRHR. Countries employ various strategies to deal with opposition. This information is included in Chapter 5. One notable success was in Uganda, where the Ministry of Education and Sports had earlier blacklisted the alliance among a number of other organisations, claiming they delivered inappropriate sexuality education. The alliance lobbied to participate on the ministry’s technical working group on SRHR and HIV/AIDS where it was able to present its work and change their perceptions. As a result the ministry has engaged the alliance in the development of the national sexuality education curriculum.

KENYA

HOLDING THE STATE ACCOUNTABLE

Promising Practice

GET UP SPEAK OUT for youth rights

"At first we had a feeling that this process was a fault finding mission, but after dissemination of the concept and implementation of the score card, we are proud that this process has helped us improve quality of care to the young people. We boast of being the only facility in the county with an adolescent only MCH department, which we achieved from this process."
- Bondo Sub-County Medical Superintendent

In Kenya, dominant religious and conservative beliefs make it difficult to break down harmful norms about sexuality and reproductive health and rights. This hinders uptake of SRHR services by young people.

Quality SRHR service provision is critical. However, to increase the uptake by young people of services in public and private health facilities, the participation of young people in providing leadership and accountability to adolescent sexual and reproductive health and rights (ASRHR) is also crucial.

Social Accountability Strategy
Because of the difficulty in engaging the government and service providers to improve the quality of SRHR services for young people, the Kenya SRHR Alliance decided to use the opinions of its service users to force a change.

Family Health Options Kenya (FHOK), a partner of the Kenya SRHR Alliance, sought to ensure that different stakeholders, such as county officials, sub-county officials and local area leaders were accountable to young people. Through the support of the Get up Speak Out (GUSO) programme, FHOK used social accountability as a strategy to hold the state and duty bearers accountable to young people's SRHR.

As a strategy, social accountability includes a broad range of actions and mechanisms that citizens can use to hold the state and duty bearers accountable.

In 2017, through the support of the GUSO programme, two staff members from FHOK visited RHU, part of the Uganda SRHR Alliance, to learn about the implementation of youth-led social accountability in relation to youth friendly SRH services . The two staff members sought to replicate what they had learned from Uganda and piloted the mechanism in Bondo Sub County in 2018.

Community Score Card
The project used the community score card tool to conduct the social accountability process. This score card is a two-way and ongoing participatory tool for the monitoring and evaluation of services.

Promising Practice

GET UP SPEAK OUT for youth rights

The Community Score Card brings together the demand side ("service user") and the supply side ("service provider") of a particular service or programme to jointly analyse issues underlying service delivery problems and find a common and shared way of addressing those issues.

Implementation by young people
Young people and service providers were trained by the project to design and use the community score card, tracking indicators such as facility operating hours favourable to young people, availability of service providers trained on adolescent youth-friendly services serving young people, availability of SRHR commodities for young people, cleanliness of the facility, privacy of young people accessing the services. Most of the indicators were scored poorly by the young people but highly by the service providers.

Making a difference
After communicating the outcomes of the score card exercise, the service providers visibly changed their approach to young people. The facility in charge of Bondo sub county hospital included a young person who was trained on advocacy by the GUSO programme.

This person was included in the monthly meetings of the hospital subcommittee to represent issues and ideas of concern to young people as well as to monitor the progress of the plan of action that resulted from the score card exercise. The facility in charge also held integrated quarterly meetings between young people and service providers to ensure quality of the provided services.

After six months the Community Score Card exercise was repeated with different users and providers. This time, the scoring indicated positive progress towards delivery of quality care to young people at the hospital. This included the extension of operating hours, a maternal child health corner for adolescents and youth, and commodity supply at the friendly corner. In addition, 47% more service providers were trained on adolescent youth-friendly services.

SR HR Alliance KENYA
Sexual Reproductive Health and Rights Alliance

2.7 Flex Fund Project - Uganda

The flexibility fund project: 'Integrated SRHR-HIV community service delivery' was awarded to the GUSO Alliance by MoFA in 2017. The project started with a launch in March 2018. The aim of the project is to establish a network community health entrepreneurs offering young people the SRHR and HIV information and services they want, and at the same time empowers the entrepreneurial peers to generate an income.

In total, from the pool of peer providers from all the GUSO Uganda alliance partners, 762 peer educators were trained as Community Health Entrepreneurs (CHEs) between April and July 2018. The CHEs were trained for five days, based on the VHT curriculum, in topics such as Family Planning, STI/HIV testing and management, malaria prevention and management, sanitation and hygiene, referral, counselling, maternal and child care and tablet use. This was followed by a two-day business training. As entrepreneurs, they are now able to sell over-the-counter drugs, distribute condoms and provide SRHR information. In 2019, entrepreneurs will be trained to administer Sayana Press, an injectable contraceptive.

In addition to the training above, 960 peers received training in integrated SRHR /HIV training, facilitated by alliance partners between June and September 2018. This training improved their knowledge and skills to talk to young people on sensitive SRHR and HIV issues and refer them adequately to services, to counterbalance the rising conservatism and more limited CSE in schools and improve the integration of HIV and SRHR community services.

Table 3 Results - Community Health Entrepreneurs (April – Dec 2018)

Indicator	Targets project*	Realised	Explanation
Number of CHEs trained	750	762	On track
Number of views of SRHR videos	84,000	NO INFO	Some challenges experienced with the server in retrieving the exact number of videos. A solution is currently being worked on to retrieve the information.
Number of views of other health information videos such as WASH and child health (e.g. immunisation).	97,000	NO INFO	
Number of condoms distributed by CHEs	1,300,000	524.616	Behind
Number of CHEs attending cluster level meetings	750	674 (88%)	Behind
Average monthly income of CHE	$5.50	$6.80	Ahead

**For the Flex Fund, targets were set for the full duration of the project until August 2019*

In table 3 the results of the CHEs from April to December 2018 are presented. The table does not include the number of health videos viewed. This is due to a technical issue on the developers' and server side of Healthy Entrepreneurs, which is currently being resolved. This information will be shared as soon as the databases are restored. The number of condoms distributed by the CHEs is slightly behind on the target set, by this time we estimated approximately half of total target to be distributed (so about 650,000). The main limiting factor is that CHEs were supplied only one box of free condoms each. In order to increase numbers, more free boxes per CHE should be considered.

Out of the 762 CHEs, 674 have attended the monthly cluster level meetings. The reason for this discrepancy is the number of inactive CHEs who neither make orders, run community sensitisation nor attend cluster meetings. Measures have been taken to tackle this: 238 CHEs were given warning letters in December 2018, urging them to start making orders, attend the cluster meetings and pay back their loans as stated in their contract. They were given three months to comply and warned that if they are not active by March, their contracts will be discontinued and they will have to return their tablets and other items they had received.

For the sustainability of the model, it is important to have a strong base of active CHEs, therefore it calls for replacement of inactive peers, otherwise it negatively affects the operational costs in the long run, as well as hampers our aim of improving access to health information and commodities in rural Uganda. For those who remain inactive, we have planned to recruit and replace the discontinued CHEs in May 2019. We are also aiming to organise learning meetings, whereby cluster leaders and district leads can share their best practises on how to keep their CHEs active and motivated.

Entrepreneurs have reported an increase in their incomes and the sales figures show an average of 6.80 USD in sales to each CHE. Most of the entrepreneurs in clusters have formed savings groups, locally known as money rounds, where they save and share money. For example, in Bugiri, 20 entrepreneurs in a cluster contribute 10,000 UGX (2.60 USD) each per month and the pooled 200,000 UGX (53 USD) is given to one or two entrepreneurs to invest or use it for any personal issues. This will go on until each entrepreneur has received some money.

"Because of HE, I am now able to contribute school fees for my sibling and take care of my family."
(CHE, Mayuge)

"Before I become a CHE, I had been referred for a surgical operation but did not have funds to pay for it. After becoming an entrepreneur, I made some profit which was able to pay for my medical bill."
(Sarah in Bugweri district)

With respect to increased access to health services, this is especially true for condoms and the contraceptive pill, one entrepreneur stated in a cluster meeting. The CHEs are also seen as a bridge between the health facilities, as cited below.

"CHEs are working well with the government and they are purposely here to help out the health workers since they are few. And the drugs are approved by National drug authority."
(Asst. Health Educator, Bugiri District)

"These young VHTs (CHEs) really save us from long distances to health facilities as they bring medicine to us."
(Adult man during an intergenerational dialogue in Nakigo, Iganga district)

"People knock on my door in the night to ask for condoms."
(A CHE in Mayuge district)

In total, 951 completed referrals were made by the CHEs. Some of these referrals were made by CHEs during main GUSO activities rather than the CHEs' individual community engagements. There remain a number of incomplete referrals in part due to long travel distances, as raised by the CHEs: some patients prefer to opt for nearby clinics rather than walk all the way to facilities they have been referred to, making it difficult to track the success of such referrals.

At the start of the project, partners had to work hard to appreciate the business aspects of the project as all of them are used to operating on a not-for–profit basis; while that was a learning experience, it also called for effort on the part of the business-oriented HE to strike a balance between business and how the partners operate. Training peer educators as community health entrepreneurs has reduced the number of young people dropping out of the main GUSO project in search for jobs. Because they can sell their products and earn a living it empowers them economically. At the same time, we learned that young entrepreneurs need a bit more guidance on outreach and business development. We see that the GUSO community health entrepreneurs are not yet performing as well compared to "older" community health entrepreneurs in other districts in Uganda. OR research in 2019 will also look into this aspect of the project.

2.8 Financial results

The total available budget subsidized by the Ministry of Foreign Affairs was k€ 8.763 in 2018. The total reported expenditure amounts to k€ 8.719. Comparing the cumulative budget amounts to k€23.183 and expenditures to k€ 21.846, means 94% is spent. The unspent percentage is 6% (2017: 9%) and relatively high as a result of the fact that the unspent of 2016-2017 was not completely absorbed in 2018.

Planned and realised budget in 2018 by country and in total

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

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

2.8.1 Financial Report Consortium Members (a)

NL/UK Consortium member budget 2018

Total project implementation budget excluding joint PMEL/OR was k€ 3.215 (2017; k€ 3.466) of which k€ 3.663 (2017: k€ € 3.380) was spent in 2018. The cumulative budget to end of 2018 amounted to k€ 9.645 of which k€ 9.317 is spent, which means 96,6 % of the NL/UK consortium member budget is spent overall at the end of 2018. (Rutgers 98 %, CHOICE 99 %, dance4Life 100 %, IPPF 93 %, Aidsfonds 84,7 % and Simavi 93,5 %). Aidsfonds transferred budget to the countries and therefor has spent 97 % as well. In general, the remaining small unspent is the result of delayed implementation of planned activities towards 2019. Plans for the remaining unspent budgets are already in place, to be determined in an already planned combined meeting of the programme team and the financial working group early March 2019.

Country budgets 2018

For 2018 every country had designed a country plan which was appraised and approved in the summer of 2017 for a budget period for the year 2018. The total country budget including joint PMEL/OR amounted to k€ 5.563 of which k€ 5.053 is spent, which is 91%. Comparing the cumulative budget amounts to k€ 13.538 of which k€ 11.853 is spent, which means 12,4 % of the cumulative country budget is not spent. The remaining unspent in Pakistan amounts to k€ 492 and in % accounts for 29% of this balance.

Pakistan

The Rutgers Pakistan office received a letter, dated 2 October 2018, which states the following:

- It is informed that the representation filed by Rutgers , Netherlands, an iNGO against orders of the NGO Committee was considered but has not been approved by the Special Committee.
- It is requested to wind up operations/activities of above said iNGO within 60 days. You may re-apply for registration of Rutgers, Netherlands in the light of revised MoU after six months from the date of this letter.

The situation has led to Rutgers making the decision of closing the office in Pakistan as of 30th November 2018. All activities have been frozen since end October 2018. This decision has significant effect on the GUSO programme since this has an impact on both the D4L partners as Rutgers partners. IPPF has 1 partner in Pakistan who can still run part of the programme. The unspent balance in Pakistan amounts to k€ 492 concerning implementation and joint activities. It is not feasible for the current alliance in Pakistan to spent the implementation budget that was supposed to be spent in Pakistan by Rutgers in 2019-2020. Shortly following the annual report 2018 we will send an update on the Workplan 2019-2020 to the Ministry which will explain in detail how this budget will be spent after approval by both the programme team and the steering committee.
The unspent budget and part of the joint budget 2019-2020 will go to a the new joint central fund as will also be explained in the following paragraph regarding all country budgets.

Other unspent balances in the countries

In general the Southern Partners were unable to absorb completely the unspent balances of 2016-2017. In the countries Ethiopia, Indonesia and Malawi unspents balances remain in euro also a result of exchange rate developments which were in favour of the programme. In Uganda especially the unspent balances on the joint activities remain high.

During the combined meeting with the programme team and the financial working group early March 2019 was decided to shift joint country unspent (in the case over 10% per contract) to a new joint central budget managed by the consortium team. The objective of this central budget is to assist countries in their joint alliance visibility and resource mobilization to capacitate them further for post 2020. The joint central budget is meant for use for and by the countries but in a more concerted way and for activities not already planned. It will be used to cover support where the consortium cannot support e.g in the form of TA or visibility activities of countries.

Preliminary expected expenditures per outcome in the GUSO programme 2018

We explained in the reports before that an audit of this report is not feasible. To be able to provide 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 2016-2017-2018. This information is not yet completely approved according to the applicable procedures for all partners and therefore strictly preliminary for 2018 and for a very small part 2016-2017 still. 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.

Table 4

Summary expenses on outcome in the countries in k€	Outcome 1	Outcome 2	Outcome 3	Outcome 4	Outcome 5	PMEL	Overhead	Total
Country/ outcome proportions Budget	831	721	1.143	711	931	531	296	5.164
Country/outcome proportions Actuals*	759	757	1.091	666	789	438	303	4.804
Difference	-72	36	-52	-45	-141	-94	7	-360
Outcome proportion assumptions GUSO	15%	20%	30%	20%	15%			
Country/outcome proportions Budget	19%	17%	26%	16%	21%			
Country/ outcome proportions Actuals*	19%	19%	27%	16%	19%			

** unaudited preliminary actuals based on partner reports*

Table 5 Summary expenses on outcome in the countries in %

	Uganda	Kenya	Indonesia	Malawi	Pakistan	Ethiopia	Ghana
Outcome 1 budget %	16%	10%	9%	15%	0%	24%	12%
Outcome 1 actuals %	12%	10%	8%	16%	15%	29%	11%
Outcome 2 budget %	18%	19%	22%	26%	29%	15%	14%
Outcome 2 actuals %	18%	18%	22%	23%	15%	15%	12%
Outcome 3 budget %	26%	29%	37%	23%	22%	33%	33%
Outcome 3 actuals %	23%	32%	36%	24%	22%	25%	35%
Outcome 4 budget %	14%	25%	18%	16%	14%	14%	18%
Outcome 4 actuals %	15%	23%	16%	18%	16%	18%	18%
Outcome 5 budget %	25%	17%	14%	20%	34%	14%	24%
Outcome 5 actuals %	32%	17%	18%	19%	32%	13%	24%

** 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 September the 21th in 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 2 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 2018 until August 30th, 2019. The total available budget subsidized by the Ministry of Foreign Affairs was k€ 1.120 for 2018. The total reported expenditure amounts to k€ 911, which means 75% is spent. The unspent is caused by the PMEL/OR budget which will be spent in 2019. It is expected in 2019 that the total budget will be spent before end of August 2019.

2.8.2 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 € 7.118k€. This amount seems low compared to the commitments reported of 11.536 k€. Reason is that the contracts with partners were agreed from mid-2016 until the end of 2018. Due to time constraints and the process time needed to review and approve the (audited) reports of partners, the accounted for expenditure for 2018 is not complete yet.

3 GUSO'S CORE PRINCIPLES

The five overarching principles from GUSO's Theory of Change are:

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

3 1 Rights-based Approach

Underlying any work or project is a system of beliefs and values that inform not only what is done, but how it is done and what is achieved. Adopting a so-called rights-based approach means committing to an awareness of rights holders and duty bearers, and also to commit to defend and advance young people's sexual and reproductive rights. Principles under this rights-based approach are non-discrimination, participation, equality and accountability and are also reflected in the other GUSO principles in this chapter. To apply the rights-based approach is to ensure people we work with understand what human rights entail (value clarification), how human rights treaties and conventions apply to sexuality and to sexual and reproductive health, and that they are able to remove barriers that prevent young people from realising their rights. It also includes a positive approach to sexuality that celebrates sexuality and supports individuals to have enjoyable sexual experiences, rather than solely working to prevent negative experiences. The GUSO programme aims to build the capacity of partner organisations on a variety of topics, including the rights-based approach and on applying and promoting this positive approach to young people's sexuality. Capacity building of staff contributes to a positive environment where young people feel comfortable to discuss sexuality and their needs related to sexual health and wellbeing.

In 2018, all country alliances continued to work on creating an environment of non-discrimination and enhanced participation in which young people are able to choose services. An important strategy to create this environment is through training of alliances and implementing partners with value clarifications to ensure people understand human rights and the sexual and reproductive health and rights of young people. In 2018, this training was done in Ghana, Indonesia and Pakistan. When it comes to these rights, the Pakistan alliance reiterates that it is key that beneficiaries are not only informed and educated on their rights, but also encouraged to practise them for advocacy and policy change. Moreover, in Uganda one alliance partner trained the other seven on the rights-based approach.

Sexual diversity touches on more GUSO core principles, including the rights-based approach. In Ghana the government continues to be conservative on sexual diversity but the alliance worked on its inclusion because it is a matter of rights. The Kenyan alliance worked with the Right Here Right Now platform and the PITCH programme on social media campaigns and in providing support in ongoing court cases to repeal section 162 which criminalises and restricts people passing SRHR information, education and providing services to young people as well as infringes the LGBT community's basic human rights to privacy and health. In Uganda the alliance uses social media campaigns to highlight to their followers the importance of understanding one's rights and how to exercise those rights.

As stated in Chapter 1, the political context in Ethiopia has changed. The previous limitations on the work of the GUSO alliance have changed with the ratification of a new CSO law in 2019, causing a major shift in implementation by allowing civil society organisations and the GUSO alliance to work legally on advocacy and the rights-based approach. Linked to this, the GUSO alliance in Ethiopia also started preparations for developing a rights-based approach strategy, which will be finalised in 2019.

3.2 Inclusiveness

The GUSO programme aims to be inclusive of different kinds of young people and to treat them all equally and fairly. Therefore, efforts were made to reach out to vulnerable and marginalised groups of young people[1] and to create activities, documents and policies that address diverse needs. Many alliance partners, including Kenya, adopted policies on inclusiveness and agreed on using a rights-based approach.

However, it remains challenging to address the rights of all, such as LGBT young people. In Ethiopia, sexual diversity was the only topic trimmed for a newly developed CSE manual and in other countries teachers often felt too uncomfortable to discuss sexual diversity comprehensively. In Indonesia therefore, peer educators were trained who were more open than school teachers. Further, alliance partners, particularly those providing services, have also been trained on sexual diversity as not all alliance partners felt capacitated. Due to the training, alliance partners were able to make their activities more inclusive towards LGBT young people and to increasingly address sexual diversity. For example, organisations in Malawi provided an increased access to services for this group while in Pakistan, a transgender person is engaged as a peer educator working on HIV/AIDS and STI topics. In relation to this, another group that is being focused on are young people living with HIV. They are not only targeted in activities but also well represented in the governance structures of the GUSO programme, particularly in Uganda. Furthermore, training was organised which led to the establishment of support groups for PLHIV and SGBV victims in Ghana.

Such high levels of engagement are not yet true for young people with disabilities. However, most alliance partners have been paying attention to their specific needs in order to make activities and participation in the GUSO programme more inclusive. In Ethiopia, an MoU was signed with a school for disabled students whose sign language trainer now supports the GUSO programme. Meanwhile, people with disabilities were encouraged and supported to take part in GUSO activities in Malawi.

Northern alliance partners have also made efforts to make the GUSO programme more inclusive. Youth-friendly resources were developed aiming to strengthen the institutional capacity of youth-led organisations and to support youth-led advocacy initiatives. An example is the space for advocacy that was created during the AIDS2018 conference. Young people living with HIV were supported to attend the conference and provided with a platform to which they invited the Global Fund and questioned them about support to youth leadership. GUSO has taken steps to address inclusiveness at different levels and in different ways.

3.3 Gender Transformative Approach

During 2018 capacity strengthening of counterpart organisations regarding the GTA remained the focus of the GTA work. The capacity strengthening trajectory, with an international group of 18 GTA master trainers representing all GUSO countries, ended successfully in November 2018. The GTA master trainers participated in three consecutive in-depth trainings. The first and second training sessions were held in November 2017 in Uganda and April 2018 in The Netherlands, the third and last training was held in November 2018 in Kenya. All 18 GTA master trainers have completed the trajectory with good results and have been certified. This has resulted in a powerful group of capable and committed GTA trainers.

As one GTA master trainer explained: *"I am able to use different approaches and methods to deliver sensitive topics. I'm glad to associate myself with this training and hope to make an impact wherever I go."*

[1] LGBT, sex workers, religious and ethnic minorities, young mothers, out of school youth, young people in hard to reach areas, young people who use drugs, victims of gender-based violence, young people living with disabilities and young people living with HIV.

The GTA master trainers have already started to support and work with SRHR partner organisations within different alliances. Many of them are now providing GTA training by themselves, in and beyond the alliances. The master trainers are linked to Trainers Lab in order to sustain their future work options. In addition, four webinars were developed and organised in 2018. The first webinar was run in June 2018 and presented the core principles of GTA. It was attended by 42 SRHR experts from and beyond GUSO. In August and September of 2018 three follow-up webinars were organised on the link between GTA and CSE, GBV & YFS. The webinars were well received. The GTA toolkit (part 1), developed by Rutgers, was launched at ICFP during a breakfast meeting. The tool attracted much attention from potential partners and donors and confirmed the importance of addressing gender in (SRHR) programmes. The second part of the GTA modules, focusing on GTA and YFS, is being finalised and will be available early in 2019.

Many country alliances continued working on incorporating the GTA into CSE curriculums as a separate topic. In Ethiopia the gender transformative approach is integrated in delivering CSE education for young people in and out of school. Moreover, in Ethiopia a promising opportunity arose where the master trainers, as part of the technical team, worked closely with the Ministry of Education to integrate CSE into the national curriculum. GUSO partners in Indonesia incorporated gender topics into their CSE curriculums.

The implementation of the GTA continues to trickle down to community level, where in the end the positive transformation of gender norms and relationships should be achieved. For instance, in Kenya, during community reproductive health outreaches and dialogues it is usually women who tend to participate on topics around family planning and contraceptive use. Alliance partners are making efforts to include men during such outreaches by sharing positive SRHR messages and by using motorbike riders as community champions of men's engagement in reproductive health. In Malawi too, male champions are being utilised as agents of change in family planning and prevention of SGBV. Moreover, in Kenya youth peer providers are being instructed on gender-based violence. After the instruction, the youth peer providers raise awareness on gender-based violence among community members and they follow up on SGBV cases. In Ethiopia too, female youth change agents have provided GTA training for young people and health service providers. And in Malawi young people in the District Youth Movements received training on GTA as part of their broader training to equip them to advocate for SRHR in their districts. Ugandan alliance partners work together with community leaders to advocate for gender and cultural norms transformation. In the police, the department of family and child welfare is supportive and is used for referral points and focal point persons should SGBV related cases be identified during implementation.

A senior police officer took part in the GTA training and stated the following: *"I am a senior police officer and I am a GTA master trainer from Uganda. My understanding of gender changed during the first GTA training. Before that I used to train on gender from a simplistic point of view, of just men and women and roles … But after going through the GTA training, especially after going through the Gender Bread person exercise, I realised that we have different orientations of gender and that no single orientation is better than the other. After that, I started appreciating the sexual and gender diversity and started incorporating gender diversity in my police training in Uganda."*

In 2018 more partner organisations have worked hard to get their gender policies in place. This results in more attention to gender equality at the workplace. For instance, in Ethiopia one alliance partner finalised and started to use their Gender and Child Protection Policies. This will help them to standardise and formalise the GTA in their work. In Ghana all partners developed GTA action plans and have started implementing them. Also, alliance partners have created fair platforms for all genders to voice their rights, ensuring there is equity and equality for all during implementation of the programme.

It is encouraging that several alliances started to integrate elements of GTA in all the training they provide to staff, peer educators, teachers and local leaders. The training still needs further translation at the organisational and programmatic level.

In 2018 huge progress has been made with cascading down GTA training. GUSO partners are also continuing to apply certain GTA principles to their own organisations, like the opening up of participation in activities to young people from diversified gender backgrounds. The number of organisations who have introduced elements of the GTA into community work has increased. It remains too early to say whether harmful gender and sexual norms have indeed been transformed into positive ones, in organisations or at the level of communities. However, various countries do mention that GTA remains a difficult concept and some countries and partners have advanced more than others. Due to the situation in Pakistan, the alliance there was not able to carry out their GTA activities as planned.

In Kenya and Malawi operational research tracks were designed in 2018 to use the GTA approach to positively influence health care workers' knowledge, consciousness and attitudes for inclusive, good quality care for women and girls, LGBT, SOGIESC and YPLWHA. The research will be conducted in 2019 and will provide more evidence for the effects of using the GTA.

Promising Practice

GET UP SPEAK OUT for youth rights

UGANDA
TRANSFORMING NORMS ABOUT MENSTRUATION

"Thanks to the GUSO programme and Restless Development, I feel more like a man because I am able to contribute to improving the living standards of our family. Ever since I learnt how to make reusable sanitary pads in class, I make them for my sister and even my mother. At first I used to sneak into her room and put them on her bed, because I thought she would be embarrassed if she found out that I was the one making them but once she found out, she was actually surprised and it brought us closer. After school, I also make extra pads for selling and this has reduced the financial burden on my father because I can now afford to buy an exercise book."
- Karim Kamuboona, 12 years old boy from Namatooke Primary school – Mayuge District.

During menstruation days, the overall school absence in Uganda is 28%, compared to 7% during regular days (Miiro et al., 2018). This illustrates how menstrual care is a major health and educational issue affecting girls across Uganda.

Barriers girls face
School-going girls in marginalised communities face the greatest barriers to accessing menstrual care. In Uganda, many schools do not have the necessary facilities, supplies, knowledge or understanding to support girls during menstruation. On top of this, some schools do not have enough water and sanitation available, which makes menstrual care almost impossible to maintain. All of these factors cause stress and embarrassment for female students, which negatively impacts their education and ability to stay in school. However, solutions are not easy, where challenges centred around menstruation are dominated by social and cultural norms, including secrecy, shame and approaches that do not involve the wider community and in particular, men and boys.

Involving boys
To overcome this, Restless Development, part of the Uganda SRHR Alliance and the GUSO programme, partnered with key influencers to address the myths and misconceptions surrounding menstrual care. Communities were sensitised on the social, economic and health benefits of menstrual care and how this plays a key role in girls' empowerment. Restless Development started to facilitate young people to offer peer educator-led sessions on Menstruation and Menstrual Care to both boys and girls, in and out of school.

Promising Practice

GET UP SPEAK OUT for youth rights

Through the peer to peer approach, boys were asked to each train at least three other groups of boys in making reusable sanitary pads, which also positively impacts their financial independence. Additionally, Restless Development conduct education sessions on menstrual care management to address recurring myths and misconceptions surrounding menstruation and male involvement in menstrual care.

Fighting stigma

Partnering with key stakeholders, such as cultural and religious leaders, contributed to a positive change in the communities' mind-sets on male engagement in menstrual care. The engagement of young boys helped to imprint them with menstrual care skills for sharing and emulation, but has also been a key factor in fighting male-instigated stigma and discrimination of girls during period days.

Empowering girls

Menstrual care plays a fundamental role in empowering young girls to reach their full potential. The transition during reproductive age for some girls is often met with fear and anxiety due to a lack of knowledge and resources about menstruation and the changes occurring in their bodies. Menstruation is not only a reproductive health issue, it is also an all-round public health concern with vast impact on a society's social, education and economic outcomes.

SRHR ALLIANCE UGANDA

3.4 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, Outcomes 1 and 2 fall within the sphere of civil society strengthening, which is a sustainability strategy in itself. Outcomes 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. The view on transitioning towards a sustainable alliance post-2020 is included in Chapter 6.

The different alliances use similar strategies to ensure sustainability of SRHR information and service delivery. All alliances include governmental officials and cooperate with governmental bodies to make sure their work continues after GUSO. In Ethiopia, for example, the government is willing to integrate CSE within the national curriculum. Partners in Ethiopia lobbied for this and are now part of the technical working group working on this. In Kenya, Uganda and Malawi the alliances have established good relationships with local government departments (education, health, community development). In Indonesia, formal support from city governments was gained in certain areas through MoUs and letters of cooperation. In Indonesia an agreement with the Directorate of Special Education and Services has made sure that CSE will be implemented at schools for children with special needs. In Pakistan some provincial government officials have taken up to work on LSBE inclusion in the mainstream education.

Several countries try to increase their schools' ownership of sexuality education. In Ghana, for example, school health education coordinators and health patrons are involved as coordinators and they make sure structures around sexuality education are in place. In Kenya, Ethiopia, Indonesia and Uganda the Whole School Approach for sexuality education is used to sustain CSE in schools. Sustainability is also the objective in focussing on linkages between organisations, youth clubs, health centres and networks. For example, in Malawi annual exchange visits are organised involving young people from different youth clubs, health centres and youth networks to share experiences and learn from each other. Other strategies involve using (online) media. In Kenya youth advocates are trained on how to use social media to strategically reach young people with SRHR information. In Malawi training has been given on radio communication. In Kenya, efforts have started to ensure online access to materials to alumni of the curriculum.

Under the overarching Sustainability principle, the GUSO Capacity Strengthening Working Group continued its work in 2018. Under the Training the Trainers track, 30 trainers were trained on GTA and MYP and subsequently received ongoing coaching and support. The GTA and MYP trainers trained a variety of CSOs and alliances and supported them to mainstream MYP and GTA in their organisation and programming. More than 60 GUSO member organisations were trained. The next step will be to introduce a trainers' support tool online through e-learning on Trainers Lab. In 2018, this innovative online platform, established to enhance South-South collaboration and to strengthen capacity strengthening approaches in GUSO and beyond, was further developed. Trainers Lab uses an innovative matchmaking system to pair organisations with trainers as well as collate and share resources and e-learning for trainers through a centralised platform.

In 2018 a start was made on e-course development. Many other organisations from GUSO and beyond also showed interest in launching their e-courses on Trainers Lab. The collaboration with platform sexrightsafrica.net was also formalised. SexRightsAfrica is now the legal owner of Trainers Lab and receives technical support from the GUSO consortium. Finally, in 2018 the first steps were taken to sustain the platform beyond 2020 by first meetings with potential partners and the development of a sustainability plan (income generating business model). Trainers Lab will be globally launched on the international conference Women Deliver in Vancouver in 2019.

4 REFLECTION ON THE THEORY OF CHANGE

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 is contributing towards the LTO through one overarching strategy (the multi-component approach), the operationalisation 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**

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 and information (OA3) with sexual and reproductive health 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 SRH service provision is not made in silos. 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 – provided a scaling up model to ensure more sustainable sexuality education by including everyone in and out of the school setting to create an enabling, safe and healthy learning environment in the school. 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. Moreover, social accountability was used in 2018 as a key mechanism to empower young people to hold duty bearers accountable (link OA4 and OA5). The increasing attention for young people's involvement in quality of care and ASRHR standards is a key strategy to ensure services meet the needs of young people. Feedback sessions through dialogue proved to be successful in improving quality and utilisation of SRHR services. More country examples of the multi-component approach are included in the Annexes.

Midterm evaluation

In 2018, the mid-year of the GUSO programme, the midterm evaluation was conducted to reflect on the progress of the programme's ToC. It showed that halfway through the programme, good progress is made towards the outcomes of the GUSO Theory of Change. Moreover, it showed promising results towards the long-term objective to empower young people to realise their SRHR. The assessment also pointed out that progress towards the goals of the programme varied between countries and that there was room for further enhancement of the multi-component approach. It showed that in most countries there is now a stronger collaboration of organisations working as an alliance, indicating progress for Outcome 1. Although funding horizons for most alliances do not go beyond the duration of the programme, they all indicated the intention to continue working within the alliance after GUSO. Good progress is made under Outcome 2, especially for the overarching principle of Meaningful Youth Participation, the strategies aimed at the capacity building of young people, and youth-led advocacy.

However, the midterm showed that young people do not always feel trusted by adults and are sometimes hesitant to ask adults questions. It was also highlighted that more can be done to ensure that youth engagement goes beyond implementation and advocacy, and to include (financial) planning and monitoring & evaluation. All countries showed good progress in the midterm with respect to the uptake of and access to SRHR information and education (Outcome 3). The qualitative assessment shows that the GUSO programme is having a positive impact on young people's knowledge about sexual and reproductive health. Interaction with peer educators was referred to as very instrumental for gaining SRHR information and access to services. In many countries it remains difficult to address sexuality education comprehensively either in-school or in out-of-school settings. The midterm also indicated that to some extent it is easier to address sensitive issues in out-of-school settings than in-school settings. The evaluation showed a mixed pattern of progress for Outcome 4. It clearly illustrates the need to better link demand (Outcome 3) and supply (Outcome 4) under the multi-component approach. A positive change in access to services was observed for the African countries. Yet, current use of contraceptives remained low and was even lower than reported at baseline in most countries. Moreover, unmet need for contraceptives had increased compared to the baseline in many countries. A key challenge that several countries face in implementing the GUSO programme, is the shrinking space for civil society and the growing conservative climate regarding SRHR. The midterm evaluation showed that the SRHR Alliances in these countries employ different, often advocacy–related approaches to deal with this situation, which differs from country to country. It is clear that some progress is made with respect to the strategy "evidence-based advocacy" under Outcome 5, but more is needed. With regard to advocacy, embassies remarked that for the second part of the programme, they could be engaged more strategically, also for policy-level dialogue. The recommendations that were formulated during the in-country Validation Workshops and that were endorsed during the Strategic Learning Days in July 2018 in Utrecht, have been integrated in the Workplans for 2019-2020.

MALAWI

PROMISING PROGRESS ABORTION LAW ADVOCACY

Promising Practice

GET UP SPEAK OUT for youth rights

One of the advocacy goals of the SRHR alliance in Malawi is to get the Termination of Pregnancy Bill tabled and passed by Parliament. By passing this bill the laws around abortion in Malawi would become less restrictive than they are now. To reach this goal the alliance is working closely with the Coalition for the Prevention on Unsafe Abortion and is focusing on creating support for this Bill on community level.

Outcome Harvesting as a tool to monitor progress of the Advocacy Strategy
It was recommended by the GUSO Midterm Evaluation to measure progress of advocacy efforts by the use of a systematic methodology, such as Outcome Harvesting. In line with this recommendation, we used the writeshops in Malawi in February 2019 to pilot the Outcome Harvesting methodology to monitor and report on the progress of the GUSO Advocacy Strategy.

Stronger relationship with media
We see successes of their efforts coming back in the harvested outcomes from Malawi. For instance, two big media groups (Timveni and Times) invited the SRHR alliance for an interview on the current situation and social context regarding Termination of Pregnancy Bill in the second half of 2018. By building a good relation with these media houses they were provided with space on radio, television and in print in which they shared information with a large audience on issues surrounding safe abortion and the Termination of Pregnancy bill.

Sensitization of health workers
After sensitizing 60 health workers in Mangochi about the bill, the alliance saw that at the end of 2018 health workers were advocating for the abortion law reform among the community members in Mangochi themselves.

Through these kind of efforts and successes the SRHR alliance in Malawi can continue building support and eventually hopefully convince Parliament to adopt the Bill.

MALAWI SEXUAL REPRODUCTIVE HEALTH RIGHTS ALLIANCE

5 LESSONS LEARNED

In this third year of Get Up, Speak Out, the implementation had reached full speed in all countries and the programme has developed further with respect to alliance building and sustaining the outcomes. Challenges were faced during the implementation and many lessons were learned. In this chapter we share the most significant lessons learned.

5.1 Lessons learned on the Partnership and GUSO Governance

The reflection on the partnership (part of the midterm evaluation) showed that midway through the programme, all 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. It also requires true understanding of each other and accepting different ways of working. The added value of the MoFA in this partnership is the joining of forces in countering the growing conservatism, keeping SRHR as a priority and leading by example to other governments on how civil society and government can collaborate. Moreover, it was learned that the role of the embassies is highly valued and it is recommended to enhance further collaboration with the in-country alliances for 2019-2020.

It was also learned that working in a partnership can also sometimes be challenging. Collaboration takes time. Aligning the six members, 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 at times and it was recommended to evaluate it. This evaluation was discussed in June 2018 during a joint meeting of the NL/UK Steering Committee and Programme Team. The evaluation showed that the NPCs highly valued the role of the Country Focal Points and that, although it was anticipated that this role would be phased out in 2018, it should be revived. The decision was that CFPs will remain part of the governance structure (although their FTEs are reduced to 0.2), but one person can no longer be both a PT member and a CFP. Moreover, it was decided that the stream of information from the programme countries to the PT, SC and MoFA should be improved (MoFA being the only SC member who is not represented in the PT).

In 2018, the CFPs had regular Skype calls with their NPCs, as well as a few face-to-face meetings. The CFP provided support in various ways, such as facilitating country team meetings for reporting and planning, supporting the NPC in their role during the Strategic Learning Days, and some on conferences (AIDS2018 and ICFP2018). Moreover, CFPs were present to actively support the NPCs during the Coordinators' Week in Kenya in November.

Another important lesson with respect to the partnership came from the discussions of the NL/UK Steering Committee with the Chairs from the country alliances on transitioning during the Strategic Learning Days. Information, visions and opinions were shared on how to work on sustainability towards and after 2020. Discussion on transitioning continued during the Coordinators Week that was held in Kisumu, Kenya November 2018, hosted by the Kenyan SRHR Alliance. See Chapter 6 for more information on transitioning.

GUSO Coordinators Week, Kisumu Kenya, November 2018

The Kenyan NPC shared his learning experiences in his role as an NPC: he explained the role division between the individual members and the secretariat, explained how an MoU does not constitute a "partnership" and shared his views on what the added benefits of working in an alliance are and how to make such an alliance sustainable. Other NPCs could confirm that alliance building is a journey that needs time, commitment, active participation and collaboration. It was learned that having organisational documents such as a Strategic Plan, an Advocacy Strategy, and an Ethical Code is important in establishing guidelines for working together. Many more lessons were learned during the Coordinators' Week, from the interesting and relevant field visits and from the sharing and learning between the NPCs, YCCs and the NL/UK representatives.

Many alliances have learned that alliance visibility, recognition and credibility have improved substantially within a wider network of government and other external stakeholders. In this light, it was learned that showcasing GUSO's results leads to increased visibility. In 2018, for the first time, the alliances showcased their results and their collaborations at international conferences, such as the International AIDS Conference in Amsterdam in July 2018, and during the International Conference on Family Planning (ICFP) in Kigali in November. More visibility enhances the opportunity to interest potential donors and may create opportunities to diversify funding.

Country Alliances at the International Conference on Family Planning, Kigali Rwanda, November 2018

5.2 Lessons Learned from Programme Implementation

Many lessons were learned from the implementation. Some are highlighted here, such as in Kenya, Ghana and Ethiopia, where they learned from the Uganda SRHR Alliance about the importance of the establishment of a youth advisory council in Uganda by the YCC. The YCCs in Kenya, Ghana and Ethiopia followed this example and established a youth advisory council within their alliance. It was learned that these councils allowed young people to practise leadership.

Abortion stigma has remained a challenge. 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 environment.

A lesson was learned on the importance of youth engagement for changes by IPPF's "I Decide"2 campaign that complemented the work of four GUSO countries (Pakistan, Uganda, Ethiopia and Ghana). They focused on youth engagement in improving access to safe and legal abortion. For example, in Pakistan, young people received training on abortion stigma and engaged with provincial policy makers and parliamentarians on the issue. Parliamentarians appreciated the concern of young people on the issue of safe abortion and offered their full support.

The availability of commodities was still an issue in most countries, worsened by the Global Gag rule. Advocacy continues to be necessary to increase national commitment to avoid stock-outs. It was learned that in Malawi, Kenya and Pakistan, working with the private sector, such as pharmacies or private clinics, resulted in reduced shortages of particular contraceptives.

In 2018, the strength of social-accountability mechanisms and the involvement of young people resulted in great lessons learned. The increasing attention to young people's involvement in quality of care and ASRHR standards is a key strategy to ensure services meet the needs of young people. Tools such as the Youth Friendly Score Card (used in Ghana, Kenya, Uganda, Malawi) provide evidence for young people to discuss improvements needed with service providers and other duty bearers.
A continuing key challenge in 2018 towards quality implementation of SRHR policies and legislation was the increased influence of those opposing SRHR and the growing conservative climate regarding SRHR. Countries employ various strategies to deal with opposition and many lessons were learned.

The strategy Strengthening collaboration with national and district local government is being used in various countries. In Ethiopia, the alliance is working closely with an advisory committee to mitigate any opposition. This advisory committee consists of representatives from the Bureau of Health, Education, Finance and Development and Women and Children. This has created a means for engaging government stakeholders on the alliance's plan, progress, overcoming challenges and ways forward for 2019 and beyond. In many countries, opposition has continued to emanate from leaders and the elderly in the communities (chiefs, elders, religious leaders, parents/guardians, initiation counsellors) who use misconceptions, taboos, cultural values and norms as a basis for not allowing young people to access SRHR information and services. In addition, opposition was also experienced from some health service providers, mostly because they imposed their religion and values on young people. The alliance implementing partners in the various GUSO countries used strategies of awareness meetings, dialogue sessions and capacity building of parents, local leaders as well as religious leaders to deal with this opposition. Within these strategies the alliances used facts and evidence to convince their audiences. It was learned that, over time, these strategies worked. Now some of the key adversaries are gradually becoming allies in calling for attitude change and creating an enabling environment for the young people to access services. In addition, one of the strategies used by various alliances was to engage the leadership of the church, such as in Kenya where after meetings with other church leaders, and identifying the challenges of the young people in the county, the Inter-Faith Accord was signed in Siaya, Kisumu and Homabay by 77 religious leaders.

In Indonesia, opposition towards SRHR comes from fundamentalist religious groups who are building support and creating hatred on social media, conduct mass mobilisation, as well as lobbying and advocacy to the parliament and constitutional court. They do not hesitate to commit acts of violence and persecution. To deal with this, the alliance and their members tend to work with other alliances/networks or organisations with intersectional issues, such as human rights, women's rights, labour rights, children's rights and the environment. Also, in most other countries (Kenya, Pakistan, Uganda), the alliances continue to leverage on their partnerships with other alliances such as Right Here Right Now and PITCH. In Malawi and Ethiopia, alignment is sought with other organisations and/or SRHR Partnerships. It was learned that these collaborations create more supports for the alliance's advocacy work and create greater pressure on the government to act.

[2] I Decide is an IPPF-funded global campaign which made small grants available to IPPF's Member Associations taking part in the GUSO project, to complement and enhance the work of GUSO, building on existing youth engagement and networks from GUSO. More information at https://www.ippf.org/idecide/

From the NL/UK Consortium, the learning trajectory initiated by Rutgers on working on SRHR in times of opposition in 2017 continued in 2018. This year saw Rutgers finish the facilitator's guide, which helps partners reflect and strategize around opposition that they face. This is a working document, as new lessons learned from 2018 need to be incorporated. The guide was used to facilitate a regional learning meeting on this theme in Malaysia, organised by Rutgers and ARROW, bringing together both representatives from the GUSO Alliances of Indonesia and Pakistan as well as representatives from the RHRN platforms of Indonesia, Pakistan and Bangladesh. At the beginning of 2018 a similar regional learning meeting took place in Uganda, where the GUSO partners strategized together with the RHRN platform on topics that they both work on. Another focus of the learning trajectory in 2018 was effective messaging, including value-based messages and (re)framing language. Based on knowledge and experience of IPPF European Network, Rutgers developed sessions on this and shared them during the learning meeting in Malaysia. This is a strategy about which more information can be shared in 2019 to strengthen the alliances' messages.

ETHIOPIA

BUILDING STRATEGIC RELATIONSHIPS SHAPES CSO LAW

Promising Practice

GET UP SPEAK OUT for youth rights

The Ethiopia GUSO Alliance implements the GUSO programme in three sub-cities of Addis Ababa. In August 2017, it established several local advisory committees to connect to government stakeholders in order to enhance an enabling environment for young people's SRHR.

Multiple committees at multiple levels
To strengthen partnership and increase collaboration, the Ethiopia GUSO Alliance and the advisory committees signed terms of reference. The purpose of establishing the committees was to realise a supportive environment for the SRH needs of young people by addressing stakeholders at policy level as well as programme sustainability. This was both a challenge and a necessity in a political climate where advocacy and rights-based work were illegal.

The Ethiopia, GUSO Alliance members established programme-level advisory committees at Addis Ababa City Administration and sub-cities where the GUSO programme is being implemented. They included government officials from the Bureau of Finance and Economic Development, the Bureau of Women and Children Affairs, the Bureau of Youth and Sports, the Bureau of Education, and the Bureau of Health.

Discussion forums
Because it was illegal to be involved in advocacy and rights-based activities, the initial focus was on organising multiple discussion forums. Besides finding ways to collaborate, these forums were aimed at sensitising the different advisory committees on general SRH and factors that influence the well-being of young people, including the importance of creating an enabling environment.

Challenging restrictive social norms
Dialogue sessions emphasised the need for the GUSO programme and successfully challenged negative aspects of restrictive social norms. In addition, a sustainability committee for the schools consisting of representatives of all stakeholders has also been established.

Impressive achievement
But the biggest achievement has been that, since the CSO law did not allow NGOs to work on advocacy, the advisory committees took the lead in the implementation of the advocacy work, while the alliance provided technical support.

Promising Practice

GET UP SPEAK OUT for youth rights

This illustrates the solid relationship the alliance has been able to build with the government. Because of this, today the GUSO Alliance members are represented at national level regarding policy review and development.

Political transition
Ethiopia's change of political leadership in 2018 signalled a new direction and progressive opportunities arose while old laws were being re-evaluated. The advisory committee members invited the alliance to be engaged in discussions about the ratification of the civil society organisation law. Through the relationship with the government established by the advisory committees, the alliance was able to voice its concerns about the previous limitations placed on advocacy and activities related to the rights-based approach. As a result, the ratification of a new civil society organisation law recently took place, one that now formally allows advocacy and right-based approach related work.

Present-day
Currently, the Advisory Committees organise meetings four times a year. These are helpful structural moments to establish and maintain good government relations and address SRHR challenges. In addition, the meetings meaningfully engage young people by creating a stage for them and providing an opportunity to connect with government actors

ETHIOPIA GUSO ALLIANCE

6 TRANSITIONING TOWARDS 2020

A key challenge and opportunity in 2018 and for the coming years, is the further strengthening of the in-country alliances to be sustainable when the GUSO programme ends in 2020. In this chapter we briefly review the 2018 progress and we look ahead to the transitioning process in 2019-2020.

6.1 2018 review

In July 2018 the Consortium Team hosted the Strategic Learning Days to validate the midterm review findings and to look ahead to the remaining two years of the programme. Not only were the NPCs and YCCs invited, also the Chairs of the alliances attended. For the first time they had a strategic meeting with the NL UK Steering Committee. Information, visions and opinions were shared on how to work on sustainability towards and after 2020. This dialogue at a high strategic level was continued in a Chairs' meeting during the ICFP conference in Kigali in November. Here it was decided that the country alliances would develop a country-specific transition plan to deliver a smooth transition to a sustainable alliance in 2020. It was reasserted that while the NL/UK Consortium would not continue in the same configuration after 2020, it was hoped and expected that the alliances would recognise the continuing validity of the Theory of Change to their work.

Outcome 1 and Outcome 2 are both strategies towards sustainability. In 2018 there were new activities to make these strategies even more successful (see Chapter 2.2 and 2.3). The Capacity Self-Assessment is worth mentioning: country alliances assessed themselves on their capacity to be a sustainable alliance. It became clear that it is not only the availability of funds, but also the quality of collaboration of the partners that counts when you seek to become sustainable. Another new activity was the showcasing of the alliances at international conferences. The country alliances took this up for the first time during the International AIDS Conference in Amsterdam in July, and during the International Conference on Family Planning in Kigali in November. More visibility enhances the opportunity to interest potential donors. During ICFP, interesting contacts were established and learning on being successful in fundraising took place during meetings organised by Amplify Change and others.

As in 2017, in 2018 all countries continued to take care to ensure the sustainability of the programme implementation. Alliances engaged with local authorities, religious leaders, health offices and school staff in order to create ownership. Stakeholder working groups and dedicated committees were also created, and partnerships with the Ministry of Education and the Ministry of Health were built where possible at local or national level.

6.2 Look ahead to the transitioning process in 2019-2020

In 2019 and 2020 the main focus of the implementing partners in the seven countries will be the continuation of the GUSO programme implementation. Additionally, they will continue to invest in enhancing collaborations with local authorities and existing structures in ways that help sustain the work on providing SRHR information and services to young people after 2020.

Transition process 2019-2020

Going forward, alliances will focus on ensuring they are a sustainable structure after the programme ends in 2020. More specifically, in the transition process the following activities/steps are planned:

1. In March, a GUSO Learning Day was held focused on the topic of Transitioning. GUSO Programme Officers, Programme Team members, PMEL Officers, Consortium Team members were present to discuss the transitioning of the alliances towards 2020. A country call was included to discuss the ambitions of the country alliances with their NL/UK counterparts. During the learning days it was agreed that the transition period is 2019-2020. There can be no transition after 2020. Country alliances must therefore use this period to sustain and transition themselves.
2. In 2019, alliances will have an opportunity to reflect on their priorities. A survey will be conducted including both internal and external actors to inform the positioning of alliances and to give them an

opportunity to review and reprioritise their focus based on the sustainable framework for alliances. The survey will serve as input for a wider reflection of the key stakeholders in each country alliance. These reflections will take place from April to June 2019.

3. In June 2019, alliances will present themselves at the Women Deliver Conference. This will increase their visibility and this conference will also provide an opportunity to diversify their funding possibilities by introducing and linking themselves to new potential donors.
4. Alliances will continue to invest in resource mobilisation by applying for different sources of funding.
5. In September 2019, the Coordinators Week will be scheduled. The transitioning process will be on the Agenda.
6. In October/November 2019 countries will review and plan during the in-country planning and review meetings; they will work on a Workplan 2020 that includes a Transition Plan.
7. In December, the NL/UK Consortium will share with MoFA the GUSO Consolidated 2020 Workplan that will include Transition Plans for every GUSO country.

In this transitioning process the NL/UK Consortium will provide support to the country alliances, not only by providing support on resource mobilisation, but also by linking alliances to relevant networks and potential donors and by continuously investing in the unique partnership relation between the NL/UK and the SRHR alliances.

ANNEXE 1 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), Youth Network for Sustainable Development (YNSD)

ETHIOPIA						
	OUTPUT INDICATOR	TARGETS 2018	REALISED 2018	ON TRACK REALISED 2018 VS TARGETS 2018	CUMULATIVE TO DATE	5 year targets**
OUTCOME AREA 1 Strong and sustainable alliances						
1a.	Number of people from the alliance (related) organisations that have received training from the country alliance	114	185	Ahead	305	NA
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	18%	28%	Ahead	NA	NA
2a2.	% of young adults (aged 25-30) representation in the **partner** organisations' structures and decision making processes	*	29%	*	NA	NA
2b.	Number of collaborations among young people from different alliance related organisations/ networks that represent the youth constituency	4	13	Ahead	13	NA
OUTCOME AREA 3 Increased utilisation of comprehensive SRHR information and education by all people						
3a.	Number of educators trained	114	209	Ahead	401	NA
3b1.	Number of young people reached with (comprehensive) SRHR education	1.780	2.144	Ahead	3217	NA
3b2.	Number of young people reached with (comprehensive) SRHR information	300	322	On Track	515	NA
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	150	173	Ahead	311	NA
4b.1	Number of direct SRH services provided to young people	27.484	36.108	Ahead	80241	NA
4b.2	Number of indirect SRH services provided to young people	35.715	49.725	Ahead	154424	NA
4b.3	Number of condoms provided directly to young people	*	47.513	*	119969	NA
4b.4	Number of condoms provided indirectly to young people	*	17.740	*	69016	NA
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.	19.060	153.539	Ahead	197532	NA
5b.	Number of people structurally involved in the implementation of the programme at community level (for example young people groups, CBOs, peer educators)	100	97	On Track	260	NA

NA = not applicable, no targets set.

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

Ethiopia is either ahead or on track on each of the indicators. In some cases the alliance is very far ahead of its targets, for example on indicator 5a. This is a result of the fact that one of the partners managed to reach 142,000 people through campaigns and social media, thereby surpassing the target of the entire alliance seven times.

Multi-component Approach

There were encouraging changes during 2018 in taking steps to enhance MCA. We have already established an advisory committee at city and sub-city level of government stakeholders from relevant bureaus, helping to realise a supportive environment for the SRH needs of young people. Moreover, SRH education and information have been provided at schools and youth centres in Bole and Kirkos. Schools and Youth Centres have been linked with government health centres. To strengthen these efforts the alliance organised workshops to discuss the way forward with stakeholders. The feedback from the stakeholders was very positive and shows enormous interest to collaborate with us.

To increase the alliance's visibility and reach a large number of young people and members of the community with SRH information, the programme employed edutainment and disseminated IEC BCC materials and condoms through community outreach. There is evidence that the flow of young people to FGAE health facility has since increased. One of the major elements used to complement MCA is the Whole School Approach (WSA). DEC is piloting the Whole School Approach in all the schools. It has already helped to capture the attention of the school community. In the cluster meeting, parents and teachers were very positive about the changes seen in the students and there was discussion on how they can be meaningfully involved. PTSA members have taken their own initiative to sensitise more parents and the surrounding community. YNSD has also provided CSE to 40 young people out of school and to young health service providers trained as peer educators. They in return delivered CSE education to their peers at youth centres where young people can access VCT and other SRH service. Referral linkage have also begun. To create a supportive environment for out of school young people, intergenerational dialogues were conducted among parents, religious leaders, service providers and community leaders such as the elderly covering issues that affect young people's access to SRH services.

Alignment with other programmes/partnerships

The alliance has partnered with Triggerise Ethiopia, an organisation which uses technology and economic rewards to encourage SRH service use and treatment adherence among young people. The alliance saw an opportunity to economically empower the out of school young people of the GUSO implementation area. In addition, the Ethiopia GUSO Alliance has been invited to government platforms like the Annual Review Meeting of the Ministry of Health and consultation meeting for the review of the CSO law. The alliance had the chance to network with different government offices and discuss possible opportunities for partnership with the alliance. In 2017, the alliance in Ethiopia became part of the working group of Dutch-funded programmes (Yes I Do, Her Choice and GUSO).

ANNEXE 2 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						
	OUTPUT INDICATOR	TARGETS 2018	REALISED 2018	ON TRACK REALISED 2018 VS TARGETS 2018	CUMULATIVE TO DATE	5 year targets**
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	127	Ahead	327	155
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%	42%	Ahead	42%	37
2a2.	% of young adults (aged 25-30) representation in the **partner** organisations' structures and decision making processes	30%	21%	Behind	21%	17
2b.	Number of collaborations among young people from different alliance related organisations/ networks that represent the youth constituency	17	20	Ahead	33	112
OUTCOME AREA 3 Increased utilisation of comprehensive SRHR information and education by all pe						
3a.	Number of educators trained	272	454	Ahead	1093	1362
3b1.	Number of young people reached with (comprehensive) SRHR education	4.291	3.835	On Track	7157	11236
3b2.	Number of young people reached with (comprehensive) SRHR information	12.991	19.544	Ahead	37906	31186
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	125	133	On Track	374	726
4b.1	Number of direct SRH services provided to young people	18.400	27.245	Ahead	89099	17058
4b.2	Number of indirect SRH services provided to young people	25.790	76.606	Ahead	136835	4085
4b.3	Number of condoms provided directly to young people	*	37.158	n/a	189499	n/a
4b.4	Number of condoms provided indirectly to young people	*	90.290	n/a	234716	n/a
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.	37.962	715.911	Ahead	4317574	72450
5b.	programme at community level (for example young people groups, CBOs, peer educators)	383	1.187	Ahead	2223	1455

NA = not applicable, no targets set

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

Ghana is ahead of most targets, except for target 4A and target 3B1. The latter, the number of young people reached with comprehensive SRHR education, is labelled “on track” even though the realised results are 89.3%. This falls just outside the 90-110% range that counts as on track, but since the midterm review showed great progress, we see no need to worry. Another reason not to worry is the fact that the targets for the number of educators trained and the number of young people reached with SRHR information were both surpassed. The large number of educators trained is attributed by the alliance to a good performance by the partners and to the cooperation and support gained from the Ghana Education Service, which facilitated the participation of teachers in the CSE training and assisted with the monitoring of these trained teachers. The alliance links the large number of young people reached with SRHR information to how empowered young people have become and how they have taken an interest in seeking personalised information to help them make safe decisions.

Ghana is ahead or on track on each of the indicators for increased utilisation of SRH services. Particularly under 4B2, indirect services provided to young people, the alliance surpasses the set target greatly. This is explained by the fact that almost all partners had good working relationships with Ghana Health Service facilities and tracked the referrals made during CSE sessions and information delivery. Most of these referrals have been redeemed and counted by the partners.

Multi-component Approach

Applying the MCA, alliance partners have all been engaged in creating demand for SRHR services through providing young people with high quality SRHR information, CSE, comprehensive counselling services and referrals to health service facilities. Realising the link between utilising SRHR information, CSE and empowerment, these same partners have been involved in building the capacities and empowering young people to advocate for their SRHR issues. Alliance partners that are the service delivery partners in GUSO have been rolling out strategies under Outcome 4 and providing youth-friendly services to all young people visiting their facilities. Where there are no GUSO-funded facilities, the alliance partners take steps in consultation with the other partners present in those areas to select health facilities and train service providers on YFS and this has attracted and satisfied young people's SRHR needs. Outreach services have also been provided across the programme areas to be able to meet the service needs of young people living in distant or hard-to-reach areas. With the support of alliance partners in social accountability it has been possible for young people to give feedback to service providers on their need for improvement in the quality of SRHR services delivered to them. All partners were involved in facilitating a supportive environment in their GUSO areas. Partners worked closely with young people trained in advocacy who engaged with chiefs/imams/pastors/assembly men and women and parents providing them with evidence on teenage pregnancy, school drop-outs, forced marriage, SGBV, etc. in order to convince them of the prevailing circumstances and call for support. These were complemented by radio campaigns, community durbars, Star Camps and visits by staff of Social Justice Institutions. During these activities, information was delivered and referrals were made. Overall the linkages between education, services and the enabling environment improved and served young people better.

Alignment with other programmes/partnerships

The alliance collaborated with the National Population Council and Marie Stopes International on the occasion of the 2nd ARH Summit in 2018 to advocate for increased funding from government to Adolescent Sexual and Reproductive Heath in Ghana. The individual partners of the alliance have been members of various national platforms such as the National Technical Working Groups on Health, Population, Education, providing technical insights and perspectives on young people' SRHR issues.

ANNEXE 3 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

INDONESIA						
	OUTPUT INDICATOR	TARGETS 2018	REALISED 2018	ON TRACK REALISED 2018 VS TARGETS 2018	CUMULATIVE TO DATE	5 year targets
OUTCOME AREA 1 Strong and sustainable alliances						
1a.	Number of people from the alliance (related) organisations that have received training from the country alliance	285	507	Ahead	383	140
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%	67%	Ahead	NA	30
2a2.	% of young adults (aged 25-30) representation in the **partner** organisations' structures and decision making processes	*	14%	n/a	NA	*
2b.	Number of collaborations among young people from different alliance related organisations/ networks that represent the youth constituency	38	80	Ahead	141	125
OUTCOME AREA 3 Increased utilisation of comprehensive SRHR information and education by all people						
3a.	Number of educators trained	347	806	Ahead	1.563	1253
3b1.	Number of young people reached with (comprehensive) SRHR education	9.210	17.963	Ahead	30.198	27505
3b2.	Number of young people reached with (comprehensive) SRHR information	1.550	3.287	Ahead	142.674	2972495
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	180	289	Ahead	555	125
4b.1	Number of direct SRH services provided to young people	2.710	4.283	Ahead	10.996	135000
4b.2	Number of indirect SRH services provided to young people	32.137	40.189	Ahead	97.188	*
4b.3	Number of condoms provided directly to young people	*	3.231	NA	5.733	*
4b.4	Number of condoms provided indirectly to young people	*	440	NA	1.811	*
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.	2.152.000	3.151.290	Ahead	7.732.369	5000000
5b.	Number of people structurally involved in the implementation of the programme at community level (for example young people groups, CBOs, peer educators)	256	331	Ahead	905	1000

NA = not applicable, no targets set.

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

Indonesia is ahead on all targets. There are several explanations for this. For OA1 the target was set too low because activities implemented by alliance members to which other implementing partners were invited were not included. For OA2, the number of youth collaborations is higher than expected because youth forums have been established in most GUSO-implementing areas. These forums have proved to be good instruments to bring together young people for training and workshops.

For OA3, the number of peer educators trained also exceeds the target set. This is a consequence of training extra educators as part of the pilot of the Journey4Life method and because the actual need for trained educators was higher than expected. The number of young people reached with comprehensive SRHR education was almost double the target set. This is because extra schools were added for the Explore4Action programme in Lampung, Semarang and Bali. Under OA4 and OA5 targets were overachieved because they were set too low. The fact that the overachievement is less than last year does show that targets are getting more realistic, but it is a work in progress.

Multi-component Approach

In all GUSO intervention areas with the exception of Jakarta, the programme is being implemented by only one organisation, so the responsibility to work on CSE (OA3) and youth-friendly SRH services (OA4) and to create an enabling environment (OA5) rests solely with that one organisation. For example, in Bali, the alliance partner provides training and assistance to teachers on CSE, provides training and assistance to Puskesmas and midwives as well providing SRH services in their own clinics, and at the same time conducts lobbying and advocacy to create an enabling environment. On the other hand, in Jakarta, there are three alliance organisations sharing these responsibilities. Meanwhile, other alliance partners are working for lobbying and advocacy to the national government which is aligned with advocacy at a local level. Evidence drawn from GUSO implementation at the local level also supports the national advocacy, especially on CSE, PKPR, and Posyandu Remaja. At the same time, these national organisations provide technical assistance to other implementing partners to ensure the quality of the content and delivery of the programme.

In order to create and strengthen the link between education, services and an enabling environment, implementing organisations have taken the following concrete steps:

- Conducted public discussions/seminars on SRHR issues involving different stakeholders at the national and local level, including government, religious and community leaders, youth groups and other NGOs
- Lobbied and advocated to city and provincial government to establish and strengthen collaboration between GUSO implementing organisations and national, provincial or city government (MoH, MoEC, MoRA, Education Office and Health Office), schools, Puskesmas, UN agencies, other alliances/networks, as well as local and international NGOs
- Built relationship with religious and community leaders, youth groups/networks and other stakeholders at the city or sub-city level to create support for GUSO implementation and increase demand for information and services to the Puskesmas, midwives or implementing organisations' clinics
- Facilitated regular meetings among stakeholders from the education and health sectors as well as community and religious leaders and youth networks to increase and strengthen their collaborations
- Implemented CSE with the Setara module at junior high schools (Lampung, Jakarta, Semarang and Bali) and the Matolas module at senior high school (Kupang) which are located within the Puskesmas catchment area to create good referral system. In the Dance4Life module for junior (Bali) and senior high schools (Lampung, Jakarta, Semarang and Bali), a topic on YFS is provided. Efforts to promote the services available in every CSE session need to be improved, for example putting this information in the CSE module or an additional leaflet, oral promotion, or via school news board
- Provided a tool to measure the quality of SRHR services for Puskesmas which includes collaboration and a youth-friendly service referral system as indicators of success. This tool can be used in the social accountability mechanism at the local level
- Created referral system for youth-friendly SRH services involving Puskesmas, Posyandu Remaja, midwives, IPPA Clinics, Women Crisis Centres, and schools through teachers, school health unit (UKS) and peer educators. This current referral mechanism is not yet integrated
- Conducted joint monitoring and technical assistance for all GUSO implementing organisations to monitor the progress on MYP

Alignment with other programmes/partnerships

In Indonesia, the ASV alliance has nineteen 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 LGBT. Another example is the collaboration of ASV with Koalisi Reformasi KUHP on the amendment of the Penal Code. In addition, two ASV members (ARI and Rutgers WPF Indonesia) work together with UNFPA to advocate for SRH.

ANNEXE 4 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 and Education Trust (KMET), Nairobits Trust, NAYA Kenya (Network for Adolescent and Youth of Africa, Ambassador for Youth and Adolescent Reproductive Health Programme (AYARHEP) Women Fighting AIDS in Kenya (WOFAK)

KENYA						
	OUTPUT INDICATOR	TARGETS 2018	REALISED 2018	ON TRACK REALISED 2018 VS TARGETS 2018	CUMULATIVE TO DATE	5 year targets
OUTCOME AREA 1 Strong and sustainable alliances						
1a.	Number of people from the alliance (related) organisations that have received training from the country alliance	100	339	Ahead	580	500
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	21%	28%	Ahead	NA	30
2a2.	% of young adults (aged 25-30) representation in the **partner** organisations' structures and decision making processes	22%	17%	Behind	NA	30
2b.	Number of collaborations among young people from different alliance related organisations/ networks that represent the youth constituency	19	43	Ahead	66	33
OUTCOME AREA 3 Increased utilisation of comprehensive SRHR information and education by all people						
3a.	Number of educators trained	1.122	1.777	Ahead	3.816	3000
3b1.	Number of young people reached with (comprehensive) SRHR education	28.120	25.882	On Track	214.769	250000
3b2.	Number of young people reached with (comprehensive) SRHR information	32.670	126.090	Ahead	182.445	
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	139	204	Ahead	787	130
4b.1	Number of direct SRH services provided to young people	194.100	206.838	On Track	1.246.959	11440
4b.2	Number of indirect SRH services provided to young people	337.500	361.516	On Track	928.732	*
4b.3	Number of condoms provided directly to young people	*	113.903	NA	912.881	*
4b.4	Number of condoms provided indirectly to young people	*	126.514	NA	229.304	*
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.	1.474.900	2.435.397	Ahead	13.980.016	523000
5b.	Number of people structurally involved in the implementation of the programme at community level (for example young people groups, CBOs, peer educators)	839	1.865	Ahead	3429	3000

NA = not applicable, no targets set.

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

Kenya is either ahead or on track for all outcome areas. Under OA2 the target for numbers of youth collaborations was exceeded. This was caused by the fact that celebrations of international SRHR days, such as the World AIDS Day, provided opportunities to young people to lead planning and implementation of these events with support from the GUSO partners. Additionally, the involvement of young people in public participation forums provided an opportunity to young people to jointly make requests to the county governments on SRHR issues. The target for indicator 3B2 - young people reached with comprehensive SRHR education - was not met, but the realised number of young people reached is still within the 20% range of the target and therefore it is labelled as on track. The underachievement is caused by the fact that alliance partners have limited access to in-school youth due to limitations imposed by the Ministry of Education. Partners responded by maximising their efforts in programmes outside schools, thereby compensating for the limited impact made in schools. With this in mind it seems commendable that the alliance managed to stay on track for this output indicator. The target for indicator 3b2 is overachieved significantly. This can be attributed to the fact that almost all partners in Kenya work on OA3 by combining multiple opportunities and strategies throughout the year, such as internationally celebrated days. This leads to a growing network of young people providing SRHR information. Also, the use of mobile technologies contributes significantly. Under OA4 indicator 4A is ahead due to increased demand for trained health providers. The other indicators under OA4 are on track. The targets under OA5 were overachieved.

Multi-component Approach

To strengthen the link between education, services and the enabling environment, the SRHR Alliance Kenya held several harmonisation meetings to harness individual organisational strengths with a view to improve MCA; in these meetings specific partners simultaneously led in provision of specific activities for demand creation, services uptake and advocacy. The Western Kenya GUSO Partners held several joint planning meetings aimed at improving SRHR services, education and the enabling environment for complementarity and strengthening each component. During World Health Day celebrations, alliance partners in Nairobi partnered to provide SRH services and information. In Homabay, during World AIDS Day, alliance partners collaborated with the Ministry of Health to celebrate the day at Misori Primary School. At this event, partners delivered SRHR services and information to 316 young people. The SRHR information and services included HIV testing, cervical cancer screening, family planning, STI treatment and screening and SRHR counselling. In Kisumu, alliance partners participated in the lake region conference in Kisumu which brought together members of the County Assembly, health directors and young people in the lake region to discuss youth friendly services and budgetary allocation for reproductive health. The Policy makers committed to increase the 2019–2020 budget on reproductive health and ensured that YFS is provided in every county. Also, alliance partners distributed IEC materials during adult/youth meetings and partnerships with private and community agencies, religious and community leaders to provide quality and accessible services, while other alliance partners joined forces in budgetary advocacy training and community conversation. In Bungoma, through the Whole School Approach, an alliance partner strengthened links between schools and neighbouring health facilities and the community at large. Alliance partners strengthened their working relationship and complimented one another's capacity in the reporting period. Joint community forums and outreaches were conducted in Kisumu, Siaya and Homabay Counties where SRHR Alliance Partners engaged policy makers on information and service gaps on SRHR. Also, alliance partners in Kisumu, Homabay and Siaya collaborated in reaching out to religious leaders and policy makers to get their commitment to support and champion SRHR of young people through the famous "accord" and developing key policies at the county level.

Alignment with other programmes/partnerships

In Kenya, a number of alliance partners are also members of the other partnerships and platforms 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. During this reporting period, ADS-Nyanza worked closely with, Siaya County Youth Forum, NAYA Kenya, KMET, OMEGA Foundation, WOFAK, FHOK, Africa Alive, and the County Governments of Siaya, Kisumu and Homabay (Departments of Health) to plan for SRHR advocacy activities.

ADS maintains its cordial relationship with the religious leaders who are members of the county assembly who are key champions in advocacy as their goodwill and buy-in are important for achievement of programme objectives. Partnering with networks of young people gives them an opportunity to directly implement and contribute to joint activities which results in reaching more young people with SRHR information and demand creation for SRH services. In Homabay, Kisumu and Siaya counties NAYA and KMET continue to work closely with partners in different programmes such as Closing the Gap project and 30 CSOs to call on policy makers to prioritise reproductive health in the counties, including development of policies. NAYA continues to collaborate with the County Health Management Team (CHMT) in Kisumu, Siaya and Kisumu towards development of SRH policies in the county.

The alliance also works and collaborates with programmes funded by other institutions such DFID, USAID and SIDA. CSA and FHOK have been collaborating with RFSU on SRHR issues such as contraceptives and other products, sexual information, advocacy, sexual policies, clinics, and information provision in schools. The organisations focus on increasing young people's knowledge about their SRHR, and increase their access to SRHR services. The programmes also advocate for policy makers to prioritise SRHR, capacity build teacher and parents to be able to talk to their adolescents on issues SRH and also have a focus on supporting LGBT SRHR.

ANNEXE 5 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)

NA = not applicable, no targets set.

MALAWI						
	OUTPUT INDICATOR	TARGETS 2018	REALISED 2018	ON TRACK REALISED 2018 VS TARGETS 2018	CUMULATIVE TO DATE	5 year targets
OUTCOME AREA 1 Strong and sustainable alliances						
1a.	Number of people from the alliance (related) organisations that have received training from the country alliance	94	153	Ahead	246	300
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	35%	27%	Behind	NA	80
2a2.	% of young adults (aged 25-30) representation in the **partner** organisations' structures and decision making processes	42%	24%	Behind	NA	50
2b.	Number of collaborations among young people from different alliance related organisations/ networks that represent the youth constituency	6	46	Ahead	72	12
OUTCOME AREA 3 Increased utilisation of comprehensive SRHR information and education by all people						
3a.	Number of educators trained	308	492	Ahead	1.189	1000
3b1.	Number of young people reached with (comprehensive) SRHR education	69.840	39.393	Behind	48.734	300000
3b2.	Number of young people reached with (comprehensive) SRHR information	154.700	153.472	On Track	240.677	
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	153	174	Ahead	489	1500
4b.1	Number of direct SRH services provided to young people	76.099	31.967	Behind	62.880	50000
4b.2	Number of indirect SRH services provided to young people	76.500	181.620	Ahead	487.002	50000
4b.3	Number of condoms provided directly to young people	*	82.570	NA	365.791	*
4b.4	Number of condoms provided indirectly to young people	*	123.273	NA	808.560	*
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.	813.400	817.813	On Track	1.787.973	2000000
5b.	Number of people structurally involved in the implementation of the programme at community level (for example young people groups, CBOs, peer educators)	550	864	Ahead	2511	150004

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

Malawi shows a mixed picture in terms of achievement of the targets set: whereas some are overachieved significantly, others are not met. The target for OA1 is overachieved due to the fact that many partners (more than expected) took part in joint activities. The target for involvement of young people is not met, but the target for youth-collaborations is met seven-fold. Under OA3 the number of peer educators trained was overachieved deliberately to compensate for previously trained trainers who have relocated to another area. Indicator 4B1 is not met; this is because Youth Community Distribution Agents used to report to alliance partners but following new health sector guidelines they now report to the government. This means that their services now count as indirect services, falling under indicator 4B2. This explains both the underachievement under indicator 4B1 and the overachievement under 4B2.

Multi-component Approach

The alliance works on all the five outcome areas covering education, information, health service delivery (direct and indirect) and creating an enabling environment for young people to access SRH services and information. Alliance members also complement each other based on their different areas of expertise. In Chikwawa, young people (peer educators) who participated in SRHR and MYP education from an alliance partner have been empowered to hold duty bearers accountable and are advocating for improved health services and youth-friendly health services in local health centres.
CYECE also trained peer educators and young people in SRHR information delivery; these young people continue to provide SRHR information and education to their peers through various initiatives and this has increased awareness and demand for SRH services. FPAM facilitated trainings on YFHS, targeting health service providers from public and private health facilities. These service providers are now delivering adolescent-friendly health services in adolescent-friendly safe spaces. Community awareness campaigns have been conducted in the period under review and were coupled with provision of YFHS through outreach clinics where community members were involved and sensitised on SRHR, YFHS and CSE through awareness campaigns. Religious leaders were also properly engaged through inter-generational dialogue sessions on young people's SRHR. In order to maintain demand, the YFHS delivery points had to be up to standard, hence YONECO continuously engaged the District YFHS Coordinator for Mangochi, as well as service providers to ensure that the youth are accessing the services without internal challenges.

Alignment with other programmes/partnerships

In 2018 the alliance worked strategically with AMREF on Health System Advocacy Programme and the alliance has been given advocacy topics on CSE and YFHS in Chitiipa, Ntchisi and Mangochi District. AMREF fund the alliance on an activity basis to implement the programme. On abortion law review in Malawi, the alliance worked closely with IPAS Malawi, COPUA and Southern African SRHR to make one amplified voice appealing to the law commission to expedite the drafting of the Bill which has since gone back to cabinet ready for deliberations. IPAS core-facilitated the alliance's training on Result Based Advocacy and oriented the alliance members on the Termination of Pregnancy Bill. The alliance worked with White Ribbon Alliance, Human Resource for Health Alliance on Health Systems Advocacy Programme. The two alliance have specific components in the programme complementing the CSE and YFHS assigned to Malawi SRHR Alliance.

ANNEXE 6 PAKISTAN

Implementing GUSO partner organisations (6 organisations[3]): 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						
	OUTPUT INDICATOR	TARGETS 2018	REALISED 2018	ON TRACK REALISED 2018 VS TARGETS 2018	CUMULATIVE TO DATE	5 year targets
OUTCOME AREA 1 Strong and sustainable alliances						
1a.	Number of people from the alliance (related) organisations that have received training from the country alliance	48	26	Behind	95	40
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	33%	23%	Behind	NA	30
2a2.	% of young adults (aged 25-30) representation in the **partner** organisations' structures and decision making processes	11%	19%	Ahead	NA	*
2b.	Number of collaborations among young people from different alliance related organisations/ networks that represent the youth constituency	10	8	Behind	13	0
OUTCOME AREA 3 Increased utilisation of comprehensive SRHR information and education by all people						
3a.	Number of educators trained	338	355	On Track	898	242
3b1.	Number of young people reached with (comprehensive) SRHR education	31.000	29.809	On Track	53.510	39397
3b2.	Number of young people reached with (comprehensive) SRHR information	17.350	27.182	Ahead	142.002	
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	78	111	Ahead	355	102
4b.1	Number of direct SRH services provided to young people	40.392	45.222	Ahead	105.393	2482
4b.2	Number of indirect SRH services provided to young people	1.000	1.229	Ahead	2.816	
4b.3	Number of condoms provided directly to young people	*	3.839	NA	6.479	*
4b.4	Number of condoms provided indirectly to young people	*	340	NA	340	*
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.	145.940	130.730	Behind	649.279	340000
5b.	Number of people structurally involved in the implementation of the programme at community level (for example young people groups, CBOs, peer educators)	282	264	On Track	1159	0

NA = not applicable, no targets set.

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

[3] As of 2019 GUSO in being implemented by 3 organisations: Family Planning Association of Pakistan (FPAP), Idara-e-Taleem-o-Agahi (ITA), Blessings Welfare Association (BWA)

Pakistan shows a mixed picture in terms of achievement of the targets set: some are overachieved, others are not met. In general, Pakistan's performance suffered from the fact that in the first quarter delays were incurred as a result of Rutgers Pakistan's registration being rejected and, in the last quarter, the Rutgers field office being forced to close down, which hampered the overall implementation. The targets for OA1 and 2 were not met. For OA3 Pakistan managed to stay on track or either surpass the target (3B2). The same is true for OA4. This is caused by the fact that more schools were added to the programme and therefore new referral partners - service providers from areas of the new schools - were trained on SRHR. The target for indicator 5A is not met. This is partly caused by the general challenges in Pakistan mentioned above, but it is also a consequence of the challenging environment for SRHR. SRHR remains a taboo, in spite of efforts to clarify the difference between sex education and SRHR.

Multi-component Approach

The Whole School Approach (WSA) is a successful scaling-up model in which students, teachers, parents and community members are targeted to develop an enabling environment for in and out of school young people. It was learned that engaging all school staff members in orientation of SRHR/LSBE topics helps in creating a more conducive environment for students. Information sessions for parents and community members helped in minimising the communication gap among young people, parents and acceptance of the issues by the community members for an enabling environment. During the year the schools were identified for WSA, the students and teachers were sensitised on LSBE and given support to help the project to be sustained and more effective, and awareness sessions and engagement of parents and prominent community members were carried out, which proved to be an effective way to expand the long-term impact of the project. Visionary Foundation organised youth wellbeing camps in Karachi with close coordination with FPAP and engaged medical teams to reach out to adolescents. VFP also established a referral mechanism system for SRHR services to ensure a closer relationship between all levels of the health system and help people to receive the best possible care. Education, services and the enabling environment were strengthened by linking all of these components in the various project activities. In school and out of school education sessions were delivered which empowered young people in relation to SRHR. These young people were also informed about the location of Rahnuma FPAP service delivery points in their areas. To create the enabling environment, different community sessions were carried out to sensitise the communities about SRH and its importance. These sessions helped to garner support from the grassroots level in communities.

Alignment with other programmes/partnerships

Rutgers Pakistan has a collaboration with Helpline Network. It is a network of nine organisations working on SRHR related topics. Rutgers Pakistan is a member of the alliance "Child Rights Movement". This alliance is the leading alliance advocating for the rights of children in Pakistan. Rutgers Pakistan is part of "Right Here Right Now" project, as technical assistance provider. The basic purpose of the project is advocacy for SRHR issues. Rahnuma FPAP is also part of RHRN Alliance in Pakistan

ANNEXE 7 UGANDA

SRHR Alliance = SRHR Alliance Uganda, 8 organisations

Implementing GUSO partner organisations (8 organisations): Straight Talk Foundation, Restless Development, Reach A Hand Uganda (RAHU), Reproductive Health Uganda, Family Life Education Program (FLEP), UNYPA, NAFOPHANU, Centre for Health, Human Rights and Development

UGANDA						
	OUTPUT INDICATOR	TARGETS 2018	REALISED 2018	ON TRACK REALISED 2018 VS TARGETS 2018	CUMULATIVE TO DATE	5 year targets
OUTCOME AREA 1 Strong and sustainable alliances						
1a.	Number of people from the alliance (related) organisations that have received training from the country alliance	78	141	Ahead	283	150
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%	24%	Behind	NA	40
2a2.	% of young adults (aged 25-30) representation in the **partner** organisations' structures and decision making processes	20%	22%	On Track	NA	20
2b.	Number of collaborations among young people from different alliance related organisations/ networks that represent the youth constituency	19	25	Ahead	51	240
OUTCOME AREA 3 Increased utilisation of comprehensive SRHR information and education by all people						
3a.	Number of educators trained	234	766	Ahead	2.396	1500
3b1.	Number of young people reached with (comprehensive) SRHR education	7.660	38.277	Ahead	61.079	110000
3b2.	Number of young people reached with (comprehensive) SRHR information	79.500	146.905	Ahead	291.039	310000
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	95	200	Ahead	719	280
4b.1	Number of direct SRH services provided to young people	39.575	223.901	Ahead	642.771	252000
4b.2	Number of indirect SRH services provided to young people	68.800	154.489	Ahead	497.249	206000
4b.3	Number of condoms provided directly to young people	*	785.724	NA	2.789.410	*
4b.4	Number of condoms provided indirectly to young people	*	96.962	NA	1.160.291	*
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.	1.832.833	15.977.171	Ahead	36.753.159	4680000
5b.	Number of people structurally involved in the implementation of the programme at community level (for example young people groups, CBOs, peer educators)	2.020	4.168	Ahead	9549	5000

NA = not applicable, no targets set.

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

Uganda is ahead of almost all targets. This is attributed to several factors. The overachievement of indicator 1A is attributed to different capacity building initiatives undertaken by the GUSO secretariat and some partners. The overachievement of the targets for OA2 is attributed to the increasing strengthening of meaningful youth participation within the programme, which has resulted in increased spaces for decision making by young people - such as the Youth Advisory Committee – and more opportunities for young people to take the lead in project activities. OA3 was significantly overachieved, which is partly a result of the current support from the Ministry of Education to allow sexuality education in GUSO targeted schools using the PIASY curriculum. The overachievement under OA4 is attributed to sustaining proven approaches such as collaborative partnerships with health facilities, which has increased programme ownership among the health facilities, and good mobilisation by the peer educators. Another contributing factor was the celebration of international events such as World AIDS Day. This attracted many young people who came to seek SRH services, thereby boosting the number of young people reached. Campaigns around these international celebrations also boosted the numbers under indicator 5A. This contributed to this indicator being overachieved significantly. Other reasons can be found in the fact that partners have all established structures to run social media-based campaigns and invested in strong partnerships with the local and national TV and radio channels.

Multi-component Approach

The alliance partners regularly used the integrated outreach model that involves strong links between SRHR education and services. While partners like RAHU, STF, RD and UNYPA concentrated on sensitisation activities like group discussion, table talks and general health talks, we had partners on the other hand from both within the alliance and outside it, such as RHU and FLEP who provided SRHR services such as HIV testing and counselling, cervical cancer screening, contraceptives, condoms and menstrual hygiene management, among others.

The GUSO partners also created linkages between SRHR education, services and the enabling environment during the course of implementation in schools. For instance, the alliance partners established links between schools and health facilities (through school-health facility visits). During the school visits and health talks, students were referred to nearest health facilities where they could access and utilise the SRHR services that they need. During these school visits, the headteachers and school management committee were also sensitised and supported to create an enabling environment for the delivery of SRHR information and services to the students.

The Y+ Beauty pageant campaign, led by alliance partner UNYPA, included a series of community engagement activities like integrated service delivery outreaches and dialogue meetings in which the alliance partners worked together. In addition, there was involvement of various district department heads including community development officers, district health officers, district education officers, HIV focal persons and district planners in a bid to create joint synergies for addressing SRHR issues affecting particularly YPLHIV as well as adolescents and young people in general. At AIDS 2018 in Amsterdam the Beauty Pageant won the Fast Forward Award for the most innovative project by a youth-led organisation.

Strategic linkages have also been enhanced through the roll out of the community health entrepreneurs (CHE) operations within the communities. For instance, the programme was sanctioned by the targeted community as exhibited by their active role in the identification and selection of CHEs, and the district health office facilitated their capacity building and commissioning. These extend SRHR information and services within their communities, including schools especially reaching the students with reusable sanitary pads.

The peer buddies work with health workers trained by RHU and FLEP and based at the different health facilities in the GUSO sub-counties. The peer buddies integrate HIV sessions during ART clinics, youth and adolescent days, table talks and community outreaches conducted by RHU and FLEP. UNYPA and RD have created a relationship where the peer buddies will support the peer educators of RD in delivering sexuality education in primary schools in Jinja district.

Alignment with other programmes/partnerships

In Uganda, GUSO partners have worked with various networks and organisations to advance and align SRHR advocacy agendas. The SRHR alliance priorities are harmonised with other alliances including Right Here Right Now and PITCH to ensure collaboration rather than duplication. During these harmonisation meetings, joint advocacy activities were agreed upon and also links between the programmes were agreed upon. For example, the SRHR alliance will mainly focus on generating evidence to inform national level advocacy. The alliance partners UNYPA, RAHU, CEHURD and RHU are also part of the Right Here Right Now and PITCH consortiums and are contributing to the finalisation of the school health policy and the adolescent health and service standards strategy.

Beyond GUSO, STF works with a range of partner CSOs including Integrated HIV/AIDS Community Initiative, NAFOPHANU, Beyond Uganda and World Vision to improve awareness on health rights and responsibilities, specifically advocating for establishment of youth corners in lower level sub-county health facilities to provide Youth-Friendly Services. Different partner CSOs always bring in unique expertise and strengths which contribute to successful implementation and achievement of desired programme results.

To support inclusion of young people living with disabilities in SRHR advocacy, Restless Development has partnered with Sign Health Uganda to share learning and adopt innovations for the meaningful inclusion of young people with disabilities in SRHR advocacy. Additionally, Restless Development has collaborated with UPIMAC to intensify the integration of civic education, civic reporting and legal aid awareness in SRHR. Through civic education, young people have learned how to map and hold their leaders accountable with regard to SRH information and service delivery.

Alliance partners participated as a GUSO and Right Here Right Now (RHRN) partner in a joint opposition mapping and monitoring workshop on SRHR. This took place in Jinja from 21st to 23rd May 2018. The objectives of the workshop were to discuss the terrain of SRHR opposition in the country to the thematic areas of work for both the RHRN and GUSO Platforms since the beginning of their advocacy work, to equip RHRN and GUSO members with skills and strategies for mapping out and countering the opposition using different communication channels, and to collectively discuss a way forward on advocating for a positive and progressive SRHR environment.

The alliance partners like RAHU, RHU, STF and CEHURD are also part of the Ministry of Health ADH technical working group and Ministry of Education HIV technical working group which are charged with monitoring the quality of information and services young people access. RAHU and CEHURD are also part of the Coalition to Stop Maternal Mortality Due to Unsafe Abortions (CSMMUA), a national, multidisciplinary coalition of over 20 organisations committed to the reduction of unsafe abortions in Uganda through legal and policy reform and advocating for access to quality and comprehensive services.

ANNEXE 8 FLEX FUND UGANDA

Each partner in the alliance used their unique expertise and strength in this first implementation year of the GUSO Flex Project. With this project, we strengthen and build on the current GUSO service delivery models. In doing so, we respond to identified bottlenecks that impede young people's access to integrated SRHR/HIV information and services. We furthermore provide alternative strategies to integrated information and services in the context of a hostile policy environment towards school-based comprehensive sexuality education. In this project, the GUSO consortium and the Uganda SRHR Alliance work together with Healthy Entrepreneurs, who have worked in Uganda since 2016.

The Healthy Entrepreneurs (HE) model (see Figure A1) is a community service delivery model which has huge potential for integrating HIV and SRHR services. Brought to scale it offers enormous opportunities to address these needs, adding to the sustainability of the efforts of the Uganda SRHR Alliance and the GUSO consortium. In March 2018, a kick-off meeting for the project was organised for all alliance partners, since the Flexibility Fund required a new and closer way of working.

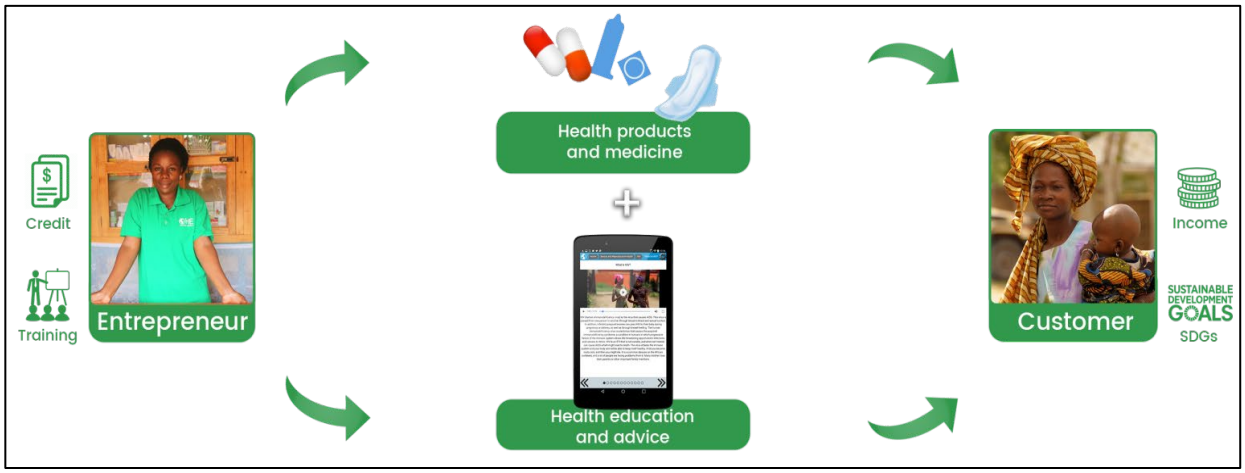


Figure A1 Healthy Entrepreneurs Model (www.healthyentrepreneurs.nl)

In total, 762 peer educators were trained as Community Health Entrepreneurs (CHEs) between April and July 2018. The CHEs were trained for five days, based on the VHT curriculum, in topics such as Family Planning, STI/ HIV testing and management, malaria prevention and management, sanitation and hygiene, referral, counselling, maternal and child care and tablet use. This was followed by two days of business training. The training was facilitated by alliance partners in collaboration with trainers identified by the District Health Officers of the specific districts assisting project ownership and acceptance.

In addition to the training above, 960 peers received training in integrated SRHR /HIV training, facilitated by two other alliance partners between June and September 2018. There were some unexpected challenges. The first one being that the training period coincided with a number of female kidnap cases across the country. This caused a lot of fear which made guardians and parents refuse to allow females attend the training. It required a lot of phone calls and personal visits to peers' homes to seek approval from parents as well as notification of police. This turned out to be costly to two of the alliance partners as it was not planned for. In addition, the training duration (four days) was inadequate to comprehensively cover all the topics. This was due in part to the peers starting at different levels of comprehension. Partners are often given ad hoc SRHR/HIV refreshers during cluster meetings but there is still need for the standardised collective refresher trainings.

Some of the peers were interested only in the health training and not the entrepreneur aspect. 23 left after the five days of the health-related training and missed out on the two day training on entrepreneurship. This led to having divergent figures of those actually trained, as alliance partners (785) trained more than HE. This was however resolved by considering HE's numbers (762) because it catered for those that had received tablets, the product basket, certificate and other materials.

Table A1 Results CHEs (April – Dec 2018)

Indicator	Targets project*	Realised	Explanation
Number of CHEs trained	750	762	On track
Number of views of SRHR videos	84,000	NO INFO	Some challenges experienced with the server in retrieving the exact number of videos. A solution is currently being worked on to retrieve the information .
Number of views of other health information videos such as WASH and child health (e.g. immunization).	97,000	NO INFO	
Number of condoms distributed by CHES	1,300,000	524,616	Behind.
No of CHEs attending cluster level meetings	750	674 (88%)	Behind
Average monthly income of CHE	$ 5,50	$6,80	Ahead

*For the Flex Fund targets were set for the full duration of the project until August 2019

In table A1 the results of the CHEs from April to December 2018 are presented. The table above does not currently include the number of videos viewed. This is due to a technical issue on the developer's and server side of Healthy Entrepreneurs, which is now being resolved. This information will be shared as soon as the databases are restored. The number of condoms distributed by the CHEs is behind the target set. The main reason is the distribution of free condoms that only leaves 1 box per CHE. In order to increase numbers, provision of more boxes to CHEs should be considered. Out of the 762 CHEs, 674 have attended the monthly cluster level meetings. The reason for this discrepancy is the number of inactive CHEs that are neither making orders, conducting community sensitisation nor attending cluster meetings. Some measures have been taken: 238 CHEs were given warning letters in December 2018, urging them to start making orders, attend the cluster meetings and pay back their loans as stated in their contract. They were given three months to act and warned that if they were not active by March, their contracts will be discontinued and they will have to return their tablet and the other items they had received. In the meantime, HE amended their recruitment and contract procedures to avoid similar issues in the future. For the sustainability of the model, it is important to have a strong base of active CHEs, requiring the replacement of inactive peers, otherwise it negatively affects the operational costs in the long run as well as hampering our aim of improving access to health information and commodities in rural Uganda. For those who remain inactive, we have planned to recruit and replace the discontinued CHEs in May 2019. We also aim to organise learning meetings, whereby cluster leaders and district leads can share their best practices on how to keep their CHEs active and motivated.

Entrepreneurs have reported an increase in their incomes and the sales value shows an average of 6.80 USD per sales to CHEs. One of the entrepreneurs in Mayuge remarked:

"Because of HE, I am now able to contribute school fees for my sibling and take care of my family."
"Before I become a CHE, I had been referred for a surgical operation but did not have funds to pay for it. After becoming an entrepreneur, I made some profit which was able to pay for my medical bill."
(Sarah, in Bugweri district)

Most of the entrepreneurs in clusters have formed saving groups, locally known as money rounds, where they save and share money. For example, in Bugiri, 20 entrepreneurs in a cluster contribute 10,000 UGX (2.60 USD) each per month and the pooled 200,000 UGX (53 USD) is given to one or two entrepreneurs to invest or use for any personal issues. This will go on until each entrepreneur has received some money.
With respect to increase in access to health services, this is especially true for condoms and the contraceptive pill, one entrepreneur stated in a cluster meeting. The CHEs are also seen as a bridge between the health facilities as cited below.

"CHEs are working well with the government and they are purposely here to help out the health workers since they are few. And the drugs are approved by National drug authority." (Asst. Health Educator, Bugiri District)

"These young VHTs (CHEs) really save us from long distances to health facilities as they bring medicine to us."
*(*Adult man during an Intergenerational dialogue in Nakigo, Iganga district)

"People knock on my door in the night to ask for condoms."
(A CHE in Mayuge district)

The indicator of the income of the entrepreneur is measured by a tablet-based survey that is conducted on a six-monthly basis. Currently, only the baseline was provided, therefore the change and potential improvement cannot be reflected on. Nevertheless, the sales value is given and shows an average of 13.72 USD per sales to CHEs, this number is promising in relation to the income. One of the CHEs during a cluster meeting mentioned:

"Now I have money in my pocket, I have something to spend"

In total, 951 complete referrals were made by the CHEs (Iganga - 251, Jinja - 380, Mayuge - 104, and Bugiri - 221). These referrals were also made during some of the GUSO main activities besides the CHEs individual community engagements. Nonetheless, we still have a number of incomplete referrals due to long distances, as raised by the CHEs. Patients instead opt for nearby clinics rather than walk all the way to facilities they have been referred making it difficult to track such referrals.
CHEs share with their respective partners feedback about operations which partners in turn share with HE for improvement. For example, as a result of the CHEs feedback through partners, HE came up with innovations such as truck sales and cash transactions to replace mobile money, all aimed at improving CHE performance. HE is not field based so the field-based partners have been instrumental in monitoring and sharing feedback with HE.
At the start of the project, partners had to work hard to appreciate the business aspects of the project as all of them are used to operating on a not-for–profit basis; while that was a learning experience, it also called for effort on the part of the business-oriented HE to strike a balance between business and how the partners operate. Another challenge that some partners reported is having limited follow up on services provided by the CHEs they have trained. This is because the mandate for follow up of the CHEs lies with Healthy Entrepreneurs, particularly during the cluster meetings. This implies that the partners could not directly track services being provided by CHEs and yet there is need for regular technical support and guidance. To mitigate this, partners have planned review meetings with the CHEs in their respective district in the 2019 implementation plan. Training peer educators as community health entrepreneurs reduces on the number of young people dropping out in the main GUSO project in search for jobs. This is because they can sell their products and earn a living, empowering them economically.

Social accountability

In addition to the GUSO programme, the Flexibility Fund project social accountability activities focus specifically on the National HIV Strategic Plan of HIV Prevention, Care, Treatment and Support, Social Support and Systems Strengthening. To ensure uniformity among the four districts , one alliance partner trained the different partners to lead the youth-led social accountability process, making use of community score cards. In total, 448 young people participated as facilitators in the entire assessment. This Community Social Accountability using the score card approach was one aspect of the added value flagged by partners.

Multiple significant cross-cutting issues and gaps negatively affecting young people accessing services were identified in all the four GUSO districts through the social accountability process. These gaps included: lack of psychosocial support groups for young positives which help in fighting stigma as well as enhancing positive living; understaffing; infrastructure such as counselling rooms which discourage young people from accessing services for lack of privacy; inadequate IEC materials with SRHR/HIV information specifically targeting young people; stock-outs, especially for HIV-testing kits, STIs and other opportunistic infections treatment reported in all the districts; inadequate staff trained in provision of youth friendly services. It was also reported that the health workers receive training from some partners but are then transferred and the newly allocated replacement may not have received the training. Other issues were: limited budget allocation for adolescents and young people's programmes, activities and equipment for the youth corners; limited representation of young people at Health Unit Management Committees resulting in issues of young people not being prioritised for discussions during important decision-making platforms; limited awareness of HIV/SRHR policies among the health workers and community; the district health office was assigned to supply relevant policies to the service providers; and lastly, lack of a follow up mechanism for young people initiated on ART.

On a positive note however, the social accountability gave an opportunity for empowerment to advocate for availability and quality of youth-friendly SRHR and HIV services. Some quick wins were registered, for instance in Nabukalu Sub-County (Bugiri district) it was discovered that the youth corner had a television set which was non-functional. After the interface meeting, as part of the action plan, the television was repaired and is currently functional. The DHO committed and delivered on condom dispensers to three health facilities and four bars. Moreover, there were also a number of commitments made by the leaders towards addressing some of the gaps realised during the district meetings for example in Namugalwe health facility (Iganga) it was reported that the laboratory technician was charging 5000/= for services because he was selling personal reagent. This was scaring away young people who could not afford that amount. He has immediately instructed to stop charging in a public facility. These social accountability mechanisms have helped to improve commitment and support of the district leaders to both GUSO main and Flexi Project.

For each of the health facility assessed, an action plan was developed to address the gaps identified. Issues that could not be addressed at health facility level were further pushed to the district meetings where action plans were also developed. Follow up meetings per facility in each district have been planned for March 2019. During these follow ups, issues that will not have been resolved at district level will then developed into an issue paper backed by evidence which shall then inform the recommendations to the National Dialogue Meeting for further advocacy.